



Statewide Epidemiological Outcomes Workgroup:

**Quarterly Meeting
09/08/2022**

Supported by SAMHSA PFS Grant
#6H79SP080990-01M001



Today's Agenda

- Welcome/Introductions/SEOW Mission (A. Oliveto)
- APNA data trends (J. Thostenson)
- APNA Data Limitations (SEOW Staff)
- Synthetic Cathinones (Bath Salts/Plant Food) (A. Oliveto)
- 2021 MTF National Trends in Young Adult Substance Use (A. Oliveto)
- Update on National Trends regarding Marijuana Law Enactments (A. Oliveto)
- Marijuana Legalization: Potential Impacts (A. Oliveto & A. Porter)
- Approaches to Potential Pending Marijuana Legalization (SEOW)
- SEOW Staff Activities Updates (A. Oliveto)
- General Discussion/Action Plan/Wrap-Up/Next Meeting

SEOW Mission

SEOW's mission is to guide successful prevention efforts in the state of Arkansas by:

- Analyzing, monitoring and sharing data trends in substance use and other environmental, behavioral, and health-related factors
- Informing data-driven policy and practice decision-making regarding prevention priorities at local and state levels
- Disseminating evidence-based education and prevention materials to the larger public

APNA Drug Use Trends

2014-2022

**Jeff Thostenson
SEOW Staff**

Synthetic Cathinones

Alison Oliveto
SEOW Staff

Synthetic Cathinones

- Commonly known as bath salts or plant food
- Human-made stimulants chemically related to cathinone, a substance found in the khat plant, a shrub grown in East Africa and southern Arabia where leaves are chewed for their mild stimulant effects.



- Human-made versions of cathinone much stronger than natural product and, in some cases, very dangerous.
- White or brown crystal-like powder and are sold in small plastic or foil packages labeled "not for human consumption."
- Can be labeled as bath salts, plant food, jewelry cleaner, phone screen cleaner, .

Synthetic Cathinones

- Chemically similar to drugs like amphetamines, cocaine, and MDMA
- Part of a group of drugs that concern public health officials called new psychoactive substances (NPS)
 - unregulated psychoactive mind-altering substances with no legitimate medical use and are made to copy the effects of controlled substances.
 - introduced and reintroduced into the market in quick succession to dodge or hinder law enforcement efforts to address their manufacture and sale
- Marketed as cheap substitutes for other stimulants such as amphetamines and cocaine
- Typically swallowed, snorted, smoked, or injected
- Often found in Molly (Ecstasy)

Synthetic Cathinones

- Limited data on brain impacts
 - 3,4-*methylenedioxypyrovalerone* (MDPV) is a common synthetic cathinone that affects the brain in a manner similar to cocaine,
 - at least 10 times more powerful than cocaine
 - most common synthetic cathinone found in the blood and urine of patients admitted to emergency departments after taking bath salts



Serious Side Effects of Synthetic Cathinones

- Blood circulation problems (e.g., increased blood pressure)
- Kidney failure
- Seizures
- Muscle spasms
- Muscle damage
- Loss of bowel control
- Hallucinations and delusions
- Extreme agitation, aggression, violent behavior
- Severe paranoia
- Panic attacks
- Sharp increase in body temperature

**Synthetic Cathinone
Intoxication → DEATH**

Gershman JA, Fass AD. Synthetic cathinones ('bath salts'): legal and health care challenges. P T. 2012 Oct;37(10):571-95. PMID: 23115465; PMCID: PMC3474442.

Morbidity and Mortality Weekly Report

Overdose Deaths Involving Eutylone (Psychoactive Bath Salts) — United States, 2020

R. Matt Gladden, PhD¹; Vaughne Chavez-Gray, MPH²;
Julie O'Donnell, PhD¹; Bruce A. Goldberger, PhD³

- US supply of eutylone rapidly increased from 2017-2020: Detections in seized drug items increased **from 10** in January–June 2017, **to 8,379** in Jan-June 2020, making it the 7th most identified drug during this period
- In 2020, most eutylone-involved deaths occurred within two states (FL & MD) in the South, where eutylone supply the highest:
 - 385 total deaths
 - 283 involved any opioid
 - 60 did not involve any opioid

Short-term, Less Serious Side Effects of Synthetic Cathinones

- Increased heart rate
- Chest pains
- Agitation
- Insomnia
- Lack of appetite
- Increased alertness and awareness
- Anxiety
- Nosebleeds
- Increased sociability and sex drive

Gershman JA, Fass AD. Synthetic cathinones ('bath salts'): legal and health care challenges. P T. 2012 Oct;37(10):571-95. PMID: 23115465; PMCID: PMC3474442.

Synthetic Cathinones Are Addictive

- Animal studies: Rats will compulsively self-administer synthetic cathinones
- Humans: Users report intense, uncontrollable urges to use the drug again
- After stopping synthetic cathinones use, withdrawal symptoms can occur, including:
 - depression
 - anxiety
 - tremors
 - problems sleeping
 - paranoia

Treatment for Synthetic Cathinones Addiction

- No medications are available
- Behavioral therapy can be used to treat addiction to synthetic cathinones, such as:
 - cognitive-behavioral therapy
 - contingency management, or motivational incentives—providing rewards to patients who remain substance free
 - motivational enhancement therapy
 - behavioral treatments geared to teens
- health care providers should screen for co-occurring mental health conditions

Synthetic Drug Abuse Prevention Act of 2012

- Increased the time, from 18 months to 36 months, that a substance may be temporarily assigned to Schedule I

Issues with Monitoring Trends in Adverse Effects

- Often new NPS's not known or detected
- U.S. doesn't necessarily separate data regarding synthetic cathinones from "psychostimulants" in their reporting

Issues with Availability over the Internet

- Meyers et al., (2015) found 31 online websites sell bath salts
- 45% of websites hosted in the U.S., 23% in Germany and 10% in UK
- Websites provided lots of info and purchasing choice about a variety of synthetic cathinones, legitimized sites by using recognizable images, online chat features, and mainstream payment and shipping methods, and employed characteristics that promote online purchases
- Multifaceted efforts targeting users, suppliers, and emergency/poison control entities needed to comprehensively address bath salt use/consequences

Meyers K, Kaynak Ö, Bresani E, Curtis B, McNamara A, Brownfield K, Kirby KC. The availability and depiction of synthetic cathinones (bath salts) on the Internet: Do online suppliers employ features to maximize purchases?

International Journal on Drug Policy 2015; 26 (7): 670-4

International Harm Reduction Approaches

- Banning NPSs
- Recreational Drugs European Network (ReDNet) project funded by EU:
 - Europe-wide prevention project
 - Identified over 650 novel psychoactive substances (NPSs) sold online and developed NPS-specific informational messages (e.g., effects, risks).
 - Used numerous technological tools including but not limited to social media (e.g., Facebook), multimedia (e.g., YouTube), Short Message Service (SMS) alerts, and smartphone applications to disseminate this information
- New Zealand established the first regulated legal market for NPSs

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Other Harm Reduction Approaches

- Businesses can augment governmental efforts
 - Advertising firms partner with public health experts to design impactful harm reduction messages
 - Financial institutions could be more attentive in determining who can and cannot use their services.
 - Example: PayPal explicitly states they will not process payments for tobacco products, prescription drugs and devices, narcotics, steroids, drug paraphernalia, or controlled substances

Generally sold in retail establishments such as adult stores, independently owned convenience stores, gas stations, head shops, and skateboard shops – target these businesses?

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Other Harm Reduction Approaches

Education

- Prioritize education about the potential risks, precautionary measures, and alternatives to prohibition to reduce harm over zero-tolerance policies and criminalization. ***People who choose to use drugs should know what they're taking***

Expanding Access to Drug Checking

- One of the goals of DPA's [#SaferPartying campaign](#).
- In the U.S., organizations like [DanceSafe](#) and [Bunk Police](#) sell drug-checking kits online and at music festivals and concerts when permitted, which allow people to test for possible adulterants

<https://drugpolicy.org/how-can-we-reduce-harms-associated-synthetic-cathinones>

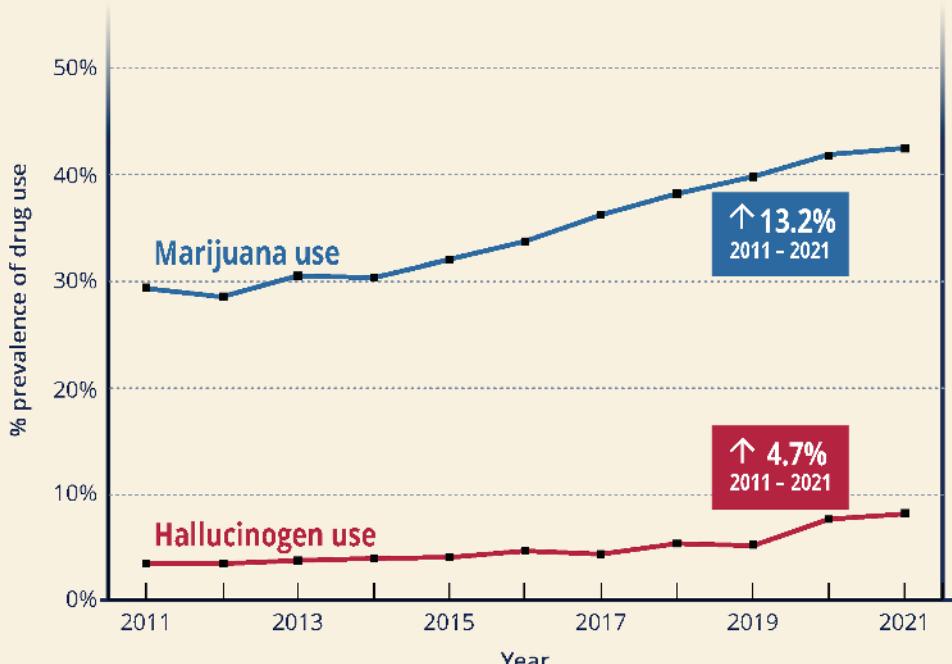
Discussion

2021 National Trends in Young Adult Substance Use

Alison Oliveto
SEOW Staff

Initial 2021 MTF Findings in Young Adults

Historic Highs in Past-Year Marijuana and Hallucinogen Use Among Young Adults (Ages 19-30) in 2021



Source: 2021 Monitoring the Future Panel Survey



National Institute
on Drug Abuse

nida.nih.gov

Past-year, past-month, and daily MJ (20+ days in past 30) use highest levels ever recorded since 1988

Past-year hallucinogen use relatively stable until 2020 when reported use started to increase dramatically.

NIDA. 2022, August 22. Marijuana and hallucinogen use among young adults reached all time-high in 2021. Retrieved from <https://nida.nih.gov/news-events/news-releases/2022/08/marijuana-and-hallucinogen-use-among-young-adults-reached-all-time-high-in-2021> on 2022, August 30

MJ Use Trends in U.S. Young Adults Aged 19-30 Years

MJ Use Frequency	2011	2016	2021	% Inc 2011 to 2021
Past-Year (%)	29	34	43	14%
Past-Month (%)	17	21	29	12%
Nearly Daily (%)	6	8	11	5%

NIDA. 2022, August 22. Marijuana and hallucinogen use among young adults reached all time-high in 2021. Retrieved from <https://nida.nih.gov/news-events/news-releases/2022/08/marijuana-and-hallucinogen-use-among-young-adults-reached-all-time-high-in-2021> on 2022, August 30

Past-Year Hallucinogen Use Trends in U.S. Young Adults Aged 19-30 Years

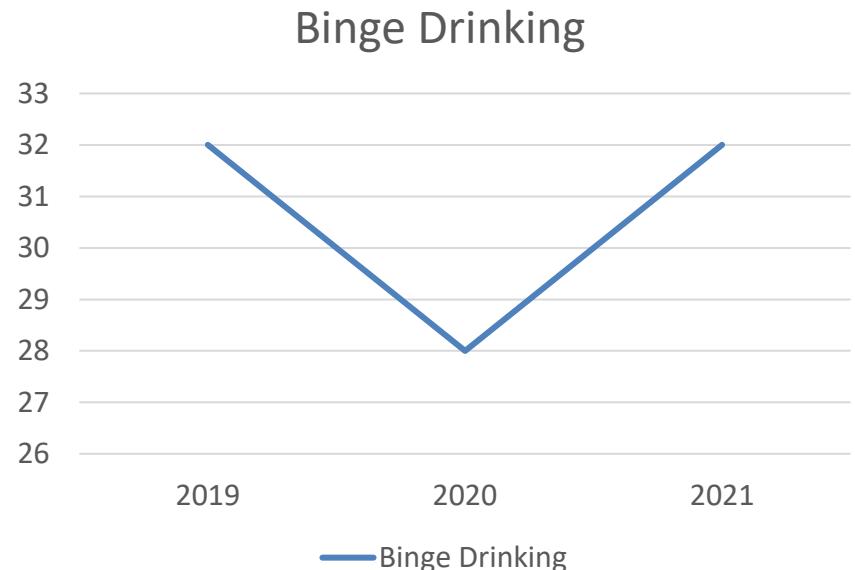
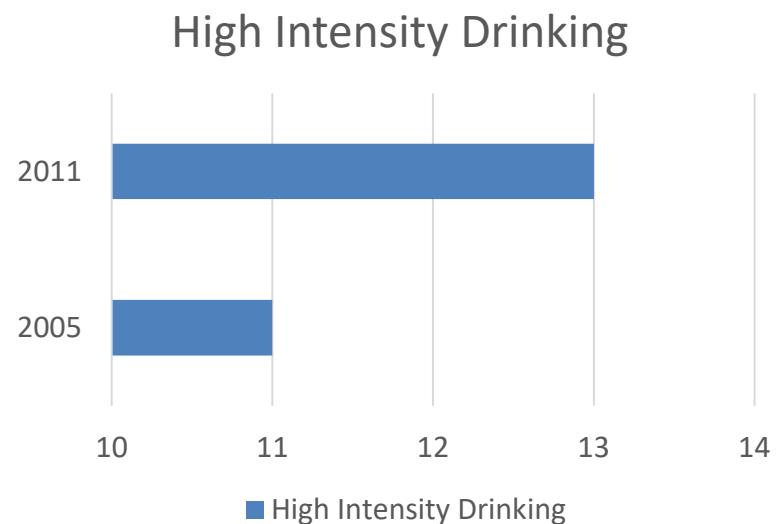
2011	2016	2021	% Inc from 2011-2021
3%	5%	8%	5%

- Hallucinogens reported included: LSD, MDMA, mescaline, peyote, “shrooms” or psilocybin, and PCP.
- Only MDMA (also called ecstasy or Molly), significantly decreased within one year and in past five years – from 5% in 2016 and 2020 to 3% in 2021

NIDA. 2022, August 22. Marijuana and hallucinogen use among young adults reached all time-high in 2021. Retrieved from <https://nida.nih.gov/news-events/news-releases/2022/08/marijuana-and-hallucinogen-use-among-young-adults-reached-all-time-high-in-2021> on 2022, August 30

Other MTF Findings in Young Adults aged 19-30 Years

Alcohol Use Measure	2011	2016	2020	% Change 2011 to 2020
Past 30 days	69	70	66	-3%



NIDA. 2022, August 22. Marijuana and hallucinogen use among young adults reached all time-high in 2021. Retrieved from <https://nida.nih.gov/news-events/news-releases/2022/08/marijuana-and-hallucinogen-use-among-young-adults-reached-all-time-high-in-2021> on 2022, August 30

Other MTF Findings in Young Adults aged 19-30 Years

- Significant ↓ in past-month cigarette smoking in past decade
- Significant ↓ in past-year non-medical use of opioid medications in past decade
- Past-month nicotine vaping nearly tripled to 16% compared to 6% in 2017 then ↑ significantly among young adults in 2021 after leveling off in 2017-2020
- Past-month marijuana vaping significantly ↓ in 2020 but returned to near 2019 levels in 2021, and has doubled – from 6% in 2017 to 12% in 2021.

NIDA. 2022, August 22. Marijuana and hallucinogen use among young adults reached all time-high in 2021. Retrieved from <https://nida.nih.gov/news-events/news-releases/2022/08/marijuana-and-hallucinogen-use-among-young-adults-reached-all-time-high-in-2021> on 2022, August 30

Update on National Trends regarding Marijuana Law Enactments

Alison Oliveto
SEOW Staff

US Adult Illicit Cannabis Use, Cannabis Use Disorder, and Medical Marijuana Laws 1991-1992 to 2012-2013

Deborah S. Hasin, PhD; Aaron L. Sarvet, MPH; Magdalena Cerdá, DrPH; Katherine M. Keyes, PhD; Malka Stohl, MS; Sandro Galea, MD, DrPH; Melanie M. Wall, PhD

JAMA Psychiatry. 2017;74(6):579-588

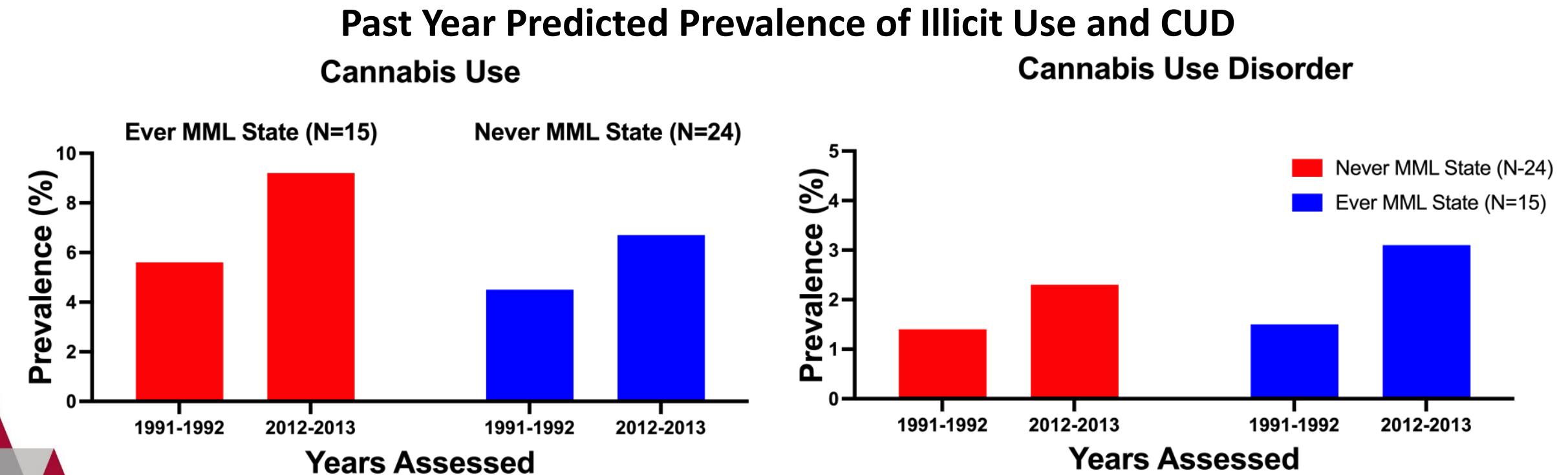
- Cannabis use increased over past 25 years or so and in 2016, 28 states passed MML, but lack of clarity regarding impact o MML
- Addressed the issue that **no** studies examining differences before and after MML used adult national data *predating* all MML, differentiated between earlier and more recent periods, or separately examined particular states
 - Differences between states that passed MML early vs late are important because the national normative context differed for early-MML states, when few such laws existed, and late-MML states, enacted when more states had MML.
 - Earlier data can show if trends in cannabis use and CUD in late-MML states began prior to MML

Methods

Examined MML, illicit cannabis use, and CUD in 3 cross-sectional adult surveys:

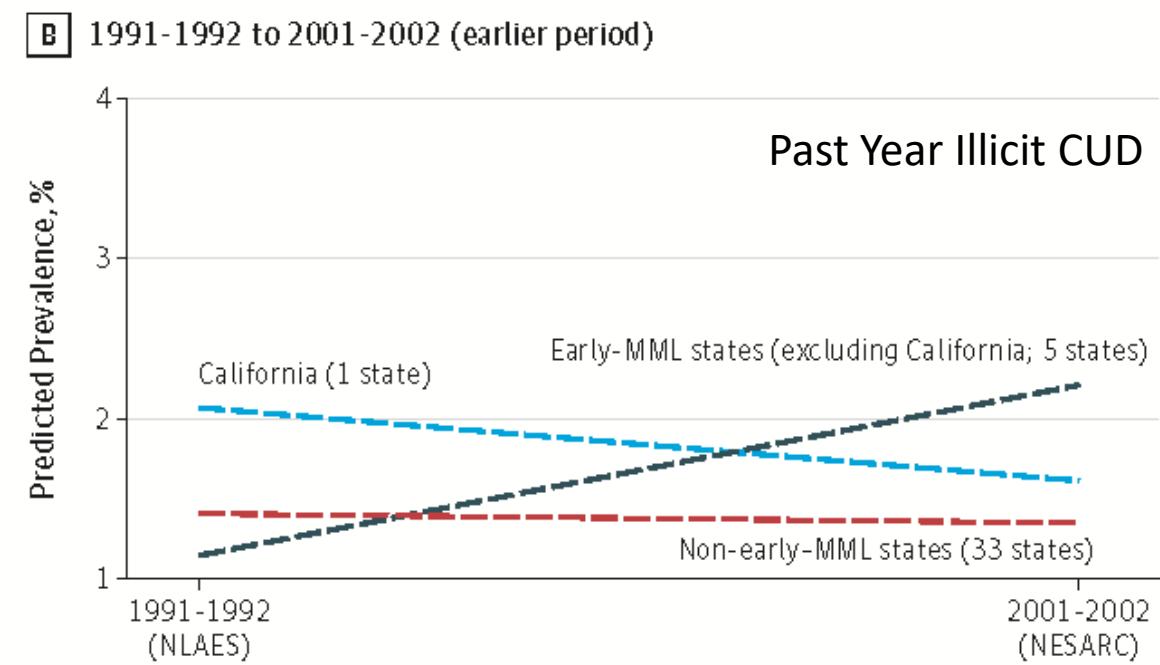
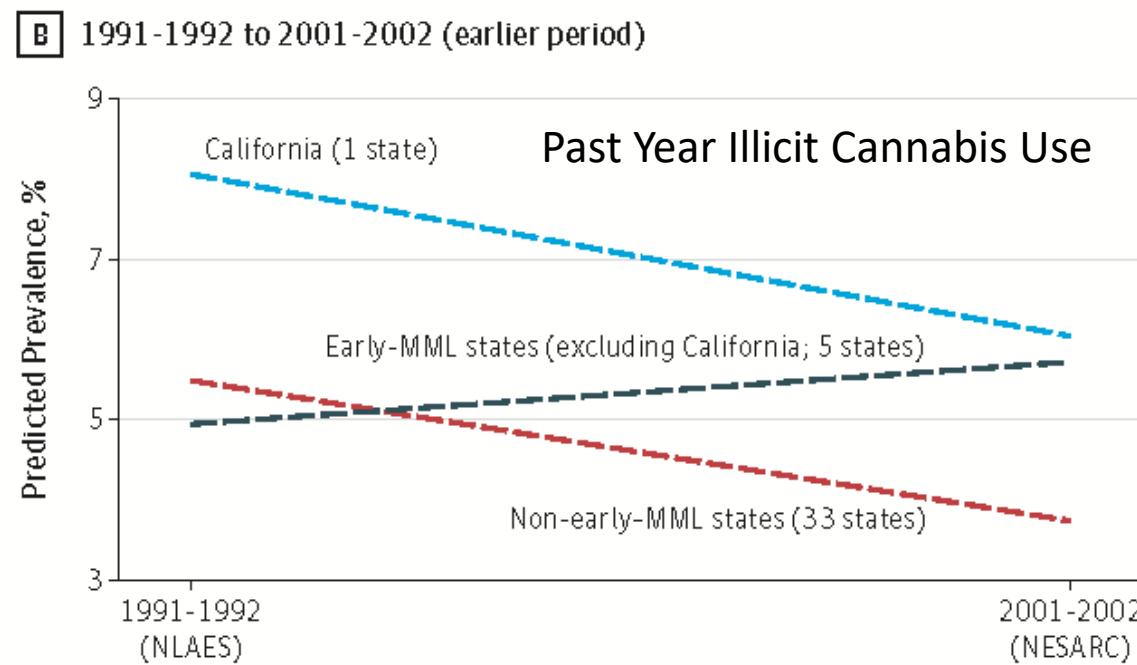
- 1991-1992 National Longitudinal Alcohol Epidemiologic Survey (NLAES)
 - No Americans lived in MML states
- 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)
 - 18.9% lived in MML states
- 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions—III (NESARC-III)
 - 34.3% lived in MML states

Between 1991-1992 and 2012-2013, were changes in the prevalence of illicit cannabis use and CUD > in states that ever had MML vs never had MML?



↑ in ever-MML than never-MML states significantly greater for illicit cannabis use ($p = .004$) and incidence of CUD ($p = .03$)

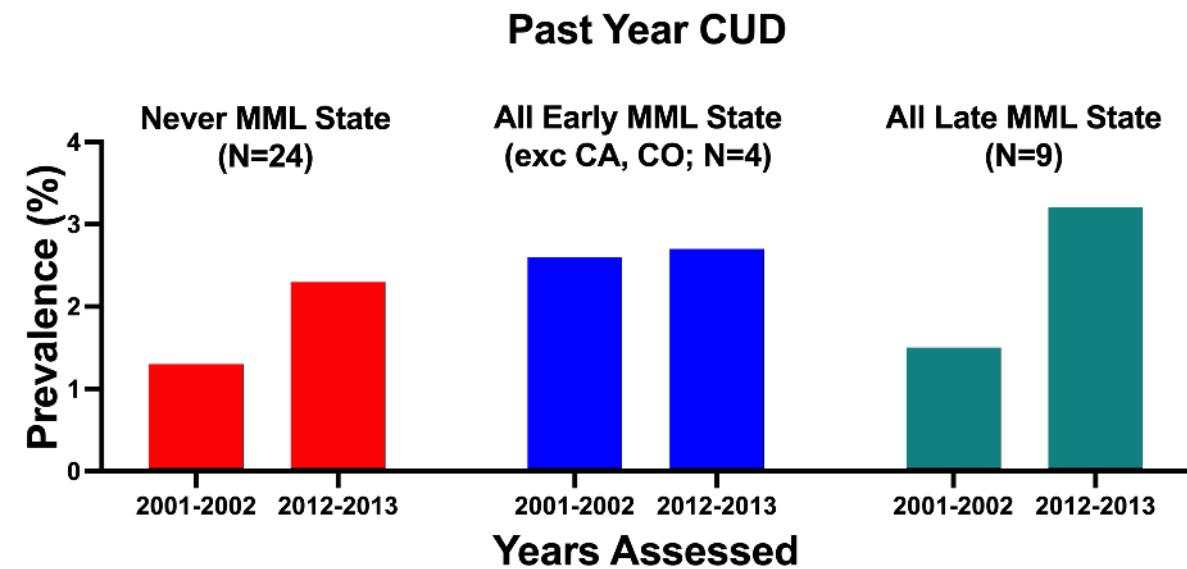
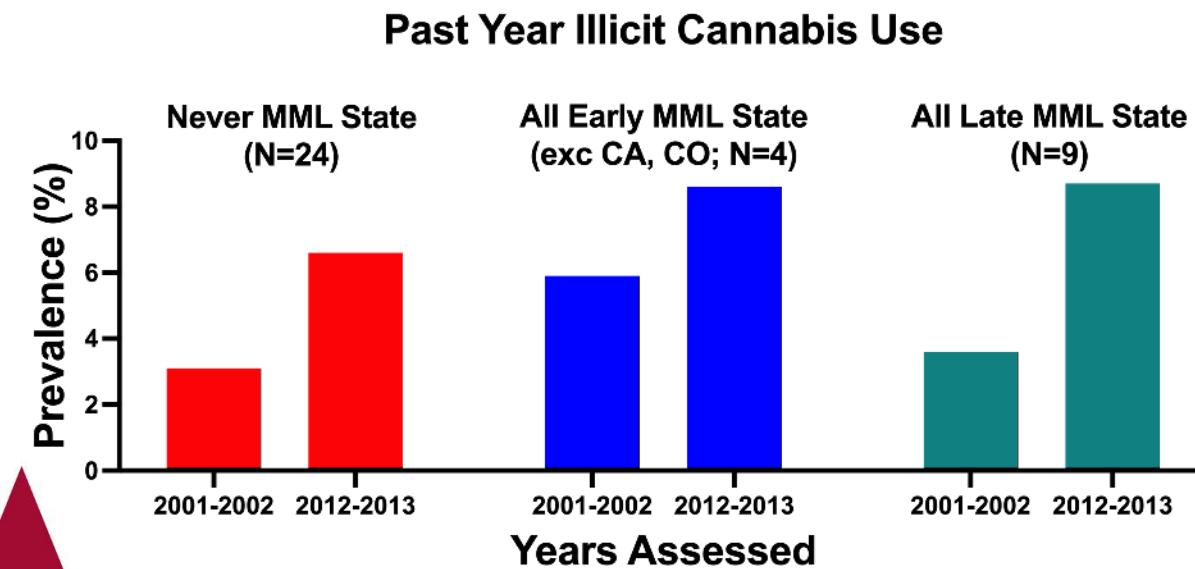
Between 1991-1992 and 2001-2002 (“earlier period”), did changes in prevalence differ between states that did and did not pass MML during this time (wo CA Data)?



Change in early-MML states (exc CA) differed from non-MML states for use (by 2.5 percentage points; $P = .004$) and disorder (1.1 percentage points; $P = .02$).

JAMA Psychiatry. 2017;74(6):579-588

Between 2001-2002 and 2012-2013 (“later period”), did changes in did changes in prevalence differ between never-MML states, states passing MML in earlier period, and states passing MML in later period (wo CA or CO data)?



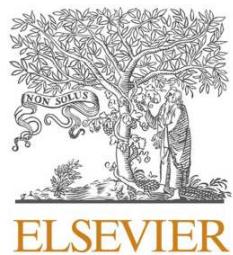
Compared with change in never-MML states:

- increases in cannabis use were significantly greater in late-MML states ($P = .01$)
- increases in prevalence of cannabis use disorder in late-MML states was not significant ($P = .12$)

Take-Aways

“Holding population size and demographic distributions constant from 1991 to 2012, an additional 1.1 million **adult *illicit* cannabis users** and an additional 500000 adults with a DSM-IV–diagnosed cannabis disorder may be attributable to MML passage.”

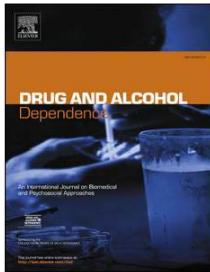
- Early-MML states (exc CA), MML contributed to increased illicit cannabis use and CUD, contrary to a nationally decreasing trend
- Illicit use increased significantly more in late-MML states than in never-MML states
- Lack of significant differences in early-MML states possibly due to absence of strong lagged effects, waning MML effects over time, or local factors



Contents lists available at [ScienceDirect](#)

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep



Impact of cannabis legalization in the United States on trends in cannabis use and daily cannabis use among individuals who smoke cigarettes



Andrea H. Weinberger ^{a,b}, Katarzyna Wyka ^c, Renee D. Goodwin ^{c,d,*}

- Majority of cannabis use occurs among those who smoke cigarettes
- Cigarette use associated with increased risk of CUD initiation, persistence, and relapse
- Health risks of co-use of both cigarettes and cannabis > with either alone
- Data suggest that cannabis use is a barrier to cigarette smoking cessation and sustained abstinence
- Cannabis use increases were more rapid in states that have adopted MCL and RCL

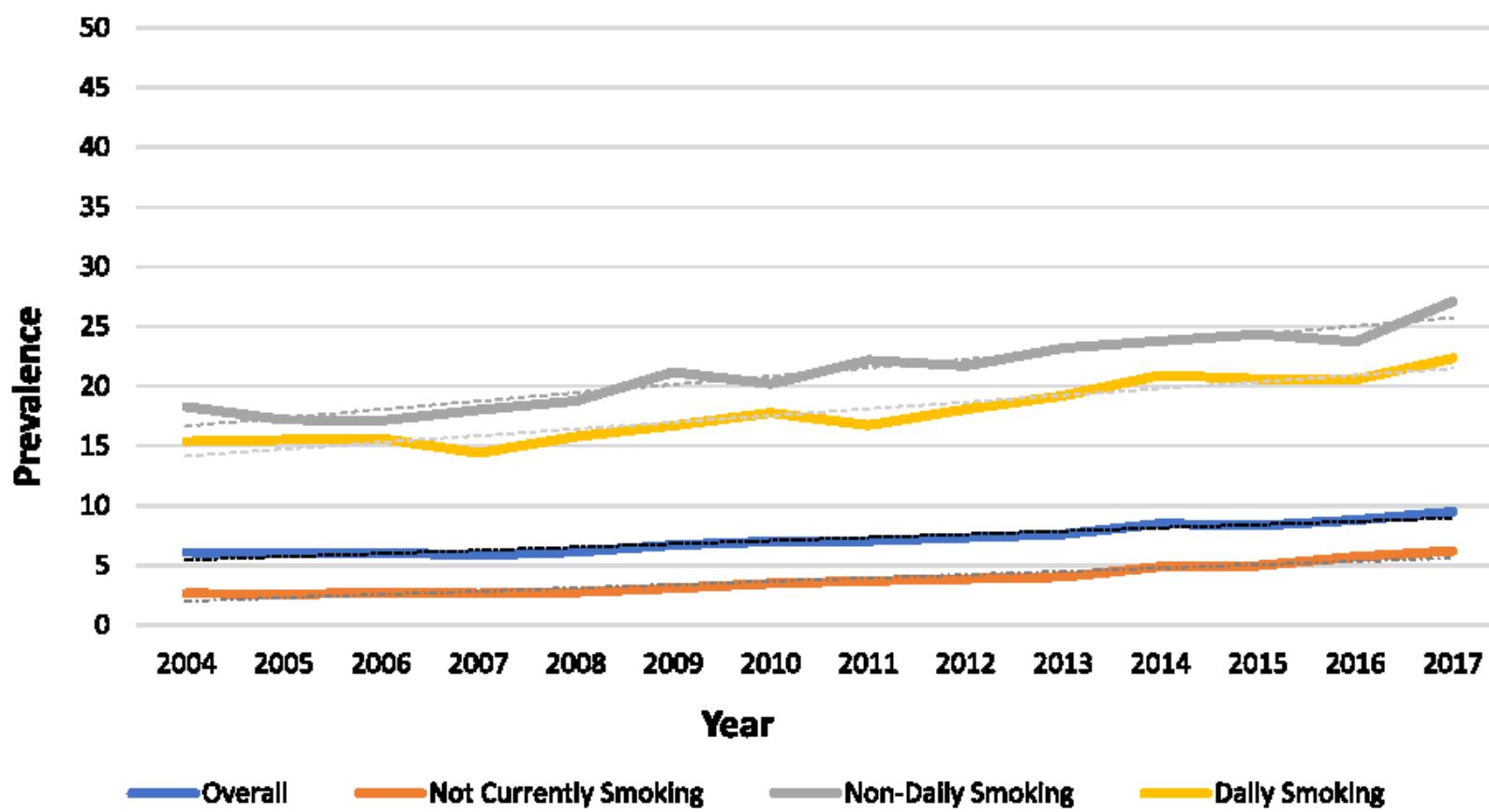
Purpose

Analyses conducted using public and restricted-use data from the 2004–2017 National Survey on Drug Use and Health (NSDUH), an annual cross-sectional, nationally representative survey of US individuals aged 12 and older

- 1) To estimate trends in cannabis use and daily cannabis use from 2004 to 2017 overall and by cigarette smoking status.
- 2) To examine impact of state-of-residence cannabis legalization status altered trends in prevalence of past-30-day cannabis use and past-30-day daily cannabis use by cigarette use status.
- 3) To estimate the prevalence of cannabis use and daily cannabis use in 2017 by cigarette use status, sociodemographic characteristics, and state-level cannabis laws

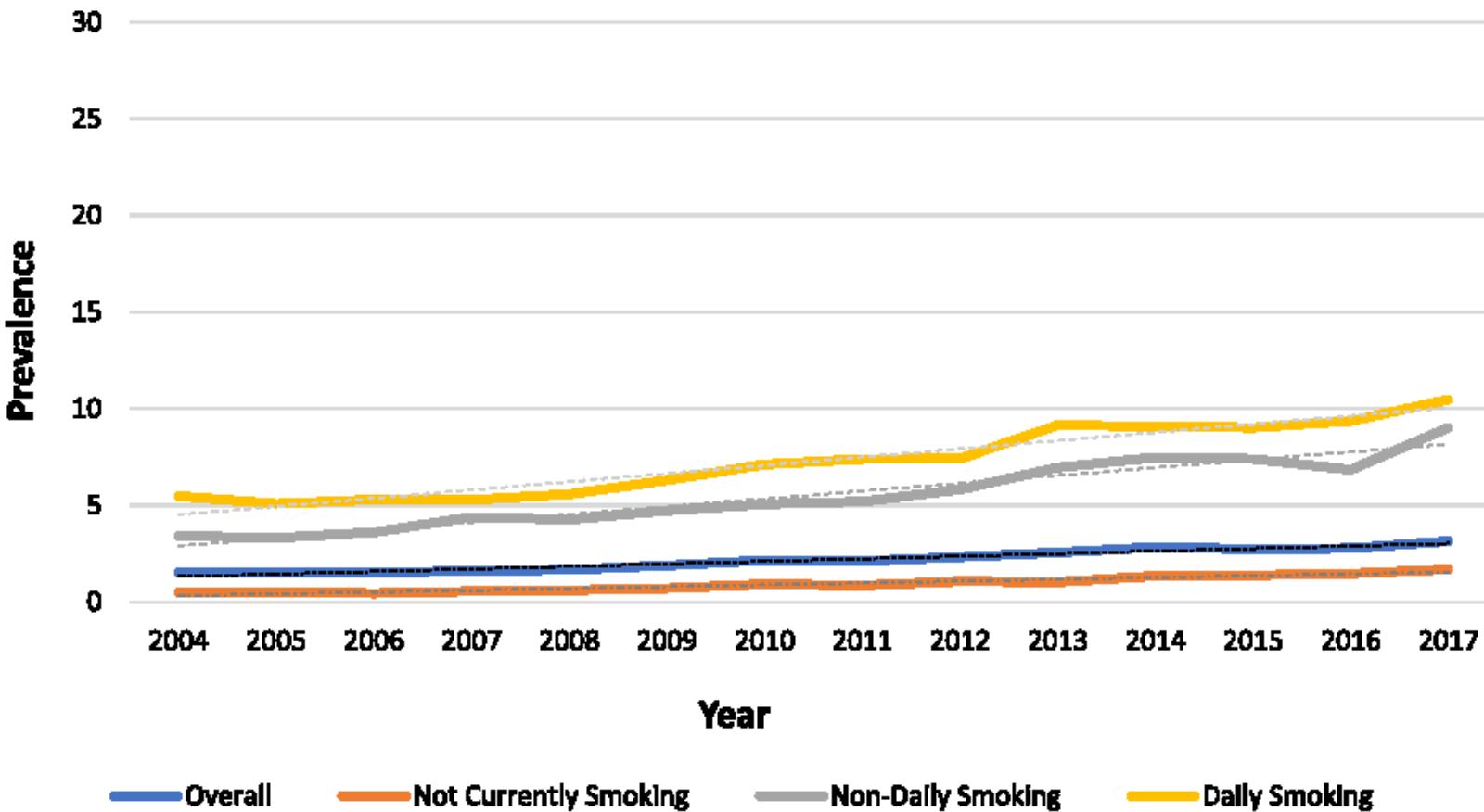
Determine whether the strength of the relationship between cigarette use and cannabis use differed by sociodemographic subgroups or state-level cannabis laws.

Past-Month Cannabis Use by Smoking Status



- Current cannabis use ↑ from 6.10 % in 2004 to 9.47 % in 2017 in whole sample
- Faster ↑ in current cannabis use for non-current smokers compared to smokers
- No sign ↑ in cannabis use in states with RCL from 2013 to 2017
- Significant ↑ in cannabis use over time in states with MCL and no MCL/RCL that did not differ by smoking group

Past-Month DAILY Cannabis Use by Smoking Status



- Daily Cannabis use ↑ from 1.54 % in 2004 to 3.15 % in 2017 in whole sample and for each of the three smoking groups
- Faster ↑ in daily cannabis use for non-current smokers compared to smokers
- No sign ↑ in daily cannabis use in states with RCL from 2013 to 2017
- Significant ↑ in cannabis use over time states with MCL and no MCL/RCL that did not differ by smoking group, except that noncurrent smokers showed faster ↑ in daily cannabis use in no MCL/RCL than RCL states

Take-Aways

- No MCL/RCL and MCL, which typically occurs before RCL, appears to contribute to significant increases in cannabis use, but not RCL
 - MCL itself increases use
 - Likely that higher use before RCL may reduce any potential changes
- Noncurrent smokers had lowest prevalence that increased the fastest over time
- Some of these increases occurred regardless of smoking group, although cigarette smokers overall had much higher prevalence of cannabis use

2017 Data: Characteristics of Cannabis Users

Cigarette Smoking Status	Cannabis Use (%)	Daily Cannabis Use (%)
Non-current smoker	6.3	1.7
Daily smoker	22.8	3.5
Non-daily smoker	26.6	10.7

- Relative to non-current smokers, prevalence of cannabis use:
- 4 X higher among daily cigarette smokers
- 4.5 X higher among nondaily cigarette smokers

- Relative to non-current smokers, prevalence of DAILY cannabis use:
- 6 X higher among daily cigarette smokers
- 3.5 X higher among nondaily cigarette smokers

Demographic subgroups reporting the highest prevalence of current cannabis use among those with both daily and non-daily cig smoking were:

- Youth (73.20 % and 53.70 %, respectively)
- Young adults (24.24 % and 15.69 %, respectively)
- Never married individuals (35.71 % and 39.31 %, respectively).

Weinberger et al., 2022

2017 Data: Characteristics of Cannabis Users

Demographic subgroup comparisons showing a significantly stronger relationship between current cannabis use and non-daily cig smoking (versus no smoking):

- Youth (ages 12–17) more than adults (ages 25–34)
- Women more than men
- Those never married more than those currently married
- Those identifying their race/ethnicity as Other more than as White

Demographic subgroup comparisons showing a significantly stronger relationship between current cannabis use and daily cig smoking (versus no smoking):

- Youth (ages 12–17) more than adults (ages 25–34)
- Those widowed, divorced, or separated more than those currently married,
- Those with some college education more than those with < high school education

Take-Aways

- Cannabis use is more likely among nondaily and daily cigarette users who:
 - youth
 - young adults
 - single
- Cannabis use more likely among nondaily cigarette smokers who:
 - Youth
 - Female
 - Never married
 - nonwhite
- Cannabis use is more likely among daily cigarette smokers who:
 - Youth
 - not currently married
 - have some college education

2017 Data: Characteristics of Cannabis Users

Legalization status:

- Prevalence of cannabis use higher among those with non-daily and daily smoking compared to those with no smoking regardless of cannabis legalization status
- Highest prevalence of cannabis use was found among those with non-daily and daily cigarette smoking living in states with RCL (34.64 % and 33.38 %, respectively).
- Weaker relationship between non-daily smoking and cannabis use among those living in RCL states compared to states without MCL or RCL.
- Weaker relationship between daily smoking and cannabis use among those living in states with MCL (no RCL) compared to states without MCL or RCL.

Take-Aways

- Legalization status doesn't appear to impact relationship between cigarette smoking status and cannabis use
- Highest cannabis use rates in RCL states!

Overall Summary

- Cigarette use is a key risk factor, particularly among youth and young adults, that should be considered as part of cannabis prevention strategies
 - Targeted programming?
 - Unsure how the switch to nicotine vaping will impact cannabis use
- MCL, more than RCL, appears to contribute to increased cannabis use over time
- Highest use in states with RCL

Marijuana Legalization: Potential Impacts

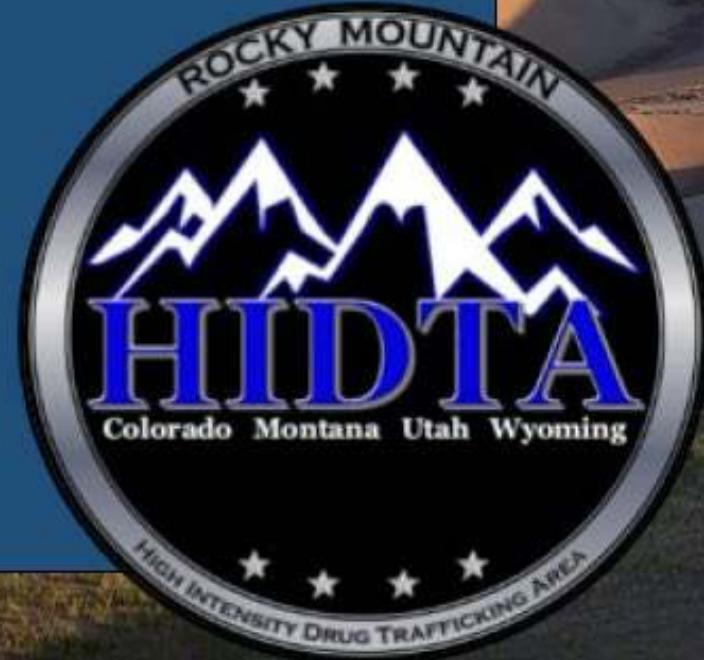
Alison Oliveto and Austin Porter
SEOW Staff

THE LEGALIZATION OF MARIJUANA IN COLORADO: *THE IMPACT*

Volume 8

September 2021

Rocky Mountain High Intensity
Drug Trafficking Area



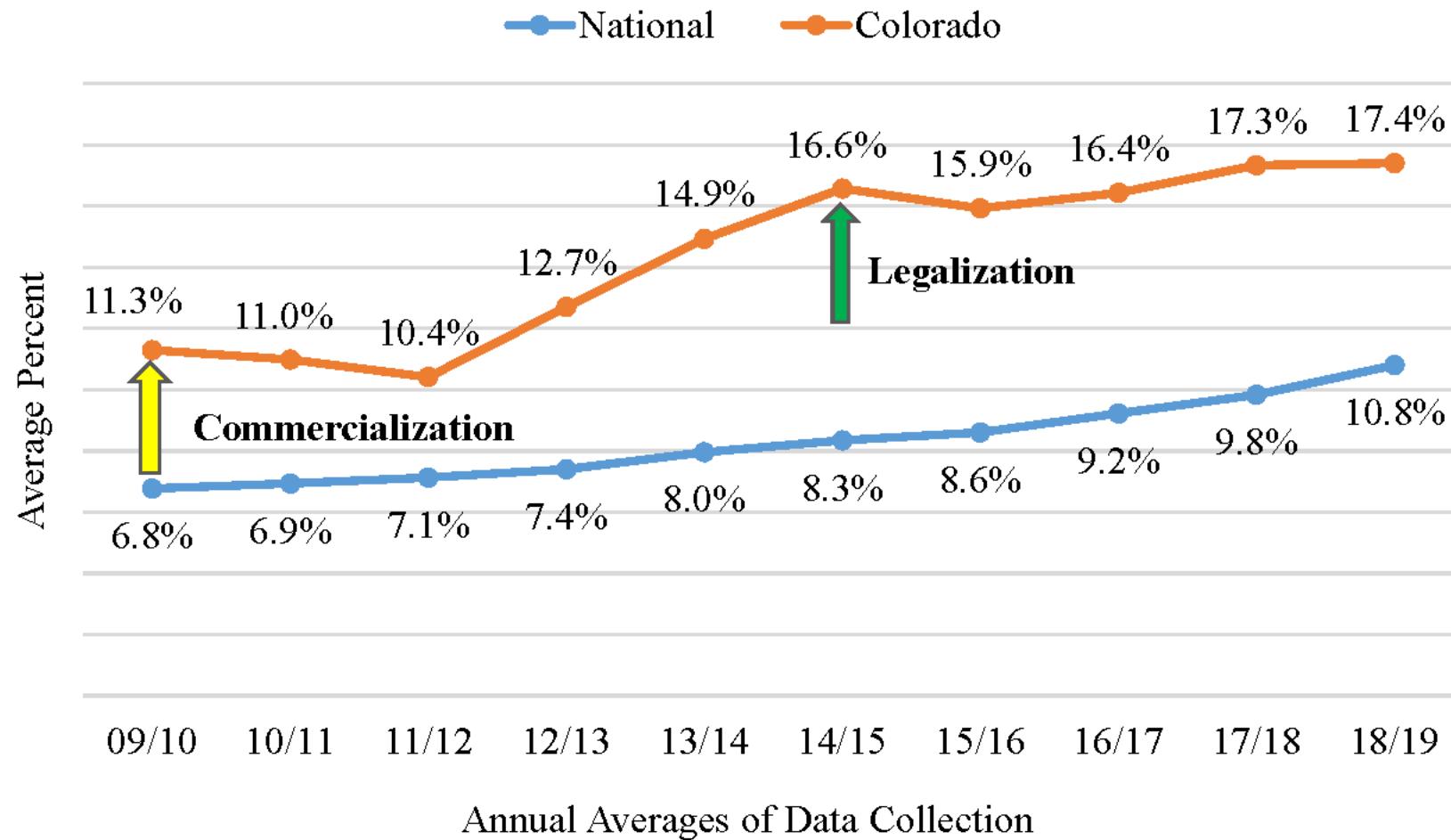
https://www.rmhidta.org/_files/ugd/4a67c3_b391ac360f974a8bbf868d2e3e25df3d.pdf

Key Findings: Marijuana Use

Since recreational MJ was legalized in 2013:

- Past month marijuana use for ages 12 and older **increased 26%** and is **61% higher** than the national average, currently ranked **3rd** in the nation.

Past Month Marijuana Use, Ages 12 and Older



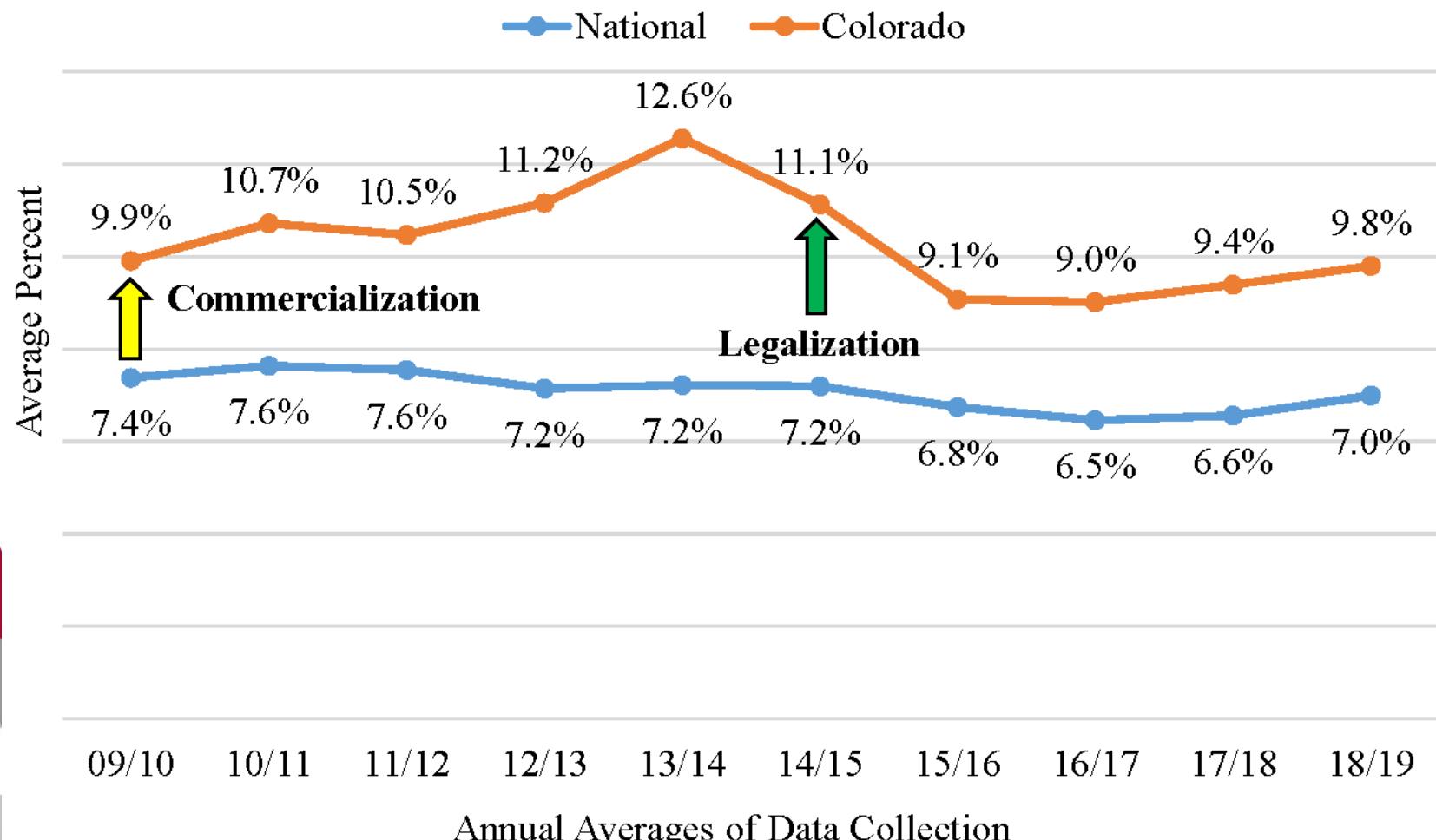
Key Findings: Marijuana Use

Since recreational marijuana was legalized in 2013:

- Past month adult marijuana use (ages 18 and older) **increased 20%** and is **62% higher** than the national average, currently ranked **3rd** in the nation.
- Past month college age marijuana (ages 18-25) use **increased 10%** and is **53% higher** than the national average, currently ranked **3rd** in the nation.

Key Findings: Marijuana Use

Past Month Marijuana Use, Ages 12 to 17 Years Old



https://www.rmhidta.org/_files/ugd/4a67c3_b391ac360f974a8bbf868d2e3e25df3d.pdf

Since recreational MJ was legalized in 2013:

- Past month youth MJ (ages 12-17) use ↓ **22%** and is **39%** higher than the national average, currently ranked **7th** in the nation.

Key Findings: Traffic Fatalities & Impaired Driving

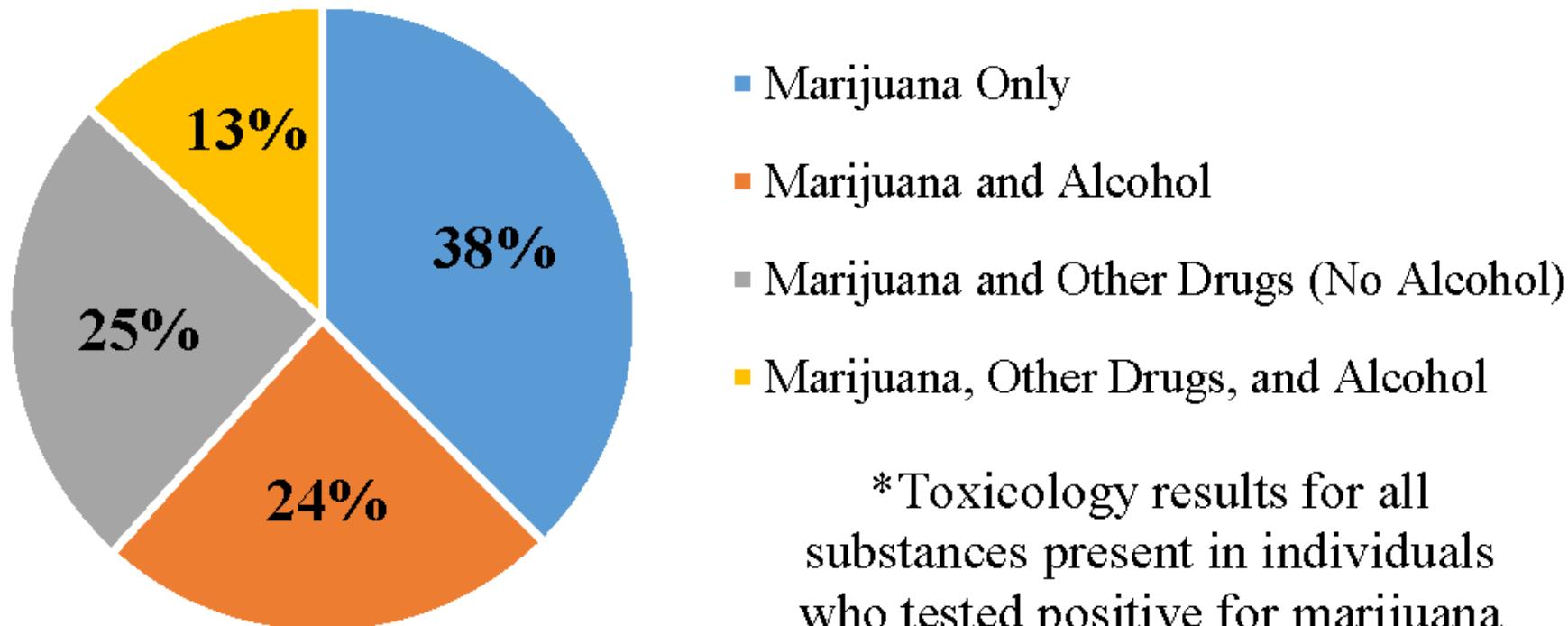
Since recreational marijuana was legalized in 2013:

- Traffic deaths where drivers tested + for marijuana **↑ 138%** while all Colorado traffic deaths **↑ 29%**.
- Traffic deaths involving drivers who tested + for marijuana **more than doubled** from 55 in 2013 to 131 people killed in 2020.
- % of all CO traffic deaths involving drivers who tested positive for marijuana **↑ from 11% in 2013 to 20% in 2020.**

Traffic Deaths Related to Marijuana When a <u>DRIVER</u> Tested Positive for Marijuana			
Crash Year	Total Statewide Fatalities	Fatalities with <u>Drivers</u> Testing Positive for Marijuana	Percentage Total Fatalities
2013	481	55	11.4%
2014	488	75	15.4%
2015	547	98	17.9%
2016	608	125	20.6%
2017	648	138	21.3%
2018	632	115	18.2%
2019	596	127	21.3%
2020	622	131	20.1%

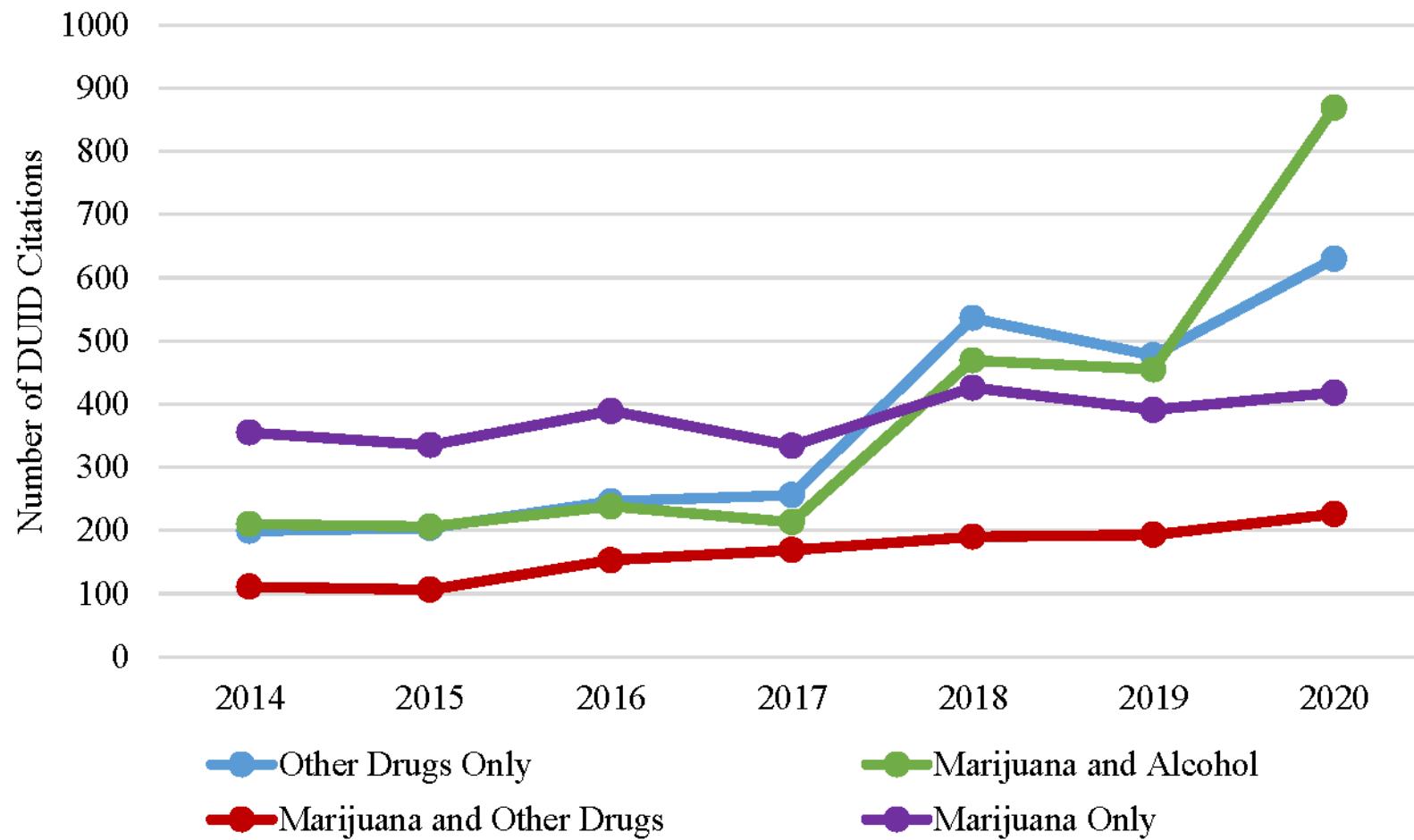
Key Findings: Traffic Fatalities & Impaired Driving

Drug Combinations for DRIVERS Involved in Fatal Crashes who Tested Positive for Marijuana* (2020)



Key Findings: Traffic Fatalities & Impaired Driving

CSP DUI/D Citations by Drug Impairment Type
(excluding Alcohol Only DUI) CY 2014-2020

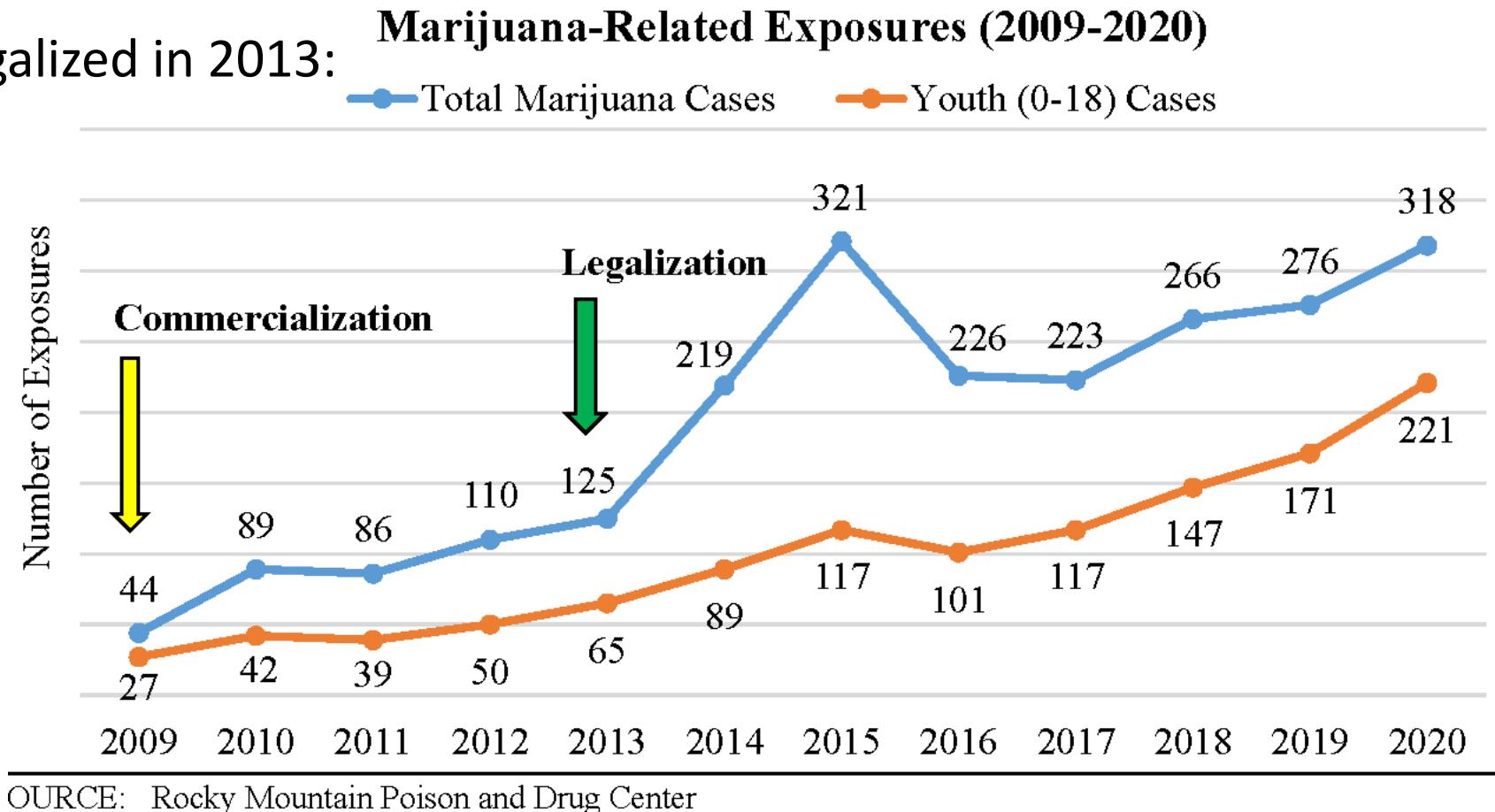


https://www.rmhidta.org/_files/ugd/4a67c3_b391ac360f974a8bbf868d2e3e25df3d.pdf

Key Findings: Public Health

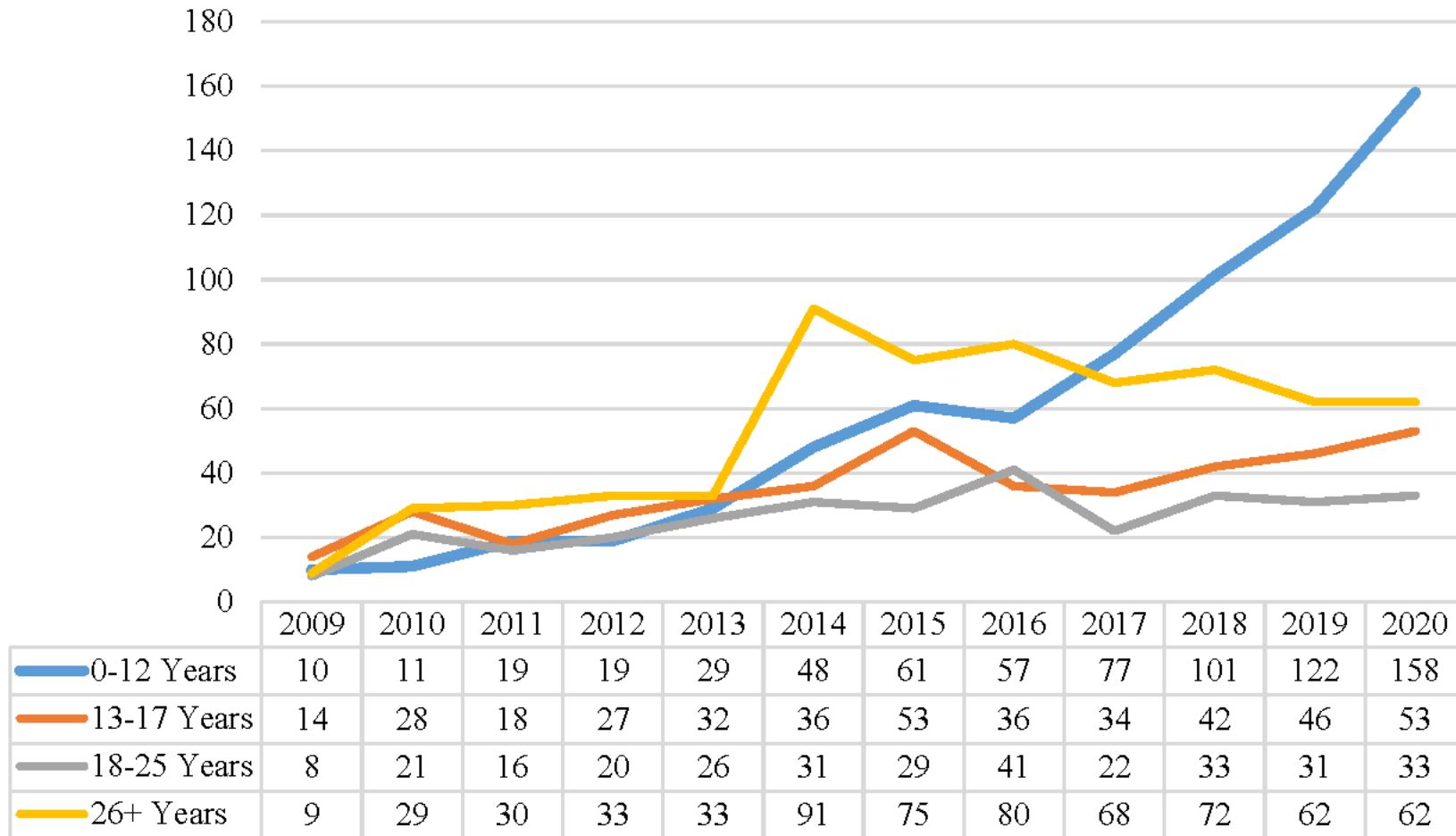
Since recreational MJ was legalized in 2013:

- Marijuana *only* exposures ↑ 185%.
- Treatment for marijuana use for all ages ↓ 34%.
- The % of suicide incidents in which toxicology results were positive for marijuana ↑ from 14% in 2013 to 29% in 2020.



Key Findings: Public Health

Marijuana-Related Exposures by Age Range (2009-2020)



https://www.rmhidta.org/_files/ugd/4a67c3_b391ac360f974a8bbf868d2e3e25df3d.pdf

Key Findings: Black Market

RMHIDTA Colorado Drug Task Forces (10) conducted **294 investigations** of black-market marijuana in Colorado resulting in:

- **168** felony arrests
- **5.54** tons of marijuana seized
- **86,502** marijuana plants seized
- **21** different states the marijuana was destined

Seizures of marijuana reported to the El Paso Intelligence Center (EPIC) in CO **increased 48%** from an average of 174 parcels (2009-2012) when marijuana was commercialized to an average of 257 parcels (2013-2020) during the time recreational marijuana became legalized.

Key Findings: Societal Impact

Marijuana tax revenue represent approximately **0.98%** of Colorado's FY 2020 budget.

66% of local jurisdictions in Colorado have banned medical and recreational marijuana businesses.

Preliminary Findings from Drug-Related Emergency Department Visits, 2021

Drug Abuse Warning Network (DAWN)

SAMHSA
Substance Abuse and Mental Health
Services Administration

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP22-07-03-001.pdf

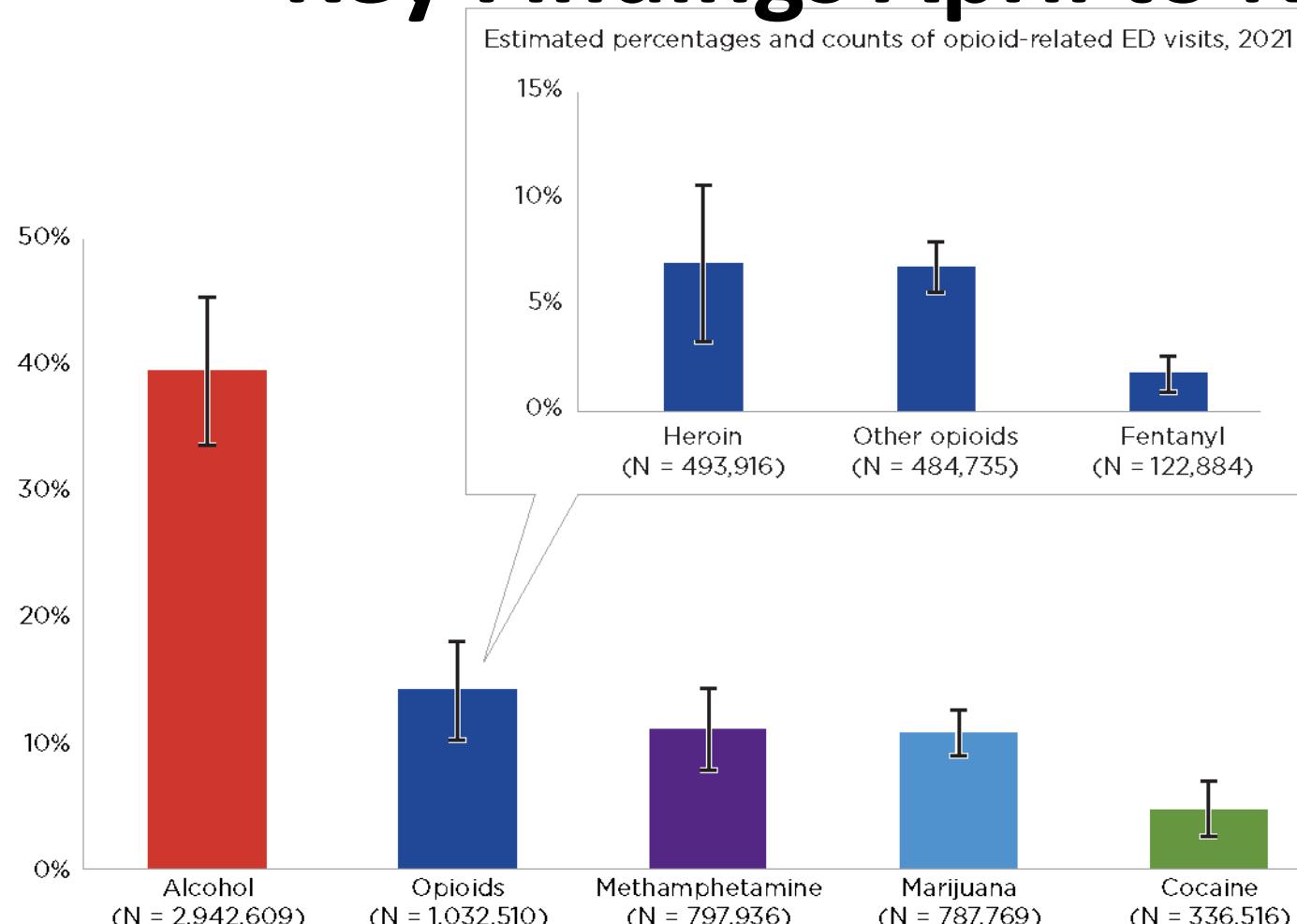


Key Findings April to November 2021

The top five drug-related ED visits that include the drug used alone or in combination with other drugs:

- Alcohol-related ED visits involving alcohol alone or in combination with other drugs.
- Opioid-related ED visits involving fentanyl, heroin, and other opioid pain medications taken alone or in combination with other opioids and/or other drugs.
- Methamphetamine-related ED visits involving methamphetamine alone or in combination with other drugs.
- Marijuana-related ED visits involving marijuana alone or in combination with other drugs.
- Cocaine-related ED visits involving cocaine alone or in combination with other drugs.

Key Findings April to November 2021

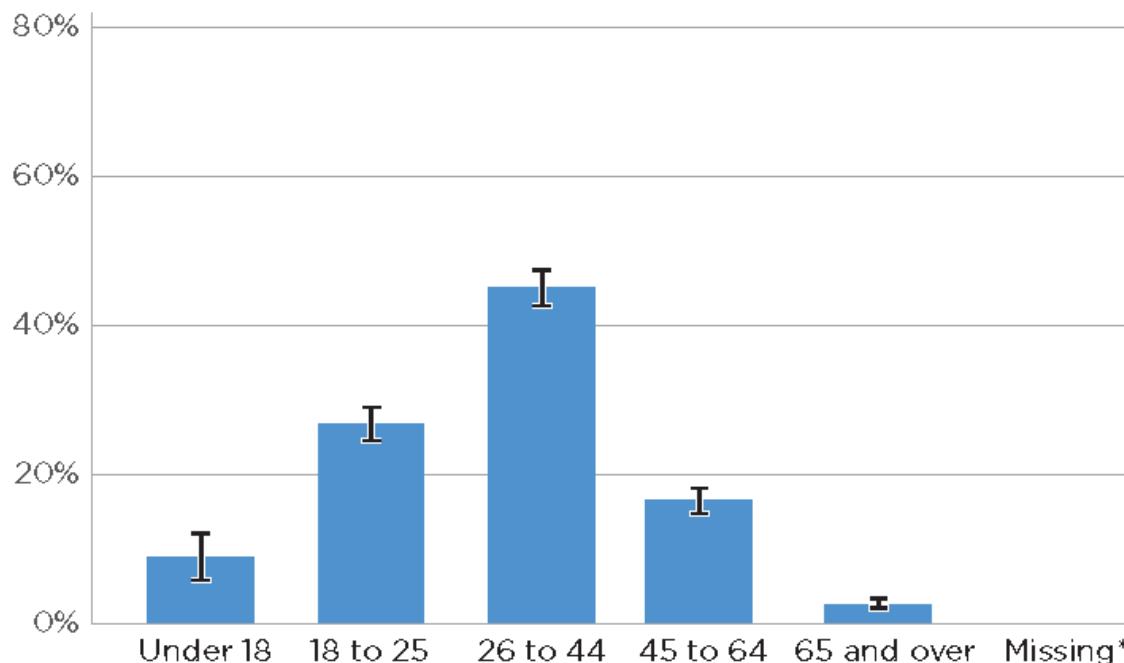


The top five drugs in all drug-related ED visits in 2021 were alcohol, opioids, methamphetamine, marijuana, and cocaine. Alcohol accounted for the majority of drug-related ED visits at 39.33 percent (2.9 million), followed by opioids at 14.07 percent (1.03 million). Opioids were further broken down into three categories—fentanyl, heroin, and other opioids. Among these opioid categories, heroin accounted for the highest percentage.

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP22-07-03-001.pdf

Estimated Percentages of MJ-Related Visits

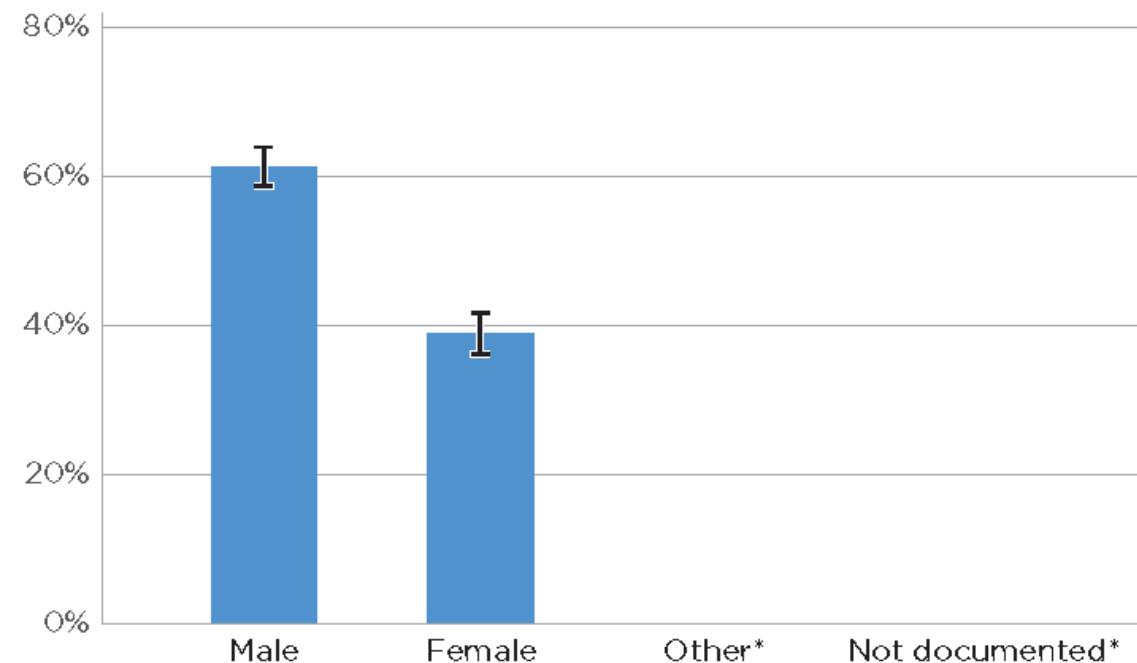
Figure 4.D.1 Marijuana-related ED Visits by Age Group



* Suppressed due to a relative standard error (RSE) > 0.5

The percentage of marijuana-related ED visits was highest among patients ages 26 to 44 (45.20%) followed by patients ages 18 to 25 (26.80%).

Figure 4.D.2 Marijuana-related ED Visits by Sex

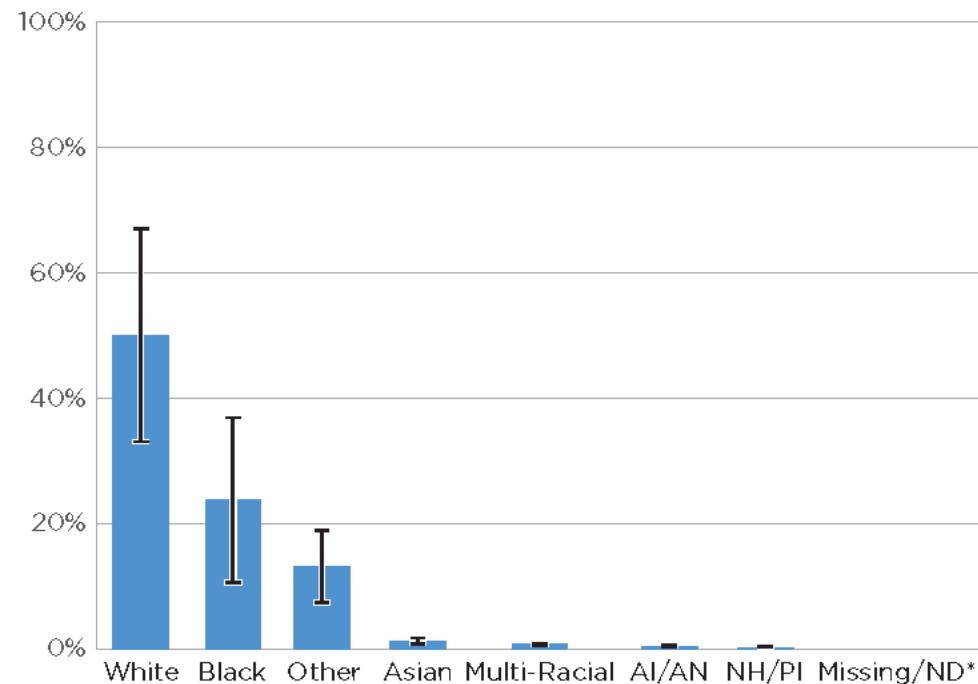


* Suppressed due to a relative standard error (RSE) > 0.5

Male patients accounted for 61.20 percent of marijuana-related ED visits, while female patients accounted for 38.76 percent of these visits.

Estimated Percentages of MJ-Related Visits

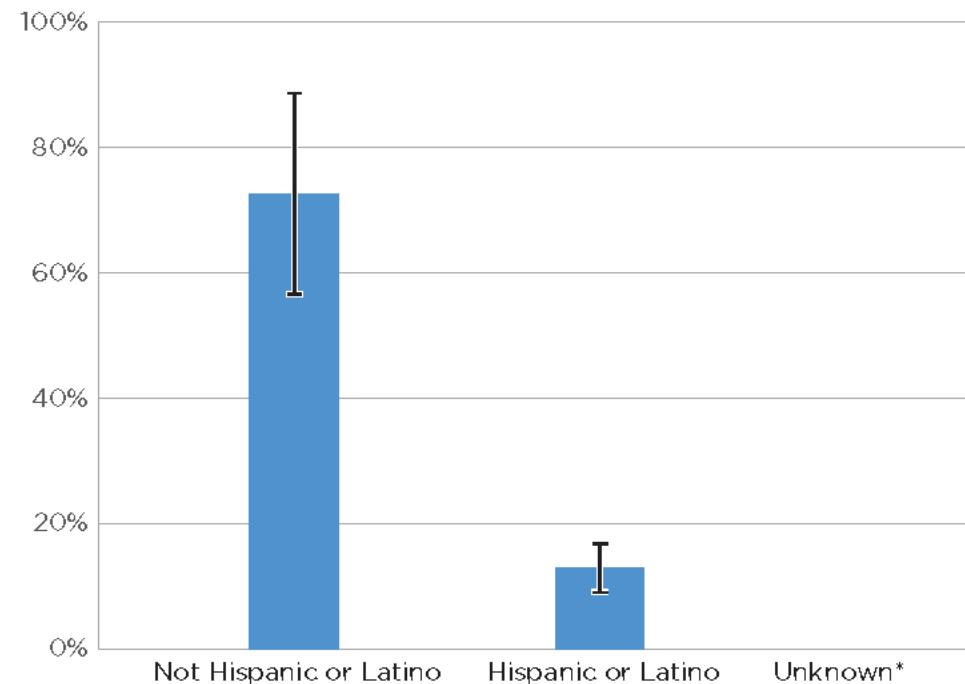
Figure 4.D.3 Marijuana-related ED visits by race



* Suppressed due to a relative standard error (RSE) > 0.5

White patients accounted for the highest percentage of marijuana-related ED visits (50.23%), while Black patients accounted for the second highest percentage of these visits (23.87%).

Figure 4.D.4 Marijuana-related ED visits by ethnicity

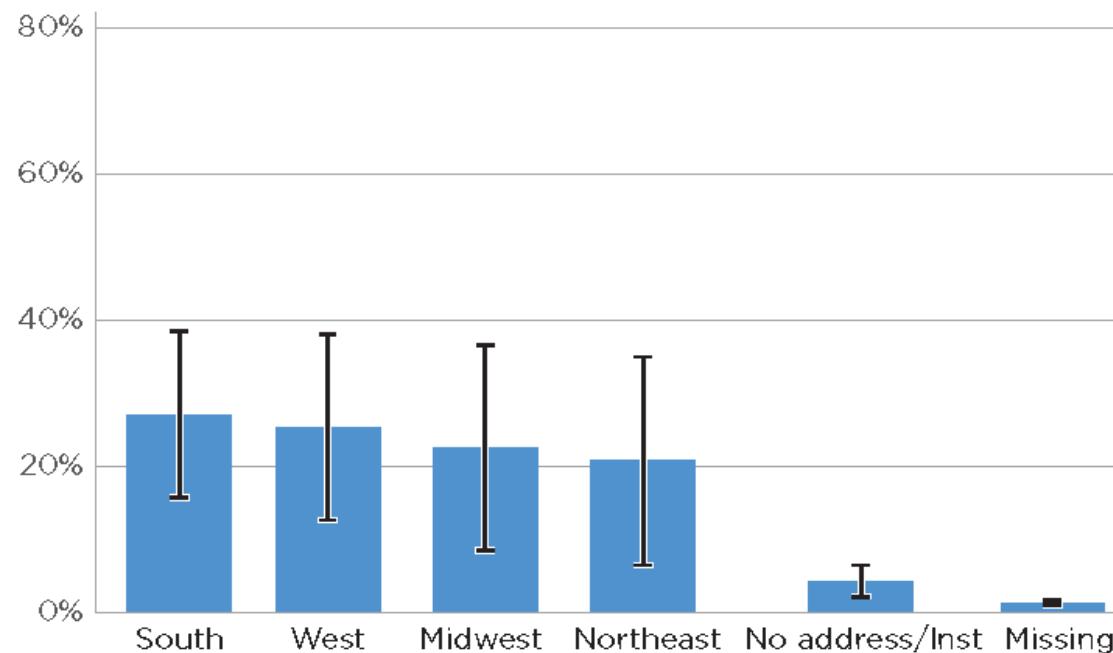


* Suppressed due to a relative standard error (RSE) > 0.5

Not Hispanic or Latino patients accounted for 72.65 percent of marijuana-related ED visits, while Hispanic or Latino patients accounted for 12.95 percent of these visits.

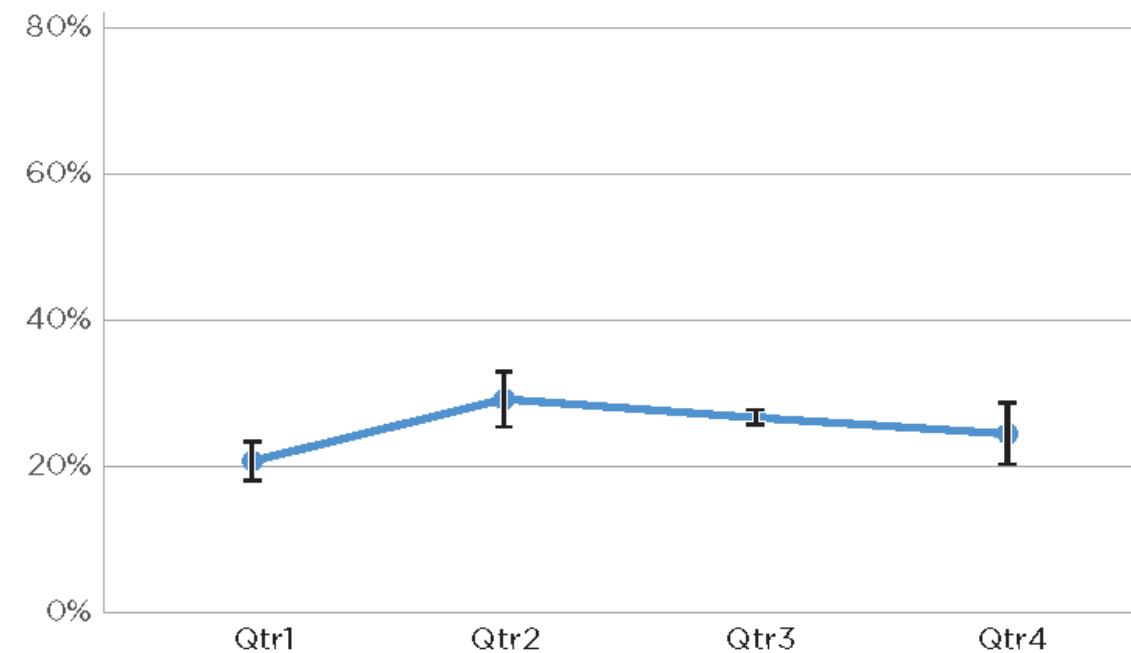
Estimated Percentages of MJ-Related Visits

Figure 4.D.5 Marijuana-related ED visits by census region



The regional percentage of marijuana-related ED visits was highest among patients residing in the South (26.87%), followed by patients residing in the West (25.04%) and Midwest (22.30%).

Figure 4.D.6 Marijuana-related ED visits by quarter



The percentage of marijuana-related ED visits rose from quarter 1 to quarter 2 before declining in quarters 3 and 4.

Key Take-Aways

- Marijuana-related ED visits in 2021 were more likely to be Not Hispanic or Latino, White, male, and among those aged 26 to 44.
- Patients aged 18-25 accounted for the second highest percentage of these ED visits.
- While marijuana-related ED visits were highest in the South census region, each census region accounted for at least 20 percent of these visits.
- Marijuana-related ED visits peaked in quarter 2 before declining in quarters 3 and 4.

SEOW Staff Updates

Alison Oliveto
SEOW Staff
UAMS

SEOW Staff Activities

- 2021 Annual Profiles Report: Creative Services completing first complete draft in InDesign
- 2022 Annual Young Adults Report: downloaded NSDUH data; COVID section awaiting feedback from Midsouth/DAABHS; county-level section and section 1 in process
- Coordinating SEOW meetings
- Identifying/Contacting/Inviting potential stakeholders for SEOW membership
- Awaiting word on materials for translation into Marshallese
- Identifying data gaps and requesting data – PCC, ADH, DAABHS, etc.
- Responding to data requests and input on policy
- Presented poster of treatment admits data trends at CPDD in June
- Adult/Caregiver medical marijuana brochures with CHL/Creative Services
- Teen/Child medical marijuana brochures with Creative Services

Wrap-Up/Discussion/Action Items



We CAN make a difference!

Thank you!

