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## Legality of Cannabis in United States of America and its implication on healthcare: A 6-year retrospective study

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**Background:** According to DSM-V, substance-related disorders encompass 10 separate classes of drugs: Alcohol; caffeine; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics, and anxiolytics; stimulants; tobacco; and other substances. All drugs that are taken in excess have in common direct activation of the brain reward system, which is involved in the reinforcement of behaviors and the production of memories. They produce such an intense activation of the reward system that normal activities may be neglected. Marijuana is one of the most commonly abused drugs in America, and its use has been increasing since 2007. So far, two out of the 50 states in USA have legalized marijuana for adult recreational use, and 21 other states have legalized its use for certain medical conditions. This study evaluated the trend of cannabis use (ICD code 304.3) in different states in U.S.A from 2007 to 2012 based on their cannabis policies and its impact on the healthcare system.

**Methods:** This is a retrospective study that utilized the data on Healthcare Cost and Utilization Project (HCUP) website. HCUP is a family of health care databases maintained by a Federal-State-Industry partnership sponsored by the Agency for Healthcare Research and Quality (AHRQ). All the data presented are obtained from the HCUP Nationwide Emergency Department Sample (NEDS) and HCUP Nationwide Inpatient Sample (NIS). By using ICD-9 diagnostic codes, we are able to obtain the total number of emergency department visits, number of hospital admission, mean hospital charge and patient demographics.

**Results:** Over a period of six years, the percentage difference in *Cannabis* use in the state where *Cannabis* use is legal for both recreational and medical uses is as follows: Colorado (+50.4%). The percentage differences in cannabis use in the states where it is legal only for medical use are as follows: Arizona (+32%), Michigan (+14.1%), Hawaii (+55%) and New Jersey (+49.1%). On the other hand, in states where Cannabis use is illegal, the percentage differences in cannabis use are as follows: Oklahoma (+7.21%), Texas (+43.2%), Wisconsin (-0.35%) and South Carolina (+0.75%).

**Conclusion:** In general, abuse of *Cannabis* has increased over the six-year period of 2007 to 2012, with the most significant increase in *Cannabis* abuse in states where *Cannabis* use is legal. This has significant implication in our healthcare system, because in our previous paper, *Cannabis* alone stands out in both number of hospital admission, mean hospital charge and thus, burden to our healthcare system.

### Biography

Abhishek Rai, MD, is a full time psychiatry resident at St. Mary Mercy Hospital in Livonia, MI. After graduating from one of the most prestigious medical schools in India, Dr. Rai moved to the USA. In a brief stint at Mayo Clinic Rochester MN (2010-2011), he gained firsthand experience in the department of psychiatry after which he joined the child psychiatry unit of New York State Psychiatry Institute (Columbia University) and has worked there before joining his residency. He is an active member of American Psychiatry Association. He has a number of med indexed publications to his credit and has presented several posters and cases at International conferences. In addition Dr. Rai is an active member of and voluntary editor to AAAP (American academy of addiction psychiatry).

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