Arkansas Statewide Epidemiological Outcomes Workgroup

Thrice-Annual Meeting
01/26/2026

Supported by: SAMHSA Substance Abuse Block Grant 1B08TI087025-01

AR PREVENTION.org

Today's Agenda

- Introductions and Mission Statement
- International Updates on medical cannabis research outcomes (A. Oliveto)
- Poison Center Data Updates: Cannabinoid exposures in AR (A. Oliveto)
- Intro to the Poison Control Center (T. Glaser)
- Inducting pregnant women with opioid use disorder onto MOUD (T. Glaser)
- Statistical significance versus real world importance: 2023-2024 NSDUH Results AR vs US (M. Bollinger)
- Deeper APNA Data Dive: State and Regional Substance Use trends (J. Thostenson)
- Update on the National Center for Opioid Research and Clinical Effectiveness (NCOR) (A. Allen)
- The Power of the Postpartum: Emerging Opportunities to Support Opioid Use Disorder Recovery (A. Allen)
- Discussion/Wrap Up

AR PREVENTION.org

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.

AR PREVENTION.org

(Inter)national Updates on Medical Cannabis Research Outcomes

Alison Oliveto, PhD
SEOW Team Leader
UAMS

neurology international

Review

Cannabinoids in Chronic Pain: Clinical Outcomes, Adverse Effects and Legal Challenges

MDPI

Evidence for Cannabis and Chronic Pain

- Inconsistent results for fibromyalgia, osteoarthritis, and musculoskeletal pain
- Evidence strongest for neuropathic pain and multiple sclerosis-related spasticity
  - Average pain reduction rarely exceeds 0.5–1.0 points on a 10-point scale, raising concerns about clinical meaningfulness
- In other studies, duloxetine and gabapentin have better pain relief outcomes

Sic, A.; George, C.; Gonzalez, D.F.; Tseriotis, V.-S.; Knezevic, N.N. Cannabinoids in Chronic Pain: Clinical Outcomes, Adverse Effects and Legal Challenges. *Neurol. Int.* **2025**, *17*, 141. https://doi.org/10.3390/neurolint17090141

AR PREVENTION.org

neurology international

Review

Cannabinoids in Chronic Pain: Clinical Outcomes, Adverse Effects and Legal Challenges

MDPI

Cannabis Safety and Side Effects:

- Higher dropout rates than placebo
- Common side effects: dizziness, sedation
- High-dose CBD linked to liver injury
- Not recommended as first-line therapy

Sic, A.; George, C.; Gonzalez, D.F.; Tseriotis, V.-S.; Knezevic, N.N. Cannabinoids in Chronic Pain: Clinical Outcomes, Adverse Effects and Legal Challenges. *Neurol. Int.* **2025**, *17*, 141. https://doi.org/10.3390/neurolint17090141

AR PREVENTION.org

neurology international

Review

Cannabinoids in Chronic Pain: Clinical Outcomes, Adverse Effects and Legal Challenges

MDPI

“Cannabinoids provide modest, condition-specific analgesia and should be considered adjunctive rather than first-line options, reserved for patients unresponsive to conventional therapy.”

Sic, A.; George, C.; Gonzalez, D.F.; Tseriotis, V.-S.; Knezevic, N.N. Cannabinoids in Chronic Pain: Clinical Outcomes, Adverse Effects and Legal Challenges. *Neurol. Int.* **2025**, *17*, 141. https://doi.org/10.3390/neurolint17090141

AR PREVENTION.org

neurology international

Review

Cannabinoids in Chronic Pain: Clinical Outcomes, Adverse Effects and Legal Challenges

MDPI

Recreational Cannabis Use and Psychosis Risk:

- Daily use increases psychosis risk
  - Daily cannabis use adjusted odds ratio = 3.2-fold higher risk
- Higher risk with high-potency products
  - Daily high-potency cannabis adjusted odds ratio ≈ 4.8-fold higher risk
- Stronger effects in vulnerable populations

Sic, A.; George, C.; Gonzalez, D.F.; Tseriotis, V.-S.; Knezevic, N.N. Cannabinoids in Chronic Pain: Clinical Outcomes, Adverse Effects and Legal Challenges. *Neurol. Int.* **2025**, *17*, 141. https://doi.org/10.3390/neurolint17090141

AR PREVENTION.org

neurology international

Review

Cannabinoids in Chronic Pain: Clinical Outcomes, Adverse Effects and Legal Challenges

MDPI

- About 1 in 200 of cannabis-exposed individuals experience a full cannabis-associated psychotic episode
- About 1 in 5 experience more transient psychotic-like symptoms (e.g., as paranoia, hallucinations, or delusions).
  - Repeated exposure increases the likelihood of persistence and escalation
    - Among those who experience cannabis-induced psychosis, around 34% will transition to a schizophrenia diagnosis, a higher proportion than transitions linked to hallucinogens (26%) or amphetamines (22%)

Sic, A.; George, C.; Gonzalez, D.F.; Tseriotis, V.-S.; Knezevic, N.N. Cannabinoids in Chronic Pain: Clinical Outcomes, Adverse Effects and Legal Challenges. *Neurol. Int.* **2025**, *17*, 141. https://doi.org/10.3390/neurolint17090141

AR PREVENTION.org

neurology international

Review

Cannabinoids in Chronic Pain: Clinical Outcomes, Adverse Effects and Legal Challenges

MDPI

Research Challenges:

- Varying product potency and THC:CBD ratios, and outcomes
- Cannabis-naïve participants often not studied
- Short follow-up periods
- Confounding by other substance use
- Legal and regulatory barriers

Sic, A.; George, C.; Gonzalez, D.F.; Tseriotis, V.-S.; Knezevic, N.N. Cannabinoids in Chronic Pain: Clinical Outcomes, Adverse Effects and Legal Challenges. *Neurol. Int.* **2025**, *17*, 141. https://doi.org/10.3390/neurolint17090141

AR PREVENTION.org

neurology international

Review

Cannabinoids in Chronic Pain: Clinical Outcomes, Adverse Effects and Legal Challenges

MDPI

The authors conclude that:

- Cannabinoids may have a limited but measurable role in chronic pain therapy, but data are lacking regarding accurate adverse event quantification, dose–response characterization, and differentiation between THC and CBD effects
- Vulnerable groups, including psychiatric patients, older adults, and individuals with substance use disorders, often not included in clinical trials, highlighting the need for stratified and rigorously controlled studies to achieve a balanced risk–benefit assessment

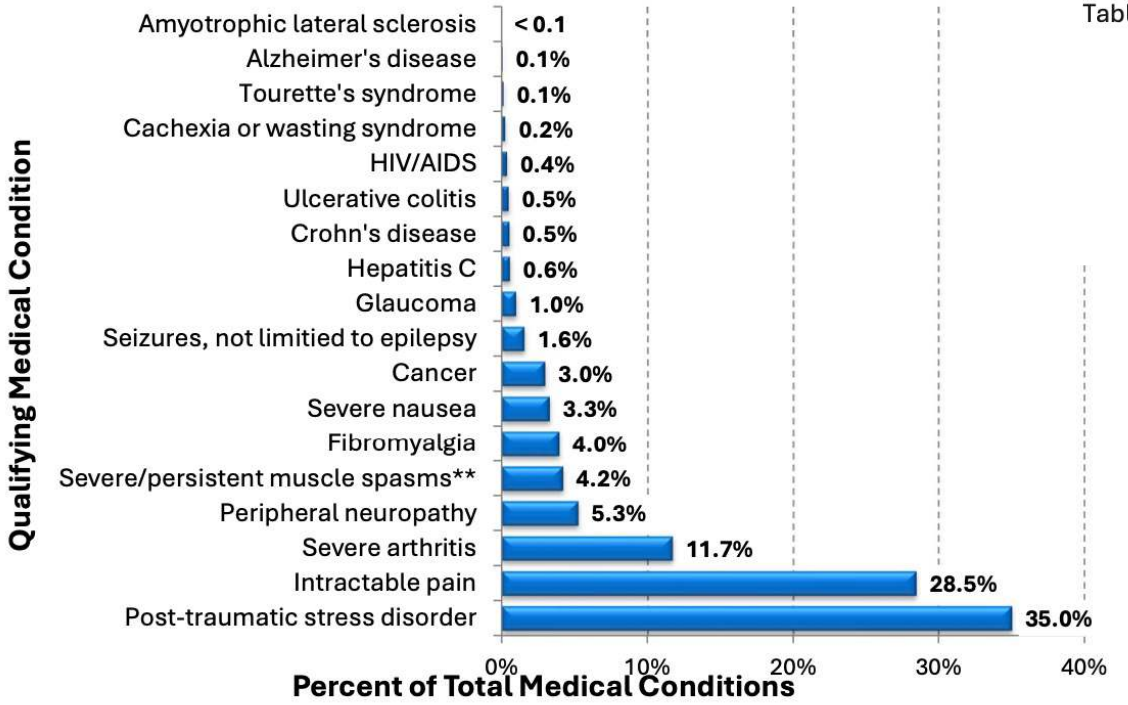
Sic, A.; George, C.; Gonzalez, D.F.; Tseriotis, V.-S.; Knezevic, N.N. Cannabinoids in Chronic Pain: Clinical Outcomes, Adverse Effects and Legal Challenges. *Neurol. Int.* **2025**, *17*, 141. https://doi.org/10.3390/neurolint17090141

AR PREVENTION.org

AR Medical Marijuana Card Holders

Patients' Qualifying Medical Conditions*

Figure 1: Patients' Qualifying Medical Conditions, Arkansas, FY 2025



*Many patients had more than one qualifying medical condition.

**including without limitation those characteristic of multiple sclerosis

Table 1: Medical Marijuana Registry ID Card Application Status, Arkansas, FY 2025

Status	Patient	Caregiver	Visitor*
Submitted	107,742	615	12,673
Approved	108,021	410	12,787

Any pain condition: 49.5%

PTSD: 35%

Source: Medical Marijuana 2025 Fiscal Year Report. https://healthy.arkansas.gov/wp-content/uploads/ADH-Medical-Marijuana-FY25-Annual-Report.pdf

AR PREVENTION.org

Review

AIMS Neuroscience

Cannabis in the management of PTSD: a systematic review

- Evidence mainly based on non-randomized studies with high risk of bias and no comparators.
  - Cannabis use associated with ↓ in overall PTSD symptoms and ↑ QOL
  - AEs included dry mouth, headaches, agitation, and euphoria
  - While cannabis was well tolerated in most studies, small proportions of patients experienced worsened PTSD symptoms.
  - Dropout rates due to AE, inefficacy, and all-cause dropouts not consistently reported

Dearth of evidence examining the benefits and harms associated with cannabis use in PTSD patients, with current evidence being limited and based on low quality research.

Rehman Y, Saini A, Huang S, Sood E, Gill R, Yanikomeroglu S. Cannabis in the management of PTSD: a systematic review. AIMS Neurosci. 2021 May 13;8(3):414-434. doi: 10.3934/Neuroscience.2021022. PMID: 34183989: PMCID: PMC8222769.

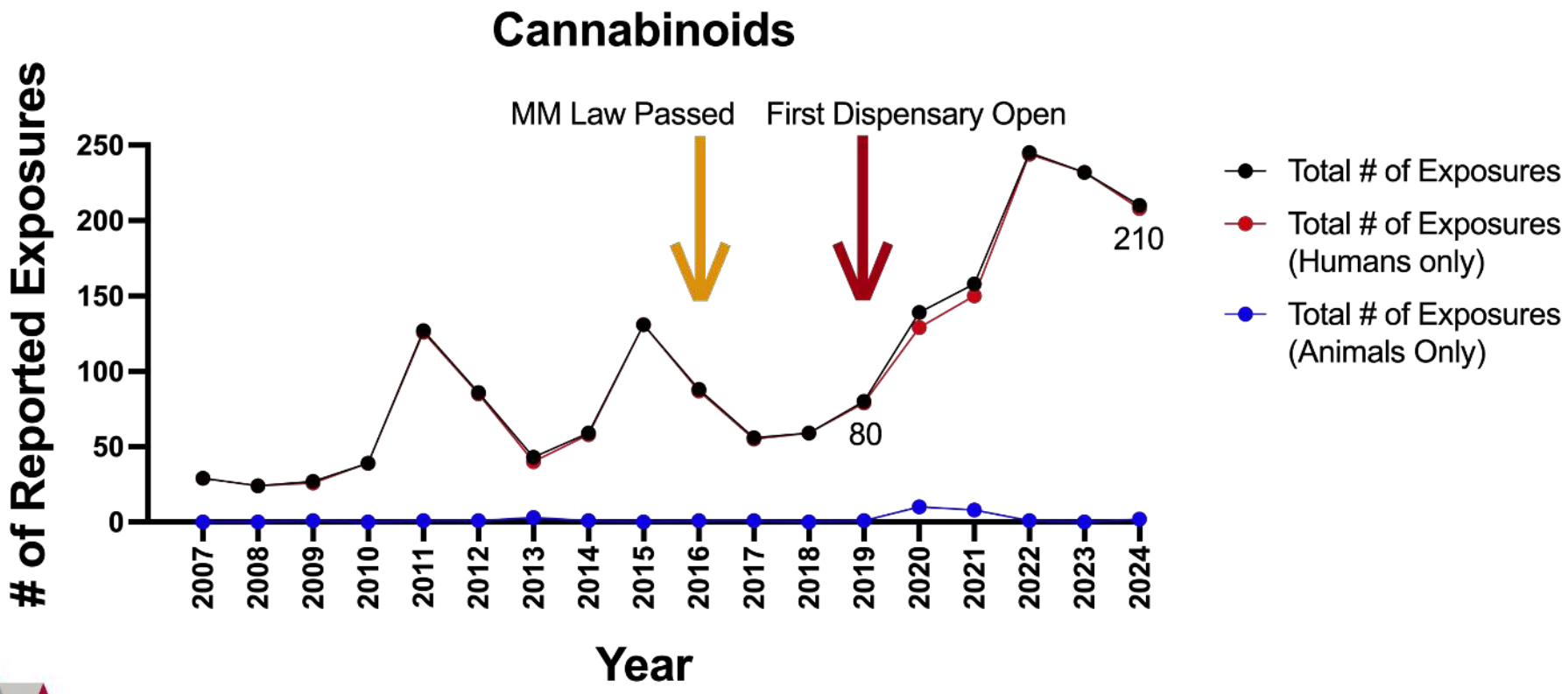
AR PREVENTION.org

Discussion

UAMS
University of Arkansas for Medical Sciences

Arkansas Poison Center Data Updates: Cannabinoid Exposures

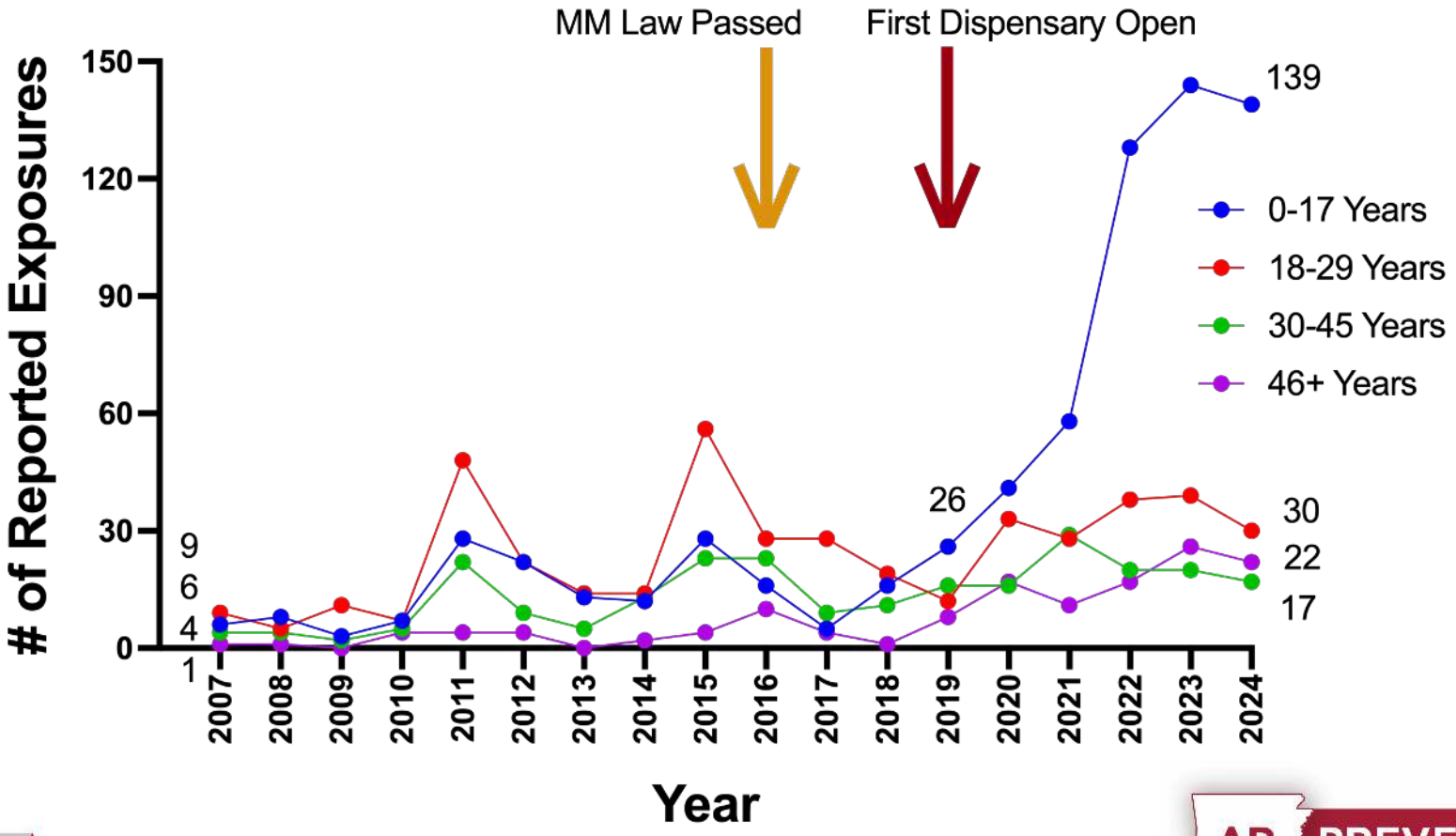
Alison Oliveto, PhD



Source: AR Poison Center

AR PREVENTION.org

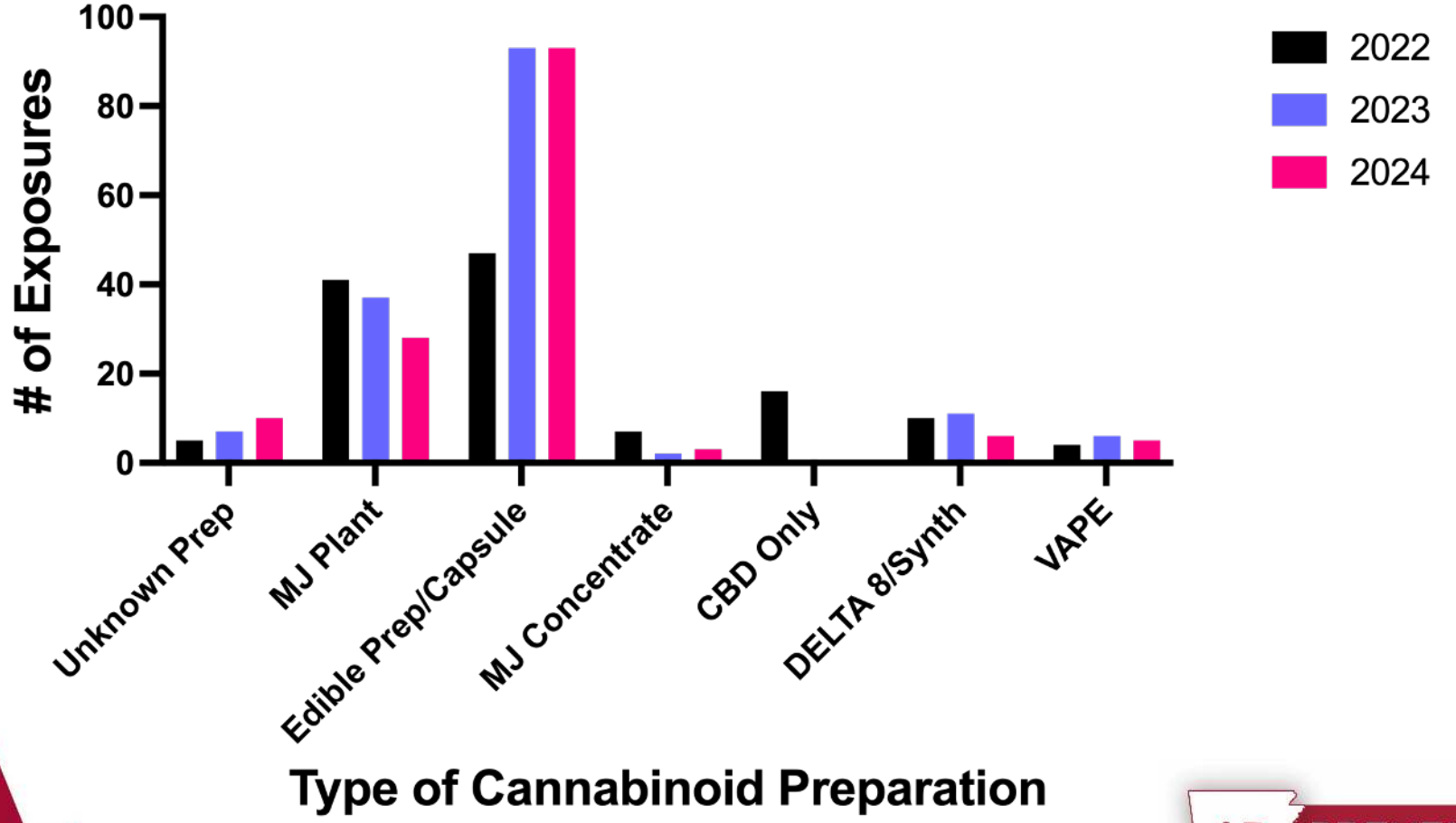
Cannabinoid Exposures by Age Group



Source: AR Poison Center

AR PREVENTION.org

Cannabinoid Exposures Among Youth (0-17 Yrs)



Source: AR Poison Center

AR PREVENTION.org

Scenarios in Which Exposures Occurred

- Child/pet obtained product from purse
- Child obtain product from suitcase
- Product not stored appropriately
- Product stored within sight of child
- Child thought product was food

- Most scenarios not specified

Source: AR Poison Center

AR PREVENTION.org

Discussion

We CAN make a difference!

Thank you!

AR PREVENTION.org