

California Cannabis Health Information Initiative

Cannabis Public Health Surveillance System:

What Medical and Public Health Impacts to Monitor?

Risk and Protective Factors

Social norms (attitudes, beliefs, perceptions)

Marketing

Consumption

Self-reported use

Sales

Number and location of retail outlets

Consequences and Outcomes

Poisoning injuries

Physical health

Child welfare Fatalities

Education

Criminal justice

Motor vehicle traffic injuries

Mental health disorders

Substance use, abuse, treatment, and recovery

Other Potential Indicators

- Potential positive impacts
- Environmental impacts (pos/neg)
- Social justice
- Economics
- Drug Seizures
- Production/Manufacturing Toxicity

Conceptual framework adapted from SAMSHA's Strategic Prevention Framework: a comprehensive process to address substance use and related (medical, public health and behavioral) health issues.



Existing Data Sources: Population-Based Surveys

Youth

Youth Risk Behavior Survey (YRBS)

California Student Tobacco Survey (CSTS)

California Healthy Kids
Survey (CHKS)

Adult Users Parents

National Survey on Drug Use and Health (NSDUH)

Behavioral Risk Factor Surveillance System (BRFSS)

California Adult Tobacco
Survey (CATS)

Pregnancy and Breastfeeding

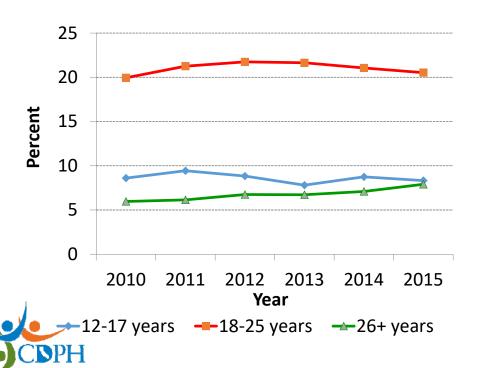
Maternal and Infant Health Assessment (MIHA)



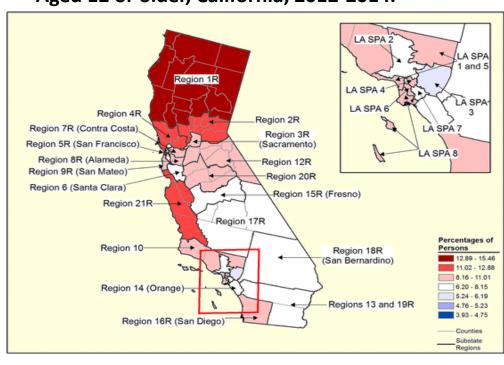
Past Month Cannabis Use among Californians 12 or Older

(National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration)

Cannabis use in the Past Month Among those Aged 12 or older, California, 2010-2015.



Cannabis use in the Past Month Among those Aged 12 or older, California, 2012-2014.



Past Month Cannabis Use Among Adults 18 and over in California, 2016

(Behavioral Risk Factor Surveillance Survey)**

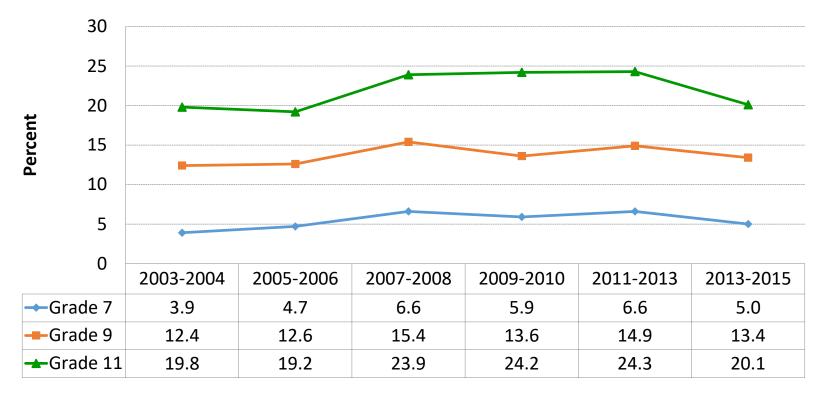
	Total % (95% CI)	18-20 years % (95% CI)	21+ years % (95% CI)
Cannabis use in past month	10.5% (9.1, 11.9)	20.0% (11.1, 28.8)	9.8% (8.5, 11.2)
Number of days used cannabis in the past month			
1 or 2 days	27.4% (20.5, 34.4)	16.7% (7.2, 26.2)	28.8% (21.3, 36.4)
3 to 9 days	15.8% (11.6, 20.0)	25.4% (17.2, 33.5)	14.5% (10.7, 18.3)
10 to 19 days	13.2% (8.4, 18.1)	11.2% (0, 25.3)	13.5% (8.3, 18.7)
20 or more days	43.5% (36.5, 50.6)	46.7% (26.2, 67.2)	43.1% (35.9, 50.4)



^{**}Preliminary results

Past Month Cannabis Use Among 7th, 9th, and 11th Graders in California, 2003-2013

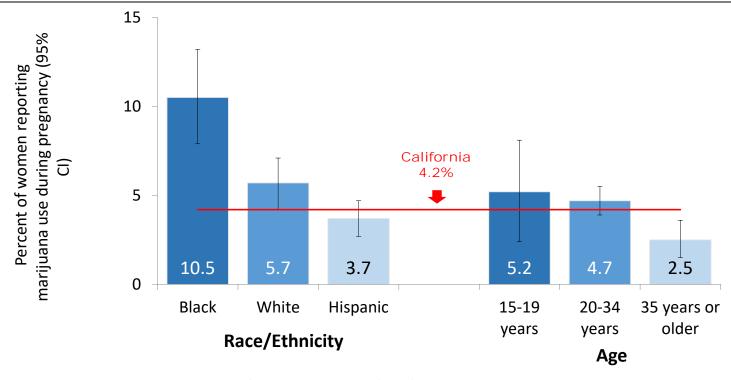
(California Healthy Kids Survey, California Department of Education/WestEd)





Self-Reported Use of Cannabis During Pregnancy

2016 Maternal and Infant Health Assessment (Provisional)



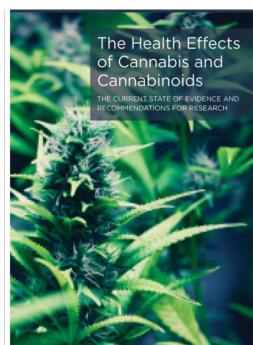


Source: Provisional 2016 Maternal and Infant Health Assessment (MIHA) Data. Provisional MIHA estimates are weighted to preliminary California birth certificate data and will differ slightly from MIHA estimates weighted to the final 2016 Birth Statistical Master File.

Phase I

- Scientific Literature Review
- "Let's Talk Cannabis" branding
- Website
- Fact Sheets
- Formative Research







Phase I Formative Research

Reasons for Cannabis Use

PARENTS OF TEENS	PREGNANT OR BREASTFEEDING	YOUTH USERS	ADULT USERS
To relax or calm nerves	To relax or calm nerves	To get high	To relax or calm nerves
To get to sleep	To get to sleep	To have a good time	To have a good time
To relieve chronic pain	To relieve chronic pain	To relax or calm nerves	To get high
To get high	To get through the day	To get to sleep	To get to sleep
To seek deeper insights or understanding	Because of anger or frustration	To seek deeper insights or understanding	To seek deeper insights or understanding



Phase 2

- Extensive Formative Research
- Develop key messages for target populations
- Creative materials
- Social media and digital advertising
- Resources for Local Health Jurisdictions







Public Health Issues

Youth, young adults (18-25), pregnant & breastfeeding

Social normalization

Edibles, concentration, dosing

Variety of products/methods

Driving/Co-use

Long term effects/lack of research

Clean Indoor Air laws

