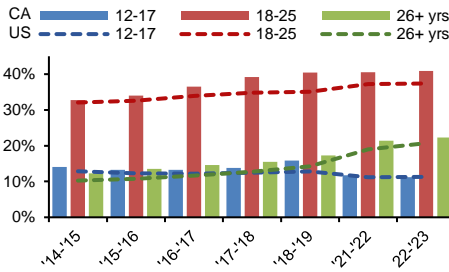


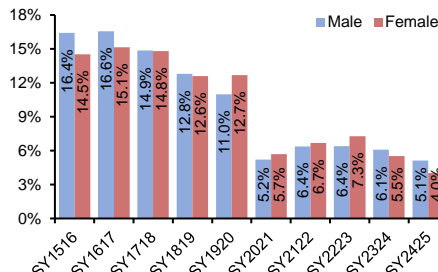
Prevalence Rate

Cannabis use in the past year* by age, 2014-2023¹



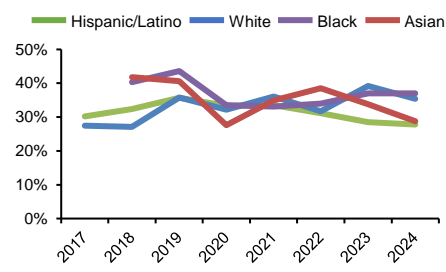
Cannabis use was higher in California (CA) than in the US overall, and has been increasing among adults over the past decade

Cannabis use in the past month by gender, 9th-12th graders, LAC, SY1516-SY2425²



Rates of current cannabis use among female high school students in LAC were higher than that of males in SY1920 – SY2223

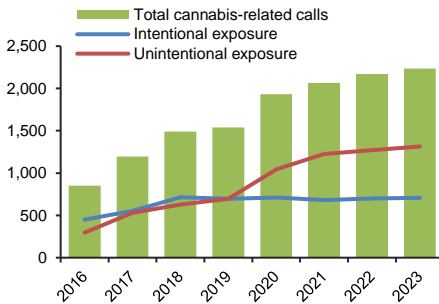
Cannabis use in the past month by race/ethnicity, adults 18+, LAC, 2017-2024³



Cannabis use is common for adults of all race/ethnic groups, and has been increasing for Blacks and Whites while decreasing for Hispanic/Latinos

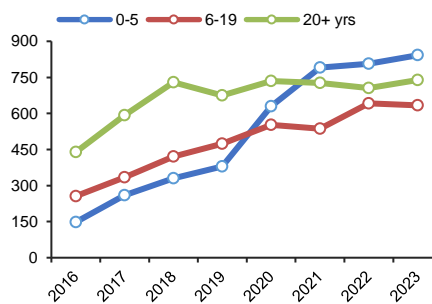
Poison Control Calls

Cannabis-related calls to Poison Control^a by exposure intent, CA, 2016-2023⁴



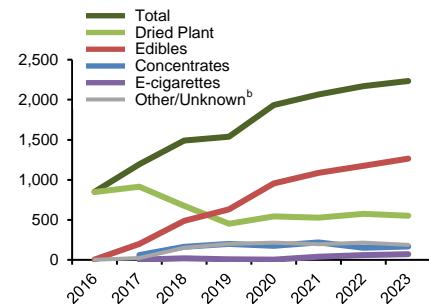
Cannabis-related calls to the California Poison Control Center (CPCS) increased from 2016-2023, with over half due to unintentional exposure in 2023

Cannabis-related calls to Poison Control, by age, CA, 2016-2023⁴



Cannabis-related calls to CPCS increased for all age groups, particularly for children (0-5 years) and youth (7-19 years)

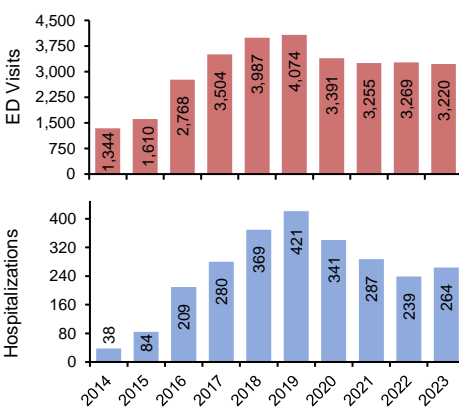
Cannabis-related calls to Poison Control, by mode of exposure, CA, 2023⁴



The majority of cannabis-related calls to CPCS were for exposure through cannabis edibles, followed by exposure through dried plants

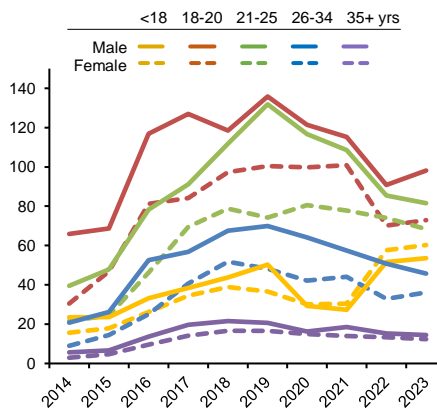
Healthcare Utilization

Cannabis emergency department (ED) visits and hospitalizations^c, LAC, 2014-2023⁵



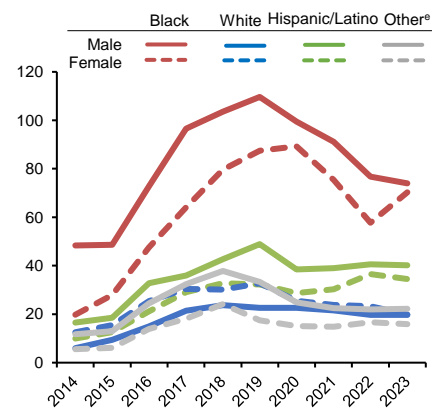
Cannabis ED visits and hospitalizations peaked in 2019, then decreased in 2020 and plateaued for ED visits while hospitalizations continued to decrease with an uptick in 2023

Rate of cannabis ED visits, by gender and age, LAC, 2013-2023⁵



Male and female underaged adults (18-20) and young adults (21-25) had the highest cannabis ED visit rates, followed by youth (under 18) and adults (26+)

Rate of cannabis ED visits, by gender and race/ethnicity^d, LAC, 2013-2023⁵

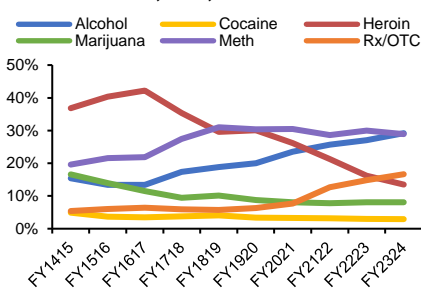


Black males and females had the highest cannabis ED visit rates over the past decade, followed by Hispanic/Latino males and females

Unstable estimates were omitted. All rates are per 100,000 population. * No 2020 data available. ^a Updated LAC-specific Poison Control data not available. ^b Other/Unknown exposure includes cannabis oral capsule or pill, topical, undried plant, or other preparation. ^c ED visits and hospitalizations due to cannabis include records that listed cannabis poisoning, dependence, abuse, or use as the primary diagnosis (excluding cases in remission). ^d Changes in collecting race/ethnicity in ED visit data were implemented in 2020. ^e Other includes Asians, Native Americans, Alaska Natives, Native Hawaiians, Pacific Islanders, and other.

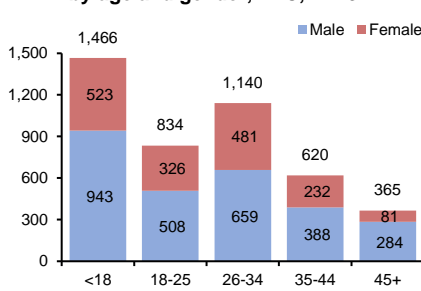
Treatment

Primary drug problem at treatment admission, LAC, FY1415-FY2324⁶



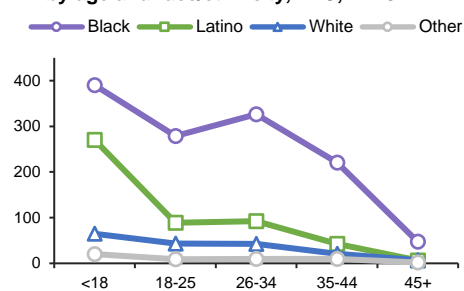
Cannabis treatment admissions had been decreasing from FY1415 to FY2021, then remained stable

Primary cannabis admissions by age and gender, LAC, FY2324⁶



Males and age <18 years were the most common gender and age groups among cannabis treatment admissions

Rate of primary cannabis admissions by age and race/ethnicity, LAC, FY2324⁶



Blacks age <18 years had the highest rate of primary cannabis admissions.

References and Notes

1. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health. 2014-2023 NSDUH State Estimates by Age Group

- Cannabis is the most commonly used drug in the US, especially among young adults. Rates of cannabis use were generally higher in California (CA), which legalized recreational use in 2016, than the national average.
- In 2022-2023, about 11.2% of youth, 40.9% of young adults, and 22.3% of adults had used cannabis in the past year in CA.
- Over the past decade, rates of past year cannabis use increased for young adults 18-25 (by 25%) and adults 26+ (by 82%) in CA from 2014-2015 to 2022-2023, but have been declining among youth 12-17 (by 21%). The US overall had larger increases in past year cannabis use among adults 26+, and smaller decreases among youth 12-17 compared to CA over the same period.

2. California Department of Education. California Health Kids Survey, CHKS SY1516 – SY2425. Estimated using weights proportional to students enrolled in Los Angeles County schools by grade, gender, and race/ethnicity applied to complete data records.

- Cannabis use rates in the past month among high school students in grades 9-12 in Los Angeles County (LAC) had been declining gradually from 15.5% in school year 2015-2016 (SY1516) to 11.8% in SY1920, and then dropped by more than half to 5.4% in SY2021, possibly due to the COVID-19 pandemic. The rates of current cannabis use began to rebound through SY2223, particularly among 12th graders, then decreased to 4.6% in SY2425.
- Current cannabis use rates among high school students were historically higher among males. However, the rates among females were higher than males in LAC during SY1920 to SY2223 before dropping to below that of males again thereafter.

3. UCLA Center for Health Policy Research. California Health Interview Survey 2017-2024. AskCHIS.

- Cannabis use in the past month was common for adults of all race/ethnic groups. In 2024, Blacks (37.0%) had the highest rate of current cannabis use, followed by Whites (35.4%), Asians (28.8%), and Hispanic/Latinos (27.8%).
- Since 2020, cannabis use in the past month increased among Blacks and Whites, and decreased among Hispanic/Latinos.

4. California Department of Public Health, Substance and Addiction Prevention Branch. Cannabis Poison Control System Calls Dashboard.

- From 2016 to 2023, a total of 13,475 calls for cannabis exposure were received by the California Poison Control System (CPCS) 24/7 hotline for expert poisoning treatment advice and referral.
- Calls for cannabis exposure to CPCS greatly increased after 2016, when recreational cannabis use was legalized in California, by 163% from 850 calls in 2016 to 2,234 calls in 2023.
- From 2016 to 2019, calls to CPCS for cannabis exposure were more often for intentional exposures. In 2020, calls for unintentional exposure of cannabis jumped, surpassing intentional exposures, and drove the increases in total calls for cannabis exposure in the following years as calls for intentional exposures remained constant.
- From 2016-2023, cannabis-related calls to CPCS sharply increased for young children 5 years and under by 469%, and for youth aged 6-19 years by 147%. In 2023, cannabis-related calls were highest for young children 5 years and under (38%) compared to other age groups, with a rate per 100,000 population that was 3.7 times that of youth aged 6-19 years, and 13.2 times that of adults 20+ years.

- Males (52%) accounted for a larger proportion of calls to CPCS for cannabis exposure than females (48%) from 2016-2021. Starting in 2022, the gender distribution was nearly even, with slightly more calls for females.

- CPCS calls for cannabis exposure from edibles largely drove the increase in total calls for cannabis exposure, accounting for 0.5% in 2016 to 57% in 2023. Over the same period, exposure to cannabis dried plants decreased from 99.6% to 25%. In 2023, calls for exposure to cannabis concentrates accounted for 8%, while e-cigarettes accounted for 3%.

- Children 5 years and under accounted for 43% of all calls for edible cannabis exposure.
- Legalization of cannabis retail sales in California in 2018 may have increased the potential for cannabis exposure among young children, who are likely to mistake cannabis edibles for candy and consume an entire package.

5. Department of Health Care Access and Information (HCAI). Emergency Department and Inpatient Discharge Data Set. California Department of Public Health.

- In LAC, ED visits due to cannabis (records that listed cannabis poisoning, dependence, abuse, or use as the primary diagnosis) increased by 203% from 2014 to 2019, decreased by 17% the following year in 2020, then plateaued through 2023.

- Hospitalizations due to cannabis increased by 1,008% from 2014 to 2019, then decreased 43% from 2019 to 2022 before increasing again by 10% in 2023.

- From 2022 to 2023, rates of cannabis ED visits per 100,000 population increased among youth under 18 and underaged adults aged 18-20 for both males and females, while other gender-age groups decreased or remained relatively constant.
- Rates of cannabis ED visits were highest among underaged adult males aged 18-20 years for all years in the past decade.
- Males generally had higher rates of cannabis ED visits than females across age groups over the past decade. However, starting in 2020, among youth younger than 18 years, females had higher cannabis ED visit rates than males.

- Black males and females had the highest rates of cannabis ED visits compared to other gender-racial/ethnic groups in the past decade. In 2023, among males, the rate of cannabis ED visits among Blacks was nearly double (1.8 times) that for Hispanic/Latinos, and nearly quadruple (3.7 times) that for Whites. Similarly, among females, the rate among Blacks was double that for Hispanic/Latinos (2.0 times) and nearly quadruple (3.6 times) that for Whites.

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

- The proportion of admissions to publicly-funded SUD treatment programs with cannabis as the primary drug decreased from 16.6% in fiscal year 2014-2015 (FY1415) to 8.1% in FY2021, then remained stable through FY2324.

- The majority of primary cannabis admissions in LAC in the past decade was for males, ranging from 58% to 67%. The largest age group of primary cannabis admissions was 17 years and under for all years in the past decade except FY2021 and FY2122, when 26-34 years was the largest age group.
- In FY2324, boys aged 17 years and under accounted for 64% of admissions among youth 17 years and under, and for 34% of all male admissions for a primary cannabis problem.

- In FY2324, while Hispanic/Latinos (63%) accounted for the largest proportion of primary cannabis admissions, followed by Blacks (25%) and Whites (10%), the rate per 100,000 population 12+ of primary cannabis treatment admissions was highest among Blacks compared to other race/ethnicities for all age groups.

- Among clients aged 17 and under, the primary cannabis treatment admission rate for Blacks was 6.0 times that for Whites, and 1.4 times that for Hispanic/Latinos. Among clients aged 26-34 years, the rate for Blacks was 7.6 times that for Whites, and 3.5 times that for Hispanic/Latinos.