'"Did they start using prescription drugs medically and then move on to heroin use, or start using prescription drugs non-medically and move on to heroin, or start with heroin?".'

Peter Delany, Ph.D.

Treatment gap

In 2012, 23.1 million people needed treatment for a substance abuse problem (8.9 percent of the population age 12 or older), but only 2.5 million received such treatment at a specialty facility. That leaves more than 20 million people needing treatment but not receiving it.

The reasons for not receiving treatment were similar to those in the past: only 1.1 million of the 20.6 million who needed treatment but didn't get it thought they needed it. But of the 1.1 million who thought they needed it, only 347,000 — less than a third — even tried to get it. The primary reason for not seeking or receiving treatment among this group was a lack of insurance coverage and inability to pay for treatment, according to combined 2009–2012 NSDUH data.

Highlights

Below are selected highlights from the NSDUH.

- The rate of current illicit drug use among persons aged 12 or older increased from 8.1 percent in 2008 to 9.2 percent in 2012.
- Marijuana was the most commonly used illicit drug. In 2012, there were 18.9 million past-month users. Between 2007 and 2012, the rate of current use increased from 5.8 to 7.3 percent, and the number of users increased from 14.5 million to 18.9 million. Daily or almost daily use of marijuana (used on 20 or more days in the past month) increased from 5.1 million persons in 2007 to 7.6 million persons in 2012.
- The number of past-year heroin users increased between 2007 (373,000) and 2012 (669,000).
- In 2012, the illicit drug categories with the largest number of past-year initiates were marijuana use (2.4 million) and nonmedical use of pain relievers (1.9 million). These estimates were similar to the numbers in 2011. However, the number of marijuana initiates increased between 2007 (2.1 million) and 2012 (2.4 million).
- The rate of current marijuana use among youths aged 12 to 17 decreased from 8.2 percent in 2002. In 2012, an estimated 2.9 million persons aged 12 or older used an illicit drug for the first time within the past 12 months. This averages to about 7,900 initiates per day and was similar to the estimate for 2011 (3.1 million). A majority of these past-year illicit drug initiates reported that their first drug was marijuana (65.6 percent). More than 1 in 4 initiated with nonmedical use of prescription drugs (26.0 percent, including 17.0 percent with pain relievers, 4.1 percent with tranquilizers, 3.6 percent with stimulants and 1.3 percent with sedatives).
- A majority of youths aged 12 to 17 (89.3 percent) in 2012 reported that their parents would strongly disapprove of their trying marijuana once or twice. Current marijuana use was much less prevalent among youths who perceived strong parental disapproval for trying marijuana once or twice than for those who did not (4.3 vs. 31.0 percent).•

For the report, go to www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/Index.aspx.

Advocates dismayed as legalization moves forward

The announcement by the federal Department of Justice (DOJ) to allow marijuana legalization to proceed in the states (see *ADAW*, September 2) is causing grave concern among prevention advocates. Saying the DOJ move paves the way for "Big Marijuana," allowing an increase in marijuana-related problems with no extra resources for education, prevention and treatment, advocates are calling this the biggest drug policy shift in a century.

"Prevention will become irrelevant unless it confronts this issue head-on," Kevin A. Sabet, Ph.D., director of Project SAM (Smart Approaches to Marijuana), told *ADAW* September 11. Sabet, who testified at a September 10 hearing by the Senate Judiciary Committee on conflicting federal and state approaches to marijuana, dismissed the fact that the DOJ is calling on states to make sure minors don't have access to legalized marijuana. "It's the same thing

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with alcohol," he said. "The marijuana industry is giving lip service, saying that they don't want kids to use."

Even quadrupling resources for prevention "isn't going to deal with the fallout on this," said Sabet. It's true that most people who use marijuana aren't addicted, said Sabet. "But most people who use alcohol aren't addicted either. That doesn't mean they don't have problems," he said.

'Big Marijuana'

"This is the start of Big Marijuana the way we have Big Alcohol and Big Tobacco," said Sue Thau, public policy consultant for Community Anti-Drug Coalitions of America (CADCA). She also rejected the idea that states are going to regulate marijuana distribution to teens the way they did to all ages prior to legalization.

As for finding out for sure how many young people will start using as a result of legalization, that's going to be difficult because of research funding cutbacks, said Thau. "The way federal funding and research and data selection works, we can't even do the metrics," she said.

"What they are doing is changing social norms," said Thau. "Anyone who cares about addiction has to care about this." Legalization, she said, is the reason there are problems with alcohol.

Noting that it's impossible to establish maximum safe amounts of marijuana to consume, the way the National Institute on Alcohol Abuse and Alcoholism sets limits on alcohol, Thau said that it's not only smoking marijuana that is an issue in terms of variable levels of THC. "Edibles are a gigantic problem," she said.

ONDCP

Meanwhile, at the Office of National Drug Control Policy (ONDCP), where director Gil Kerlikowske had vigorously opposed marijuana legalization, the attitude hasn't changed. "Research clearly demonstrates that marijuana places a significant strain on our healthcare system, and poses real risks to public health and safety," said ONDCP spokesman Rafael Lemaitre. "We know that marijuana use, particularly long-term, chronic use that began at a young age, can lead to dependence and addiction," he told *ADAW* on September 10. "Marijuana is not a benign drug, and we continue to oppose marijuana legalization because it runs counter to a public health approach to drug policy."

But Kerlikowske will soon be leaving ONDCP. Last month President Obama nominated him to head the Customs and Border Protection Agency in the Department of Homeland Security. Whether the DOJ asked the opinion of anyone in public health before making its announcement the Thursday before Labor Day weekend is unclear. It's clear that police groups oppose the DOJ move and weren't given any notice of it.

CADCA CEO Gen. Arthur T. Dean said his organization and the 5,000 community coalitions it represents had fully expected the DOJ to uphold federal law and sue Colorado and Washington to ban legalization. "Instead, this decision sends a message to our citizens, youth, communities, states, and the international community at large that the enforcement of federal law related to marijuana is not a priority," he said in a statement in response to the DOJ announcement. "The nation looks to our Justice Department to uphold and enforce federal laws. CADCA is disappointed in the Justice Department's decision to abdicate its legal right in this instance. We remain gravely concerned that we as a nation are turning a blind eye to the serious public health and public safety threats associated with widespread marijuana use."

Organizing the field

The next step, said Sabet, is to make sure the eight requirements laid out in the August 29 memo from Attorney General Eric Holder to attorneys general be followed. "We're

NIDA on marijuana legalization

We asked the National Institute on Drug Abuse (NIDA) to comment on how legalization of marijuana will affect drug abuse. Below is the response, which we received by e-mail on September 11:

"We know little about the impact shifting marijuana policy has had or will have on the epidemiology, prevention, and treatment of substance use and related health outcomes such as HIV and other risk behaviors. In response, NIDA is funding research to assess social, behavioral, and public health impacts of medical marijuana use and policies (RFA-DA-11-0008). The research is in year 2 so there have been limited published results. However, one recently published paper found that states that legalized use of marijuana for medical purposes had higher rates of marijuana use and marijuana abuse/dependence, although further research is needed to determine if the underlying cause could be community norms supportive of the legalization of medical marijuana and of marijuana use. You can read the paper here: www.sciencedirect.com/science/article/pii/S0376871611002742.

On March 7, 2013, NIDA issued a request for administrative supplements to existing grants to examine the social, behavioral, and public health impacts of recent U.S. marijuana legalization laws/policies — http://grants.nih.gov/grants/guide/pa-files/PA-13-138.html."

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going to act like a watchdog to make sure that people are accountable to those items in the memo," he told *ADAW*. "And we need to organize and get our field to understand that this is the most important policy development in our field, infinitely more important than any reform for the past 100 years."

In addition, he said, there will have to be funding for education and prevention and treatment from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the federal Centers for Disease Control and Prevention (CDC). The reason that tobacco use has gone down has more to do with the resources put into discouraging its use than anything else, he said. "SAMHSA, the CDC and others will have to step up to the plate and have robust resources for marijuana," he said.

As for funding for treatment, the announcement comes at a time when treatment programs are girding for an influx of newly insured patients under the Affordable Care Act, and the lack of capacity is already showing in waiting lists in some areas.

Stay tuned for news on how the treatment programs of Colorado and Washington are adjusting to marijuana legalization. •

For the DOJ memo, go to www.justice.gov/iso/opa/resources/305201382913275685746 7.pdf.

For a webcast and printed testimony from Sabet and others in the September 10 hearing, go to www.judiciary.senate.gov/hearings/hearing.cfm?id=094c28995d1f5bc4fe11d832f90218f9.

Recovery Month at SAMHSA: Wellness and walks

The Substance Abuse and Mental Health Services Administration (SAMHSA) started off Recovery Month activities with a luncheon. After that, there will be a walk at SAMHSA on September 18. Wilma Townsend, formerly public health analyst with the Center for Mental Health Services and now temporarily replacing Yvette Torres, who was associate director for consumer affairs at SAMHSA's Center for Substance Abuse Treatment, as director of Recovery Month activities, told *ADAW* in a September 11 interview about the planned activities for this year's Recovery Month.

In addition to the luncheon and the September 18 Recovery Walk, Townsend referred to the September 21 national Rally for Recovery, to be held in Providence, Rhode Island. This rally is sponsored by Faces and Voices of Recovery. "Yes, they organized it, but we helped them with advertising and putting the event on our recovery website," said Townsend.

SAMHSA's Recovery Month theme this year is focusing on "wellness," said Townsend. "We'll have a line dance across the country, to get people up and moving, doing things that are fun and social that don't involve drinking," she said.

Why wellness? "We know that people with substance use disorders die earlier than the general population, usually because of cardiovascular disease, smoking and obesity," said Townsend. Those are problems usually associated with mental illness and early mortality.

> **'We'll have a line dance across the country, to get people up and moving, doing things that are fun and social that don't involve drinking.'**
>
> Wilma Townsend

In addition, this year SAMHSA is working with the National Leadership Council on African American Behavioral Health, which has contracted with blackdoctors.org to promote National Recovery Month, said Townsend. However, we found no reference to Recovery Month or addiction, or even behavioral health, on the website.

This year, 75 people came to the planning meeting for Recovery Month, said Townsend. Asked whether SAMHSA has the funding to bring all the partners in, she said many attendees "pay their own way."

Mental illness, too

As has been the case for the past two years, Recovery Month is now devoted to recovery from mental illness as well as recovery from substance use disorders — a controversial decision made by SAMHSA from the perspective of the addiction recovery movement. "It started with just substances, but we have added mental health because the recovery process is similar," said Townsend. "If people are using substances, it can turn into having mental health problems."

However, the Presidential Proclamation issued August 30 called the month "National Alcohol and Drug Addiction Recovery Month." Bradford Stone, the press officer sitting in on the interview with Townsend, explained that "we're working with them [the White House] on the title."

Torres has been detailed to the Pan American Health Organization. •

Next week: Faces & Voices of Recovery's activities for the month.

For more on SAMHSA's Recovery Month activities, go to www.recoverymonth.gov.