

Mandated Drug Treatment in the Aftermath of Recreational Cannabis Legalization

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POLICY

Background

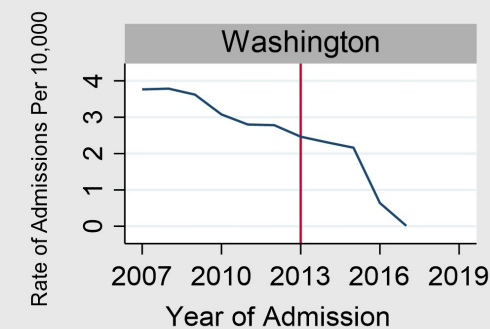
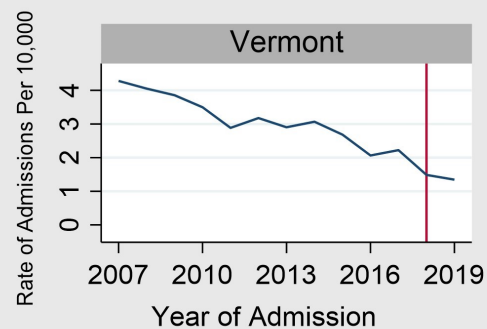
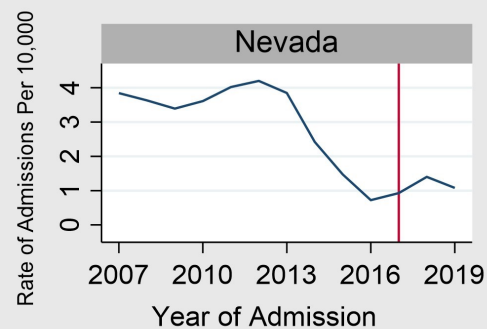
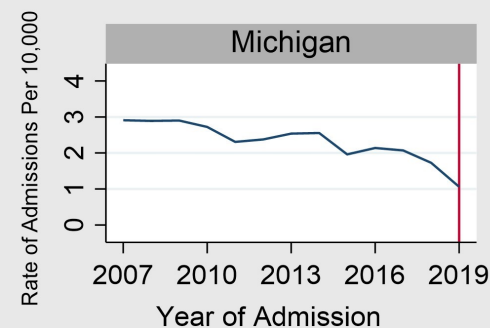
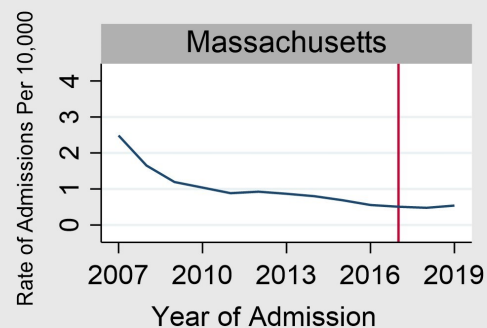
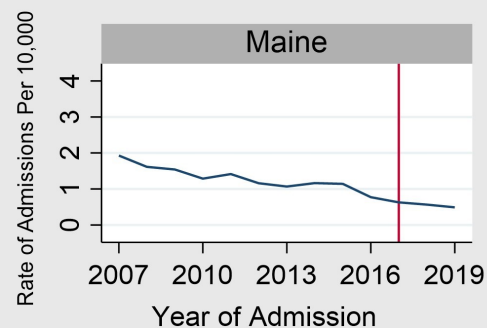
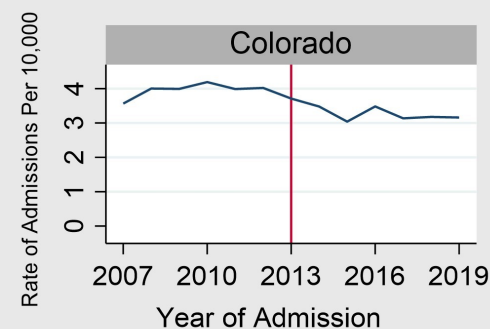
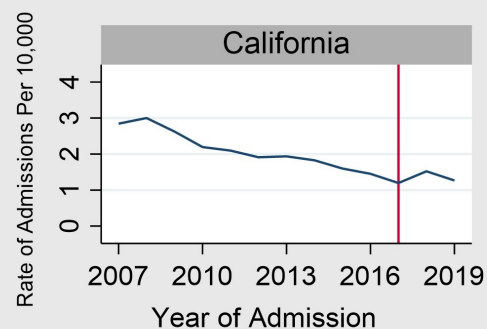
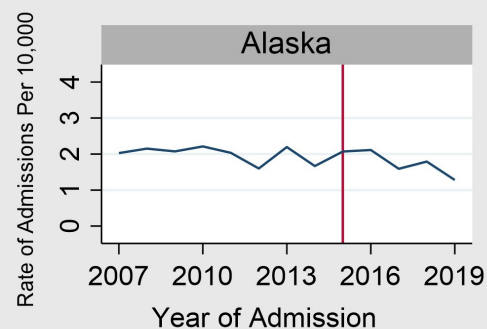
- ▶ Roughly half of the U.S. population lives in a state that permits recreational cannabis use and sales.
- ▶ Yet, the criminal legal system remains the single largest cannabis treatment referral source.
 - ▶ In 2019, more than 100,000 people admitted to treatment for cannabis use were referred by a legal entity (TEDS-A, 2020).
- ▶ Black individuals are overrepresented in cannabis treatment admissions (accounted for 35% of 2019 admissions)
 - ▶ Likely reflects outsized role of legal system as referral source

Why This Matters

- ▶ The legal system often requires treatment participation from individuals who do not meet the criteria for a substance use disorder (SUD)
 - ▶ Legal system ineffective at connecting those who do have SUDs with appropriate care
 - ▶ Mandated treatment carries possibilities of additional legal consequences if program expectations are not met
 - ▶ Well-documented collateral consequences of legal system involvement
 - ▶ Disproportionately harms individuals and communities of color
- ▶ Continuation of compulsory treatment is potential pathway through which harms and inequities of prohibition persist post-legalization

Current Study

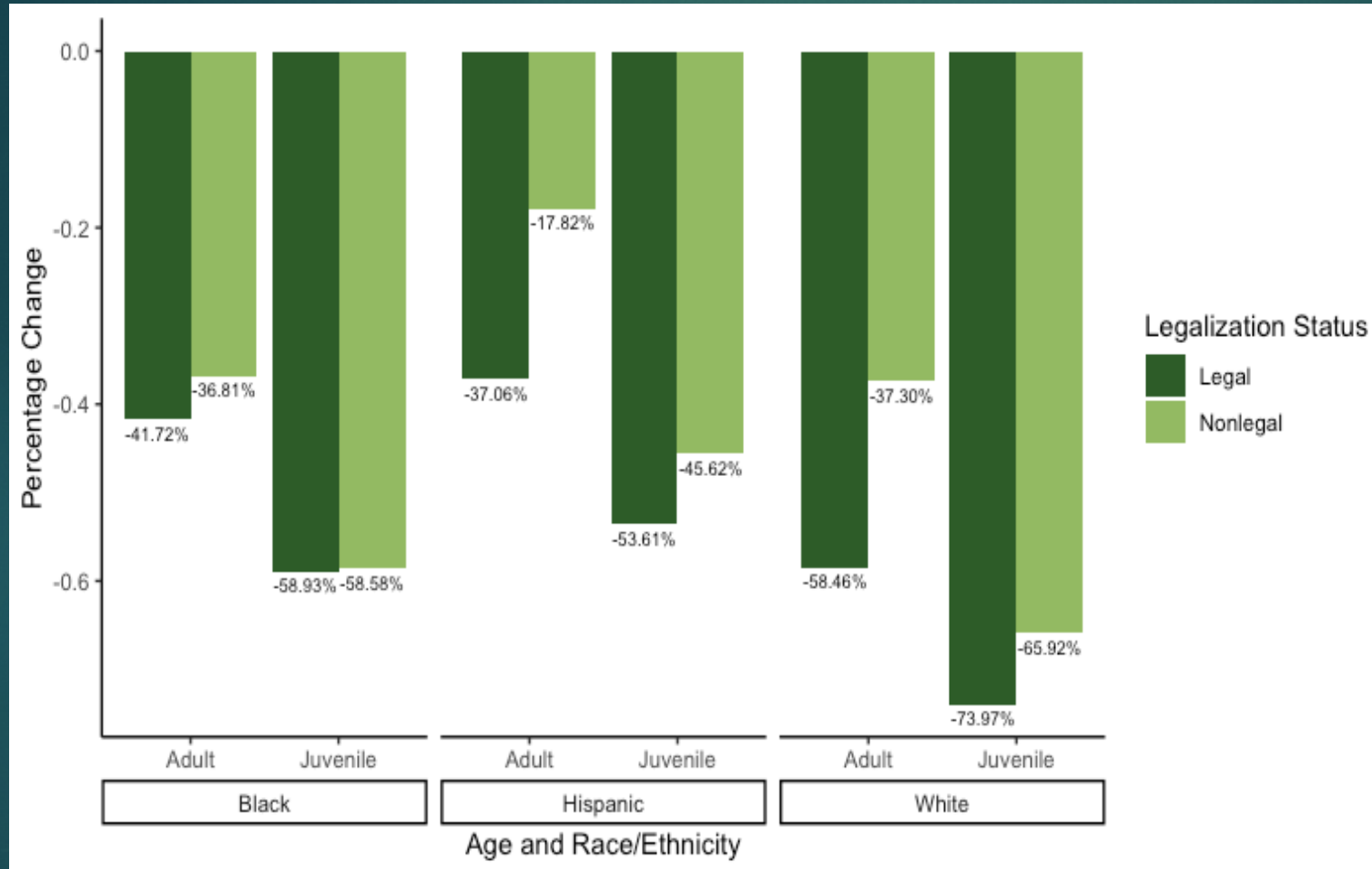
- ▶ Research question: **Has recreational cannabis legalization (RCL) impacted trends in legal system referrals to treatment for cannabis use?**
- ▶ Data source: TEDS-A (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020)
- ▶ Study period: 2007-2019
- ▶ Independent variables: state RCL status
 - ▶ Legalized states: AK, CA, CO, ME, MI, MA, NV, VT, WA
- ▶ Dependent variable: Rate of legal system-referred cannabis treatment admissions per 10,000 population
- ▶ Analytical methods: Staggered difference-in-difference using clustered fixed-effects and event panel analysis



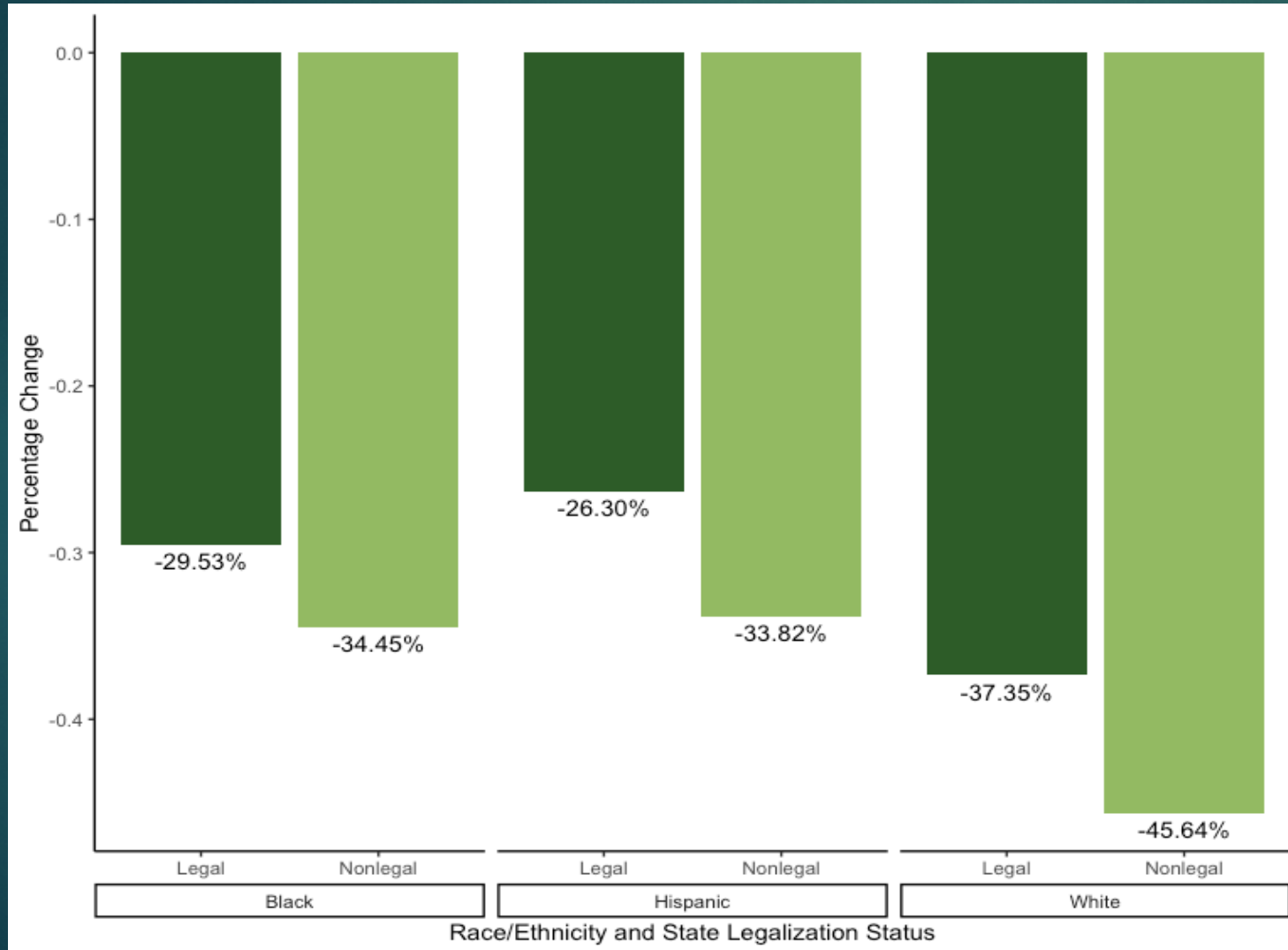
Cannabis Treatment Admissions Trends in RCL States

Red line = year possession was legalized

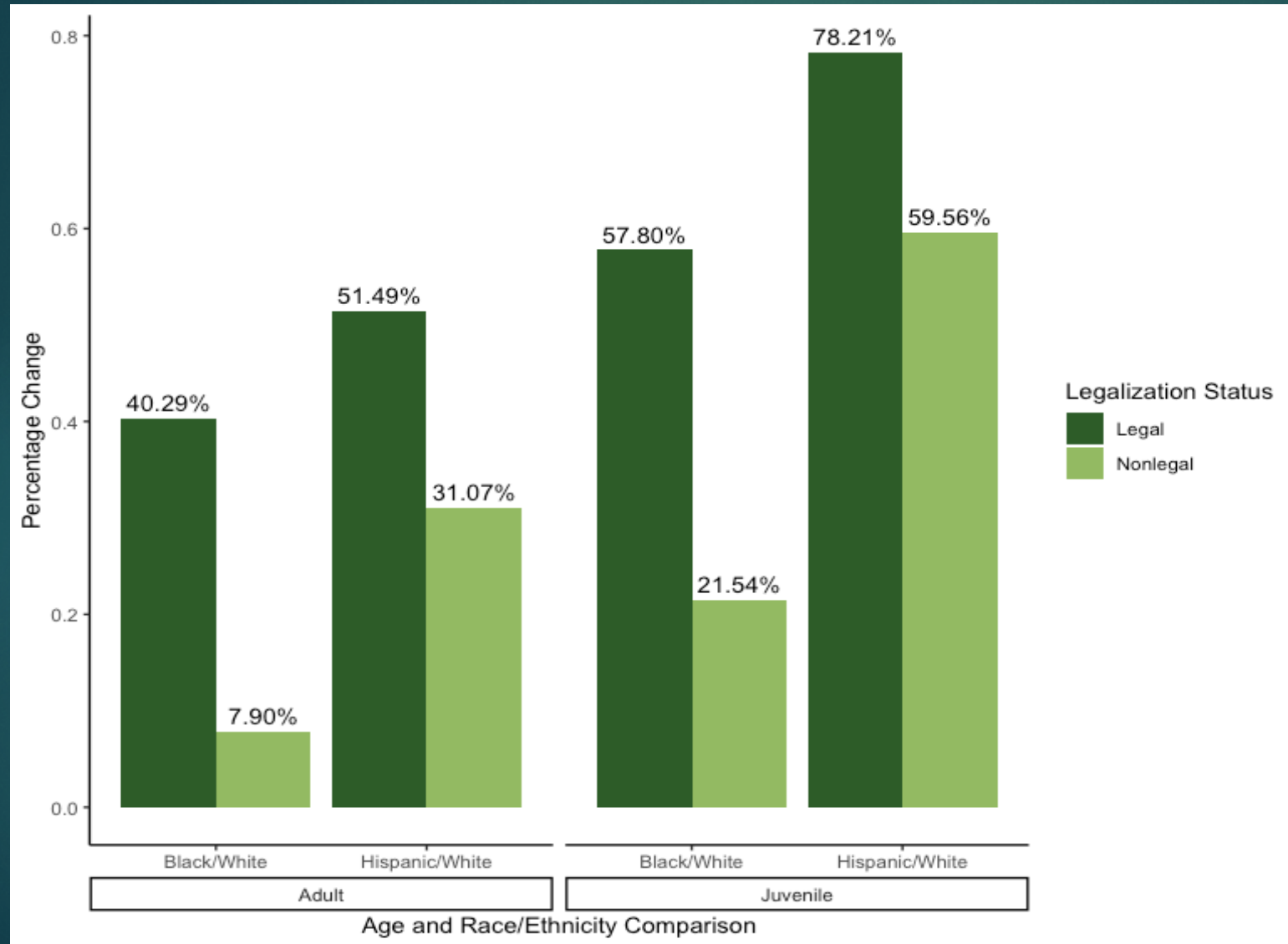
Size of Decline in Admissions Rates, 2007-2019



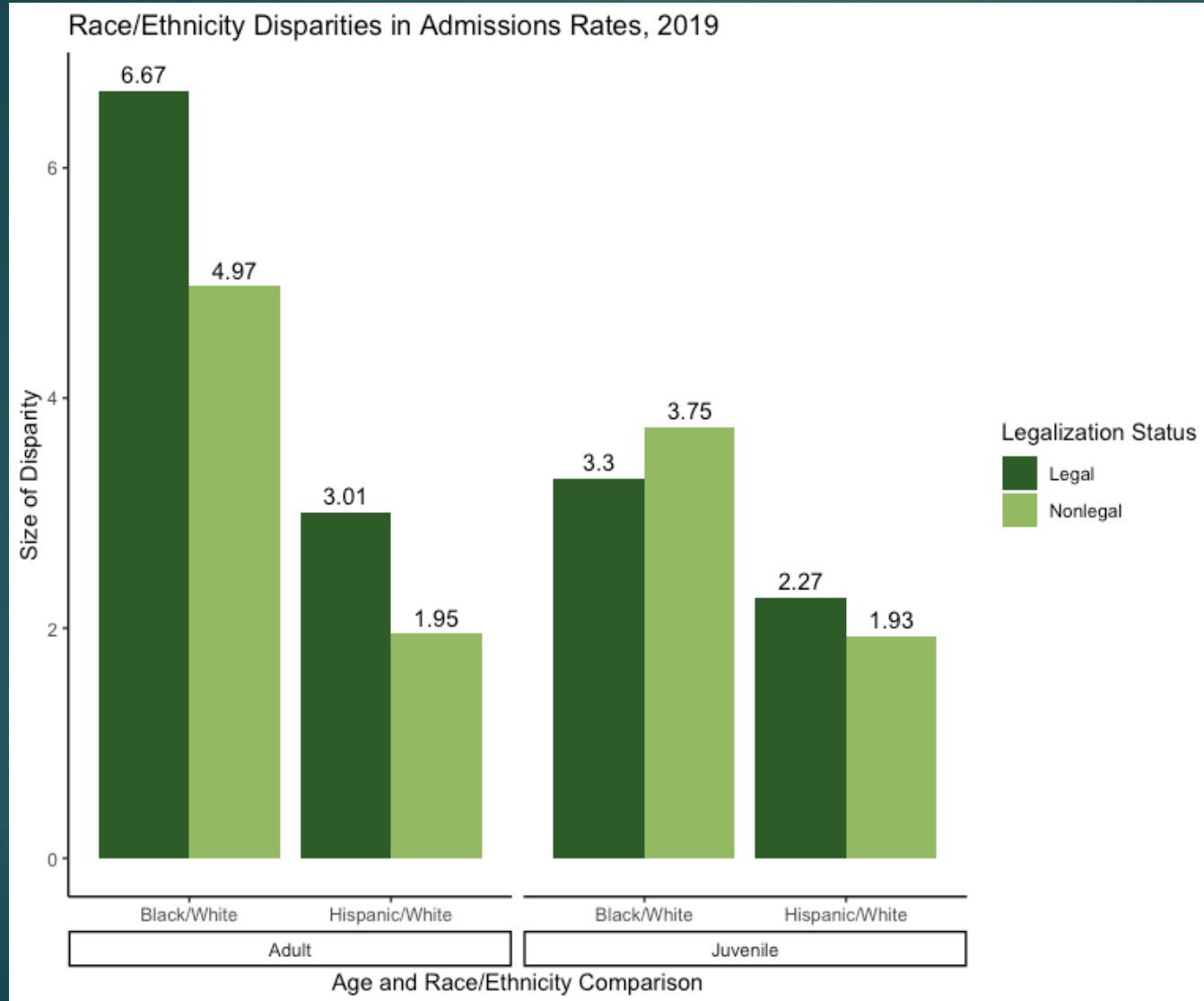
Change in Age Disparities in Admissions Rates, 2007-2019



Change in Racial/Ethnic Disparities, 2007-2019



Size of Disparity in Admissions Rates by Race/Ethnicity, 2019



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Discussion

- ▶ There is a long-term decline in legally mandated cannabis treatment admissions in all states for all populations in study
 - ▶ RCL was not statistically associated with these declines when controlling for sociodemographic factors
 - ▶ Suggests RCL does not necessarily alter how legal system responds to cannabis use among legal system-involved individuals
 - ▶ White adults/juveniles had steeper declines in admissions rates than Black and Hispanic adults/juveniles, which caused disparities in rates to grow
 - ▶ Consistent with prior research showing declines in arrest rates but increases in racial disparities post-RCL
 - ▶ Black and Hispanic individuals still more likely to encounter police and be arrested and charged with cannabis-related offenses post-reform
 - ▶ May be more frequently required to participate in mandated drug treatment as condition of probation or deferred adjudication
 - ▶ Legitimate concerns regarding increases in cannabis use disorder and unmet treatment needs cannot be adequately addressed through legal system interventions

Recommendations

- ▶ Enact cannabis reform policies that explicitly target legal system features beyond arrest and prosecution
 - ▶ Ex: Statutory provisions that require legal entities to establish clear evidence of a relationship between an individual's cannabis use and the offense in question to mandate treatment participation
- ▶ Reduce school systems' reliance on punitive disciplinary measures to respond to students' use of alcohol and other drugs
- ▶ To address concerns about increasing prevalence of CUDs, implement regulatory policies that discourage heavy use of high-potency THC products
- ▶ Invest resources for addressing substance use into school- and community-based initiatives rather than law enforcement programs

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