Medical Marijuana and Opioid Survey

Overview
In September 2018, NASUAD received a member request for information on how state agencies on aging are interacting with medical marijuana as it becomes legalized across the country. Additionally, a number of states have expressed interest in better understanding the actions that agencies on aging have taken to address the opioid epidemic across the country. In response to these requests, NASUAD drafted the 2018 Medical Marijuana and Opioid Survey. The medical marijuana survey included questions regarding issues such as disseminating information to the public, drafting related policies, and/or training and educating staff. The opioid survey collected information on state agencies on aging and the opioid crisis. The survey findings are summarized below.

Medical Marijuana and Older Adults
Responses for the medical marijuana survey were collected from twenty-three unique states and the territory of Guam. Over two-thirds (72%) of respondents were from a state or territory that allows for medicinal use of marijuana (Figure 1).

Figure 1: Status of Marijuana Legalization

Despite the widespread legalization of medical marijuana across respondent states, the majority are not conducting any activities related to medical marijuana and older adults. No state agency on aging reported any public stance on medical marijuana, and no state reported holding educational seminars. Only one state (Washington State) reported developing training for staff who might interact with medical marijuana users. This training is targeted specifically for residential providers like assisted living and nursing homes, such as this guidance issued to adult family home providers.
Only one state agency on aging (Massachusetts) is disseminating information about medical marijuana use to the public. The state indicated that they are doing so through e-mails. The intent of these emails is to provide information about risk factors by utilizing Department of Public Health Information pamphlets and webinars. Two states (California and Washington State) indicated that their Public Health/Human Services agencies undertake public education efforts regarding Medicinal Marijuana, but both states note that the outreach is broad and not specifically targeted to older adults.

Four states (Alaska, Delaware, New Hampshire, and Washington State) reported tracking the number of older adults with a medicinal marijuana prescription. One state (New Mexico) reported assisting individuals in obtaining medicinal marijuana by making references and assisting in mailing applications. Lastly, only Ohio reported preparing for increased utilization of marijuana, noting that while state law has approved the use of medical marijuana, the process of making the drug available is ongoing.

**State Agencies on Aging and the Opioid Crisis**

Responses for this survey were collected from nineteen unique states and the territory of Guam. About two-thirds (67%) of state agencies on aging reported partnering with the state’s substance use directors on the opioid epidemic. The majority of respondents also reported partnering with other state agencies on substance abuse issues (Figure 2).

**Figure 2: Partnerships with Other State Agencies**

The most common partner agencies reported include Department of Public Health, Department of Behavioral Health, and Department of Developmental Disabilities. Additional partnerships were reported with agencies such as the Department of Health Care Authority, Public Safety, and the Office of Veterans Affairs. Only three states (California, Ohio, and Maryland) reported being a member of the Governor's Task Force on Opioids.
Only one state (Ohio) reported collecting information on whether any APS reports are due to opioid-related issues, but could not provide specifics. Additionally, only one state (Utah) reported including safe-disposal bags for opioids as a reimbursable Medicaid expense, but did not provide additional information on the reimbursement process.

Finally, several states reported other efforts to specifically address opioid-related issues in older adults. One example reported was Colorado’s partnership with the Department of Public Health and Environment's substance abuse prevention unit to provide educational information to Area Agencies on Aging and other stakeholders regarding how opioids impact older adults. Washington State reported a new opioid abuse prevention campaign designed to inform Washingtonians about the dangers of prescription drug misuse and abuse, safe storage, and safe disposal practices with a target population that includes young adults, parents, and older adults. Other initiatives reported include drug/prescription abuse related educational programs for older adults, the distribution of informational newsletters and reports to staff and the public, and caregiver supports for grandparents.