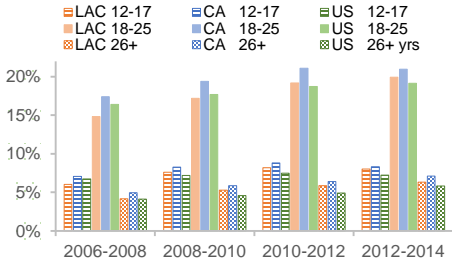


SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC)

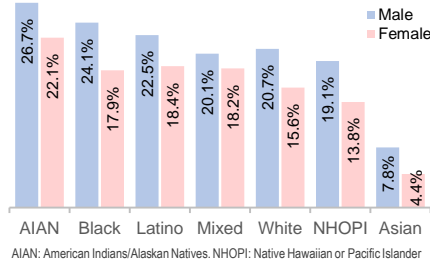
Impact of Marijuana Use

Prevalence Rate

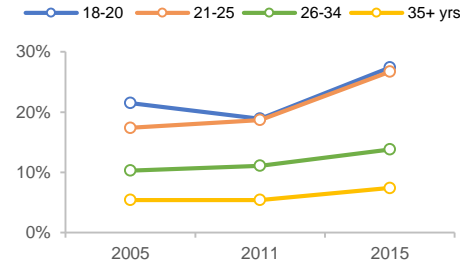
Marijuana use in the past month, by age and geography, 2006-2014¹



Marijuana use in the past month, by race/ethnicity and gender, 9th-12th graders, LAC, SY0708-SY1415²



Marijuana use in the past year, by age, LAC, 2005-2015³



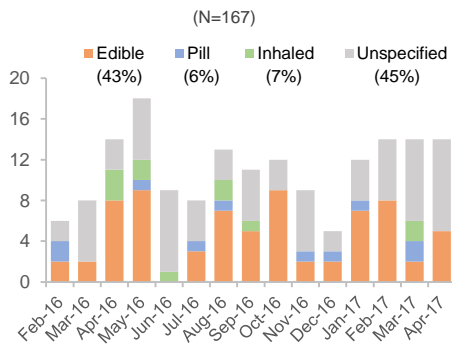
Marijuana use in Los Angeles County (LAC) among youth, young adults, and adults increased steadily (by 33%, 34%, and 53% respectively) over recent years.

Marijuana use was higher for males than females, highest among AIAN, and lowest among Asian high schoolers in Los Angeles County (LAC).

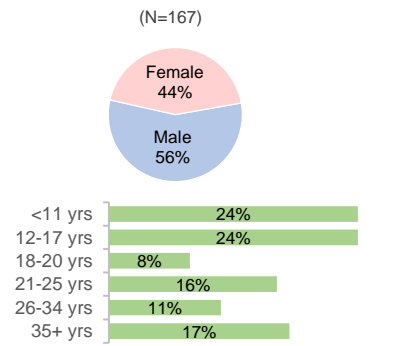
Marijuana use increased from 2011-2015 in Los Angeles County (LAC) for all adult age groups, particularly among those aged 18-20 and 21-25 years.

Poison Control Calls

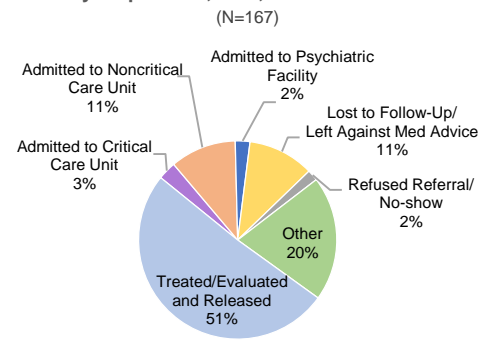
Marijuana-related Calls to Poison Control, by month and exposure type, LAC, 2/2016 – 4/2017⁴



Marijuana-related Calls to Poison Control, by gender and age, LAC, 2/2016 – 4/2017⁴



Marijuana-related Calls to Poison Control by disposition, LAC, 2/2016 – 4/2017⁴



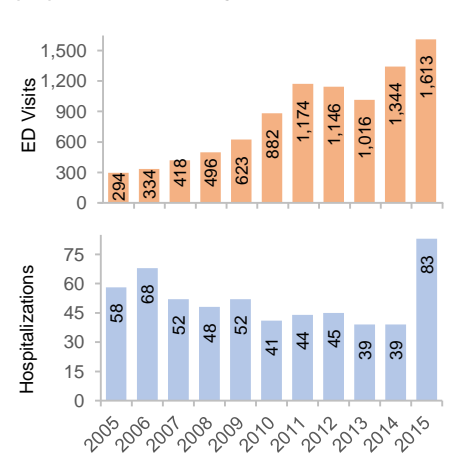
California Poison Control Center received 167 calls in Los Angeles County (average: 11 calls each month) for marijuana poisoning treatment advice and referral from Feb '16 to Apr '17.

Males accounted for 56%; children (<11) and adolescents (12-17) each accounted for 24% of calls to the California Poison Control for marijuana poisoning from Feb '16 to Apr '17.

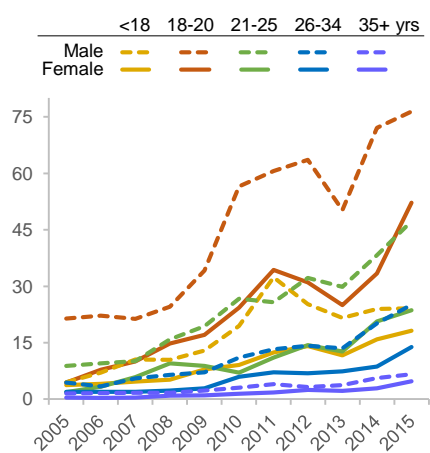
Over half of California Poison Control callers were treated or evaluated over the phone, while 16% were referred and admitted to health care facilities for marijuana poisoning from Feb '16 to Apr '17.

Healthcare Utilization

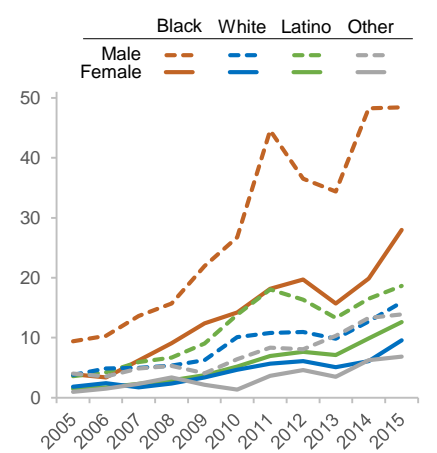
Hospitalizations and emergency department (ED) visits due to marijuana, LAC, 2005-2015⁵



Rates of ED visits due to marijuana, by gender and age, LAC, 2005-2015⁵



Rates of ED visits due to marijuana, by gender and race, LAC, 2005-2015⁵



ED visits due to marijuana increased 449% from 2005-2015. Hospitalizations due to marijuana remained stable from 2010-2014, then increased sharply in 2015 in Los Angeles County (LAC).

Rates of ED visits (per 100k pop) due to marijuana increased for all gender-age groups in Los Angeles County (LAC). Males aged 18-20 years had the highest rates of ED visits due to marijuana.

Rates of ED visits (per 100k pop) due to marijuana increased for all gender-race/ethnicity groups in Los Angeles County (LAC), particularly Blacks/African Americans.

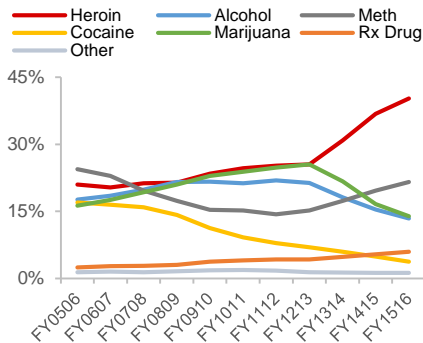
*ED visits and hospitalizations due to marijuana include records that listed marijuana poisoning, dependence, or abuse as the primary diagnosis

SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC)

Impact of Marijuana Use

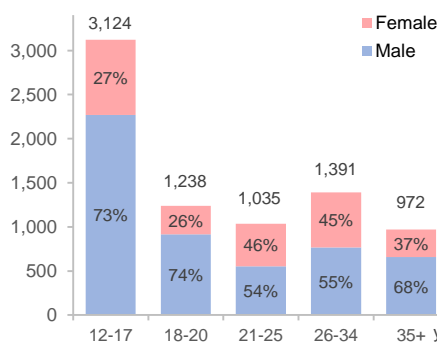
Treatment

Admissions to publicly funded substance use disorder (SUD) treatment programs, by primary drug, LAC, FY0506-FY1516⁶



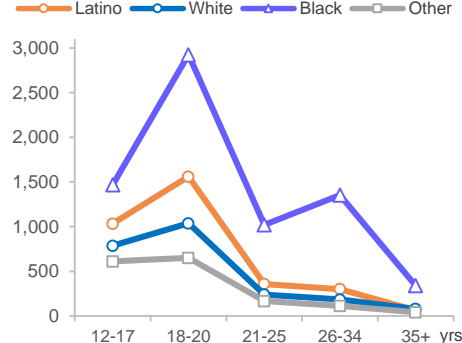
The proportion of admissions to publicly funded SUD treatment programs with marijuana as the primary drug decreased after FY1213.

Primary marijuana admissions to publicly funded substance use disorder (SUD) treatment programs, by age and gender, LAC, FY1516⁶



Primary marijuana admissions were most common among clients aged 12-17. Males accounted for the majority of primary marijuana admissions for all age groups.

Rate of admission (per 100k under 133% FPL) with marijuana as primary drug problem, by age and race/ethnicity, LAC, FY1516⁶



Rates of treatment admission for marijuana use disorder by age-race/ethnicity group were highest among African Americans aged 18-20 years.

References and Notes

1. Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health (NSDUH). <https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/state-reports-NSDUH/2012-2014-substate-reports>

According to the National Survey on Drug Use and Health (NSDUH), marijuana is the most commonly used drug in the US, especially among young adults.

In 2012-2014, 8.0% of youth (aged 12-17 years), 20.0% of young adults (aged 18-25 years), and 6.3% of adults (26+ years) in Los Angeles County reported using marijuana in the past month.

Marijuana use in the past month among youth, young adults, and adults in Los Angeles County has increased over recent years (by 33%, 34%, and 53% respectively) and were higher than that in the US starting from 2010-2012, but remained lower than that in California.

2. WestEd, California Department of Education. California Healthy Kids Survey (CHKS). <http://chks.wested.org/about/>

According to the California Healthy Kids Survey (CHKS) data, marijuana use in the past month was higher among male than female high school survey participants in Los Angeles County during the school years 2007-2008 to 2014-2015.

American Indian/Alaskan Native survey participants had the highest prevalence of marijuana use, while Asian survey participants had the lowest prevalence of marijuana use in Los Angeles County.

3. Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Los Angeles County Health Survey (LACHS). <http://www.publichealth.lacounty.gov/ha/LACHSD ataTopics2015.htm>

According to the Los Angeles County Health Survey (LACHS), marijuana use in the past year increased for all age groups from 2011-2015, particularly among those aged 18-20 and 21-25 years which both increased from about 19% in 2011 to about 27% in 2015.

4. Regents of the University of California. California Poison Control System (CPCS).

According to California Poison Control System data, there were a total of 167 calls (average: 11 calls; range: 5-18 calls per month) received by the California Poison Control 24/7 hotline for expert marijuana (alone or in combination with other drugs) poisoning treatment advice and referral from February 2016 to March 2017.

Calls to California Poison Control were more commonly by males (56%) than females (44%).

Children (aged <11 years) and adolescents (aged 12-17 years) each accounted for 24% of all marijuana-related poison control calls.

About 43% of calls were for poisoning treatment advice for exposure to marijuana edibles.

About half (51%) of callers were treated or evaluated immediately over the phone and released, while 16% were referred and admitted to a critical care unit, noncritical care unit, or psychiatric facility.

5. Office of Statewide Health Planning and Development (OSHPD). Emergency Department and Inpatient Discharge Data Sets 2005-2015. California Department of Public Health.

According to the Office of Statewide Healthcare Planning and Development (OSHPD) inpatient and emergency department (ED) data, emergency department visits due to marijuana (records that listed marijuana poisoning, dependence, or abuse as the primary diagnosis) increased by 449% from 2005-2015.

Hospitalizations due to marijuana remained stable from 2010-2014, then increased sharply in 2015.

Increases in marijuana-related ED visits and hospitalizations observed in 2015 may be due in part to the change in the diagnosis coding system used by OSHPD (transition from ICD9 to ICD10 starting from the fourth quarter of 2015).

Rates of ED visits (per 100,000 population) due to marijuana increased for all gender-age groups in Los Angeles County (LAC). Males aged 18-20 years had the highest rates of ED visits due to marijuana, and

the number increased by 257% from 2005-2015.

Rates of ED visits (per 100,000 population) due to marijuana increased 1074% among females aged 18-20 years from 2005-2015.

Rates of ED visits (per 100,000 population) due to marijuana increased for all gender-race/ethnicity groups in Los Angeles County (LAC). The rates among females increased more steeply compared to males across all race/ethnicity groups (e.g. Rates increased by 740% among Latino females, compared to the 423% increase among Latino males).

Black males had the highest rates of ED visits (per 100,000 population) due to marijuana, followed by Black females from 2007-2015.

6. Los Angeles County Participant Reporting System (LACPRS). Substance Abuse Prevention and Control, Los Angeles County Department of Public Health.

According to the Los Angeles County Participant Reporting System (LACPRS) data, the proportion of admissions to publicly funded SUD treatment programs with marijuana as the primary drug increased from FY0506 to FY1213, then decreased thereafter.

Primary marijuana admissions in Los Angeles County were most common among clients aged 12-17 years.

Males accounted for the majority (67%) of primary marijuana admissions for all age groups, ranging from 55% among those aged 26-34 years, to 74% among those aged 18-20 years.

African Americans aged 18-20 years have the highest rate (per 100,000 population under 133% population) of treatment admissions with a primary marijuana choice across all age-race/ethnicity groups. The rate (per 100,000 population under 133% population) for African Americans aged 18-20 years was nearly twice that of Latinos aged 18-20 years (2,925 vs. 1,560), and nearly three times that of Whites aged 18-20 years (2,925 vs. 1,036).