

Medical Marijuana: Impact on Prevention and Treatment Services

Substance Abuse Services Council

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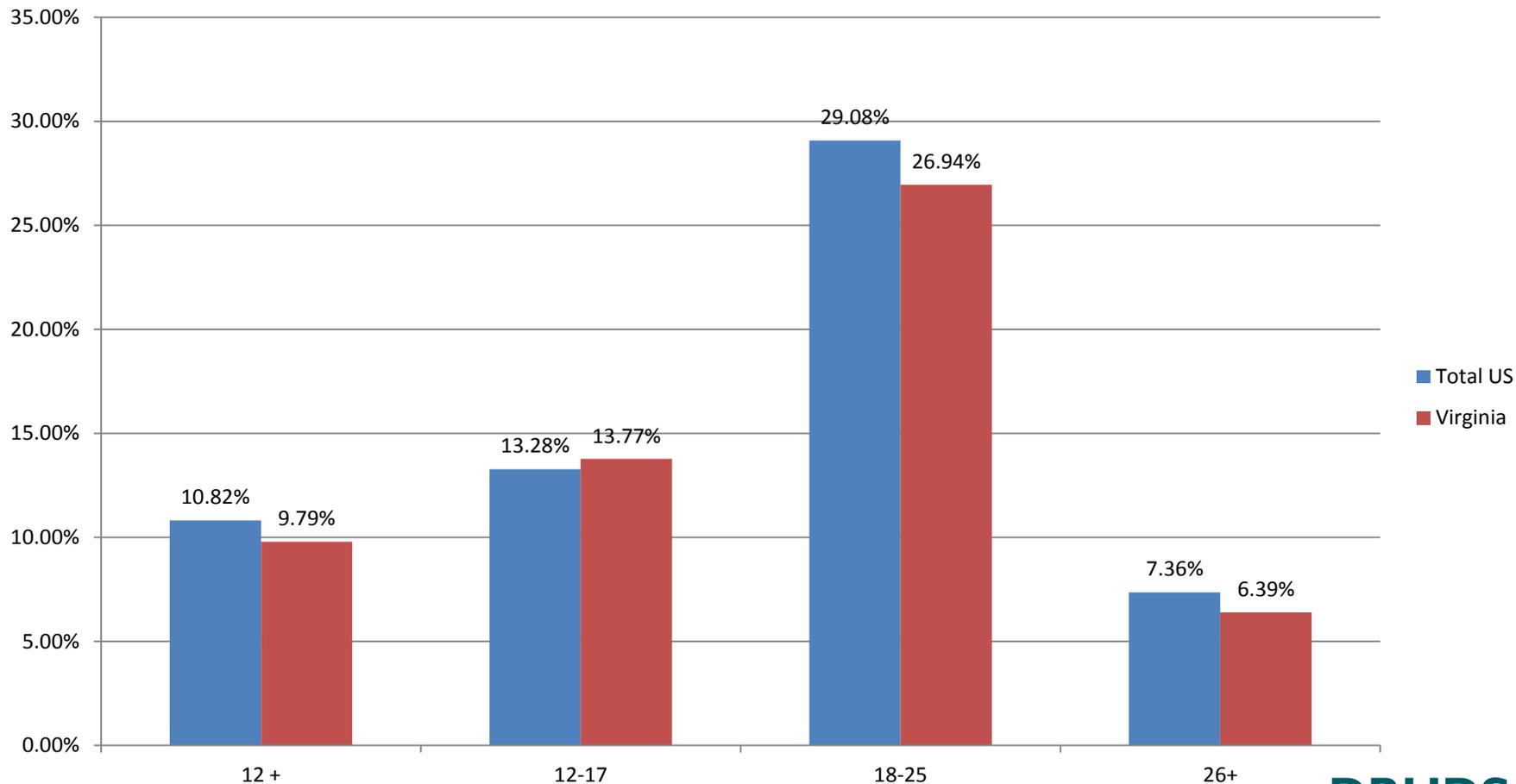
July 30, 2014

DBHDS

Virginia Department of
**Behavioral Health and
Developmental Services**

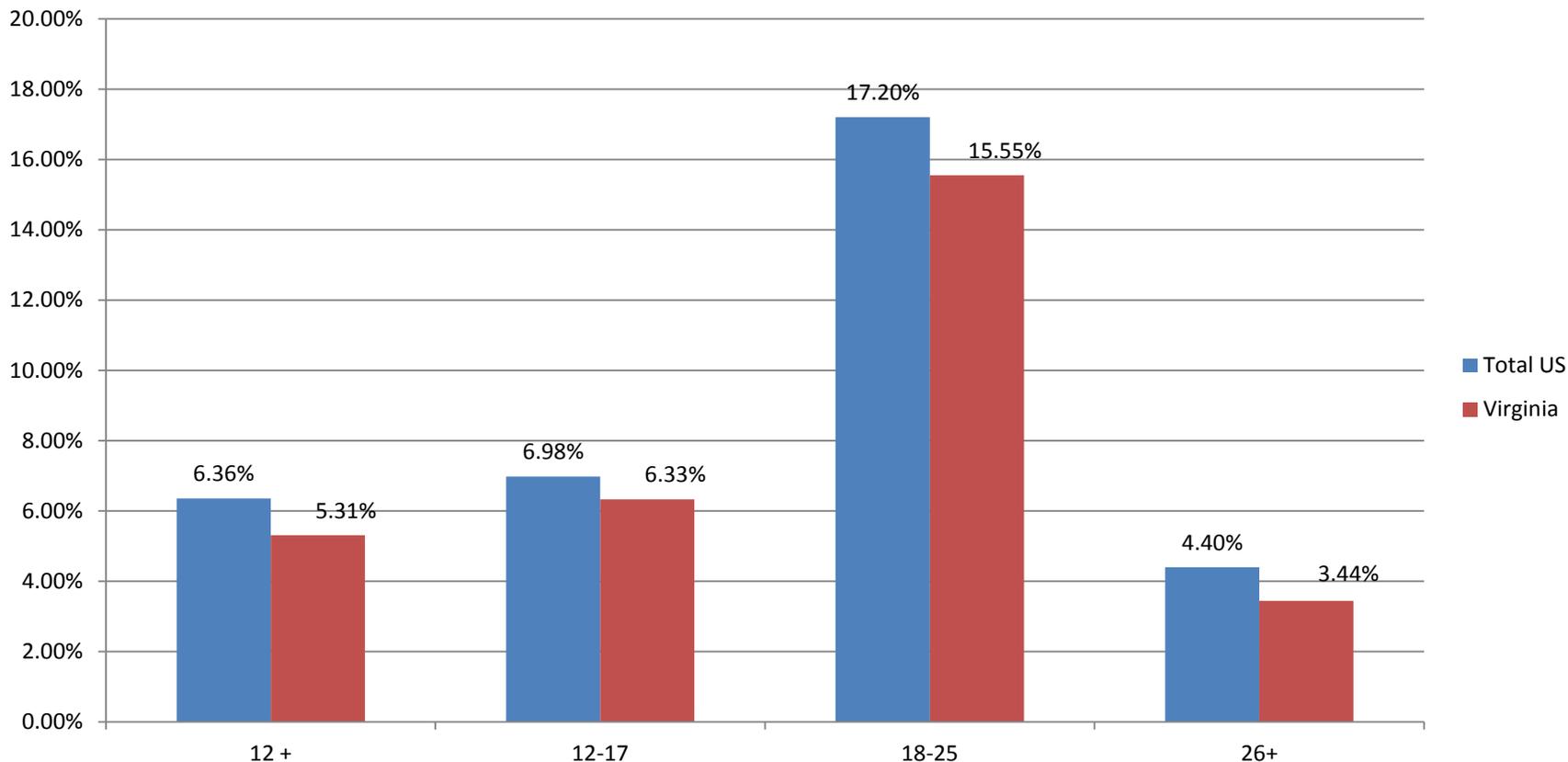
National Survey of Drug Use and Health

MJ Use in Past Year by Age - NSDUH - US and Va



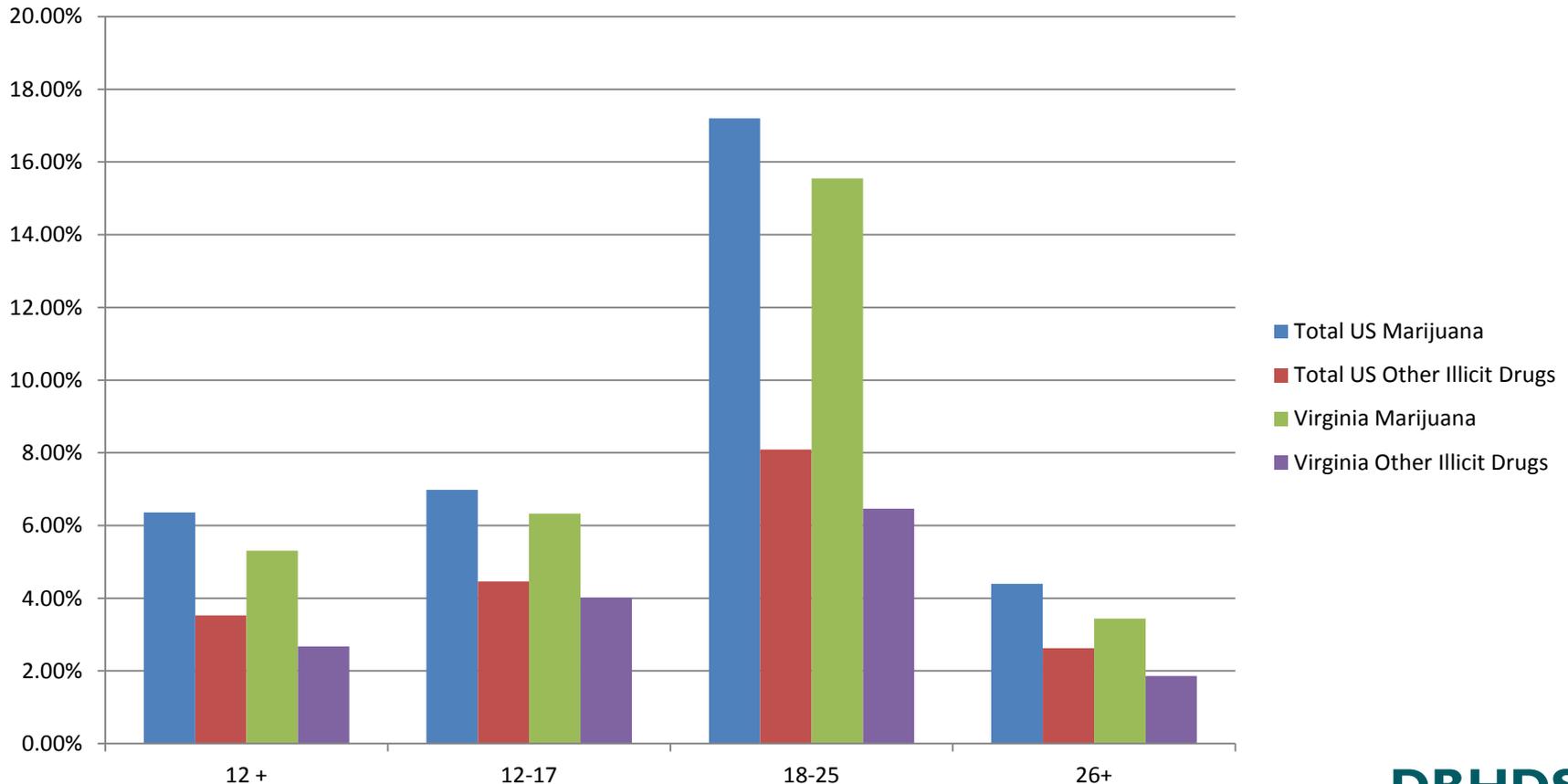
National Survey of Drug Use and Health

MJ Use in Past Month, US and Virginia 2008-2009



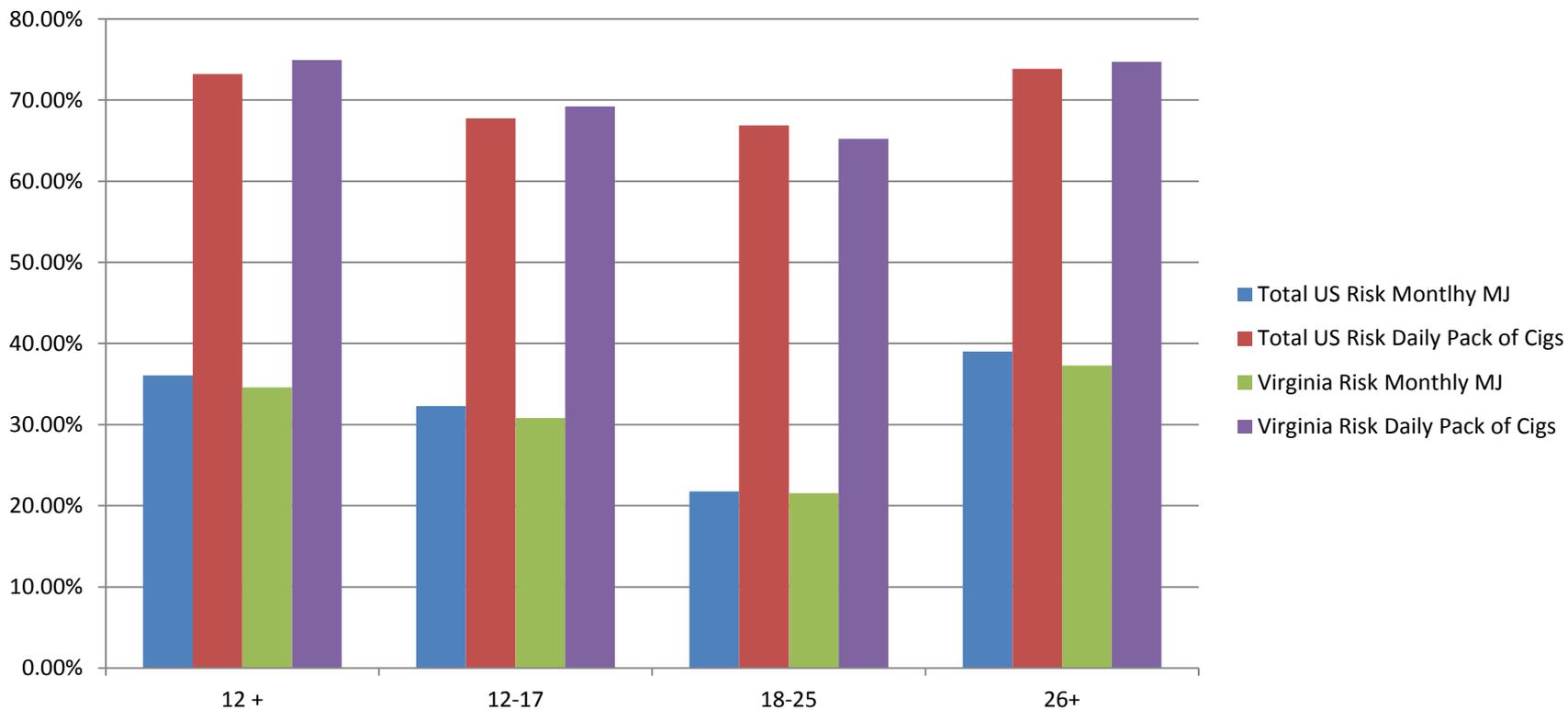
National Survey of Drug Use and Health

Past Month Use of MJ Compared to Other Illicit Drugs, US and Va, 2008-09



National Survey of Drug Use and Health

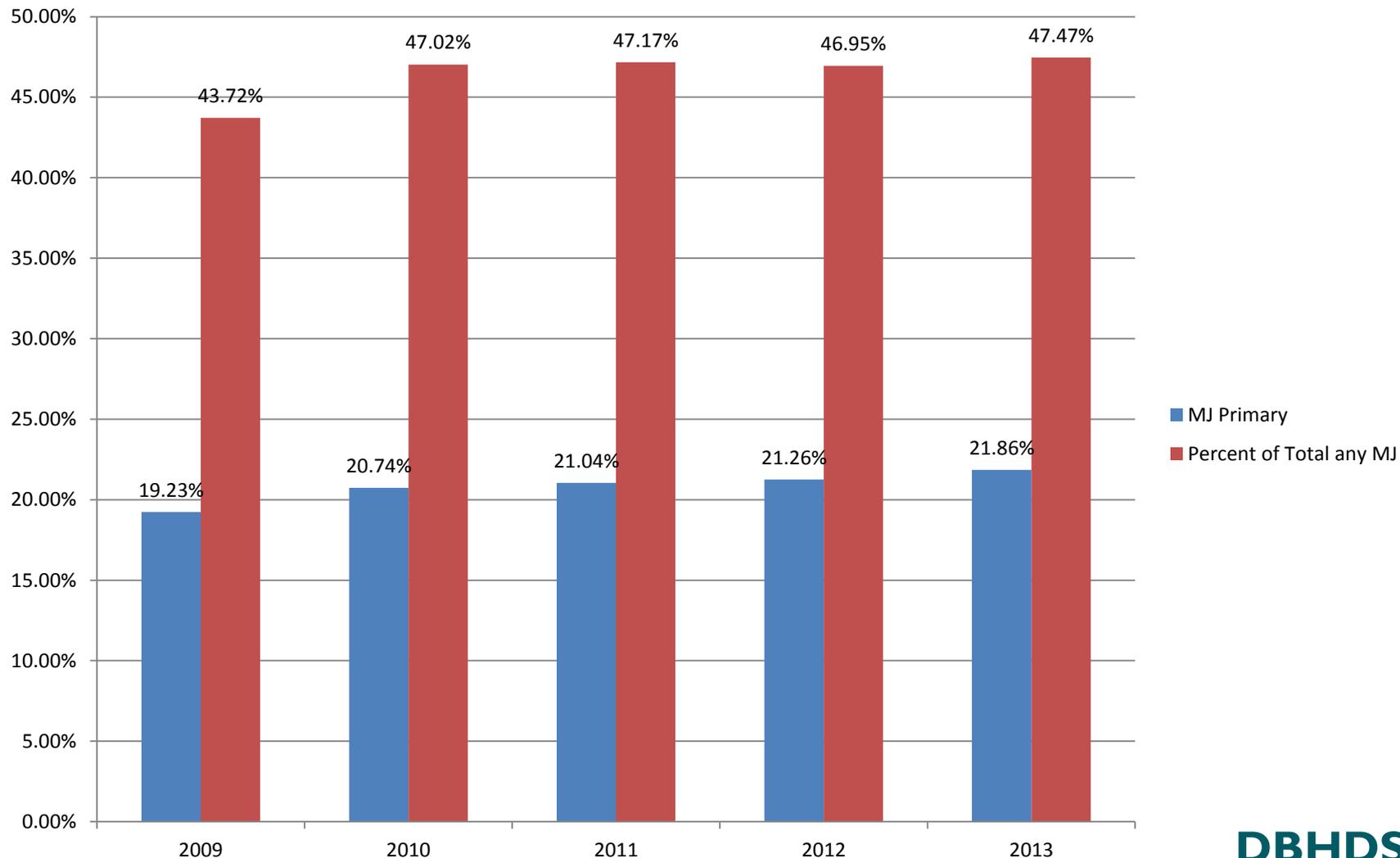
Perceived Risk of Monthly Use of MJ Compared with Daily Pack of Cigarettes



DBHDS/CSB Public SA Service System

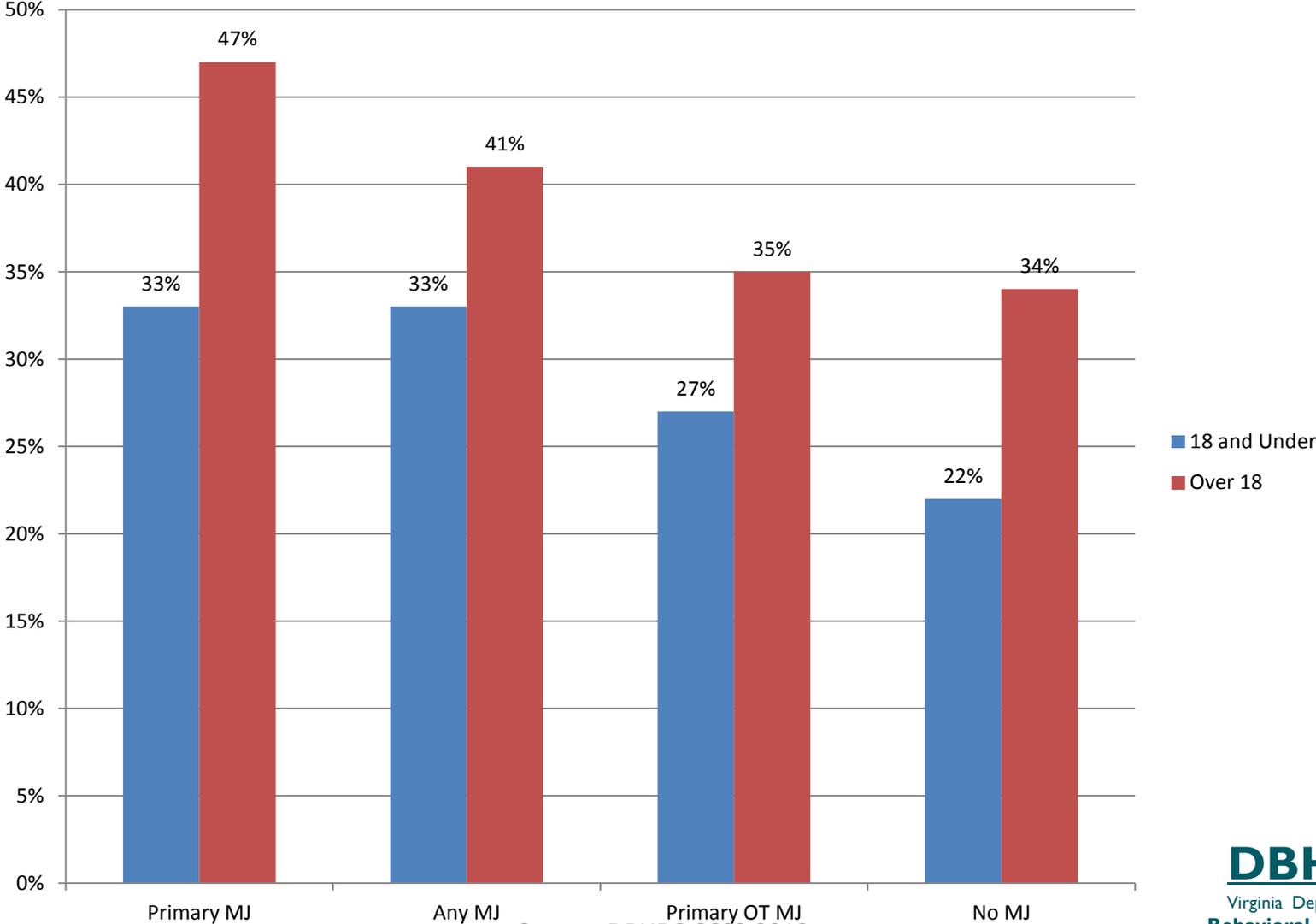
- 40 CSBs/BHAs – local governance
- DBHDS allocates
 - SAPT BG - \$42 million
 - \$ 8 million for primary prevention
 - \$34 million for treatment
 - GF - \$48 million
- CSBs provide SA services to 34,000 individuals annually (2013)

Percent of Individuals Receiving SA Treatment at CSBs for Marijuana Use



Source: DBHDS CCS3 2009-13

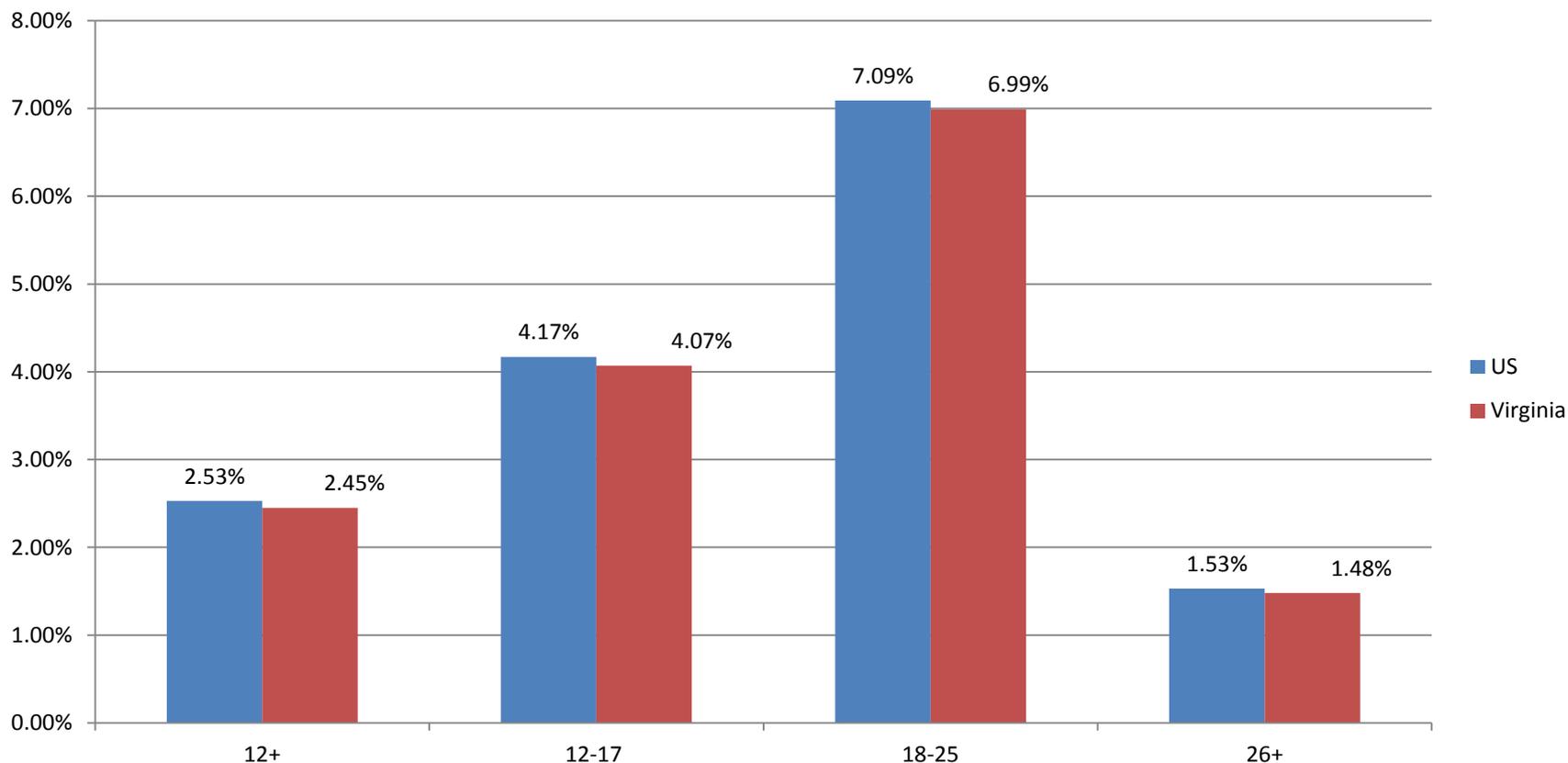
Individuals Served by CSBs with CJS Referral - 2013



Source: DBHDS CCS3 2013

Treatment: Demand vs. Need

Needing But Not Receiving Treatment for Illicit Drug Use in Past Year



Source: NSDUH 2008-2009 Table B.21

Impact of Increased Access

- **Premise:** Increased exposure to a drug results in increased rates of addiction.
- **Example:**
 - Increased use of opiates in pain management resulted in increased exposure to opiates for the general population
 - Resulted in significant increases in opiate addiction
 - Fentanyl, Methadone, Hydrocodone, Oxycodone – death rate increased from fewer than 100 in 1999 to 354 in 2012
 - Heroin deaths – 101 (2011) to 195 (2013)

Impact of Increased Access

- Volkow: Ratio of exposure to addiction for MJ
 - Current Va. exposure for 18+ (NSDUH Use in Year):
 $672,530/9=74,725$
 - Current Va. exposure for 12-17 (NSDUH Use in Year): $84,238/6=14,040$
 - Increased exposure will certainly result in more people becoming addicted.

Hypothesis: Individuals will delay seeking treatment

Premise: MJ is a gateway drug and is more available

Result:

- Treatment delayed until individual is older and possibly using lethal drugs.
- Missed opportunity to provide treatment to youth
- Higher rates of addiction to opiates and other lethal drugs
- Increased rates of severe co-morbidity (MI and SUD)

Hypothesis: More individuals will develop co-occurring mental illness

Premise: Volkow and others identify a relationship between use of MJ and psychosis, including earlier onset.

Result:

- Rates of psychosis may increase and age of onset may be younger.
- Individuals with MI compromise recovery by use of MJ

Hypothesis: Relapse will occur more often

Premise: Early in recovery, individuals often have difficulty accepting that MJ actually is a “drug”

- Easier to avoid alcohol by selecting environment
- Relapse prevention strategies include identify triggers for use: people, places and things

Result: Difficult for those in early recovery to avoid triggers, resulting in higher rates of relapse

Suggested Action Items

- Develop public awareness campaigns that focus on MJ (similar to tobacco use).
- Encourage treatment programs to take use of MJ very seriously, regardless of the primary drug of abuse.
- Increase use of evidence-informed practices that focus on MJ use among the young (Cannabis Youth Treatment series).
- Identify and disseminate evidence-informed practices to address MJ dependence among adults.
- Increase focus on role of MJ in Relapse Prevention.
- Increase awareness among MH professionals about the role of MJ complicating recovery from mental illness
- Disseminate evidence-informed practices to assist in treatment of co-occurring MI/SA.