



A dramatic increase in cannabis use among young and adult populations in Israel: The "normalization" effect of the intense public debates regarding cannabis legalization and medicalization

Findings from the youth HBSC survey, and the adult National Epidemiological Survey of Drugs and Alcohol

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Cannabis related developments in Israel during the past 4-5 years

- Medicalization,
- Legalization,
- De-criminalization





Medicalization

- Legal use of marijuana for medical treatment
- Intense development of MM policy and regulations
- Intense emotional public pressure on government
- Increase in MM patients from 6,000 to over 35,000 in 3 years.
- Illegal MM use by many who experiment for medical purposes.

⇒Israel becomes one of the leading countries in the world in implementing a legal medical marijuana policy.





Legalization

- Aggressive cannabis legalization lobby
 - Vocal public opinion leaders:
 - Parliament members (Knesset Members)
 - > TV celebrities on prime time
 - Popular performers
 - => Intense public exposure to pro-cannabis messages (Cannabis is like coffee or sugar, everybody uses it, etc.)





De-criminalization

Following:

- Intense public pressure to stop criminalizing occasional cannabis users,
- Learning from success of alternative policy models in Portugal and other European countries,
- Recommendation of a cross-agency professional committee

The Israeli government decided to Join the global move to recognize drug users as a social or public health problem rather than a criminal one.

In April 2017, the Minister of Internal Security declares the launch of a new cannabis policy named:

"Responsible De-Criminalization"





"Responsible De-Criminalization" policy

Policy goals:

- Cannabis remains illegal
- Reduce use, prevent addiction and prevent a gateway effect.
- prevent addiction and prevent move to stronger drugs
- Provide 3-4 warnings to occasional users, including referral to prevention or treatment before applying criminalization.





"Responsible De-Criminalization" policy

Policy practice:

(Details are still being debated and developed....):

- Main enforcement efforts aimed at cannabis use in public places
- 1st time, up to 15 grams \in 250
- 3rd time, up to 15 grams : €750 + conditional criminal record
- 4th time, up to 15 grams: criminal record and process
- Regarding minors focus on conditional prevention treatment





"Responsible De-Criminalization"

- Declaration made with no public preparation!
- Consequently, policy change perceived by public as a 1st first step towards legalization.
- This has happened <u>before</u> new policy is implemented.
- New policy is planed to be implemented in July 2017
- Including an evaluation research system.





The unintended consequences of these developments where:

Decline in the perception of risk

followed by

an increase in the rates of Cannabis use

Survey data

The WHO-HBSC survey

- National representative sample of school children
- 6th-12th grade students (drugs 10th-12th) ages 15-17
- Secular, religious and Arab public schools
- Self administered class-room questionnaire
- International mandatory protocol
- Last survey May0June 2014
- N > 16,000 all ages

The National Epidemiological Survey of Drugs and Alcohol

- House hold survey with national representative sample
- Ages 18-65 all sub-populations
- Self administered questionnaire
- Data Collection: September December 2016
- N > 5,500

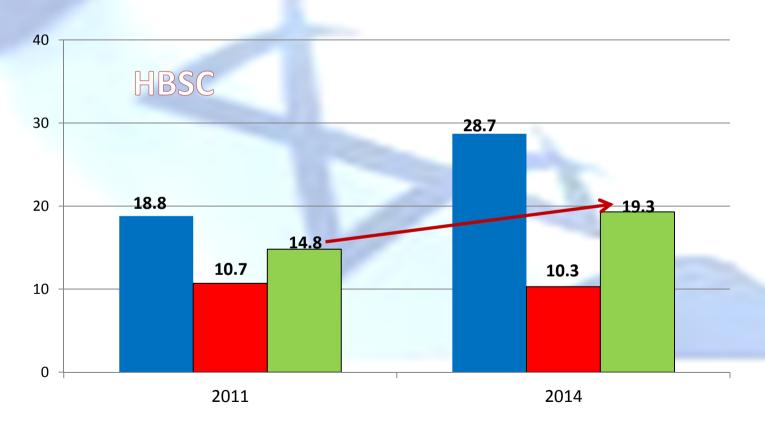
Perception of Risk by adolescents

HBSC 10th-12th grade students (15-17 years of age)

Low perception of risk

Percent of 10th-12th grade students who think there is low or no danger in using cannabis, by gender and year of survey





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Use of Cannabis by adolescents

HBSC 10th-12th grade students (15-17 years of age)

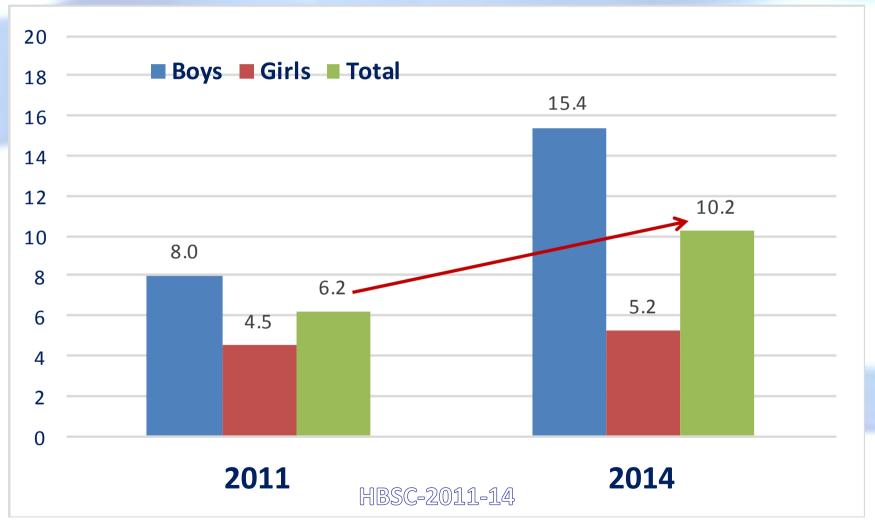


Use of Cannabis:Percent of students grades 10th-12th



who ever used Cannabis:

by gender and year of survey



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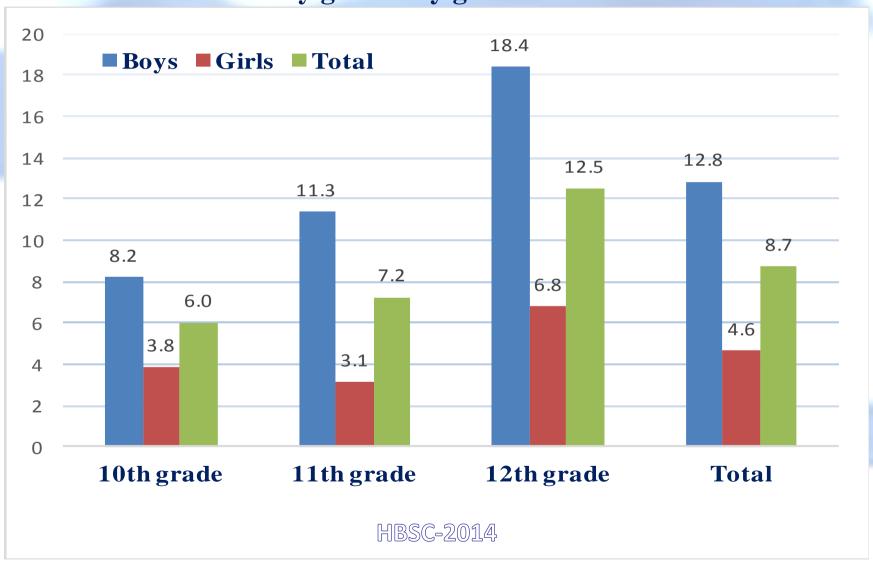


Percent of 10th-12th grade students who used cannabis



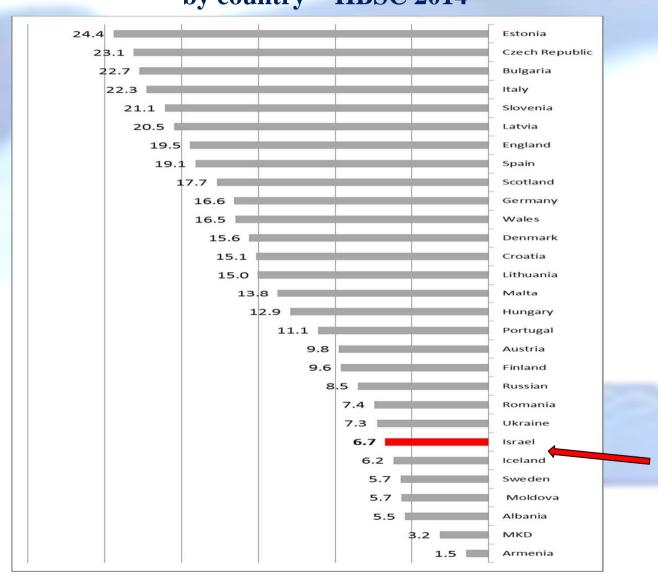
at least once during the past 12 months:

by gender by grade-level



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Percent of 10th grade students (age 15) who used cannabis at least once during the past 12 months: by country - HBSC 2014



Perception of Risk by adults

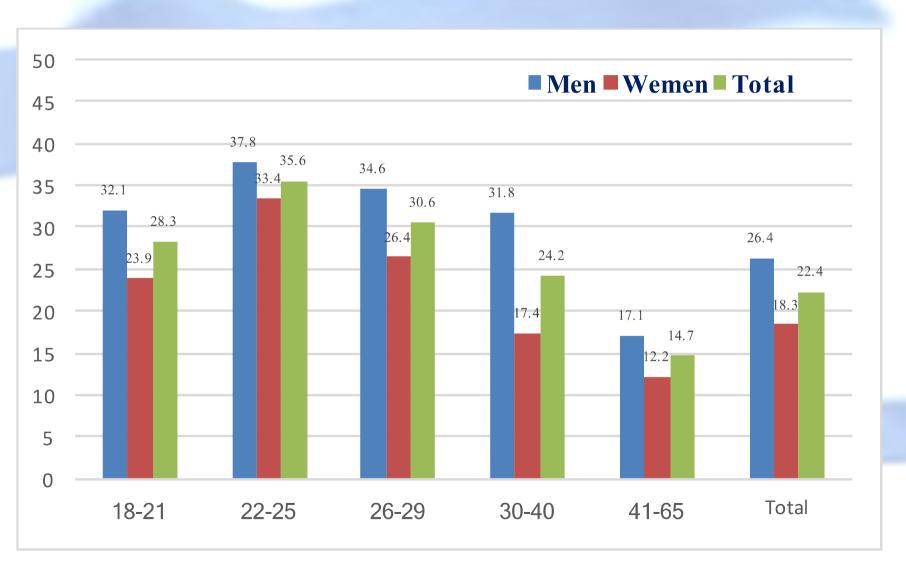
NESDA – Adults 18-65 years of age December 2016



Low perception of risk



Percent of adults who perceive use of cannabis as having no or low risk: by gender and age group



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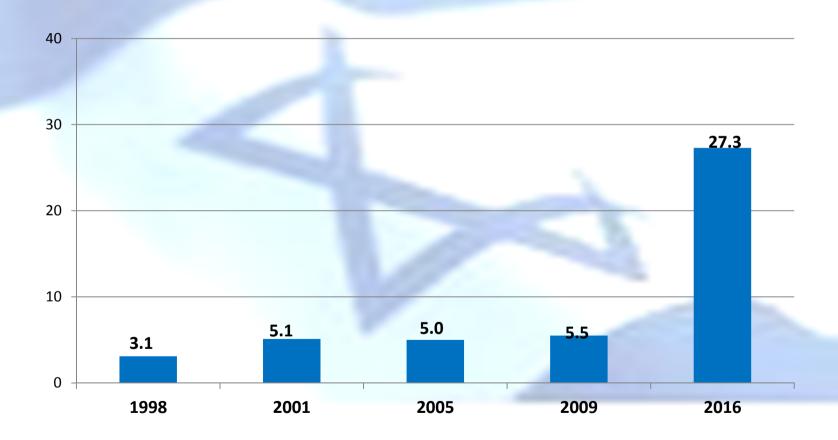
Use of Cannabis by adults

NESDA – Adults 18-65 years of age December 2016

Dramatic increase in reported cannabis use

Percent of Israeli adults 18-40 who used cannabis at least once during the past 30 days

Trends: 1998-2016

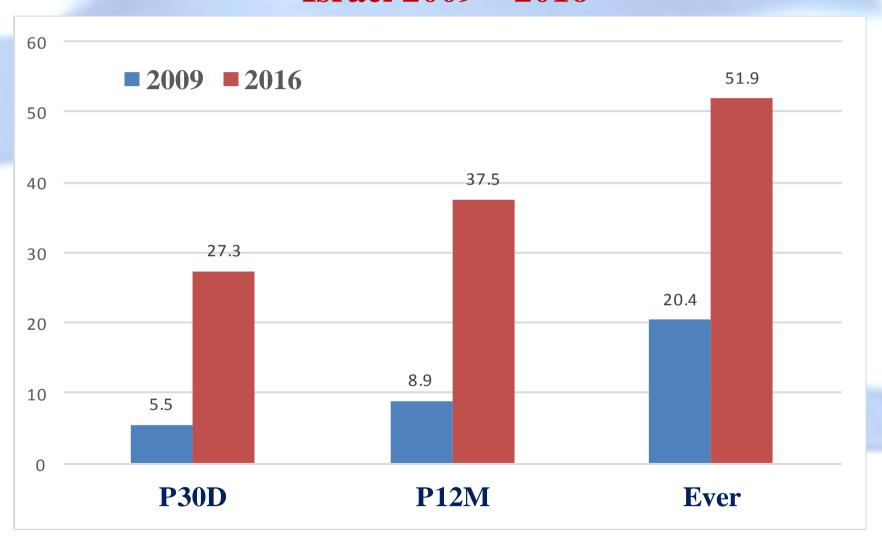




Dramatic increase in reported cannabis use

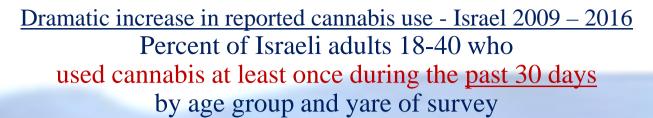


Adults 18-40 years of age, Israel 2009 – 2016

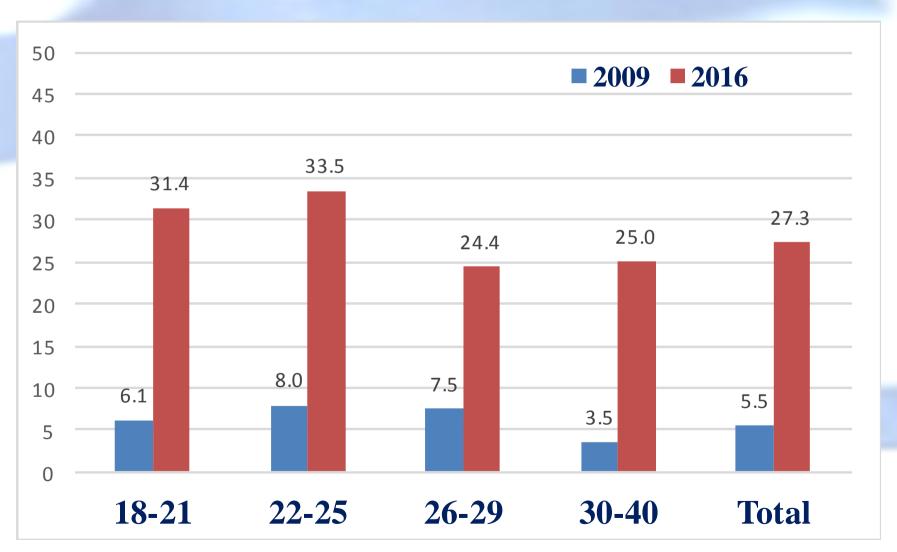


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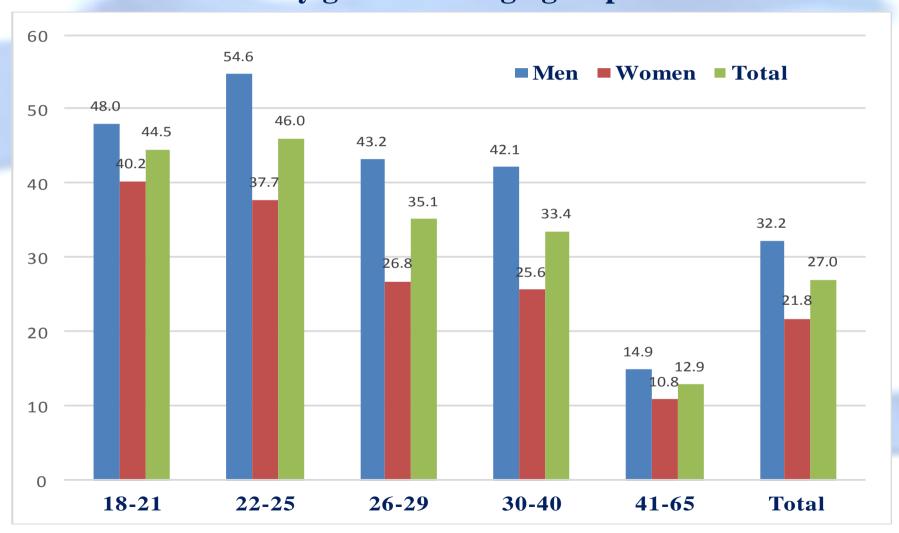


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Percent of adults ages 18-65 who reported using cannabis at least once during the past 12 months: by gender and age-group





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Percent of adults ages 18-65 who reported using cannabis at least once during the past 30 days: by gender and age-group





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Can these new outstanding rates be explained by some methodological error?



Questionnaire

- Cannabis items (questions) are identical to the previous surveys
- Cannabis items (ever, P12M, P30D) appear in a table that includes all other drugs. Cannabis is the only drug that has an unusual rate.
- Questionnaire is formatted identically to previous surveys.

Sample

• Sampling method identical to previous surveys, no oversampling of high-rate sub-populations.

Variable transformation

• All drug items, including cannabis, were subjected to the same transformations which were identical to previous surveys and to each other. No deviations were found.

Statistical analyses

 Analyses of all drug items, including cannabis, were identical to previous surveys. No deviations were found.

Face validity

 Relationships between the cannabis items and a host of usual social-demographic variables were found to be logical and provide face validity to the cannabis

Conclusions: No methodological explanation was found to account for the exceptional high rates of cannabis use.

Namely, the rates accurately represent the answers of the respondents.

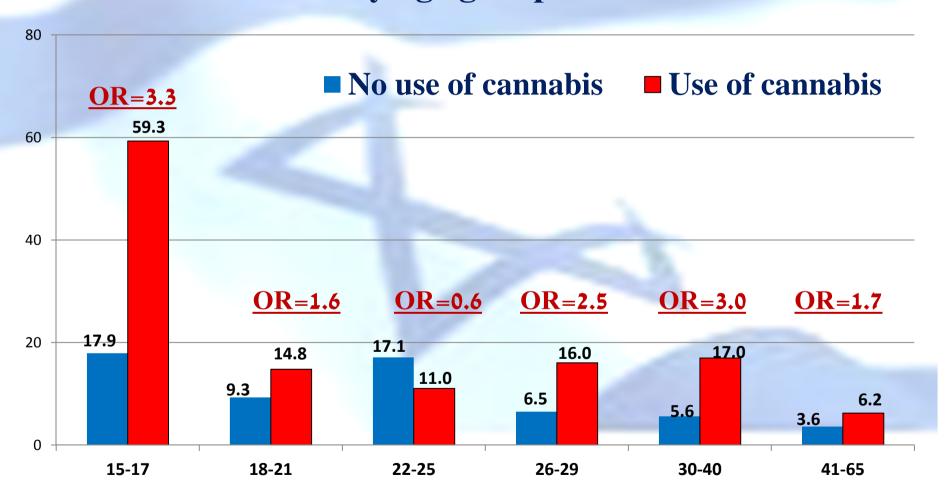
Over reporting or over estimates may also be due to:

- 1. MM use (with or without prescriptions)
- 2. Over reporting due to social desirability (it's "cool" to use...) resulting from the legalization public debate

We will investigate these possible effects next survey in 2017-18

The normalization effect

The probability of alcohol binge drinking By status of cannabis use (P30D) by age group

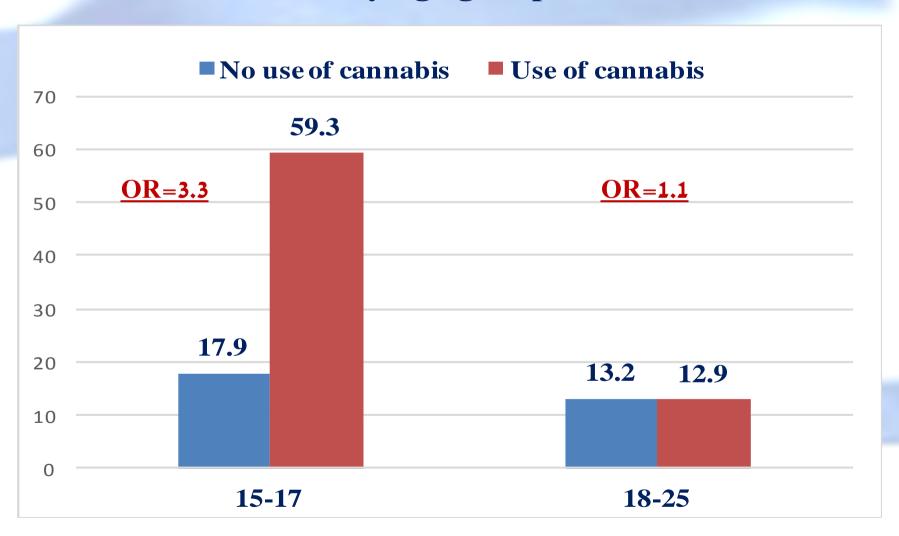


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In sum



- The push for MM use and the public debate regarding legalization have resulted in a dramatic increase in cannabis use among the Israeli population.
- This happened even before implementation of new policy
- Israel has moved from a low-rate to a high-rate country.
- The new situation creates a challenge to adapt new prevention, education and treatment strategies accordingly.
- The Israeli Cabinet decided to revisit the new policy in 2 years time to evaluate its effect.
- An evaluation research system, is being developed, including the implementation of the various GPS annually.
- The Israeli experience might be valuable for other low-rate countries who are undergoing similar public debates regarding MM and legalization.



Thank you for your attention