WSIPP

The Washington State Institute for Public Policy's (WSIPP) mission is to carry out practical non-partisan research, at legislative direction, on issues of importance to Washington.

Technical Report: *Licensed Cannabis Retail Access and Substance Use Disorder Diagnoses*

This report is part of a larger mandate to evaluate the long-term consequences of non-medical cannabis (NMC) legalization in Washington over a 20-year period (ending in 2032). In this report, we specifically focus on outcomes related to substance use disorder diagnoses among Medicaid enrollees.

Background

Rates of cannabis use disorder (CUD) and cannabis-related hospitalization have increased in the U.S. over the last two decades, particularly in states where NMC is legal. Some studies have found an association between the passage of NMC laws and increases in adult CUD diagnoses. In this study, we examine how local access to NMC retail relates to CUD, alcohol use disorder (AUD), and opioid use disorder (OUD) diagnoses among Medicaid enrollees.

Travel Time to the Nearest NMC Retailer and Changes in the Probability of Substance Use Disorder (SUD) Diagnosis, Ages 21 and Older

	CUD	AUD	OUD
25% reduction in average drive time	1.00%	0.81%	1.30%
50% reduction in average drive time	2.30%	1.80%	3.30%
75% reduction in average drive time	4.70%	3.80%	6.70%

Note:
All estimates are significant at the 0.001-level.

Findings

- Closer proximity to a retailer relates to a higher likelihood of CUD, AUD, and OUD diagnoses among adults.
- Retail access also predicts a higher probability of co-occurring CUD & AUD/OUD diagnosis.
- A greater number of nearby operational retailers further predicts a higher likelihood of CUD diagnosis.

Limitations

- More information about the prices, potency, and types of products purchased at retailers is required to better understand the impact of NMC retail sales.
- Other local characteristics and differences in health care access, which we cannot account for, may explain some of the differences in local rates of substance use disorder.