

# Study examines stimulant use in context of state medical cannabis laws

July 27 2020

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Medical and non-medical prescription stimulant use is higher in states without medical cannabis laws (MCLs) than in states with MCLs among heterosexuals and among certain lesbian, gay and bisexual (LGB) subpopulations. The study led by Columbia University Mailman School of Public Health researchers is published in the *International Journal of Drug Policy*.

Based on an analysis of data from the National Survey on Drug Use and Health between 2015 and 2017, the researchers found that bisexual men self-reported higher medical and non-medical prescription stimulant use than [heterosexual](#) men. Bisexual women self-reported higher non-medical prescription stimulant use than heterosexual women. Female and male heterosexuals in MCL [states](#) had lower odds of medical stimulant use than their female and [male counterparts](#) in non-MCL states; bisexual men in MCL states also reported a lower odds of medical stimulant use than their counterparts in non-MCL states. Female and male heterosexuals living in MCL states also reported lower odds of non-medical prescription stimulant use than their counterparts living in non-MCL states; similar patterns emerged for bisexual men and women. These associations were not significant among lesbian/gay adults.

This study is cross-sectional and thus only shows associations, not causality. Several factors may explain the link between medical and non-medical stimulant use and state MCL status. First, MCL states may have other common characteristics that existed prior to MCL enactment compared to non-MCL states, including lower rates of medical and

non-[medical prescription](#) stimulant use. Second, MCL states might have different stimulant prescribing regulations that may drive prescribing patterns and thus the amount of prescription stimulants in circulation. In 2016, half of the states above the median in per capita (mg/person) of amphetamine prescriptions were non-MCL states, while only one-third of states that were below the median in prescriptions were non-MCL states. "This suggests that the volume of prescription stimulants may be higher in non-MCL as compared to MCL states, which previous research suggests can lead to diversion, whereby stimulants that were medically prescribed are used non-medically," the authors write.

The study findings are in keeping with research finding elevated rates of stimulant use among LGB individuals—a pattern that may be linked to minority stress, meaning the discrimination, rejection, identity concealment, harassment, and maltreatment these individuals experience.

"Our findings support the need for multi-level approaches to address higher levels of prescription stimulant among LGB adults compared to their heterosexual counterparts," the study authors write. "At a structural level, states should ensure that public health campaigns incorporate information about stimulant use and target LGB individuals, reduce unnecessary [stimulant prescriptions](#) to help limit [non-medical-use of these drugs], and offer non-stigmatizing and affordable treatment when clinically indicated. At a community level, harm reduction and medication disposal should be readily accessible."

**More information:** Morgan M Philbin et al, Medical marijuana laws and medical and non-medical prescription stimulant use among a nationally representative sample of US adults: Potential spillover effects by sexual identity and gender, *International Journal of Drug Policy* (2020). [DOI: 10.1016/j.drugpo.2020.102861](https://doi.org/10.1016/j.drugpo.2020.102861)

Provided by Columbia University's Mailman School of Public Health

Citation: Study examines stimulant use in context of state medical cannabis laws (2020, July 27)  
retrieved 23 April 2024 from

<https://medicalxpress.com/news/2020-07-context-state-medical-cannabis-laws.html>

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