

## Criminal Justice Referrals to Cannabis Use Disorder Treatment among Adolescents and Young Adults following Recreational Cannabis Legalization in the United States

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## Abstract

### Objectives

This study investigates whether the proportion of referrals to cannabis use disorder (CUD) treatment from the criminal justice system declined among adolescents (aged 12–17 years) and young adults (aged 18–24 years) following state recreational (adult use) cannabis legalization in the United States between 2008 and 2019.

### Methods

Cannabis use disorder treatment referral data were extracted from the Treatment Episode Dataset—Admissions and used to calculate trends in the number and proportion of criminal justice referrals. Difference-in-differences analysis was used to estimate the effect of recreational legalization on the state-level proportion of criminal justice referrals as a share of all admissions.

### Results

Nationwide, the number and proportion of adolescent and young adult criminal justice referrals to CUD treatment declined over the study period. The proportion of young adult criminal justice referrals declined significantly more rapidly after recreational legalization as compared with before ( $\beta = -0.045$ ; 95% confidence interval,  $-0.079$  to  $-0.010$ ;  $P = 0.01$ ). Among adolescents, the trajectory of decline in the proportion of criminal justice referrals did not change significantly following recreational legalization ( $\beta = -0.033$ ; 95% confidence interval,  $-0.073$  to  $0.008$ ;  $P = 0.11$ ).

### Conclusions

The decline in the proportion of young adult criminal justice referrals to CUD treatment following recreational legalization is likely due to falling cannabis-related arrests. Although cannabis criminalization may result in court-mandated CUD treatment for some young adults without CUD, the decline in CUD treatment admissions during a period of increasing CUD risk factors associated with recreational legalization represents a key health concern. Promoting screening and other CUD treatment referral sources, such as through primary care, may be warranted.

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