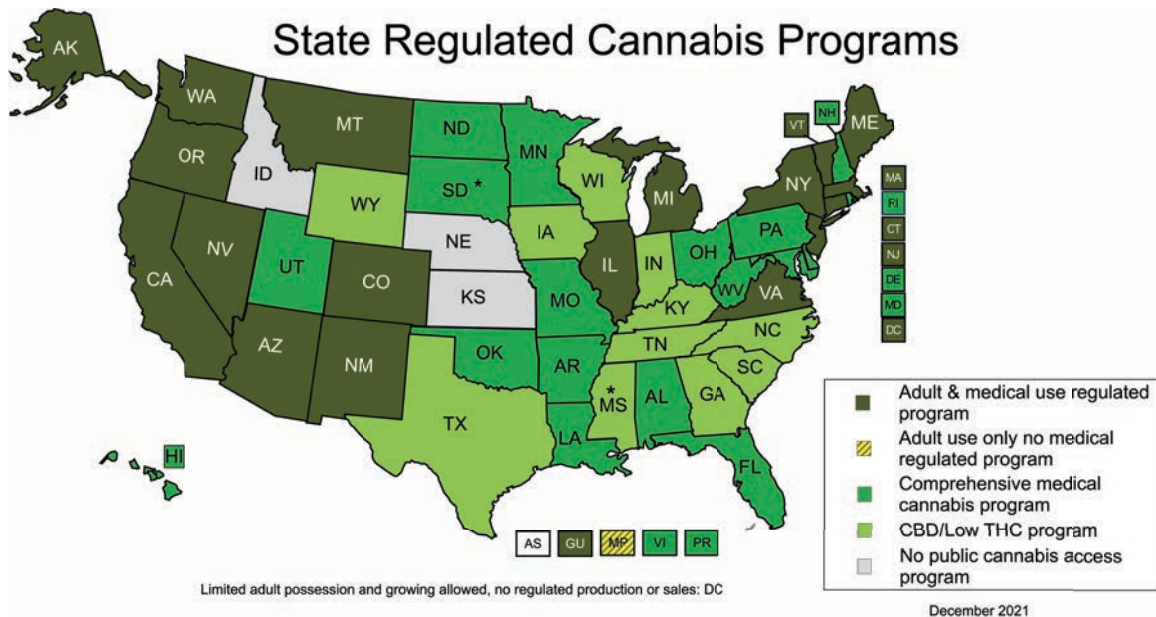## The Evolution of Cannabis Use and the Legislative Landscape

Increases in cannabis use – combined with evolving legislation across the United States, increases in product concentration, and changing modes of use – highlight the need for enhanced public health surveillance efforts to monitor trends in use and potential adverse health effects.

State Regulated Cannabis Programs

Legend:
- Adult & medical use regulated program
- Adult use only no medical regulated program
- Comprehensive medical cannabis program
- CBD/Low THC program
- No public cannabis access program

Limited adult possession and growing allowed, no regulated production or sales: DC

December 2021

Source: National Conference of State Legislatures
* = 2020 measure in MS for medical use and SD for nonmusical use were overturned in 2021

Public Health and Cannabis Surveillance

The Centers for Disease and Control and Prevention's Cannabis Strategic Plan

The Division of Overdose Prevention (DOP) in the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (NCIPC) has developed a Cannabis Strategic Plan. The goal of the plan is to monitor and address the use of and exposure to cannabis and associated health and social effects. The plan's six strategic pillars include:

- Monitoring trends,
- Advancing research,
- Building state, local, and territorial capacity,
- Supporting health systems and healthcare providers,
- Partnering with public safety, schools, and community coalitions, and
- Improving public knowledge and awareness.

Overview of the National Convening of the Cannabis Surveillance Learning Collaborative

Given the rapidly evolving policy landscape related to cannabis use in the United States, public health surveillance of cannabis use and related outcomes is vital to improving our understanding of the potential health and social impacts in this changing policy environment. To that end, NCIPC partnered with the American Public Health Association (APHA) to advance and better understand cannabis surveillance activities across the United States.

From May 4-5, 2021, CDC/NCIPC and APHA hosted a meeting to convene experts and stakeholders to explore current issues and needs in state-level cannabis surveillance efforts, including the use of various data systems and key surveillance indicators, as well as resource allocation, effective partnerships, and lessons learned. Attendees engaged in a peer-to-peer learning experience where they participated in facilitated discussions, didactic presentations, and brainstorming sessions.

Presentations from the field included:
- Surveillance of cannabis-related hospitalizations and emergency department visits,
- Syndromic surveillance,
- Sales data,
- Monitoring of cannabis policy, and
- Cannabis surveillance indicators in population surveys.

Breakout sessions were held to share experiences and insights related to issues described in the presentations. The convening facilitated cross-state engagements, connections, and information exchanges to address challenges associated with public health surveillance of cannabis use. This document highlights some of the major themes that were elevated by the participants.

Successes and Challenges Shared at the National Convening

Various issues related to cannabis surveillance infrastructure were identified. The list below includes the successes and challenges related to the ability to effectively monitor trends in cannabis use and other related matters.

Key *successes* included:
- Having strong syndromic surveillance systems supported by experienced staff and partners across different agencies and areas, access to data, and strong connections with policy liaisons.
- Sharing policies and approaches across states.
- Engaging successfully with partners such as local and national organizations, policy makers and regulatory agencies with the resources to make informed decisions about the legalization and regulation of cannabis.
- Having external research funding to support the collection of local policy data.
- Having publicly available data and databases, which helps with managing public records requests and can support educators, law enforcement, and public health partners with recognizing and obtaining information about specific cannabis products.
- Having municipality trackers, which allow for examining information at more localized levels.
- Triangulating data sources across agencies, including public health, public safety, and sales, and bringing them together in a dashboard or platform that is accessible across agencies.

Key *challenges* included:
- The COVID-19 pandemic, which prevented states from implementing surveillance systems and demanded the time, focus, and bandwidth of staff.
- A lack of staff capacity (e.g., unfilled positions and inadequate numbers of staff) to conduct data analyses, as well as having new staff and a lack of institutional knowledge regarding various data systems.
- Confidentiality restrictions and difficulties navigating consumer protections on data collection.
- A lack of access to specific data sources across agencies, as well as data lags.
- Difficulties in negotiating and establishing data sharing agreements.
- Underreported cases and missing data.
- Statutory limitations on data use.
- Limited funding and budget reductions.
- A lack of policy evaluation, which could confirm if policies (and policy elements) are effective, function as intended, and can inform needed changes to statutes.
- A lack of coordination across agencies.
- Disparate data systems and processes between states and large metropolitan jurisdictions.
- Antiquated confidentiality rules related to medical cannabis sales that have yet to be updated.

Additional Insights and Opportunities for Cannabis Surveillance Support

Four Key Needs Identified
During discussions at the convening, participants shared four key needs related to their cannabis surveillance work:

1. **A need for support related to establishing data sharing and use agreements:** Data sharing and data use agreements are important but can be challenging to put in place due to procedural challenges. Inclusion of language related to intellectual property in DUAs can help ensure no entity takes undue credit or uses data in ways that are misleading.
2. **A need for support to encourage data access across agencies:** Data are highly protected and not always readily shared. Facilitation and assistance from the federal level, or an association level, could help form a bridge for the data access between regulatory and public health agencies.
3. **A need for more policy surveillance and evaluation:** Investments in policy surveillance and evaluation are critical to monitor how policy adoption and implementation evolves, to learn how legalization changes the market, and to obtain evidence related to the impact of policies on cannabis-related health outcomes.
4. **A need for more evaluation of messaging and communication campaigns:** Communications campaigns are in urgent need of evaluation support to ensure that the correct messages are being conveyed to audiences and that they are effective. For example, evaluating the use of non-stigmatizing messages in campaign development can improve understanding of how effective messages are and what changes are needed to increase their impact.

Ways to Facilitate Action and Collaboration
- Identification of steps that health departments can take to improve cannabis surveillance.
- Development of action items at the federal and state level that can help move surveillance efforts forward.
- Establishing a forum for continued collaboration for states to engage and share lessons learned.

Ways that CDC Can Further Support Cannabis Surveillance Efforts
Suggestions for how CDC can support state-level cannabis surveillance work, include:
- Providing resources and bridges between agencies through the creation of a "learning community" that can provide regular webinars and conferences to share lessons learned and best practices, as well as points of contact across states.
- Highlight essential data sources for programs to acquire, including providing links to surveys and data, including the BRFSS, the Youth Risk Behavior Surveillance System (YRBSS), and other surveys and data related to cannabis.
- Dissemination of best practices.
- Establishing standard surveillance definitions/indicators.
- Establishing a central data portal for national cannabis-related statistics (e.g. a list of available data sources).
- Providing support for surveillance and policy efforts
- Providing technical assistance when policy changes occur to ensure that funds will cover public health needs (e.g., statutes will not directly fund anything beyond education).
- Providing technical support on policy development, including offering insight in developing policy language.
- Sharing a bank of validated survey questions.
- Providing technical assistance with: survey development and cognitive testing of additional questions; the process of incorporating surveillance efforts into states' programs (e.g., staff onboarding to help them identify and connect with potential data sources in their state).

Resources
- NCIPC has developed a **Cannabis Strategy** that outlines a vision for the next 3 to 5 years and serves to describe actions that will foster a public health approach, improve messaging, and secure dedicated resources to address the health risks of cannabis.

- The Council of State and Territorial Epidemiologists (CSTE) **Cannabis Subcommittee** has developed several tools and resources to help standardize cannabis surveillance methodology.

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