



Trends in Cannabis-Related Emergency Department Visits and Hospital Discharges in New York State

Center for Community Health

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OVERVIEW

What Did New York State Know Before This Report?

The New York State Department of Health has long monitored emergency department visits and hospital discharges to identify emerging public health areas of concern. Prior to this report, surveillance systems such as the Statewide Planning and Research Cooperative System (SPARCS) provided broad insight into healthcare utilization patterns, including those related to illness, injury, poisoning, and substance-related visits. However, statewide, publicly available analyses specifically focused on cannabis-related healthcare encounters were limited. This report was developed to provide a data-driven assessment of cannabis-related health impacts across New York State, particularly in the context of evolving federal policies and ongoing regulatory changes across the United States and within New York State. The data source cannot inform us as to whether the cannabis-related visits are driven by regulated or unregulated products.

Over the past decade, New York State experienced significant policy changes related to cannabis. The Compassionate Care Act, signed into law on July 5, 2014, established the state's medical cannabis program, creating a regulated system that allows certain patients to legally access cannabis for medical use under a healthcare provider's supervision. Medical cannabis sales began in New York State in January 2016. The 2018 federal Farm Bill, formally known as the Agriculture Improvement Act of 2018¹, legalized hemp (cannabis containing no more than 0.3% THC – the psychoactive compound) at the federal level and removed it from the Controlled Substances Act. This led to rapid expansion of the hemp and cannabidiol (CBD) market and increased the availability of hemp-derived cannabinoids. Most recently, New York's landmark 2021 Law, the Marihuana Regulation and Taxation Act (MRTA)², legalized adult-use cannabis and established the regulated recreational marketplace for adults 21 years and older. These policy changes have altered the availability, product types, and patterns of cannabis and hemp-derived product use, increasing public health interest in potential health impacts and highlighted the need for improved regulation, research, education, and public health surveillance.

Before this report, public health officials already understood that young children — particularly those aged 0 to 4 years — frequently experience emergency department visits due to unintentional exposures. Childhood poisoning is a common occurrence and significant public health issue, with a higher incidence among children under the age of five. This elevated risk is largely driven by developmental factors as young children are naturally curious, impulsive, and more likely to explore their environment by putting unfamiliar substances into their mouth. According to the Profile of Childhood Poisoning and Its Outcomes in the United States³, a one-year nationwide study of emergency department visits and inpatient admissions, these behaviors contribute to thousands of children being admitted to emergency departments after accidentally ingesting medicines, household products, or pesticides. Age also plays a significant role in the likelihood and severity of poisoning as toxicity of a particular substance increases with higher doses in relationship to body size and weight. This means that children are at an inherently greater risk of poisoning due to their small size. Furthermore, the body's ability to eliminate toxins becomes more efficient as an individual matures. Given this information, it is not uncommon to observe higher poisoning rates among younger children, regardless of substance.

According to data from 2018 Nationwide Emergency Department Sample (NEDS) and the National (Nationwide) Inpatient Sample (NIS)³, there were 220,087 emergency department visits due to poisoning in children. The contributing causes of poisoning were categorized into pharmaceutical causes or drug overdose (81.6%) and non-pharmaceutical causes (18.4%). Within the non-pharmaceutical group, alcohol made up 5.8% of cases. Among drug overdoses, the most commonly reported substances were non-opioid analgesics (21.5%), antibiotics (18.9%), tricyclic antidepressants (9.8%), drugs prescribed for hematological disorders (9.0%), and antiepileptics (8.4%). However, in 15.5% of drug-related poisoning cases, the responsible drug could not be identified by patients or their family members.

Cannabis products—particularly edible forms that may resemble items especially attractive to children, such as candy or baked goods—represent a newer category of potential exposure in this age group. Prior surveillance suggested increases in unintentional pediatric exposures; however, a comprehensive statewide analysis had not been conducted. This report provides the first detailed statewide examination of cannabis-related emergency department visits and hospital discharges following recent policy changes and the expansion of cannabis markets. This data-driven assessment is part of the New York State Department of Health’s ongoing efforts to monitor emerging public health threats, drug-related or otherwise.

What Does This Report Add to What We Know?

According to the July 14, 2023, Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*⁴, cannabis-related emergency department and hospital encounters have increased in the United States in recent years. From 2006 to 2014, cannabis-associated emergency department visit⁵ rates increased steadily, averaging about 12% per year. The rate increased 17% from 2016 to 2017, and by 11% from 2017 to 2018.

This report provides new, statewide evidence of the trends in cannabis-related healthcare encounters in New York State, showing increases in both cannabis-related emergency department visits and hospital discharges across many demographic groups between 2016 and 2024. The most striking findings relate to young children ages 0 to 4.

Statewide, cannabis-related poisoning emergency department visits increased substantially over the study period. In these visits, cannabis may be the causative exposure or may simply be reported as incidental or a recent exposure (hence the use of the term “cannabis-related”). While increases occurred across nearly all age groups, the most striking changes in population rates were observed among young children. Cannabis-related poisoning emergency department visits are increasing in volume for 0- to 4-year-olds, particularly since 2020. Although this age group does not account for the largest number of cases, children aged 0 to 4 warrant special attention because it is highly unlikely that exposures are intentional. In addition to being unintentional, cannabis exposure in children presents a serious safety concern due to their developing brains and bodies and their lower body weight, which increases the risk of adverse effects.

The report also found increases in cannabis-related emergency department visits among adults, disparities across demographic groups, and geographic variation across regions of New York State. Taken together, these findings highlight that cannabis-related healthcare encounters are increasing and that unintentional pediatric exposure is an emerging public health concern.

Subsequent analyses were conducted (see Appendix) to examine Statewide Planning and Research Cooperative System data, focusing on the primary causes of emergency department visits among children ages 0 to 4, in order to provide additional context for this report. These analyses found the following:

- The volume and relative ranking of all cannabis-related poisonings among emergency department visits have increased over time, with more than 100 visits per year from 2021 through 2024. In 2024, cannabis-related poisonings became the second most common poisoning diagnosis.
- The volume of cannabis-related poisonings was similar to the combined number of emergency department visits related to Tylenol, aspirin, and nonsteroidal anti-inflammatory drugs (NSAIDs) in 2022, and exceeded that total by approximately 100 cases in both 2023 and 2024.
- Cannabis-related poisoning emergency department visits have increased year over year; a pattern not observed in other poisoning categories.
- In 2024, 72.2% of cannabis-related emergency department visits resulted in treatment and release, while 27.8% led to inpatient admission.
- In 2024, cannabis-related emergency department visits ranked as the second highest poisoning type for treat-and-release cases and the highest poisoning type for emergency department visits resulting in inpatient admission.
- Importantly, the data source does not indicate whether cannabis-related visits are attributable to regulated or unregulated products.

What Is to Be Done About the New Information?

New York State has already implemented regulations designed to reduce risks associated with cannabis use, including child-resistant packaging requirements, labeling standards, and restrictions designed to reduce youth access. However, the findings of this report indicate that additional public health strategies may be needed to mitigate risks and to better understand the nuances of the data and reporting systems.

Recommendations include continuing statewide surveillance, improving data collection on product types, conducting ongoing analyses, and enhancing collaboration among the Department of Health, the Office of Cannabis Management, and other state health agencies and partners.

The findings also highlight an opportunity to strengthen public education efforts around safe storage and disposal of cannabis products, the benefits of purchasing from the legal marketplace, youth prevention, impaired driving, and responsible use and harm reduction for individuals who choose to consume cannabis for any reason. Potential communication strategies include public awareness campaigns; education for parents, caregivers and trusted adults; improved clinical education; messaging through healthcare providers; and partnerships with retailers.

This report demonstrates the value of New York State's public health surveillance systems in identifying emerging health trends. The findings show increases in cannabis-related emergency department visits, particularly among young children aged 0 to 4 years, and support a proactive public health approach focused on monitoring trends, communicating risks, and preventing harm.

EXECUTIVE SUMMARY

This Executive Summary highlights key findings on cannabis-related emergency department visits and hospital discharges in New York State. Comprehensive analyses and detailed results are provided in the respective chapters of this report.

As cannabis and hemp markets have shifted over the past decade, there have been increasing cannabis-related health care encounters. Between 2016 and 2023, emergency department visits and hospital discharges for cannabis-related poisonings as well as for cases including cannabis-related abuse, dependence, and use increased across nearly all demographic groups.

Cannabis-Related Poisoning Emergency Department Visits: Rose 98% statewide (from 1,205 in 2016 to 2,387 in 2024). The per capita rate more than doubled, with sharpest increases among children aged 0–4 years (+3,736%) and 5–14 years (+1,300%).

Cannabis-Related Abuse, Dependence, and Use Emergency Department Visits: Increased 103% (81,158 in 2016 to 166,107 in 2024). Rates more than doubled, especially among 20–44-year-olds, and among Black and Hispanic populations.

Cannabis-Related Hospital Discharges: Showed a more complex trend – cannabis-related poisoning discharges peaked in 2019 then declined, but pediatric discharges (especially ages 0–4) surged more than 1,600%.

Racial/ethnic disparities: Disproportionate impacts on health care encounters among Black, Hispanic, Native American and multiracial communities were evident.

Geographic differences: Rural upstate counties (e.g., Franklin, Tompkins, Cayuga) and urban boroughs (Bronx, Brooklyn, Manhattan) had some of the highest rates, along with counties in Western and Central NY (Niagara, Erie, Cayuga, Onondaga).

Insurance Payer mix: Medicaid disproportionately represented 35–45% of emergency department visit and hospital discharges, suggesting underlying socioeconomic disparities.

These findings highlight the growing need for increased public health and harm reduction efforts around cannabis use, particularly as it relates to safer consumption, preventing unintentional pediatric exposure, preventing or delaying initiation for young people, and understanding and addressing the racial and ethnic disparities in health care encounters.

Cannabis-Related Poisoning Emergency Department Visits

- From 2016 to 2024, the number of cannabis-related poisoning emergency department visits among New York State individuals increased 98% from 1,205 in 2016 to 2,387 in 2024.
- The cannabis-related poisoning emergency department visit rate in New York State increased 97% from 6.1 cannabis-related poisoning emergency department visits per 100,000 residents in 2016 to 12 cannabis-related poisoning emergency department visits per 100,000 residents in 2024.
- From 2016 to 2023, the 15–19-year age group consistently had the highest cannabis-related poisoning emergency department visit rate compared to all other age groups in New York State. Most notably, visits among children aged 0–4 years old increased 3,736% from 0.6 cannabis-related poisoning emergency department visits per 100,000 residents in 2016 to 22.9 cannabis-related poisoning emergency department visits per 100,000 in 2023.
- From 2016 to 2023, males consistently had the highest cannabis-related poisoning emergency department visit rate compared to females. Both males and females showed increases from 2016 to 2023, with females having the highest percent increase (192%).
- From 2016 to 2023, individuals classified in the Other* race group consistently had the highest cannabis-related poisoning emergency department visit rates in New York State. Rates for Black and Native American or Alaskan Native individuals peaked in 2019, with later increases in 2023. Hispanic, White, and Asian or Pacific Islander groups showed more gradual upward trends.
- Cannabis-related poisoning emergency department visit rates were highest among those with private or other third-party insurance, rising from 2.1 in 2016 to 6.4 per 100,000 residents in 2023. Visits covered by Medicaid and those without insurance followed similar patterns – increasing through 2019, declining through 2022, and rising again in 2023, while rates for Medicare and unknown payment sources remained consistently low.
- From 2016 to 2023, cannabis-related poisoning emergency department visit rates were highest when cannabis was reported alone, compared to cases where other substances were also reported, increasing 164% from 4.7 to 12.4 visits per 100,000 residents.
- From 2016 to 2023, cannabis-related poisoning emergency department visits rose by 81% among York City residents and by 190% among Rest of State residents. New York City rates were higher through 2020, but the Rest of State surpassed them from 2021 to 2023.

* The *Other race groups combined, non-Hispanic* category includes individuals who reported multiple races, a mixed response, ‘Some Other Race’, or did not identify with any of the five listed categories.

Cannabis-Related Abuse, Dependence and Use Emergency Department Visits

- From 2016 to 2024, cannabis-related abuse, dependence, and use emergency department visits among New York State individuals rose 105%, from 81,158 to 166,107.
- From 2016 to 2024, the cannabis-related abuse, dependence, and use emergency department visit rate in New York State steadily increased 103%, from 412 to 837 per 100,000 residents.
- From 2016 to 2023, the cannabis-related abuse, dependence, and use emergency department visit rates rose across all age groups, with the largest increase among children aged 0-4 years (572%) and a 277% rise among individuals 65 years and older, while those aged 20-44 consistently had the highest rates.
- From 2016 to 2023, males consistently had higher cannabis-related abuse, dependence, and use emergency department visit rate compared to females. Both males and females showed increases from 2016 to 2023, with females having a higher percent increase (156%).
- From 2016 to 2023, cannabis-related abuse, dependence, and use emergency department visit rates rose across all racial and ethnic groups. Hispanic and Native American or Alaska Native individuals had the largest increases (184% and 153%). Cannabis-related abuse, dependence, and use emergency department visit rates were highest among those individuals classified in the Other* race category, followed by non-Hispanic Black individuals, whose rates more than doubled after 2020.
- From 2016-2023, cannabis-related abuse, dependence, and use emergency department visit rates were highest among individuals with Medicaid coverage. Starting in 2020, those with private or other third-party insurance had the highest rates, which rose sharply through 2023 after steady increases in earlier years.
- From 2016 to 2023, emergency department visit rates for cannabis-related abuse, dependence, and use were highest when cannabis was the only substance reported. These visits rose from 296.5 per 100,000 residents in 2016 to 701.3 per 100,000 residents in 2023.
- From 2016 to 2023, New York City residents had higher emergency department visit rates for cannabis-related abuse, dependence, and use compared to Rest-of-State residents. Both regions showed increases in the rate of cannabis-related abuse, dependence, and use emergency department visits from 2016-2023, with New York City residents having the highest percent increase (175% vs. 70%).

Cannabis-Related Poisoning Hospital Discharges

- From 2016 to 2024, cannabis-related poisoning hospital discharges in New York State rose 9% (679 to 738). Discharges peaked in 2019, then declined through 2022. Discharges increased again in 2023, followed by a slight decrease in 2024.
- From 2016 to 2024, the cannabis-related poisoning hospital discharge rate increased 7% (3.4 to 3.7 per 100,000). The rate peaked in 2019 (6.8 per 100,000), then declined through 2022. Discharge rates rose again in 2023, followed by a slight decrease in 2024.
- From 2016 to 2021, the 20–44-year age group consistently had the highest cannabis poisoning hospital discharge, after which the 0–4-year age group recorded the highest rates for the final last two years of the period (2022–2023).
- From 2016 to 2023, males consistently had higher cannabis-related poisoning hospital discharge rates than females. Rates for both groups rose through 2019 and then declined through 2022.
- From 2016 to 2023, individuals classified in the Other* race category had the highest cannabis-related poisoning hospital discharge rates in New York State, peaking in 2019 before declining through 2022 and rising slightly in 2023. Rates for Black and Hispanic individuals also peaked in 2019 and then declined. Native American or Alaska Native individuals had brief spikes in 2017 and 2021 but remained low overall.
- From 2016 to 2023, cannabis-related poisoning hospital discharge rates among both Medicaid and private or other third-party payers peaked in 2019, then steadily declined thereafter, with Medicaid showing a slight uptick from 2022 to 2023.
- From 2016 to 2023, hospital discharge rates for cannabis-related poisonings were highest when cannabis was the only substance reported. Hospital discharge rates for cannabis-only poisonings increased from 2016 to 2019, declined through 2022, and increased again in 2023.
- From 2016 to 2023, New York City residents consistently had higher cannabis-related poisoning hospital discharge rate than Rest of State residents. Cannabis-related poisoning hospital discharge rates increased on both regions from 2016 to 2019, declined until 2022, and rose again in 2023.

Cannabis-Related Abuse, Dependence and Use Hospital Discharges

- From 2016 to 2024, the number of cannabis-related abuse, dependence, and use hospital discharges among New York State individuals increased 9% from 63,018 in 2016 to 68,362 in 2024.
- From 2016 to 2019, cannabis-related hospital discharge rates for abuse, dependence, and use rose from 319.9 to 373.3 per 100,000 residents. From 2020 to 2024, these rates declined from 362.6 to 344.4 per 100,000 residents.
- From 2016 to 2023, the 20–44-year age group had the highest cannabis-related abuse, dependence, and use hospital discharge rate throughout the period, but began to decline in 2022. Each age group showed a slight increase from 2016 to 2023 with the exception of the 15–19-year age group.
- From 2016 to 2023, males consistently had a higher cannabis-related abuse, dependence, and use hospital discharge rate compared to females. Both males and females showed slight increases from 2016 to 2023, with females having a higher percent increase (12% versus 2%).
- From 2016 to 2023, individuals who were classified in the Other* race category had the highest cannabis-related hospital discharge rates, declining steadily after 2018. Non-Hispanic Black rates were second highest, rising through 2021 and slightly decreasing in 2022–2023.
- From 2016 to 2023, cannabis-related abuse, dependence, and use hospital discharge rates for Medicaid peaked in 2018, then steadily declined through 2022, with an uptick in 2023. Cannabis-related abuse, dependence, and use hospital discharge rates for private or other third-party payers steadily increased from 2016 to 2021, followed by a decrease through 2023.
- From 2016 to 2023, cannabis-related abuse, dependence, and use hospital discharge rates were highest when cannabis was reported alone compared to cases where other substances were also reported. Rates for cannabis-only cases increased 9%, from 217.3 per 100,000 residents in 2016 to 237.8 in 2023.
- From 2016 to 2023, New York City residents had higher hospital discharge rates for cannabis-related abuse, dependence, and use compared to Rest of State residents. Both regions showed slight increases in the rate of cannabis-related abuse, dependence, and use hospital discharges from 2016 to 2023, with New York City residents having the highest percent increase (9% vs. 2%).

Cannabis-Related Emergency Department Visits



METHODOLOGY

Emergency department (ED) visit data were obtained from the Statewide Planning and Research Cooperative System⁶ (SPARCS), which is a database that contains detailed, record-level information on patient demographics, diagnoses, services, and residential location for every emergency department visit in New York State (NYS). This report examines cannabis related emergency department visits that were (a) discharged to home or (b) transferred directly from the emergency department and subsequently admitted to the hospital. Emergency department visits that were scheduled for outpatient or ambulatory surgery were excluded. Emergency department visits for out-of-state residents were also excluded. It is possible that a person may have an emergency department visit with a cannabis-related diagnosis code multiple times and as a result could be counted more than once in these data.

Cannabis-Related Emergency Department Visit Case Definition

Defined as an emergency department visit with any of the identified ICD-10-CM diagnosis codes (see Table 1) in **any field** (SPARCS can accept up to a maximum of 25 diagnosis codes).

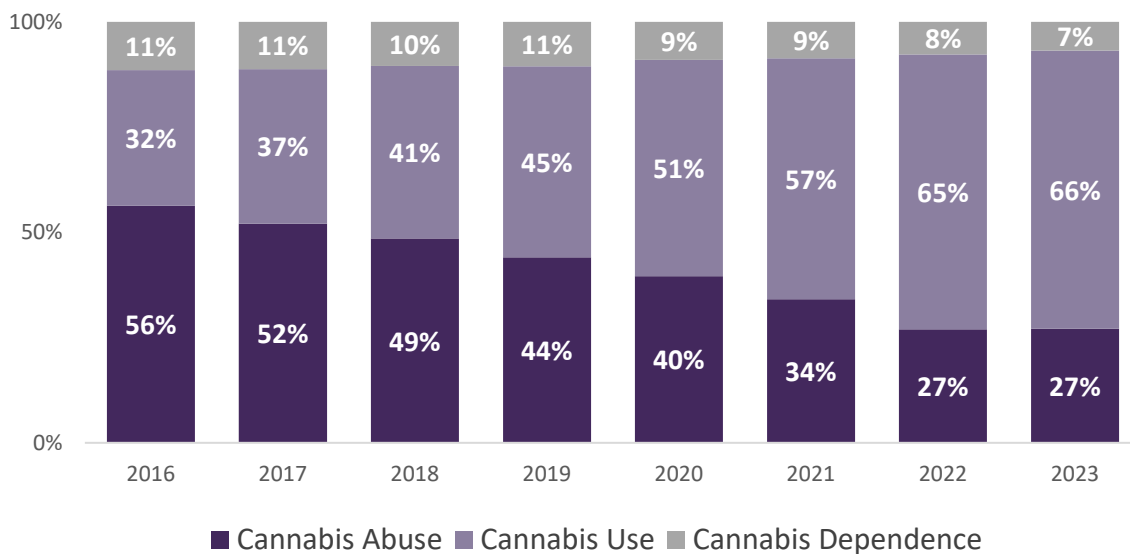
Table 1: ICD-10-CM codes to identify emergency department visits associated with cannabis use or exposure

Indicator	ICD-10-CM code and description
Cannabis-Related Poisoning	T40.7X1: Poisoning by cannabis (derivatives), accidental T40.7X2: Poisoning by cannabis (derivatives), intentional self-harm T40.7X3: Poisoning by cannabis (derivatives), assault T40.7X4: Poisoning by cannabis (derivatives), undetermined T40711A: Poisoning by cannabis (derivatives), accidental T40712A: Poisoning by cannabis (derivatives), intentional self-harm T40713A: Poisoning by cannabis (derivatives), assault T40714A: Poisoning by cannabis (derivatives), undetermined T40721A: Poisoning by synthetic cannabinoids (derivatives), accidental T40722A: Poisoning by synthetic cannabinoids (derivatives), intentional self-harm T40723A: Poisoning by synthetic cannabinoids (derivatives), assault T40724A: Poisoning by synthetic cannabinoids (derivatives), undetermined Only includes: 7th character of A or missing (reflects initial encounter, active treatment, or missing encounter) Does not include: Underdosing of cannabis (T40.7X6, T40716, T40726) Adverse effects (T407X5A, T40715A, T40725A) Subsequent encounters, indicated by a seventh character of 'D' (e.g., T40711D) Sequela, indicated by a seventh character of 'S' (e.g., T407X5S)
Cannabis-Related Abuse, Dependence, and Use	F12.1: Cannabis abuse F12.2: Cannabis dependence F12.9: Cannabis use Does not include: Withdrawal Codes: (F12.11, F12.21, F12.91) Remission Codes: (F12.13, F12.23, F12.93) Note: both withdrawal and remission codes comprise a very small number of emergency department visits, and their exclusion had a negligible effect.

The case definitions used in this analysis were informed by the Council of State and Territorial Epidemiologists' (CSTE) Cannabis Subcommittee's recommendations⁷ and were assessed for validity by a team of research scientists with the New York State Department of Health and Office of Cannabis Management. These data include cases with a cannabis diagnosis in any field. This is because cannabis use is often a contributor to rather than the direct cause of the emergency department visit; this is different than case definitions for other conditions (such as injury emergency room visit) that require the code of interest to be in the primary diagnosis field.

As shown in Figure 1, the proportion of cannabis-related emergency department visits coded for **cannabis use** increased significantly from 2016 to 2023. In contrast, the percentage of visits coded for **cannabis abuse** and **dependence** declined over the same period. The specific reasons for these trends are unknown but may reflect factors such as increased availability and legalization, changing public attitudes, improved education, prevention efforts, or expanded access to support services.

Figure 1: Cannabis-Related Abuse, Dependence, and Use Emergency Department Visits by Category, New York State, 2016-2023



Crude Rate Calculation

Cannabis-related emergency department visit rates for a specific year were calculated by dividing the number of cannabis-related emergency department visits by the population of that year and then multiplying by 100,000. Population estimates used for computing the cannabis-related emergency department visit rates were obtained from the United States Census Bureau.⁸⁻¹⁶

Socio-demographic Variables

Race and ethnicity for both SPARCS and United States Census Bureau was categorized into these six groups:

- Asian or Pacific Islander, non-Hispanic
- Black, non-Hispanic
- Hispanic
- Native American or Alaska Native, non-Hispanic
- White, non-Hispanic
- Other race groups combined, non-Hispanic

The Other race groups combined, non-Hispanic category includes individuals who reported multiple races, a mixed response, 'Some Other Race', or did not identify with any of the five listed categories.

Statewide Analysis

Trends in cannabis-related emergency department visit data (2016-2024) are presented for the state total.

Socio-demographic Stratification and Geographic Analysis

Trends in cannabis related emergency department visit data (2016-2023) are presented by age group, gender, race and ethnicity, source of payment, substance type, and region (New York City and Rest of State).

The distribution of emergency department visits for a single year (2023) of data are also presented by age group, gender, race and ethnicity, source of payment, substance type, region, and county.

Percent Change Calculation

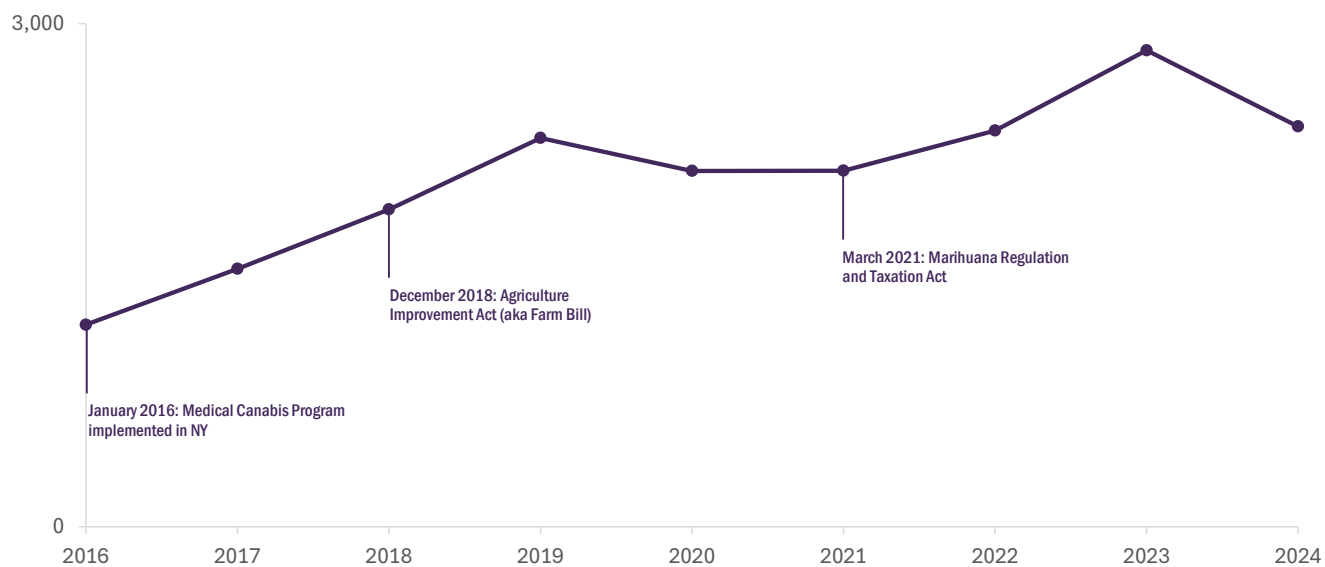
The percent change for crude emergency department visit rates was calculated as follows:

$$\text{Percent Change} = \left[\frac{\text{Rate in 2024} - \text{Rate in 2016}}{\text{Rate in 2016}} \right] \times 100$$

Cannabis-Related Poisoning Emergency Department Visits

Figure 1.1

Cannabis-Related Poisoning Emergency Department Visits, New York State, 2016-2024

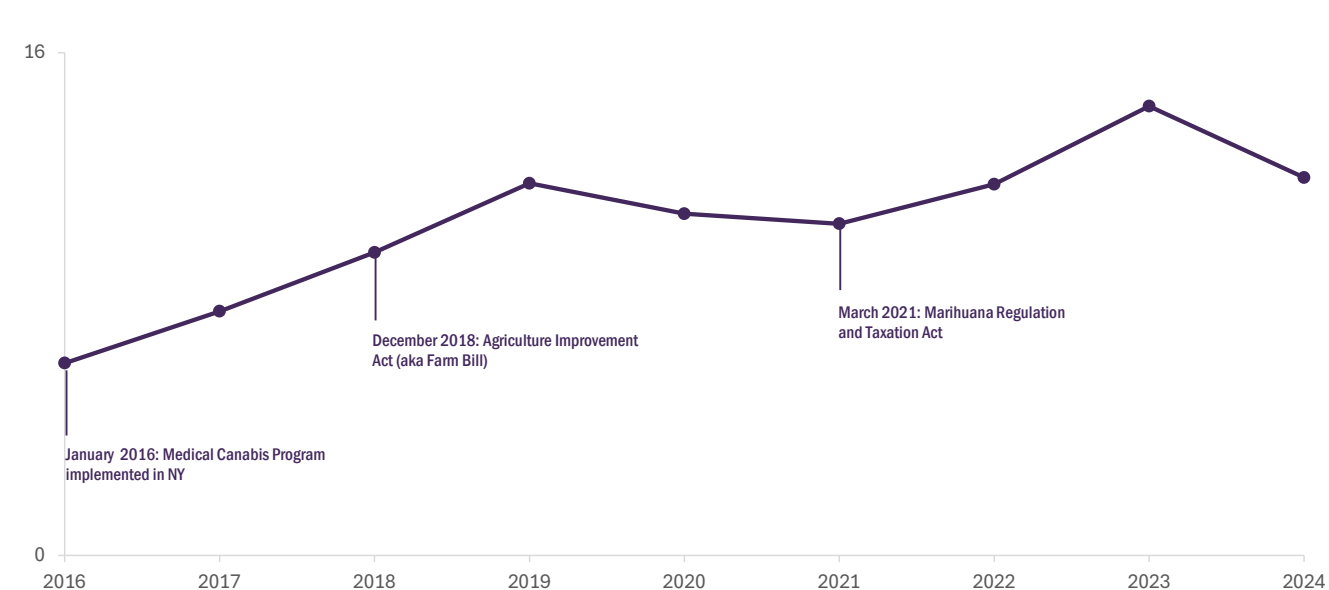


	2016	2017	2018	2019	2020	2021	2022	2023	2024
Cannabis-Related Poisoning Emergency Department Visits	1,205	1,538	1,892	2,318	2,122	2,123	2,362	2,841	2,387

From 2016 to 2024, the number of cannabis-related poisoning emergency department visits among New York State individuals increased 98% from 1,205 in 2016 to 2,387 in 2024 (Figure 1.1).

Figure 1.2

Cannabis-Related Poisoning Emergency Department Visit Rate per 100,000 Residents, New York State, 2016-2024

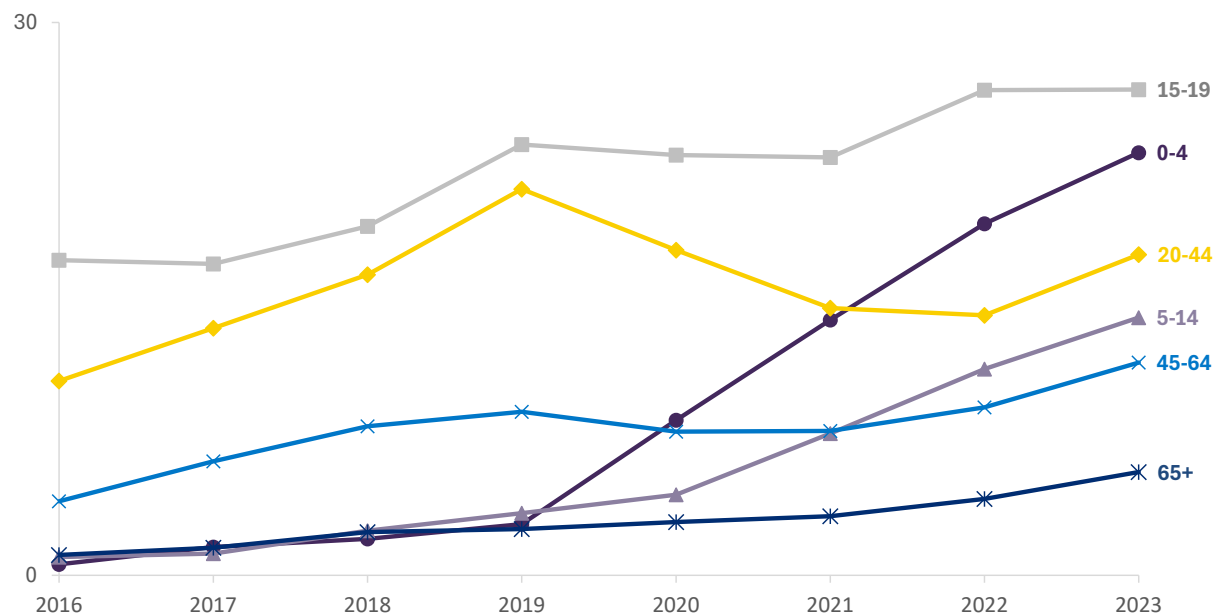


	2016	2017	2018	2019	2020	2021	2022	2023	2024
Rate per 100,000	6.1	7.8	9.6	11.8	10.9	10.6	11.8	14.3	12.0

The cannabis-related poisoning emergency department visit rate in New York State increased 97% from 6.1 cannabis-related poisoning emergency department visits per 100,000 residents in 2016 to 12 cannabis-related poisoning emergency department visits per 100,000 residents in 2024 (Figure 1.2).

Figure 1.3

Cannabis-Related Poisoning Emergency Department Visit Rate per 100,000 Residents by Age Group, New York State, 2016-2023

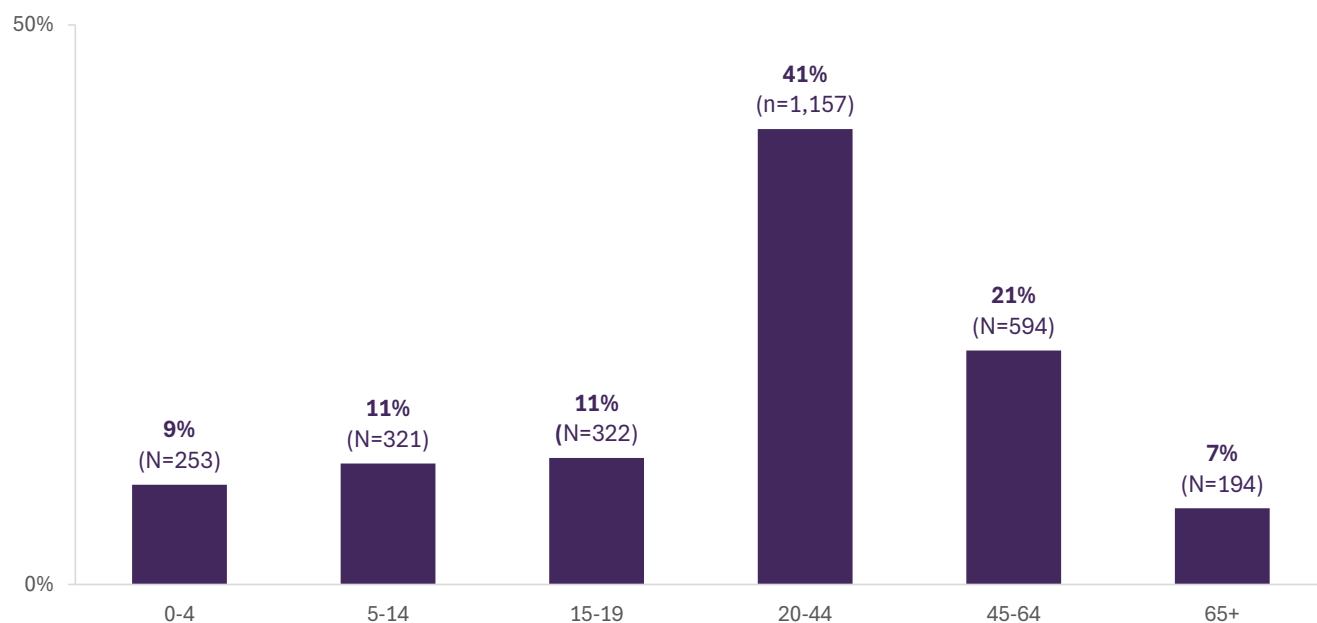


Age Group	2016	2017	2018	2019	2020	2021	2022	2023
0-4	0.6	1.5	2.0	2.8	8.4	13.9	19.1	22.9
5-14	1.0	1.2	2.4	3.4	4.4	7.7	11.2	14.0
15-19	17.1	16.9	18.9	23.4	22.8	22.7	26.3	26.4
20-44	10.5	13.4	16.3	21.0	17.7	14.5	14.1	17.4
45-64	4.0	6.2	8.1	8.9	7.8	7.8	9.1	11.5
65+	1.1	1.5	2.3	2.5	2.9	3.2	4.1	5.6

From 2016 to 2023, the 15–19-year age group consistently had the highest cannabis-related poisoning emergency department visit rate compared to all other age groups in New York State. A pivotal shift occurred during 2020–2021, when younger age groups (0–4 and 5–14 years) saw sharp increases for cannabis-related poisoning emergency department visits. Most notably, visits among children aged 0–4 years old increased 3,736% from 0.6 cannabis-related poisoning emergency department visits per 100,000 residents in 2016 to 22.9 cannabis-related poisoning emergency department visits per 100,000 in 2023. Similarly, cannabis-related poisoning emergency department visit rates for the 5–14-year age group drastically increased from 2020 onward and surpassed the 45–64-year age group around 2021. Cannabis-related poisoning emergency department visit rates for the 20–44-year age group peaked in 2019, decreased until 2021, then slightly rebounded in 2023. Individuals aged 45–64 years showed a slow increase in cannabis-related poisoning emergency department visit rates until 2019, plateaued around 2020–2021, then slightly increased through 2023. The 65 year and older age group had the lowest cannabis-related poisoning emergency department visit rates but with a steady upward trend (Figure 1.3).

Figure 1.4

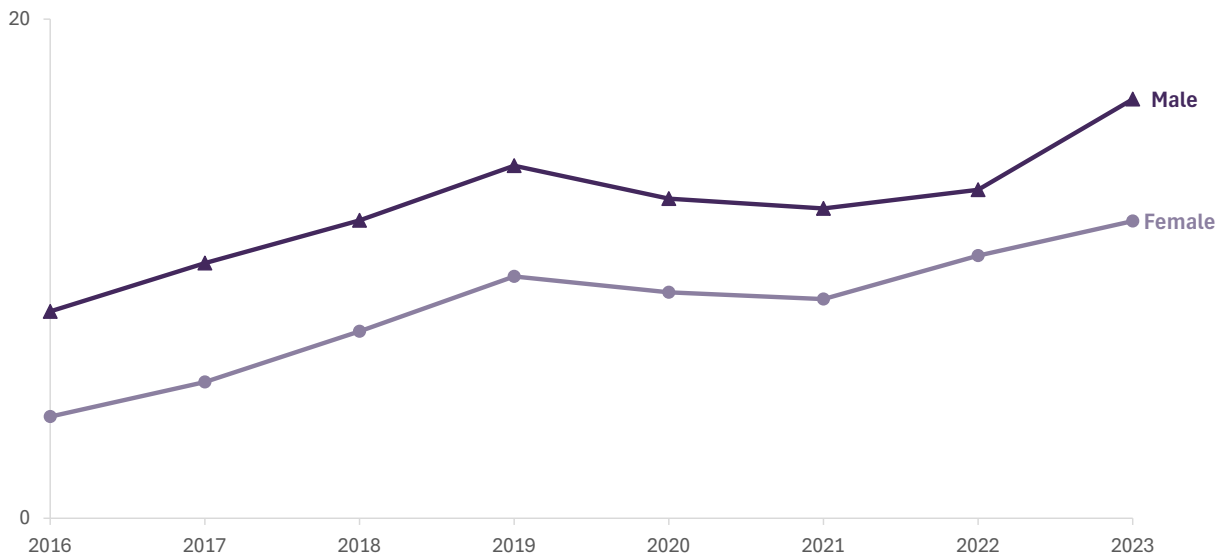
Cannabis-Related Poisoning Emergency Department Visits by Age Group, New York State, 2023



In 2023, individuals aged 20-44 years accounted for the highest percentage of cannabis-related poisoning emergency department visits (41%). Individuals aged 45-64 years accounted for 21% of cannabis-related poisoning emergency department visits, while those aged 15-19 years accounted for 11% of cannabis-related poisoning emergency department visits (Figure 1.4).

Figure 1.5

Cannabis-Related Poisoning Emergency Department Visit Rate per 100,000 Residents by Gender, New York State, 2016-2023

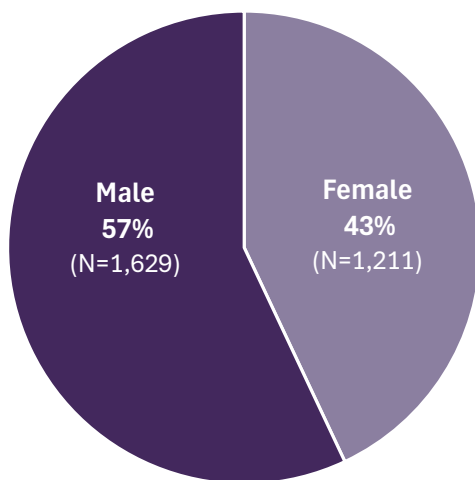


Gender	2016	2017	2018	2019	2020	2021	2022	2023
Female	4.1	5.5	7.5	9.7	9.1	8.8	10.5	11.9
Male	8.3	10.2	11.9	14.1	12.8	12.4	13.2	16.8

From 2016 to 2023, males consistently had higher cannabis-related poisoning emergency department visit rates compared to females. Both males and females showed increases from 2016 to 2023, with females having a higher percent increase (192%) (Figure 1.5).

Figure 1.6

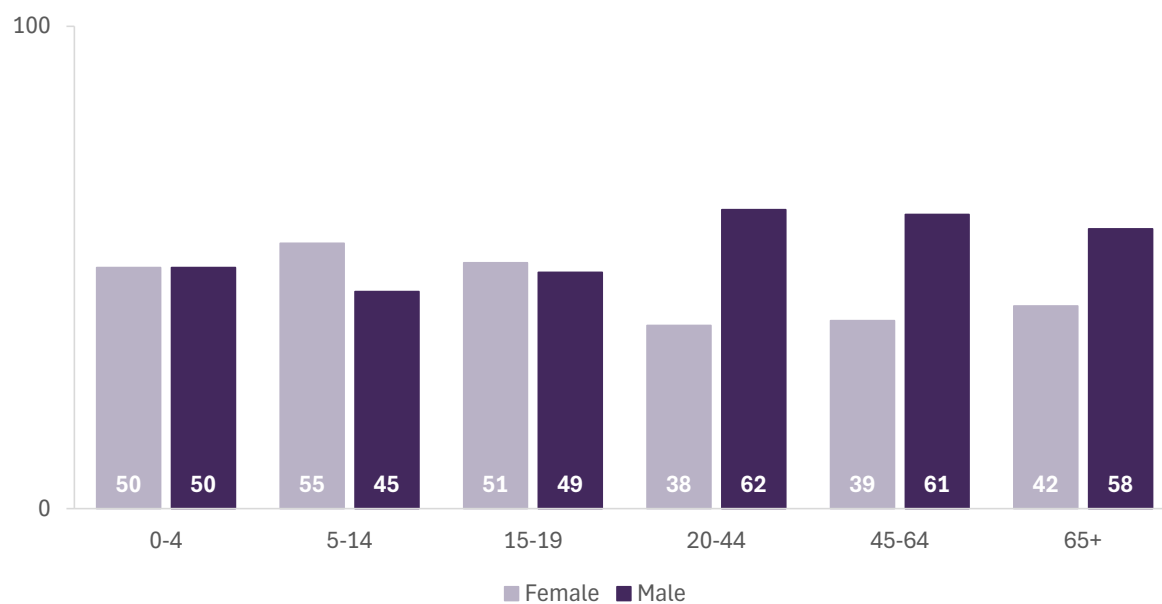
Cannabis-Related Poisoning Emergency Department Visits by Gender, New York State, 2023



In 2023, 57% of cannabis-related poisoning emergency department visits were among male individuals (Figure 1.6).

Figure 1.7

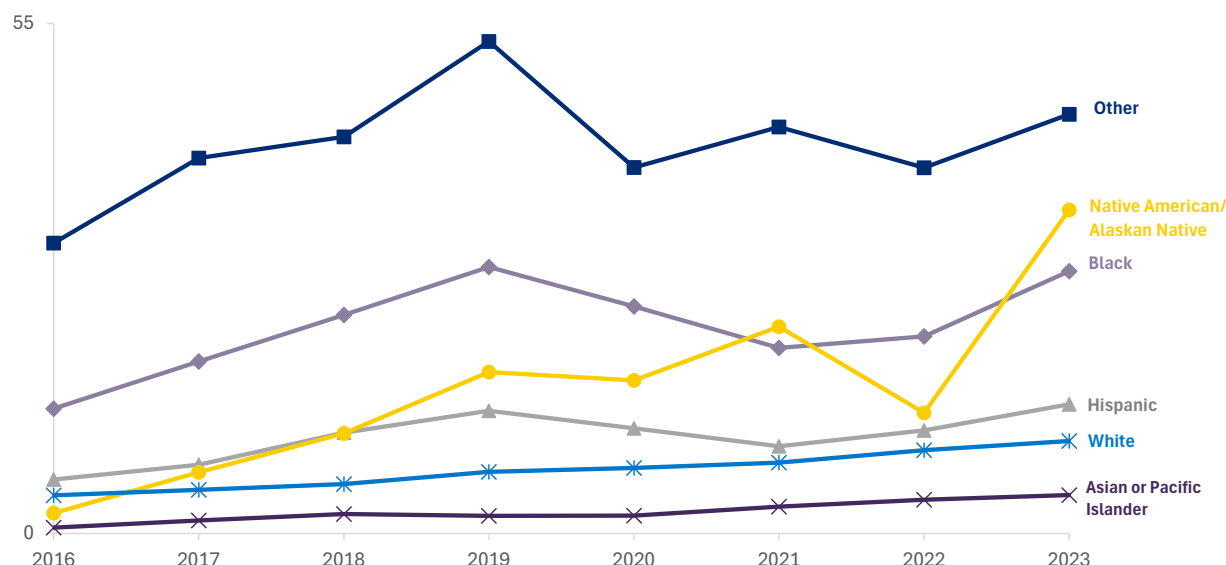
Percent of Cannabis-Related Poisoning Emergency Department Visits by Age Group and Gender, New York State, 2023



In 2023, there was a slightly higher proportion of cannabis-related poisoning emergency department visits among females than males among those aged 5-19 years (5-14 years: females-55%, males-45%; 15-19 years: females-51%, males-49%). In contrast, among those aged 20 years and older, males accounted for a higher proportion of cannabis-related poisoning emergency department visits compared to females (Figure 1.7).

Figure 1.8

Cannabis-Related Poisoning Emergency Department Visit Rate per 100,000 Residents by Race and Ethnicity, New York State, 2016-2023



Race and Ethnicity	2016	2017	2018	2019	2020	2021	2022	2023
Asian or Pacific Islander, non-Hispanic	0.6	1.4	2.1	1.9	1.9	2.9	3.6	4.1
Black, non-Hispanic	13.5	18.5	23.6	28.7	24.5	20.0	21.2	28.3
Hispanic	5.8	7.4	10.9	13.2	11.3	9.4	11.1	13.9
Native American or Alaska Native, non-Hispanic*	2.2	6.6	10.8	17.4	16.5	22.3	13.0	34.9
White, non-Hispanic	4.1	4.7	5.3	6.7	7.1	7.6	9.0	10.0
Other race groups combined, non-Hispanic**	31.3	40.5	42.8	53.1	39.5	43.9	39.5	45.2

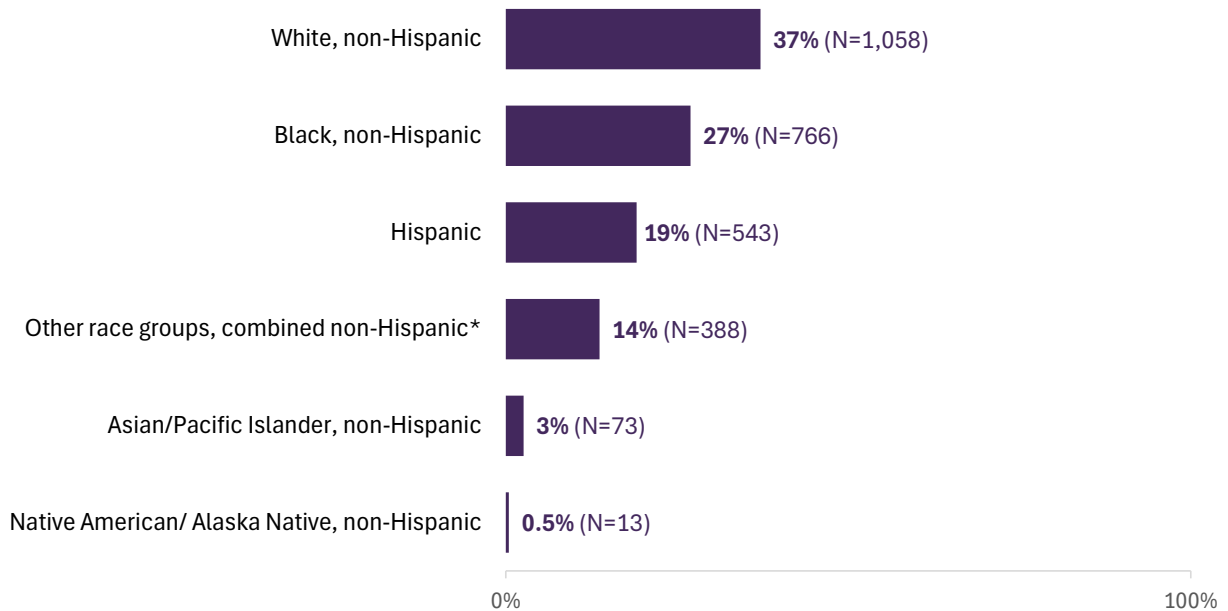
*Less than or equal to 10 emergency department visits, therefore rate may not be stable (Relative Standard Error >30%).

**Includes those individuals who reported multiple races, a mixed response, 'Some Other Race', or did not identify with any of the five listed categories.

From 2016 to 2023, individuals who were classified in the Other race category consistently had the highest cannabis poisoning-related emergency department visit rates when compared to all other racial and ethnic groups in New York State. Cannabis-related poisoning emergency department visit rates for the Other race group fluctuated over time with a peak in 2019. Cannabis-related poisoning emergency department visit rates for Black individuals peaked in 2019, then declined through 2022, and was followed by an uptick in 2023. Individuals who were Native American or Alaskan Native had spikes in their cannabis-related poisoning hospital discharge rates in 2019 and 2021, and especially in 2023. Cannabis-related poisoning emergency department visit rates for Hispanic individuals showed a moderate rise, with a small dip in 2021. White and Asian or Pacific Islander individuals had a steady upward trend in cannabis-related poisoning emergency department visit rates with no sharp spikes (Figure 1.8).

Figure 1.9

Cannabis-Related Poisoning Emergency Department Visits by Race and Ethnicity, New York State, 2023

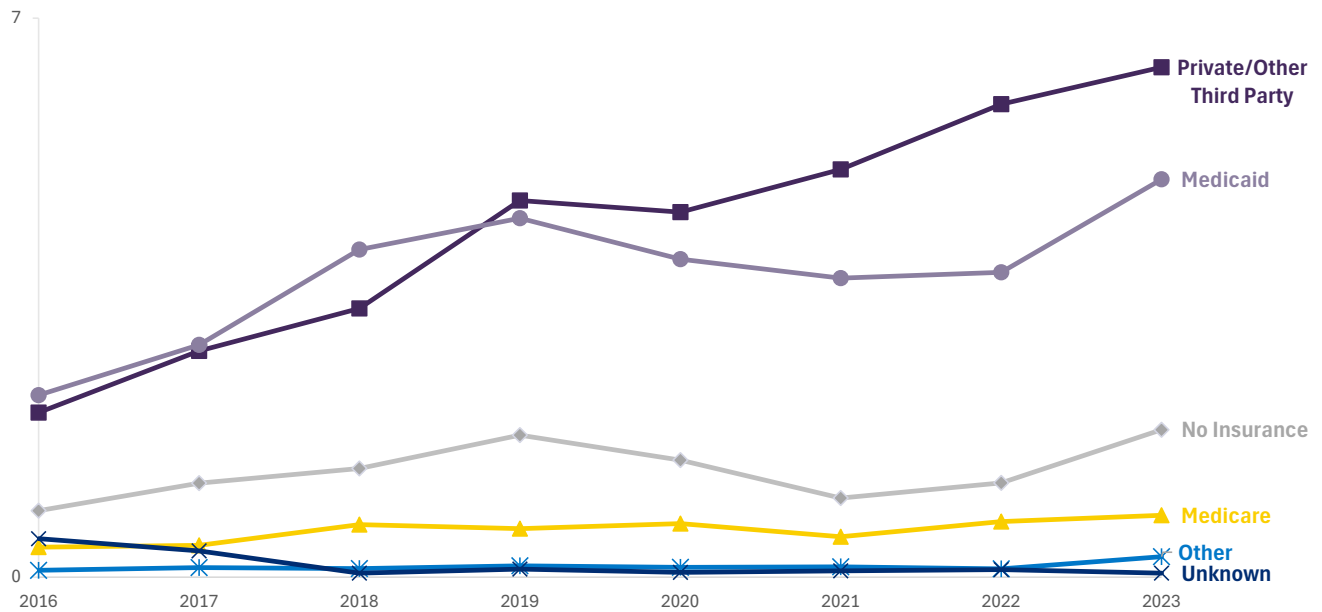


*Includes those individuals who reported multiple races, a mixed response, 'Some Other Race', or did not identify with any of the five listed categories.

In 2023, 37% of the cannabis-related poisoning emergency department visits were for White, non-Hispanic individuals, 27% of the cannabis-related poisoning emergency department visits were for Black, non-Hispanic individuals, and 19% were for Hispanic individuals (Figure 1.9).

Figure 1.10

Cannabis-Related Poisoning Emergency Department Visit Rate per 100,000 Residents by Source of Payment, New York State, 2016-2023

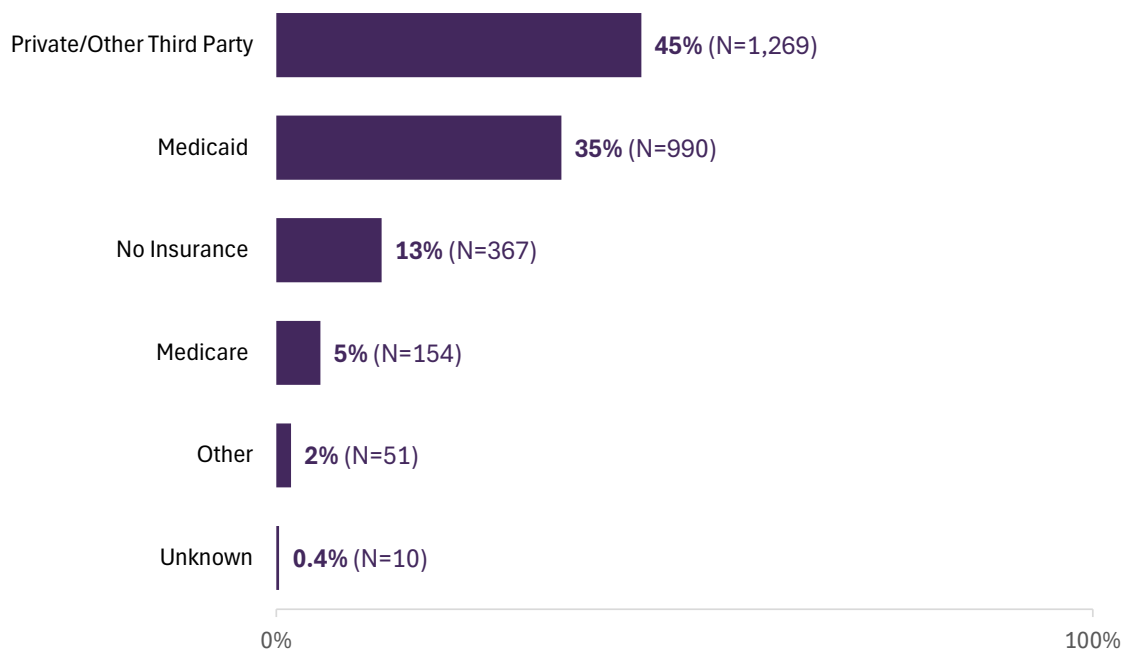


Source of Payment	2016	2017	2018	2019	2020	2021	2022	2023
Private/Other Third Party	2.1	2.8	3.4	4.7	4.6	5.1	5.9	6.4
Medicaid	2.3	2.9	4.1	4.5	4.0	3.7	3.8	5.0
No Insurance	0.8	1.2	1.4	1.8	1.5	1.0	1.2	1.8
Medicare	0.4	0.4	0.7	0.6	0.7	0.5	0.7	0.8
Other	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.3
Unknown	0.5	0.3	0.1	0.1	0.1	0.1	0.1	0.1

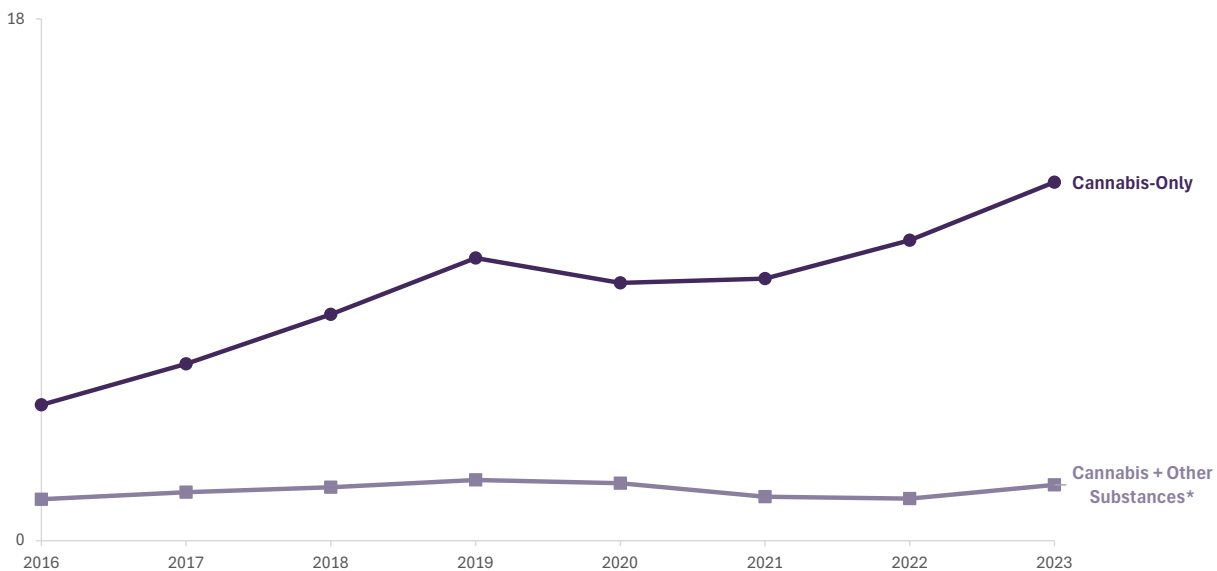
Cannabis-related poisoning emergency department visit rates were highest among those individuals with private or other third-party insurance, increasing steadily from 2.1 in 2016 to 6.4 per 100,000 residents in 2023. Cannabis-related poisoning emergency department visits covered by Medicaid increased from 2016 to 2019, then declined through 2022, and was followed by an uptick in 2023. Cannabis-related poisoning emergency department visits not covered by insurance showed a similar trend to those covered by Medicaid, but rates of cannabis-related emergency department visits for those individuals not covered by insurance were substantially lower. Cannabis-related poisoning emergency department visit rates for Medicare, other, and unknown sources of payment remained consistently low from 2016 to 2023 (Figure 1.10).

Figure 1.11

Cannabis-Related Poisoning Emergency Department Visits by Source of Payment, New York State, 2023



In 2023, private insurance was the source of payment for 45% of all cannabis-related poisoning emergency department visits in New York State. Medicaid was the payment source for 35% of cannabis-related poisoning emergency department visits, and 13% of cannabis-related poisoning emergency department visits did not have any insurance coverage (Figure 1.11).

Figure 1.12**Cannabis Poisoning Emergency Department Visit Rate per 100,000 Residents by Substance Type, New York, 2016-2023**

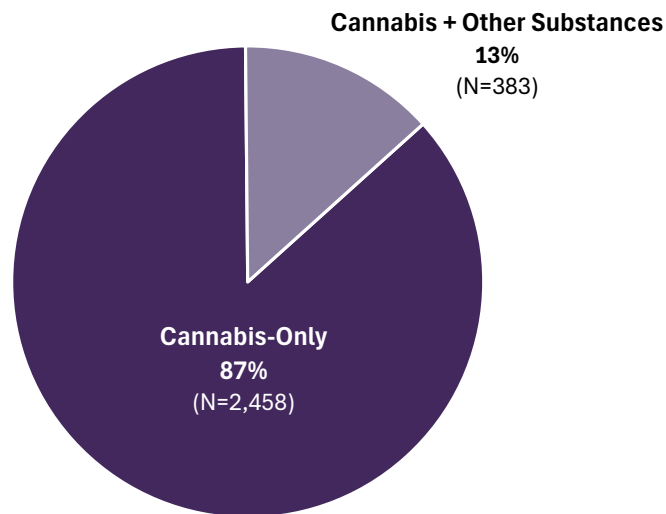
Substance Type	2016	2017	2018	2019	2020	2021	2022	2023
Cannabis-Only	4.7	6.1	7.8	9.7	8.9	9.0	10.4	12.4
Cannabis + Other Substances*	1.4	1.7	1.8	2.1	2.0	1.5	1.5	1.9

*These rates are mutually exclusive. The 'cannabis-only' trendline includes emergency department visits where cannabis was reported and no other substances were documented. The 'cannabis + other substances' trendline includes emergency department visits where cannabis and at least one other substance (i.e., alcohol, opioids, hallucinogens, and cocaine) were reported.

From 2016 to 2023, emergency department visit rates for cannabis-related poisonings were highest when cannabis was reported alone, compared to cases where other substances were also reported. During this period, the rate of cannabis-related poisoning emergency department visits where cannabis was reported alone increased by 164%, rising from 4.7 cannabis-related poisoning emergency department visits per 100,000 residents in 2016 to 12.4 cannabis-related poisoning emergency department visits per 100,000 residents in 2023 (Figure 1.12).

Figure 1.13

Cannabis-Related Poisoning Emergency Department Visits by Substance Type, New York State, 2023



In 2023, 87% of all emergency department visits for cannabis-related poisonings in New York State included cannabis as the only substance reported (Figure 1.13).

Figure 1.14

Cannabis-Related Poisoning Emergency Department Visit Rate per 100,000 Residents by Region, New York State, 2016-2023

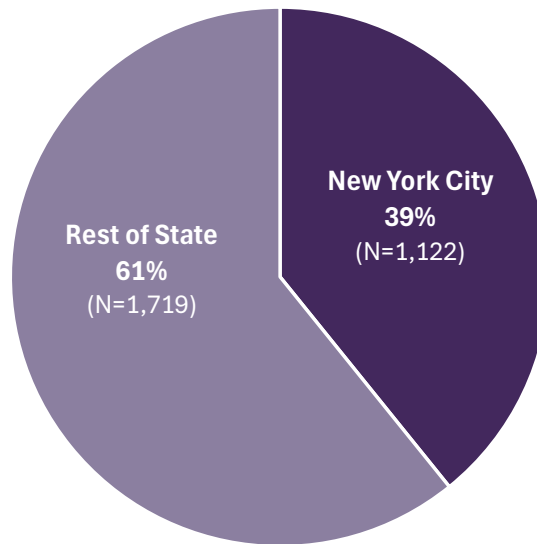


Region	2016	2017	2018	2019	2020	2021	2022	2023
New York City	7.3	10.0	12.5	15.5	11.1	9.1	10.1	13.2
Rest of State	5.2	6.1	7.5	9.1	10.7	11.7	13.1	15.1

From 2016 to 2023, the rate of cannabis-related poisoning emergency department visits increased by 81% among New York City residents and by 190% among residents in the Rest of State. Between 2016 and 2020, New York City residents had higher emergency department visit rates for cannabis-related poisonings compared to Rest-of-State residents. However, this trend reversed from 2021 to 2023, when Rest of State residents had higher emergency department visit rates (Figure 1.14).

Figure 1.15

Cannabis-Related Poisoning Emergency Department Visits by Region, New York State, 2023



In 2023, Rest-of-State residents accounted for 61% of all cannabis-related poisoning emergency department visits in New York State (Figure 1.15).

Table 1.1**Cannabis-Related Poisoning Emergency Department Visit Rate per 100,000 Residents by County, New York State, 2023**

County	Number of ED Visits	Population	Crude Rate
Albany	45	315,374	14.3
Allegany	s	47,027	s
Bronx	275	1,419,250	19.4
Broome	36	197,738	18.2
Cattaraugus	11	76,479	14.4
Cayuga	25	75,464	33.1
Chautauqua	28	126,329	22.2
Chemung	16	82,805	19.3
Chenango	s	46,685	s
Clinton	18	78,961	22.8
Columbia	s	61,245	s
Cortland	s	46,401	s
Delaware	s	44,551	s
Dutchess	45	297,144	15.1
Erie	195	950,044	20.5
Essex	s	37,077	s
Franklin	s	47,066	s
Fulton*	6	52,787	11.4
Genesee*	9	57,943	15.5
Greene	s	47,554	s
Hamilton	s	5,102	s
Herkimer	14	59,932	23.4
Jefferson	16	116,130	13.8
Kings	296	2,646,306	11.2
Lewis	s	26,618	s
Livingston	11	61,588	17.9
Madison*	7	67,572	10.4
Monroe	163	754,068	21.6
Montgomery*	6	49,461	12.1
Nassau	126	1,388,138	9.1
New York	233	1,627,788	14.3
Niagara	63	211,341	29.8
Oneida	42	229,645	18.3
Onondaga	186	471,611	39.4
Ontario	15	112,405	13.3

* Less than or equal to 10 hospital discharges, therefore rate may not be stable (Relative Standard Error >30%).

S: Data is suppressed for confidentiality purposes if there are less than 6 emergency department visits per county.

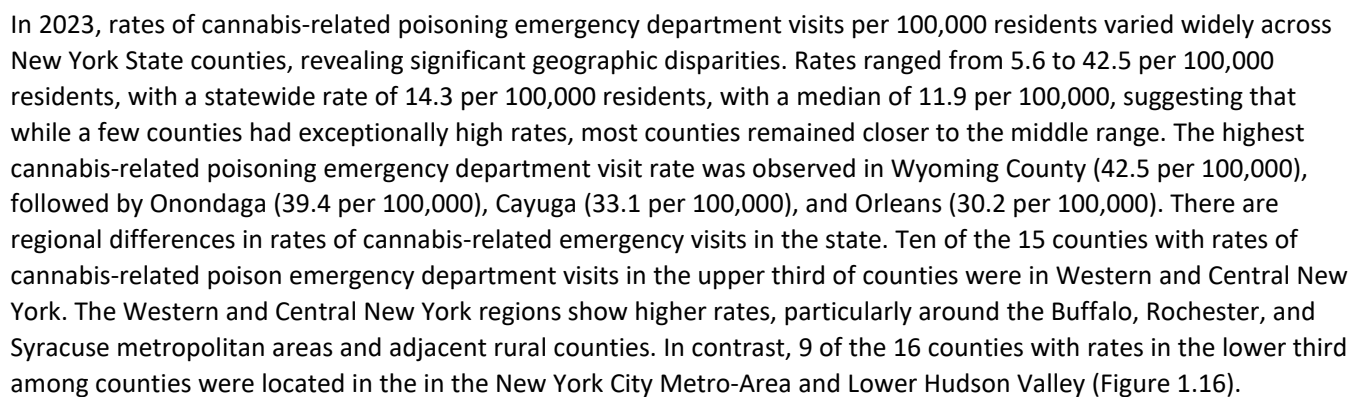
Table 1.1**Cannabis-Related Poisoning Emergency Department Visit Rate per 100,000 Residents by County, New York State, 2023**

County	Number of ED Visits	Population	Crude Rate
Orange	41	403,840	10.2
Orleans	12	39,686	30.2
Oswego	16	117,945	13.6
Otsego*	7	59,738	11.7
Putnam*	8	97,988	8.2
Queens	263	2,330,124	11.3
Rensselaer	20	160,341	12.5
Richmond	55	492,734	11.2
Rockland	23	338,936	6.8
Saratoga	20	237,075	8.4
Schenectady	18	159,603	11.3
Schoharie	s	29,979	s
Schuyler	s	17,749	s
Seneca*	9	33,125	27.2
St. Lawrence*	6	107,796	5.6
Steuben*	9	93,034	9.7
Suffolk	210	1,525,680	13.8
Sullivan	19	79,147	24.0
Tioga	s	48,106	s
Tompkins	s	102,879	s
Ulster	17	182,109	9.3
Warren	13	65,560	19.8
Washington*	9	60,883	14.8
Wayne	12	91,128	13.2
Westchester	109	996,888	10.9
Wyoming	17	39,980	42.5
Yates	s	24,637	s
Statewide Total	2,841	19,872,319	14.3

*Less than or equal to 10 emergency department visits, therefore rate may not be stable (Relative Standard Error >30%).

S: Data is suppressed for confidentiality purposes if there are less than 6 emergency department visits per county.

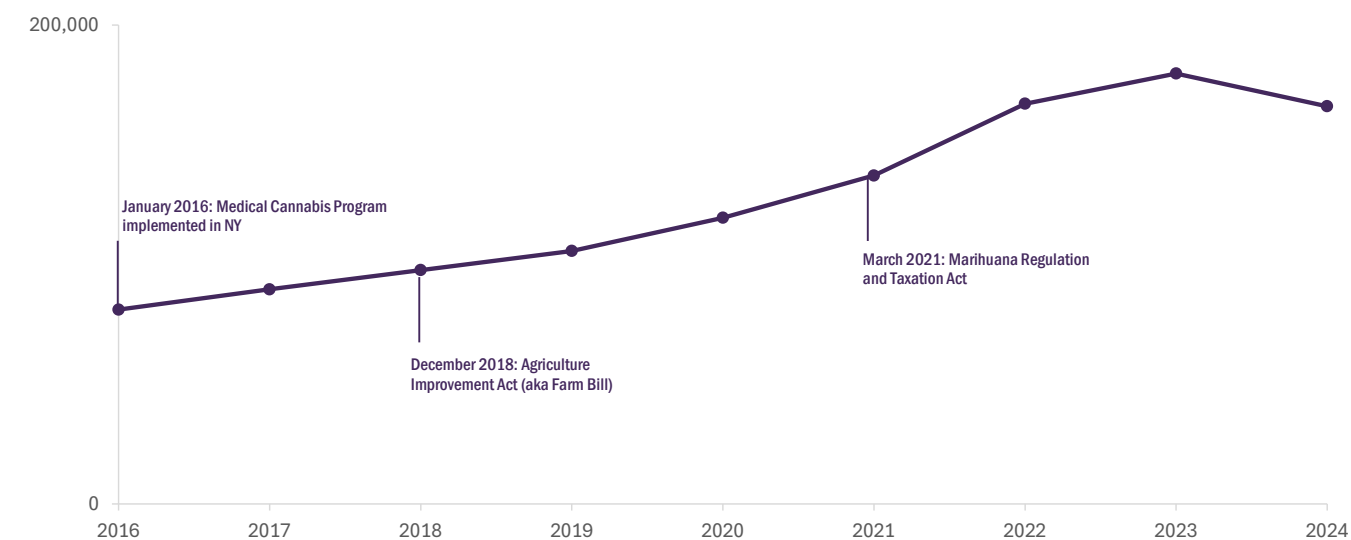
Cannabis-Related Poisoning Emergency Department Visit Rate per 100,000 Residents by County, New York State, 2023



Cannabis-Related Abuse, Use and Dependence Emergency Department Visits

Figure 1.17

Cannabis-Related Abuse, Dependence, and Use Emergency Department Visits, New York State, 2016-2024

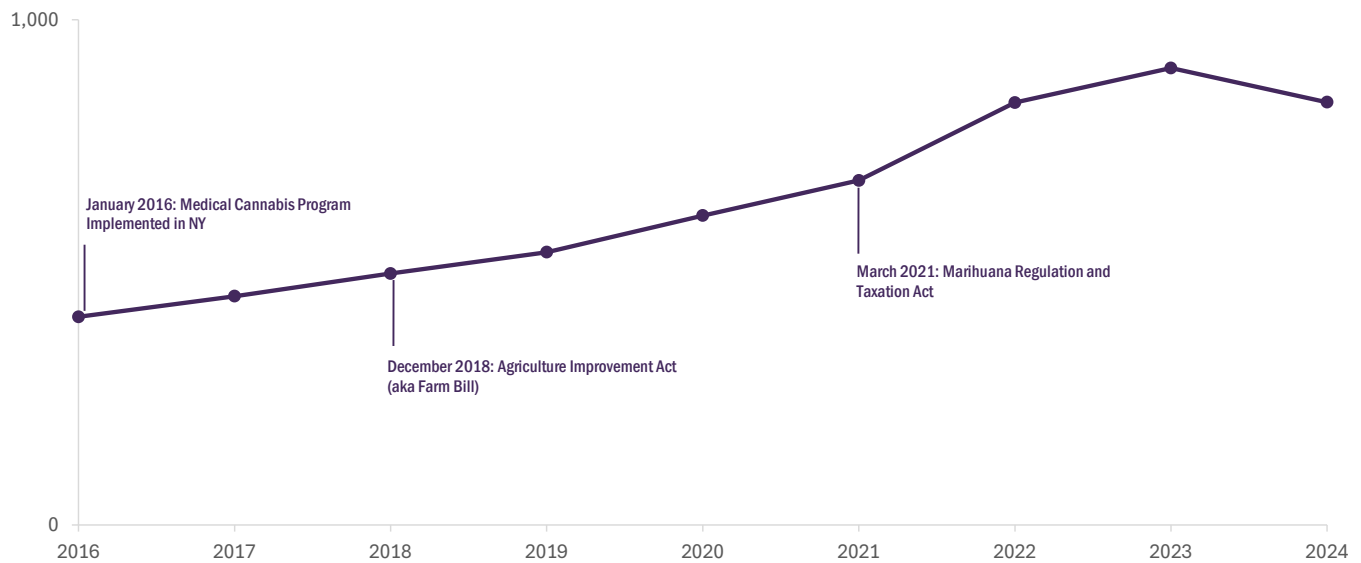


	2016	2017	2018	2019	2020	2021	2022	2023	2024
Cannabis-Related Abuse, Dependence, and Use Emergency Department Visits	81,158	89,622	97,654	105,664	119,518	137,157	167,168	179,742	166,107

From 2016 to 2024, the number of cannabis-related abuse, dependence, and use emergency department visits among New York State individuals increased 105% from 81,158 in 2016 to 166,107 in 2024 (Figure 1.17).

Figure 1.18

Cannabis-Related Abuse, Dependence, and Use Emergency Department Visit Rate per 100,000 Residents, New York State, 2016-2024

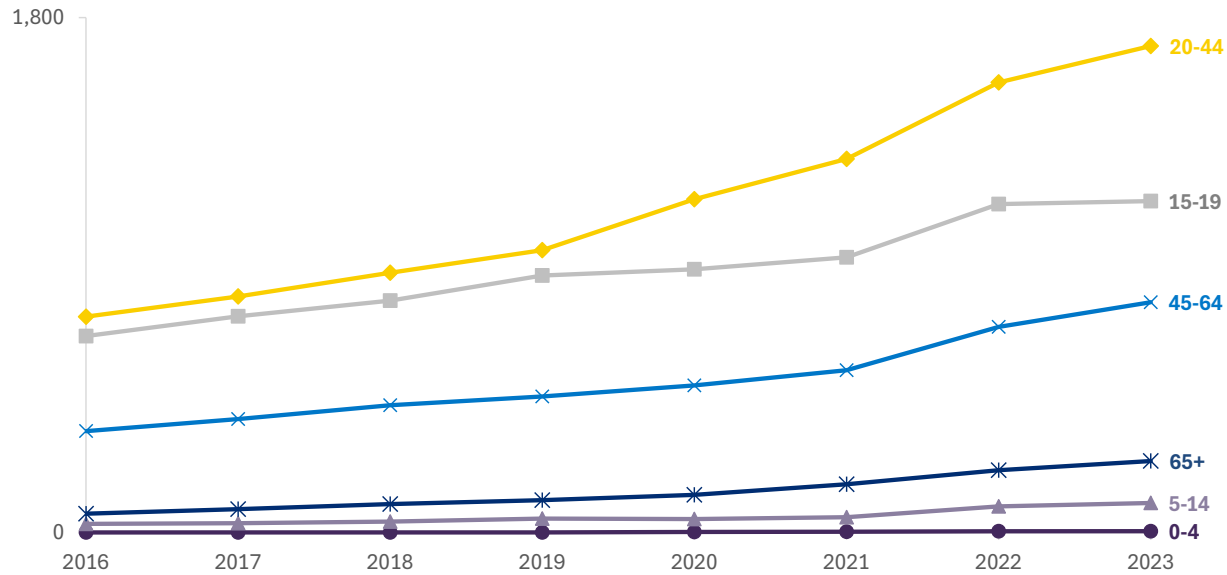


	2016	2017	2018	2019	2020	2021	2022	2023	2024
Rate per 100,000	412	453	498	540	612	682	836	904	837

The cannabis-related abuse, dependence, and use emergency department visit rate in New York State steadily increased 103% from 412 per 100,000 residents in 2016 to 837 per 100,000 residents in 2024 (Figure 1.18).

Figure 1.19

Cannabis-Related Abuse, Dependence, and Use Emergency Department Visit Rate per 100,000 Residents by Age Group, New York State, 2016-2023

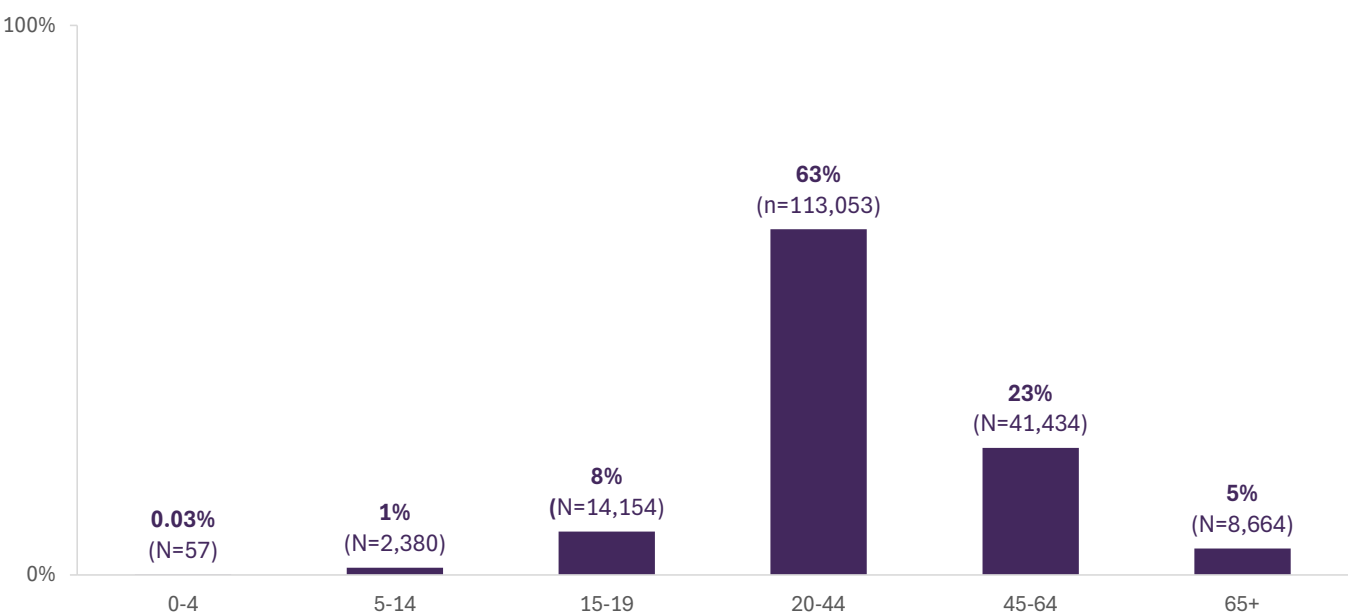


Age Group	2016	2017	2018	2019	2020	2021	2022	2023
0-4	0.8	0.9	0.9	1.2	2.4	3.0	4.5	5.2
5-14	30.7	33.2	38.6	49.1	47.7	54.3	92.2	103.7
15-19	687.1	756.5	810.5	898.6	920.7	962.7	1,148.0	1,158.7
20-44	754.9	825.5	908.0	987.5	1,165.5	1,306.4	1,573.3	1,700.9
45-64	354.8	397.0	445.2	476.2	514.2	567.7	719.2	805.3
65+	66.3	81.9	99.6	113.4	131.9	169.4	218.1	250.3

Between 2016 and 2023, cannabis-related abuse, dependence, and use emergency department visit rates increased across all age groups, with the most significant rise observed among children aged 0–4 years, increasing by 572%. The 20–44 year age group consistently had the highest cannabis-related abuse, dependence, and use emergency department visit rate compared to all other age groups in New York State. Notable increases were also seen in the 65 and older age group which increased 277% from 66.3 cannabis-related abuse, dependence, and use emergency department visits per 100,000 residents in 2016 to 250.3 per 100,000 in 2023 (Figure 1.19).

Figure 1.20

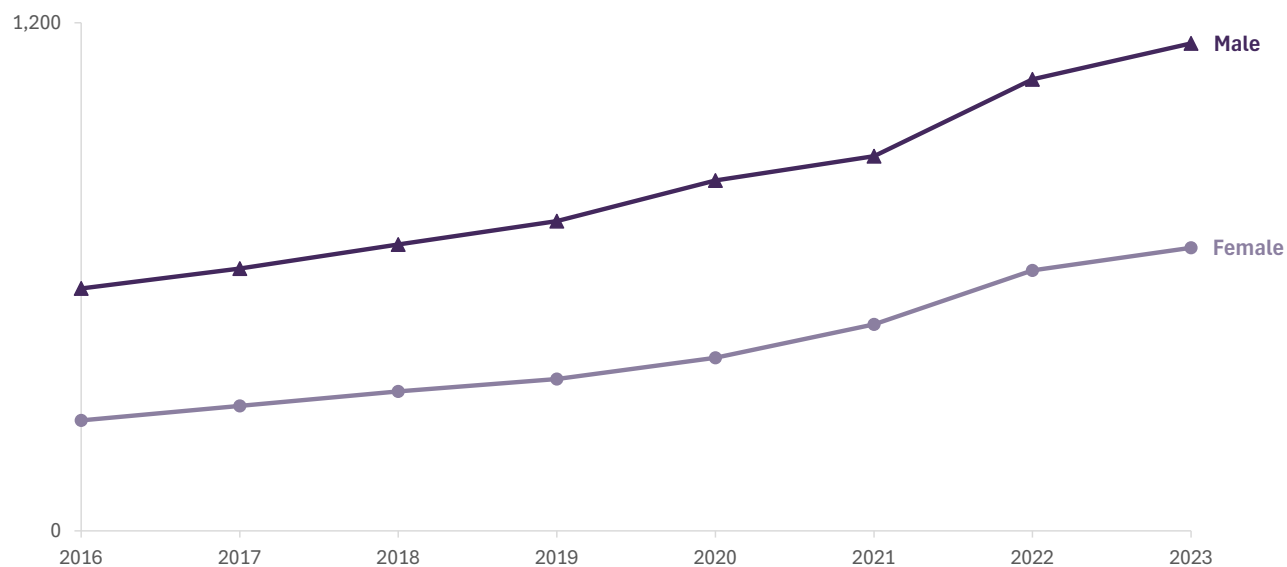
Cannabis-Related Abuse, Dependence, and Use Emergency Department Visits by Age Group, New York State, 2023



In 2023, individuals aged 20-44 years accounted for the highest percentage of cannabis-related abuse, dependence, and use emergency department visits (63%). Individuals aged 45-64 years and 15-19 years of age accounted for 23% and 8% of cannabis-related abuse, dependence, and use emergency department visits, respectively (Figure 1.20).

Figure 1.21

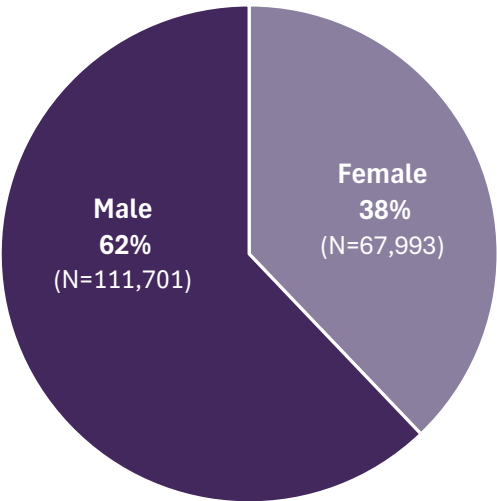
Cannabis-Related Abuse, Dependence, and Use Emergency Department Visit Rate per 100,000 Residents by Gender, New York State, 2016-2023



Gender	2016	2017	2018	2019	2020	2021	2022	2023
Female	260.9	295.3	329.2	358.9	408.9	487.9	615.2	668.6
Male	572.4	619.7	676.6	731.6	827.8	885.0	1,066.3	1,151.3

From 2016 to 2023, males consistently had higher cannabis-related abuse, dependence, and use emergency department visit rate compared to females. Both males and females showed increases from 2016 to 2023, with females having a higher percent increase (156%) (Figure 1.21).

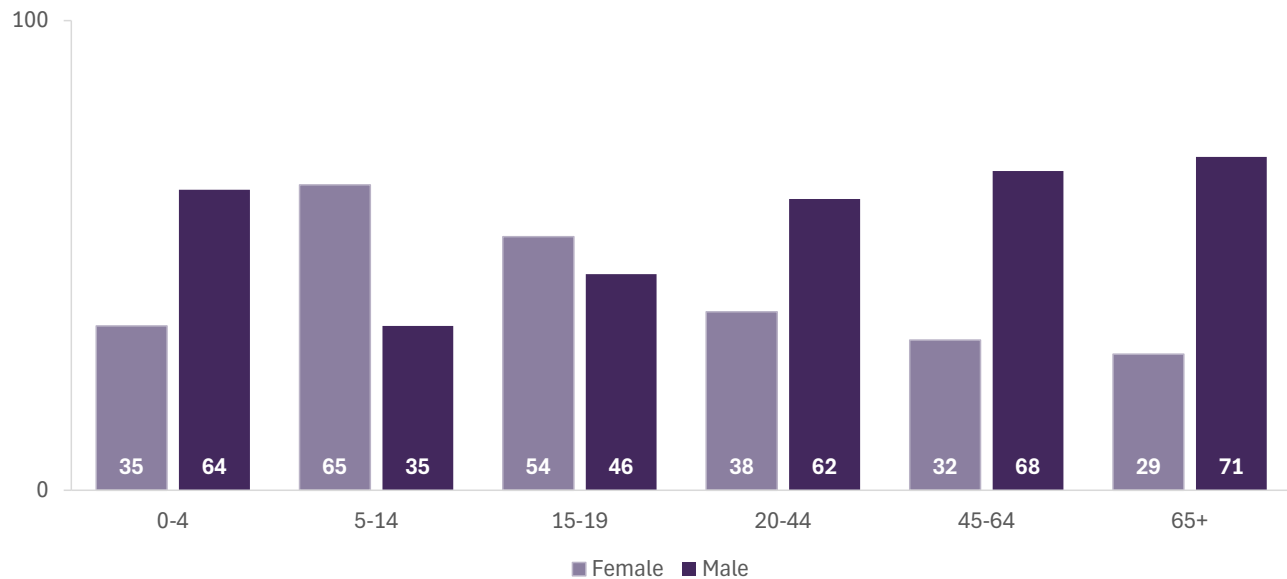
Figure 1.22
Cannabis-Related Abuse, Dependence, and Use Emergency Department Visits by Gender, New York State, 2023



In 2023, 62% of cannabis-related abuse, dependence, and use emergency department visits were among male individuals (Figure 1.22).

Figure 1.23

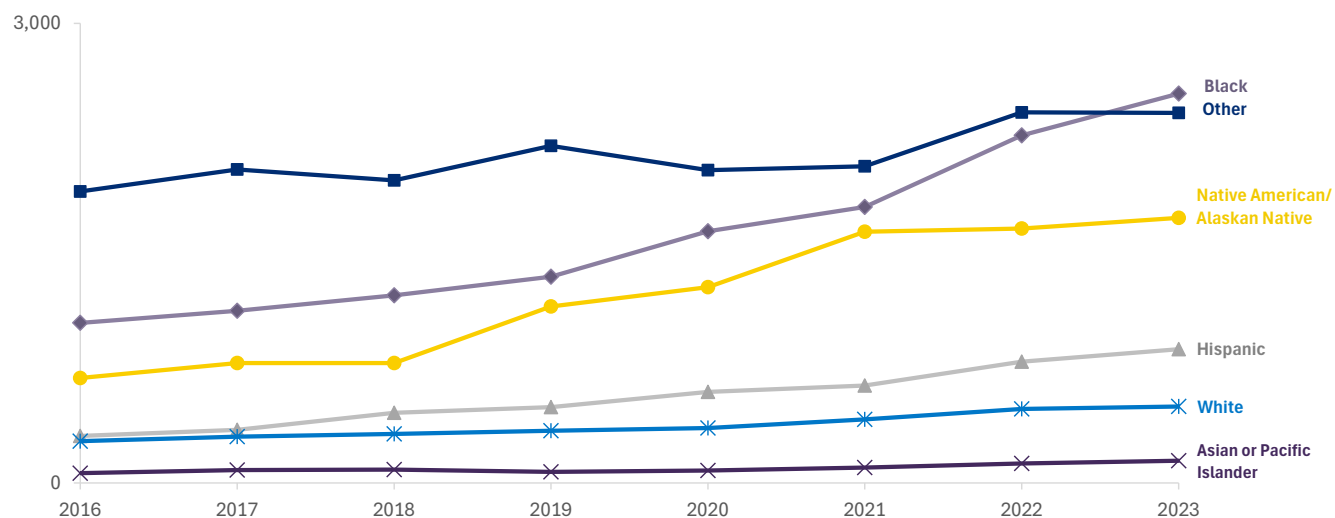
Percent of Cannabis-Related Abuse, Dependence, and Use Emergency Department Visits by Age Group and Gender, New York State, 2023



In 2023, males had a higher proportion of cannabis-related abuse, dependence and use emergency department visits among children aged 0-4 years and among individuals aged 20 years and older (20-44 years: females-38%, males-62%; 45-64 years: females-32%, males-68%; 65+ years: females-29%, males-71%). In contrast, among those individuals aged 5-19 years (5-14 years: females-65%, males-35%; 15-19 years: females-54%, males-46%), females accounted for a higher proportion of cannabis-related abuse, dependence, and use emergency department visits (Figure 1.23).

Figure 1.24

Cannabis-Related Abuse, Dependence, and Use Emergency Department Visit Rate per 100,000 Residents by Race and Ethnicity, New York State, 2016-2023



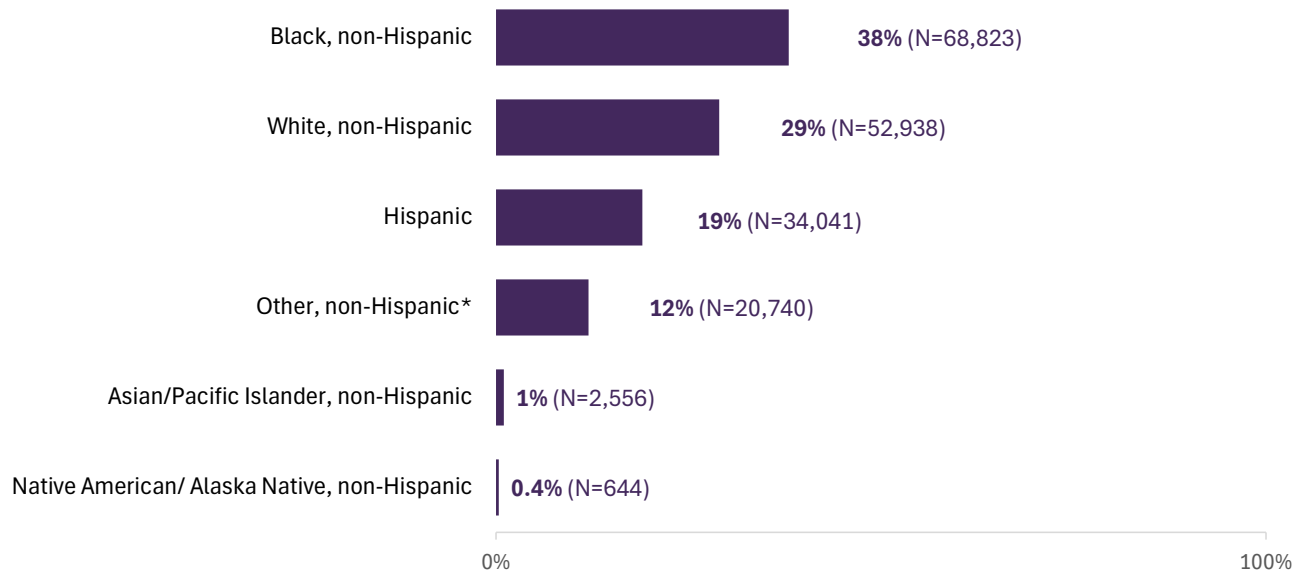
Race and Ethnicity	2016	2017	2018	2019	2020	2021	2022	2023
Asian or Pacific Islander, non-Hispanic	64.2	83.8	87.2	73.0	81.3	100.7	127.6	145.1
Black, non-Hispanic	1,044.7	1,124.0	1,225.2	1,346.0	1,643.1	1,802.1	2,269.2	2,541.4
Hispanic	307.0	346.9	457.6	494.8	594.2	635.5	792.0	873.1
Native American/Alaska Native, non-Hispanic	685.2	782.5	782.4	1,151.3	1,277.4	1,639.5	1,660.6	1,730.6
White, non-Hispanic	273.0	302.2	320.2	341.3	358.4	414.8	482.6	499.0
Other, non-Hispanic*	1,903.0	2,046.0	1,975.9	2,200.7	2,042.0	2,066.6	2,419.3	2,416.3

*Includes those individuals who reported multiple races, a mixed response, 'Some Other Race', or did not identify with any of the five listed categories.

From 2016 to 2023, cannabis-related abuse, dependence, and use emergency department visit rates increased across all racial and ethnic groups, with the Hispanic and Native American or Alaska Native groups having the highest percent increase (184% and 153%, respectively). Individuals who were classified in the Other race category had the highest cannabis-related abuse, dependence, and use emergency department visit rates compared to all other racial and ethnic groups in New York State, increasing from 1,903.0 per 100,000 in 2016 to 2,416.3 per 100,000 in 2023. Non-Hispanic Black individuals had the second highest emergency department visit rates for cannabis-related abuse, dependence, and use, rising from 1,044.7 in 2016 to 2,541.4 per 100,000 in 2023—with a sharp increase beginning in 2020. White, non-Hispanic individuals had a steady rise in cannabis-related abuse, dependence, and use emergency department visit rates. Asian or Pacific Islander individuals had a comparatively lower cannabis-related abuse, dependence, and use emergency department visit rate but still nearly doubled from 2016 to 2023. (Figure 1.24).

Figure 1.25

Cannabis-Related Abuse, Dependence, and Use Emergency Department Visits by Race and Ethnicity, New York State, 2023

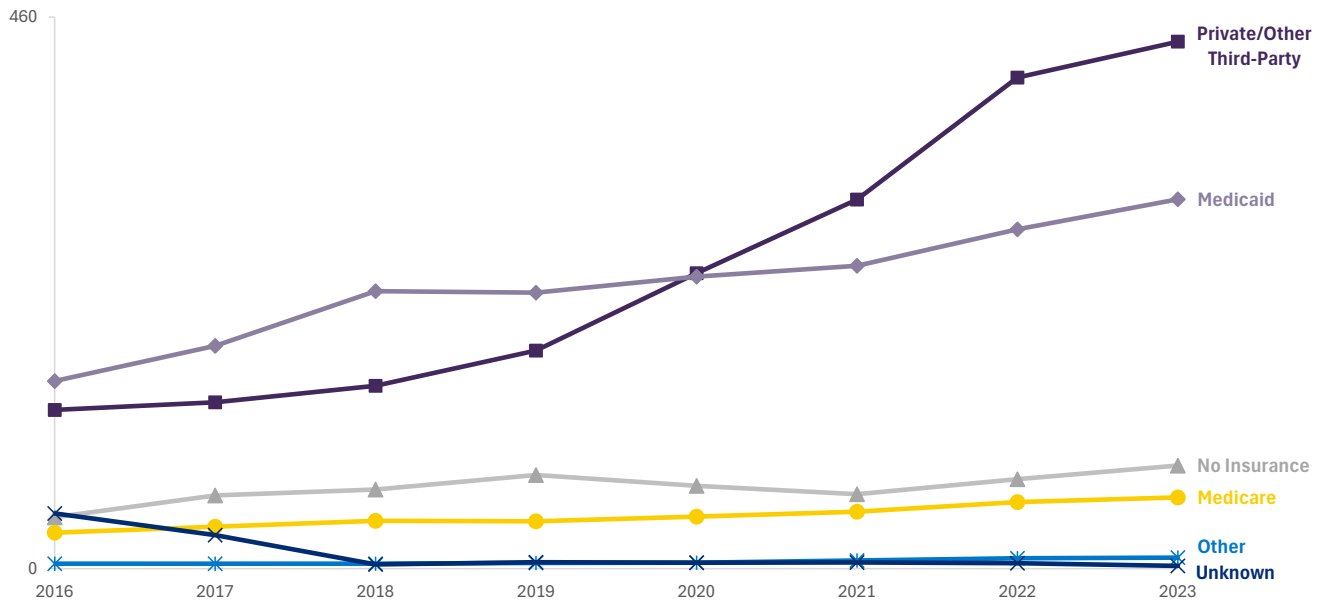


*Includes those individuals who reported multiple races, a mixed response, 'Some Other Race', or did not identify with any of the five listed categories.

In 2023, 38% of the cannabis-related abuse, dependence, and use emergency department visits were among non-Hispanic Black individuals, 29% of the cannabis-related abuse, dependence, and use emergency department visits were among non-Hispanic White individuals, and 19% were among Hispanic individuals (Figure 1.25).

Figure 1.26

Cannabis-Related Abuse, Dependence, and Use Emergency Department Visit Rate per 100,000 Residents by Source of Payment, New York State, 2016-2023

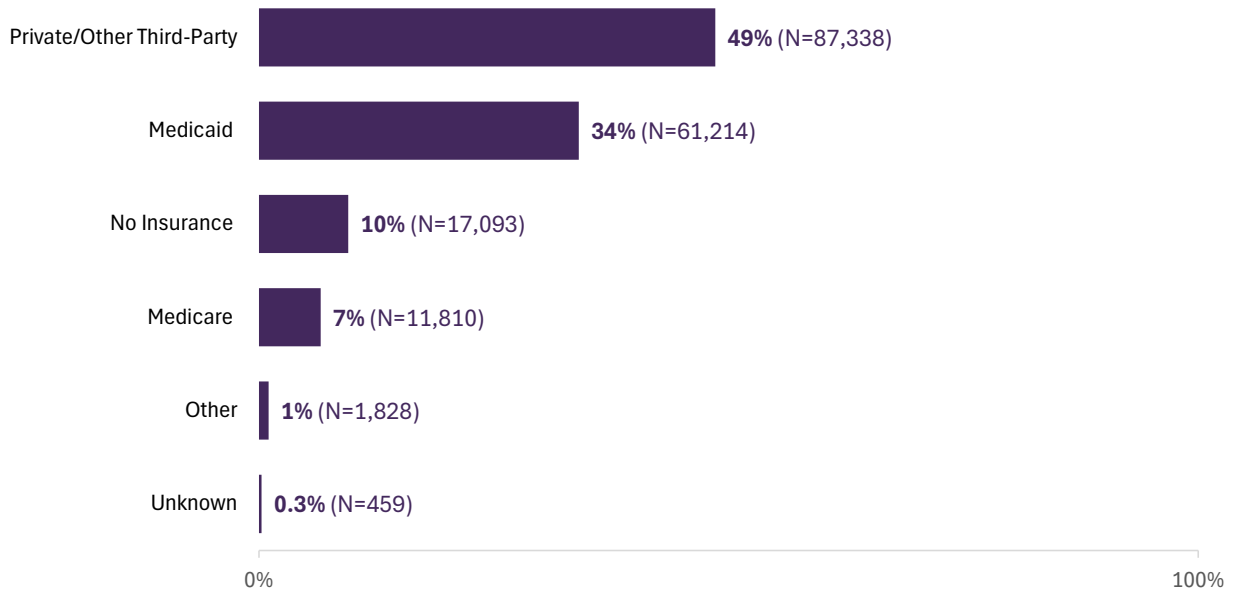


Source of Payment	2016	2017	2018	2019	2020	2021	2022	2023
Private/Other Third-Party	132.4	138.7	152.5	182.0	246.5	307.9	409.6	439.5
Medicaid	156.5	185.9	231.5	230.1	243.5	252.5	283.0	308.0
No Insurance	42.9	61.1	66.0	78.2	69.2	62.1	74.6	86.0
Medicare	30.0	34.9	39.9	39.5	43.4	47.5	55.6	59.4
Other	4.2	4.1	4.3	4.7	5.0	6.8	8.6	9.2
Unknown	46.1	27.9	3.6	5.4	4.9	5.1	4.7	2.3

Cannabis-related abuse, dependence, and use emergency department visit rates were highest among individuals covered by Medicaid from 2016 through 2019. However, as of 2020, emergency department visits rates were highest when the source of payment was private or other third-party insurance. For cannabis-related abuse, dependence, and use emergency department visits, with source of payment as private or other third-party payer, rates increased steadily from 2016 to 2019, then saw a sharp rise beginning in 2020 through 2023. Medicaid emergency department visit rates increased steadily from 2016 to 2023. Cannabis-related abuse, dependence, and use emergency department visit with source of payment as Medicare and no insurance showed increases from 2016 to 2023 but at much lower levels. Cannabis-related abuse, dependence, and use emergency department visit rates for other, and unknown sources of payment remained consistently low from 2016 to 2023 (Figure 1.26).

Figure 1.27

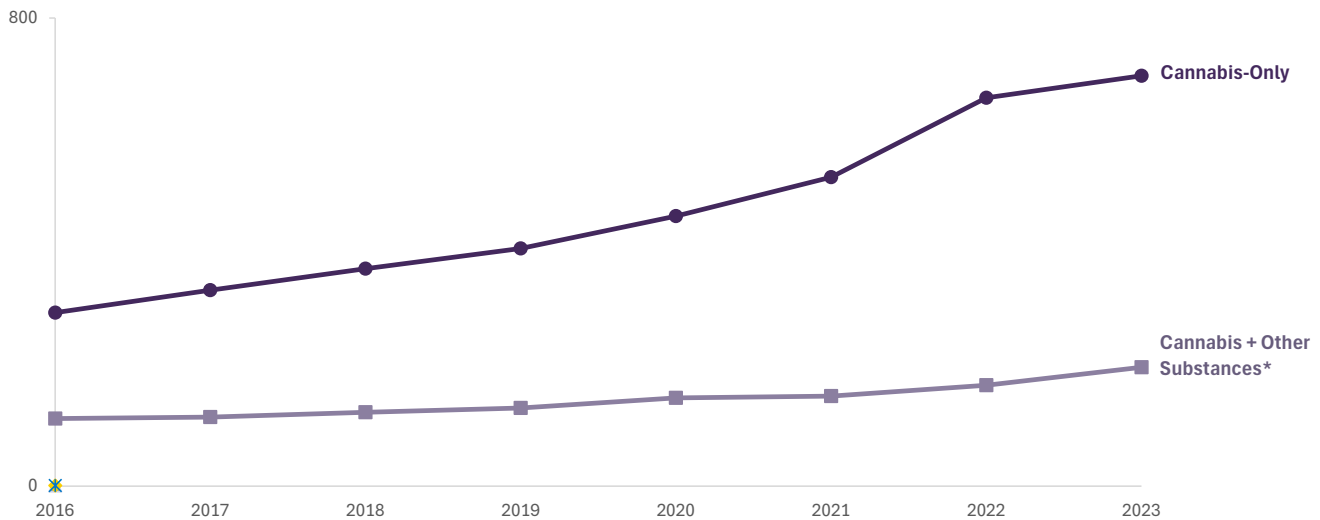
Cannabis-Related Abuse, Dependence, and Use Emergency Department Visits by Source of Payment, New York State, 2023



In 2023, private insurance or other third party was the source of payment for 49% of all cannabis-related abuse, dependence, and use emergency department visits in New York State. Medicaid was the payment source for 34% of cannabis-related abuse, dependence, and use emergency department visits, and 10% of cannabis-related abuse, dependence, and use emergency department visits did not have any insurance coverage (Figure 1.27).

Figure 1.28

Cannabis Abuse, Dependence, and Use Emergency Department Visit Rate per 100,000 Residents by Substance Type, New York, 2016-2023



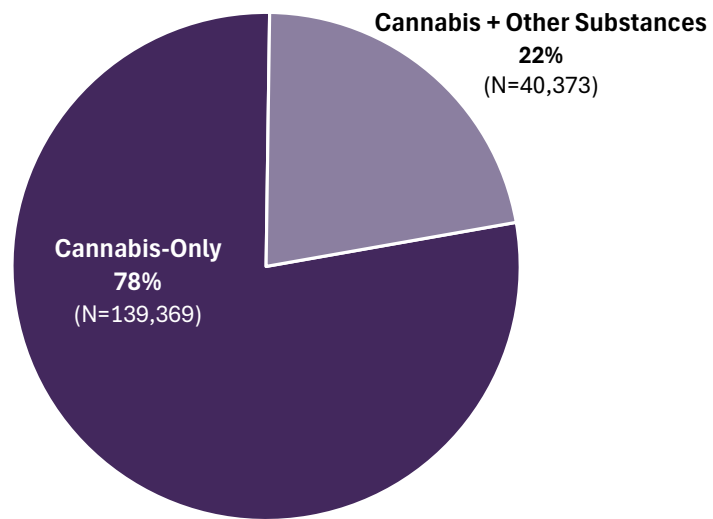
Substance Type	2016	2017	2018	2019	2020	2021	2022	2023
Cannabis-Only	296.5	334.7	371.6	406.3	461.4	527.8	663.8	701.3
Cannabis + Other Substances*	115.5	118.0	126.2	133.6	151.0	154.1	172.3	203.2

*These rates are mutually exclusive. The 'cannabis-only' trendline includes emergency department visits where cannabis was reported and no other substances were documented. The 'cannabis + other substances' trendline includes emergency department visits where cannabis and at least one other substance (i.e., alcohol, opioids, hallucinogens, and cocaine) were reported.

From 2016 to 2023, emergency department visit rates related to cannabis abuse, dependence, and use were highest when cannabis was reported alone compared to cases where other substances were also reported. Cannabis-related abuse, dependence, and use emergency department visit rates where cannabis was reported alone increased 137% from 296.5 emergency department visits per 100,000 residents in 2016 to 701.3 emergency department visits per 100,000 residents in 2023 (Figure 1.28).

Figure 1.29

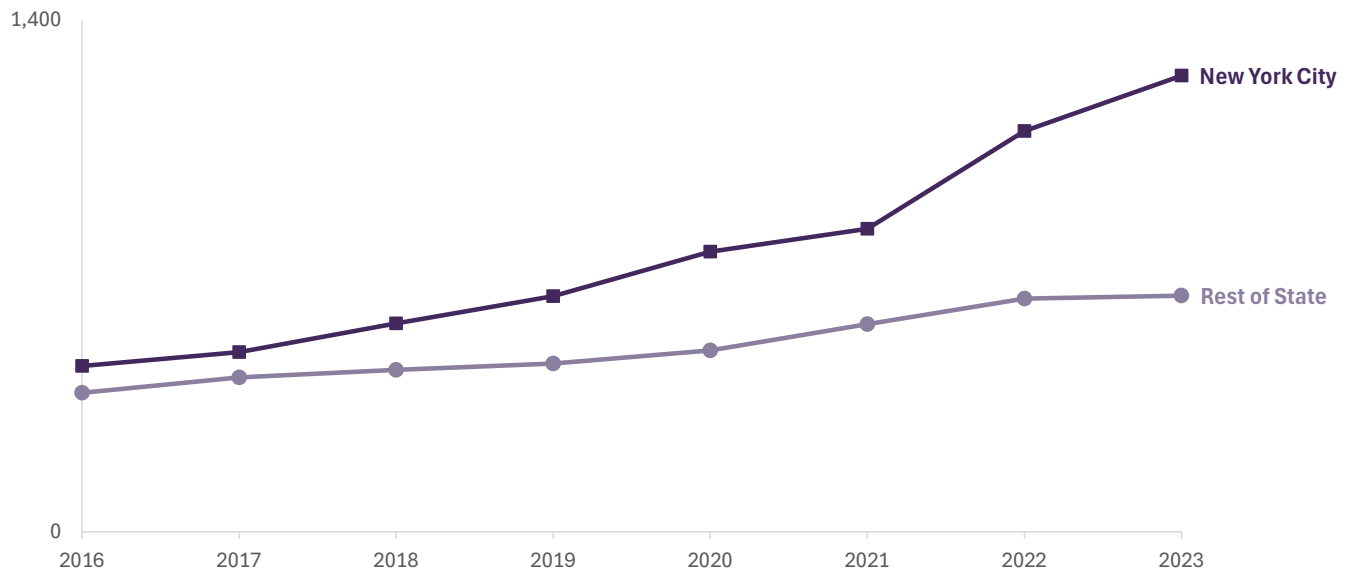
Cannabis-Related Abuse, Dependence, and Use Emergency Department Visits by Substance Type, New York State, 2023



In 2023, 78% of all emergency department visits for cannabis-related abuse, dependence, and use in New York State included cannabis as the only substance reported (Figure 1.29).

Figure 1.30

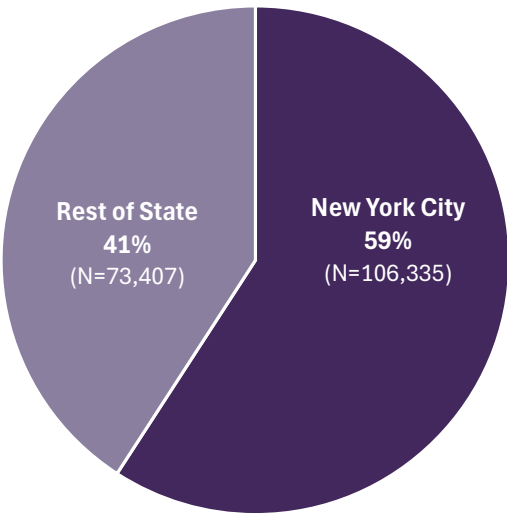
Cannabis-Related Abuse, Dependence, and Use Emergency Department Visit Rate per 100,000 Residents by Region, New York State, 2016-2023



Region	2016	2017	2018	2019	2020	2021	2022	2023
New York City	453.9	491.8	570.2	645.3	766.6	829.6	1,097	1,249
Rest of State	380.5	422.9	443.1	460.3	496.4	568.4	638.2	646.4

From 2016 to 2023, New York City residents had higher emergency department visit rates for cannabis-related abuse, dependence, and use compared to Rest-of-State residents. Both regions showed increases in the rate of cannabis-related abuse, dependence, and use emergency department visits from 2016-2023, with New York City residents having the highest percent increase (175% vs. 70%) (Figure 1.30).

Figure 1.31
Cannabis-Related Abuse, Dependence, and Use Emergency Department Visits by Region, New York State, 2023



In 2023, New York City residents accounted for 59% of all cannabis-related abuse, dependence, and use emergency department visits in New York State (Figure 1.31).

Table 1.2**Cannabis-Related Abuse, Dependence, and Use Emergency Department Visit Rate per 100,000 Residents by Region and County, New York State, 2023**

Region/County	Number of Emergency Department Visits	Population	Crude Rate
GREATER ALBANY			
Albany	1,166	315,374	369.7
Columbia	829	61,245	1,353.6
Delaware	362	44,551	812.6
Fulton	384	52,787	727.5
Greene	80	47,554	168.2
Montgomery	223	49,461	450.9
Otsego	136	59,738	227.7
Rensselaer	488	160,341	304.4
Saratoga	930	237,075	392.3
Schenectady	587	159,603	367.8
Schoharie	48	29,979	160.1
<i>Regional Total</i>	<i>5,233</i>	<i>1,217,708</i>	<i>429.7</i>
ADIRONDACKS			
Clinton	532	78,961	673.8
Essex	227	37,077	612.2
Franklin	1,434	47,066	3,046.8
Hamilton*	7	5,102	137.2
Warren	533	65,560	813.0
Washington	221	60,883	363.0
<i>Regional Total</i>	<i>2,954</i>	<i>294,649</i>	<i>1,002.5</i>
MID-HUDSON VALLEY			
Dutchess	1,379	297,144	464.1
Orange	3,405	403,840	843.2
Sullivan	1,728	79,147	2,183.3
Ulster	1,140	182,109	626.0
<i>Regional Total</i>	<i>7,652</i>	<i>962,240</i>	<i>795.2</i>
LOWER HUDSON VALLEY			
Putnam	302	97,988	308.2
Rockland	895	338,936	264.1
Westchester	4,520	996,888	453.4
<i>Regional Total</i>	<i>5,717</i>	<i>1,433,812</i>	<i>398.7</i>
LONG ISLAND			
Nassau	4,173	1,388,138	300.6
Suffolk	7,587	1,525,680	497.3
<i>Regional Total</i>	<i>11,760</i>	<i>2,913,818</i>	<i>403.6</i>
NEW YORK CITY			
Bronx	31,801	1,419,250	2,240.7
Kings	32,566	2,646,306	1,230.6
New York	20,582	1,627,788	1,264.4
Queens	18,704	2,330,124	802.7
Richmond	2,682	492,734	544.3
<i>Regional Total</i>	<i>106,335</i>	<i>8,516,202</i>	<i>1,248.6</i>

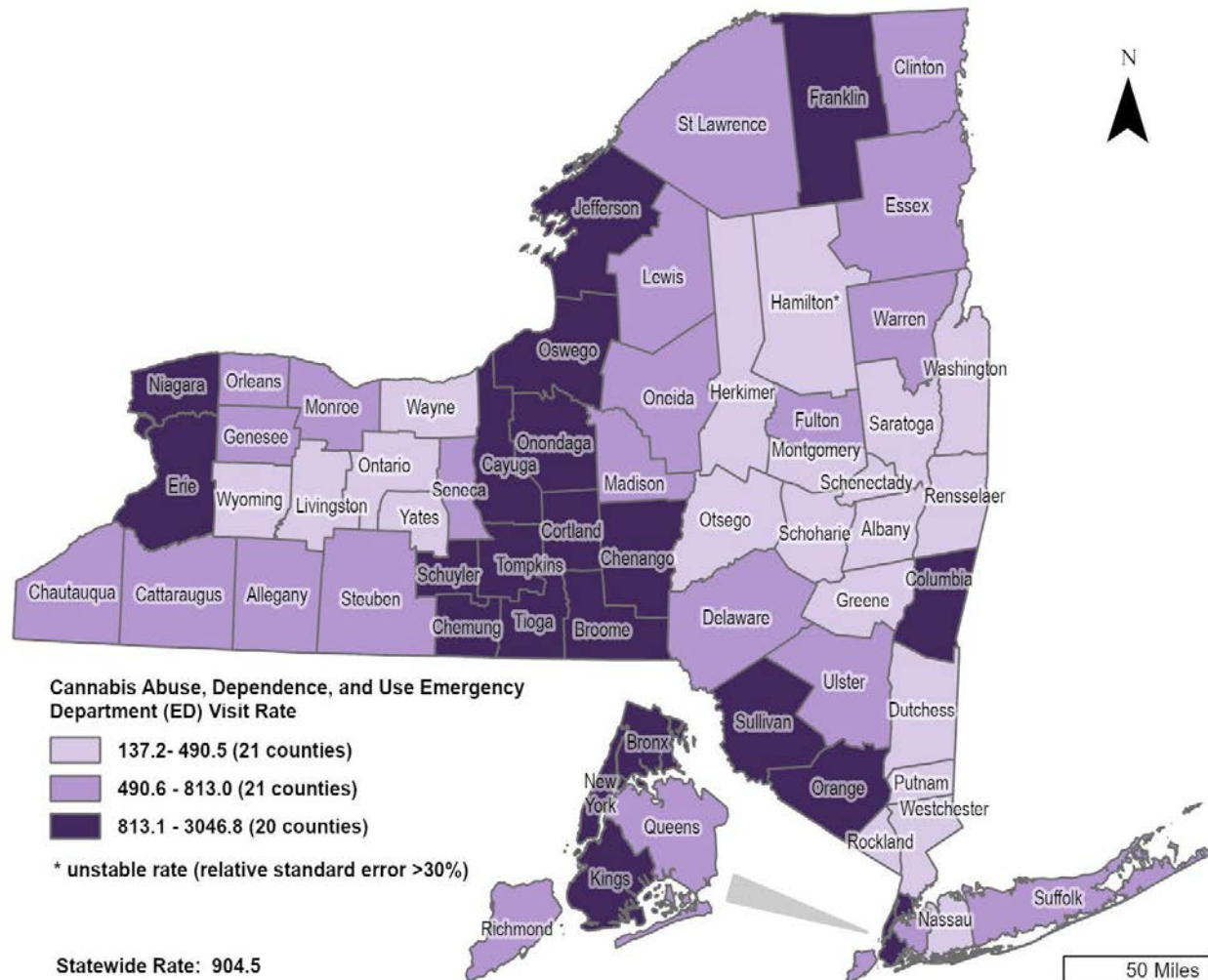
*Less than or equal to 10 emergency department visits, therefore rate may not be stable (Relative Standard Error >30%).

Table 1.2**Cannabis-Related Abuse, Dependence, and Use Emergency Department Visit Rate per 100,000 Residents by Region and County, New York State, 2023**

Region/County	Number of Emergency Department Visits	Population	Crude Rate
BUFFALO & JAMESTOWN			
Allegany	266	47,027	565.6
Cattaraugus	518	76,479	677.3
Chautauqua	965	126,329	763.9
Erie	7,968	950,044	838.7
Niagara	1,847	211,341	873.9
<i>Regional Total</i>	<i>11,564</i>	<i>1,411,220</i>	<i>819.4</i>
FINGER LAKES			
Chemung	871	82,805	1,051.9
Genesee	308	57,943	531.6
Livingston	298	61,588	483.9
Monroe	5,675	754,068	752.6
Ontario	466	112,405	414.6
Orleans	207	39,686	521.6
Schuyler	307	17,749	1,729.7
Seneca	225	33,125	679.2
Steuben	505	93,034	542.8
Wayne	447	91,128	490.5
Wyoming	109	39,980	272.6
Yates	68	24,637	276.0
<i>Regional Total</i>	<i>9,486</i>	<i>1,408,148</i>	<i>673.7</i>
SYRACUSE, UTICA & ITHACA			
Cayuga	1,731	75,464	2,293.8
Cortland	508	46,401	1,094.8
Herkimer	239	59,932	398.8
Madison	498	67,572	737.0
Oneida	1,166	229,645	507.7
Onondaga	5,780	471,611	1,225.6
Oswego	1,148	117,945	973.3
Tompkins	2,888	102,879	2,807.2
<i>Regional Total</i>	<i>13,958</i>	<i>1,171,449</i>	<i>1,191.5</i>
GREATER BINGHAMTON			
Broome	1,764	197,738	892.1
Chenango	433	46,685	927.5
Tioga	400	48,106	831.5
<i>Regional Total</i>	<i>2,597</i>	<i>292,529</i>	<i>887.8</i>
TUG HILL			
Jefferson	1,516	116,130	1,305.4
Lewis	191	26,618	717.6
St. Lawrence	779	107,796	722.7
<i>Regional Total</i>	<i>2,486</i>	<i>250,544</i>	<i>992.2</i>
NEW YORK STATE			
<i>Statewide Total</i>	<i>179,742</i>	<i>19,872,319</i>	<i>904.5</i>

Figure 1.32

Cannabis-Related Abuse, Dependence, and Use Emergency Department Visit Rate per 100,000 Residents by County, New York State, 2023



In 2023, rates of cannabis-related abuse, dependence, and use emergency department visits per 100,000 residents varied widely across New York State counties, revealing significant geographic disparities. Rates ranged from 137.2 to 3046.8 per 100,000 residents, with a statewide rate of 904.5 per 100,000 residents. The highest rates were in Franklin (3,046.8), Tompkins (2,807.2), and Cayuga (2,293.8) counties - each far exceeding the statewide average. Counties in Central New York, including Tompkins, Cayuga, Schuyler, and Jefferson, form a distinct largely rural region where rates of cannabis-related abuse, dependence and use emergency department visits are in the upper third among counties. In the south-eastern portion of the state, urban counties such as the Bronx, New York (Manhattan), and Kings (Brooklyn) also have rates in the upper third among counties. Lower rates were concentrated in portions of the Finger Lakes and Greater Albany, while mid-range rates were distributed in the Southern Tier and the Tug Hill region (Figure 1.32).

Cannabis-Related Hospital Discharges



METHODOLOGY

Hospital discharge data were obtained from the Statewide Planning and Research Cooperative System⁶(SPARCS) which is a database that contains detailed, record-level information on patient demographics, diagnoses, services, and residential location for every hospital discharge from acute care and rehabilitation hospitals in New York State (NYS). This report examines cannabis related hospital discharges that were (a) direct admissions or (b) transferred over from the emergency department and subsequently admitted to the hospital as an inpatient visit. Hospital discharges for out-of-state residents were excluded. It is possible that a person may be hospitalized with a cannabis-related diagnosis code multiple times and as a result could be counted more than once in these data.

Cannabis-Related Hospital Discharge Case Definition

Defined as a hospital discharge with any of the identified ICD-10-CM diagnosis codes (see Table 2) in **any field** (SPARCS can accept up to a maximum of 25 diagnosis codes).

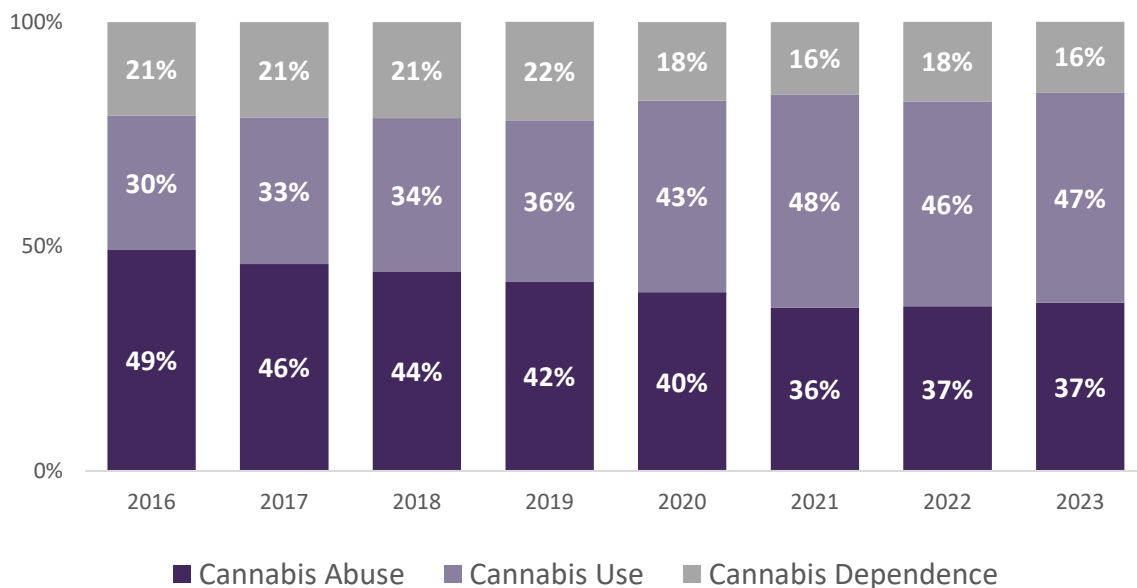
Table 2: ICD-10-CM codes to identify hospital discharges associated with cannabis use or exposure

Indicator	ICD-10-CM code and description
Cannabis-Related Poisoning	T40.7X1: Poisoning by cannabis (derivatives), accidental T40.7X2: Poisoning by cannabis (derivatives), intentional self-harm T40.7X3: Poisoning by cannabis (derivatives), assault T40.7X4: Poisoning by cannabis (derivatives), undetermined T40711A: Poisoning by cannabis (derivatives), accidental T40712A: Poisoning by cannabis (derivatives), intentional self-harm T40713A: Poisoning by cannabis (derivatives), assault T40714A: Poisoning by cannabis (derivatives), undetermined T40721A: Poisoning by synthetic cannabinoids (derivatives), accidental T40722A: Poisoning by synthetic cannabinoids (derivatives), intentional self-harm T40723A: Poisoning by synthetic cannabinoids (derivatives), assault T40724A: Poisoning by synthetic cannabinoids (derivatives), undetermined Only includes: 7th character of A or missing (reflects initial encounter, active treatment, or missing encounter) Does not include: Underdosing of cannabis (T40.7X6, T40716, T40726) Adverse effects (T407X5A, T40715A, T40725A) Subsequent encounters, indicated by a seventh character of 'D' (e.g., T40711D) Sequela, indicated by a seventh character of 'S' (e.g., T407X5S)
Cannabis-Related Abuse, Dependence, and Use	F12.1: Cannabis abuse F12.2: Cannabis dependence F12.9: Cannabis use Does not include: Withdrawal Codes: (F12.11, F12.21, F12.91) Remission Codes: (F12.13, F12.23, F12.93) Note: both withdrawal and remission comprise a very small number of hospital discharges, and their exclusion had a negligible effect.

case definitions used in this analysis were informed by the Council of State and Territorial Epidemiologists' (CSTE) Cannabis Subcommittee's recommendations⁷ and were assessed for validity by a team of research scientists with the New York State Department of Health and Office of Cannabis Management. These data include cases with a cannabis diagnosis in any field. This is because cannabis use is often a contributor to rather than the direct cause of the hospitalization; this is different than case definitions for other conditions (such as injury hospitalizations) that require the code of interest to be in the primary diagnosis field.

As seen in Figure 2, the proportion of cannabis-related hospital discharges assigned an ICD-10-CM discharge diagnosis code for **cannabis use** increased markedly from 2016 through 2023. In contrast, the percentage of discharges coded for **cannabis abuse** and **cannabis dependence** declined over the same period. These trends may reflect factors such as increased availability and legalization, changing public attitudes, improved education, prevention efforts, or expanded access to support services.

Figure 2: Cannabis-Related Abuse, Dependence, and Use Hospital Discharges by Category, New York State, 2016-2023



Crude Rate Calculation

Cannabis-related hospital discharge rates for a specific year were calculated by dividing the number of cannabis-related hospital discharge by the population of that year and then multiplying by 100,000. Population estimates used for computing the cannabis-related hospital discharge rates were obtained from the United States Census Bureau.⁸⁻¹⁶

Socio-demographic Variables

Race and ethnicity for both SPARCS and United States Census Bureau was categorized into these six groups:

- Asian or Pacific Islander, non-Hispanic
- Black, non-Hispanic
- Hispanic
- Native American or Alaska Native, non-Hispanic
- White, non-Hispanic
- Other race groups combined, non-Hispanic

The Other race groups combined, non-Hispanic category includes individuals who reported multiple races, a mixed response, 'Some Other Race', or did not identify with any of the five listed categories.

Statewide Analysis

Trends in cannabis-related hospital discharge data (2016-2024) are presented for the state total.

Socio-demographic Stratification and Geographic Analysis

Trends in cannabis-related hospital discharge data (2016–2023) are presented by age group, gender, race and ethnicity, source of payment, substance type, and region (New York City and Rest of State).

The distribution of cannabis-related hospital discharges for a single year (2023) of data are also presented by age group, gender, race and ethnicity, source of payment, substance type, region, and county.

Percent Change Calculation

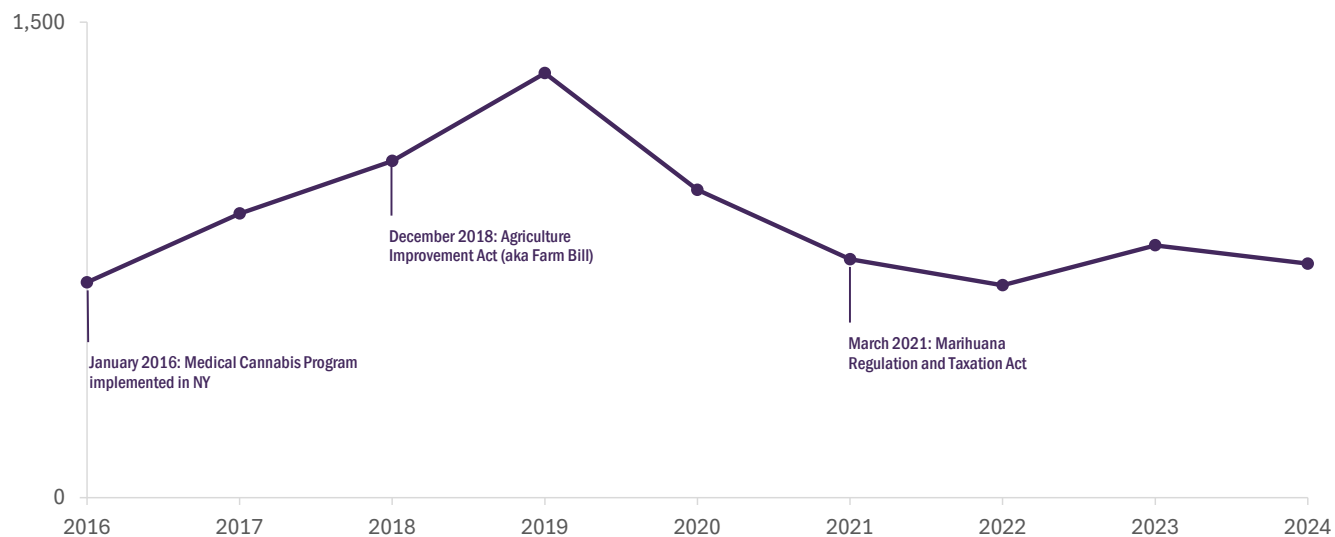
The percent change for crude hospital discharge rates was calculated as follows:

$$\text{Percent Change} = \left[\frac{\text{Rate in 2024} - \text{Rate in 2016}}{\text{Rate in 2016}} \right] \times 100$$

Cannabis-Related Poisoning Hospital Discharges

Figure 2.1

Cannabis-Related Poisoning Hospital Discharges, New York State, 2016-2024

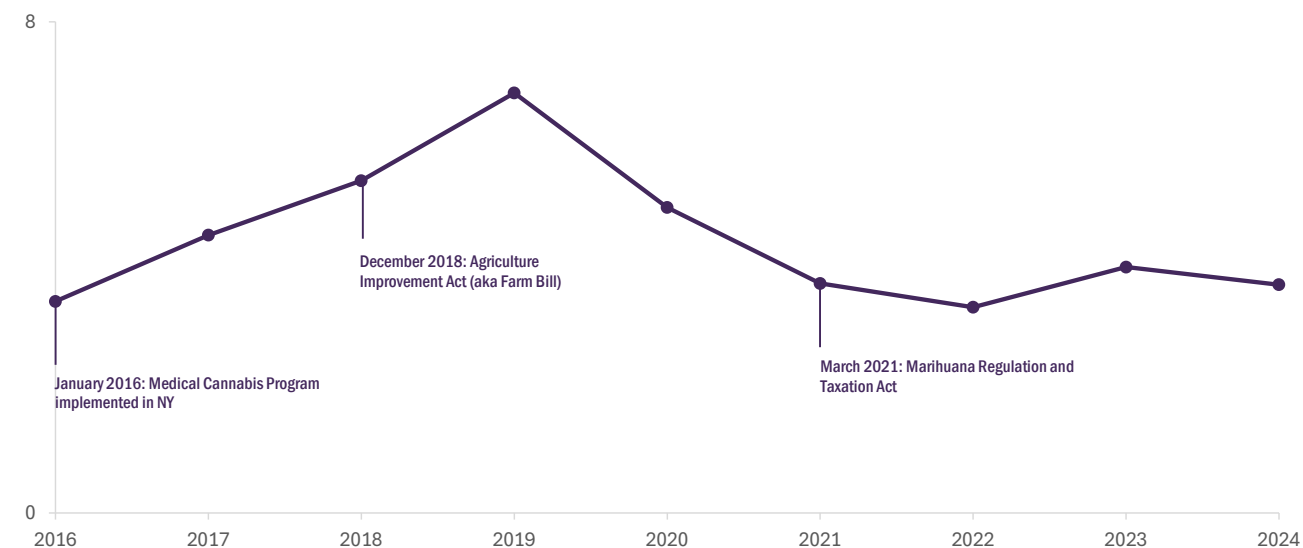


	2016	2017	2018	2019	2020	2021	2022	2023	2024
Cannabis-Related Poisoning Hospital Discharges	679	896	1,062	1,339	971	752	670	796	738

From 2016 to 2024, the number of cannabis-related poisoning hospital discharges among New York State individuals increased 9% from 679 in 2016 to 738 in 2024. The number of hospital discharges peaked in 2019, then declined through 2022. Discharges increased again in 2023, followed by a slight decrease in 2024 (Figure 2.1).

Figure 2.2

Cannabis-Related Poisoning Hospital Discharge Rate per 100,000 Residents, New York State, 2016-2024

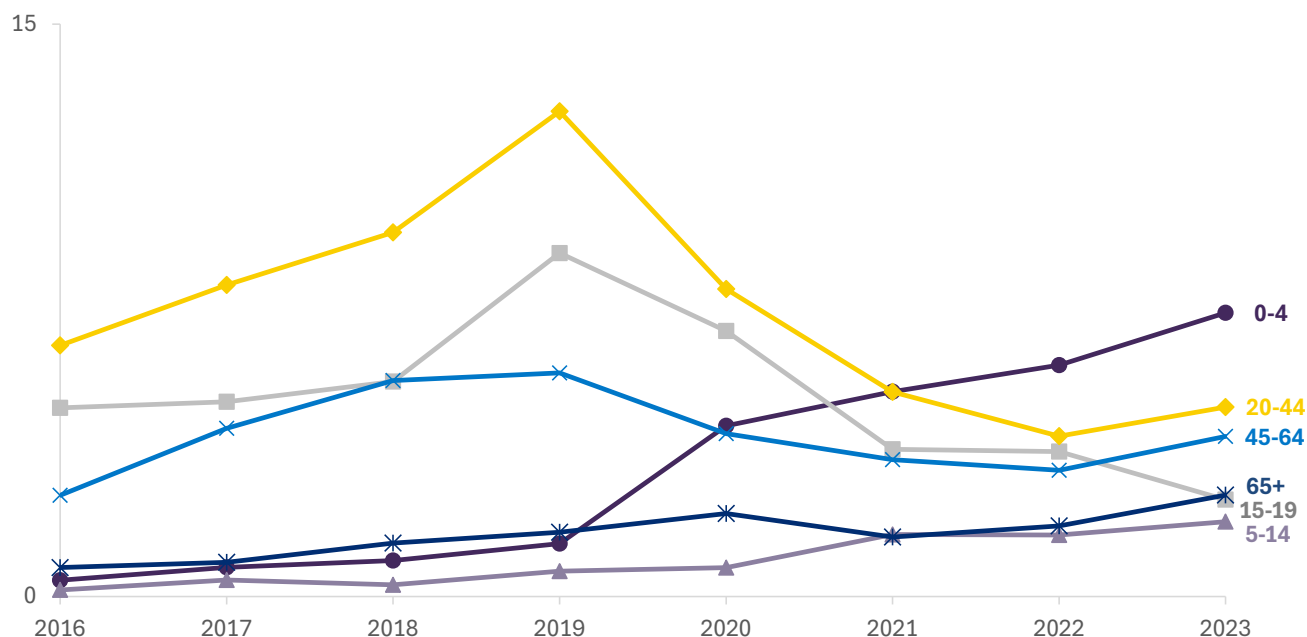


	2016	2017	2018	2019	2020	2021	2022	2023	2024
Rate per 100,000	3.4	4.5	5.4	6.8	5.0	3.7	3.4	4.0	3.7

From 2016 to 2024, the cannabis-related poisoning hospital discharge rate in New York State increased 7% from 3.4 cannabis poisoning hospital discharges per 100,000 residents in 2016 to 3.7 cannabis-related poisoning hospital discharges per 100,000 residents in 2024. The rate peaked in 2019 (6.8 per 100,000), then declined through 2022. Hospital discharge rates increased again in 2023, followed by a slight decrease in 2024 (Figure 2.2).

Figure 2.3

Cannabis-Related Poisoning Hospital Discharge Rate per 100,000 Residents by Age Group, New York State, 2016-2023

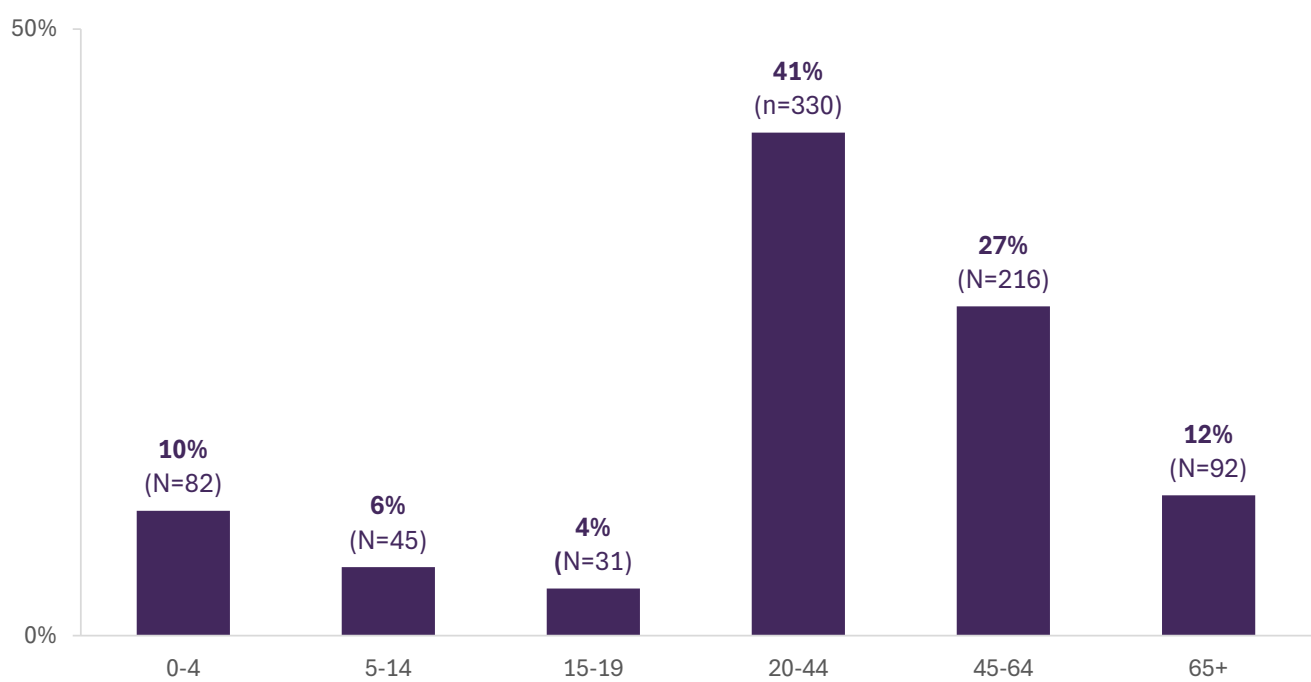


Age Group	2016	2017	2018	2019	2020	2021	2022	2023
0-4	0.4	0.8	0.9	1.4	4.5	5.4	6.1	7.4
5-14	0.2	0.4	0.3	0.7	0.8	1.6	1.6	2.0
15-19	4.9	5.1	5.6	9.0	7.0	3.9	3.8	2.5
20-44	6.6	8.2	9.5	12.7	8.1	5.4	4.2	5.0
45-64	2.7	4.4	5.7	5.9	4.3	3.6	3.3	4.2
65+	0.8	0.9	1.4	1.7	2.2	1.6	1.9	2.7

Cannabis-related poisoning hospital discharge rates for the 15-19 and 20-44 year age groups were highest from 2019 to 2020, with a peak in 2019, followed by a sharp decline through 2021. The 45–64 year age group had a gradual rise in cannabis poisoning hospital discharge rates until 2019, followed by a slow decline. The 65 year and older age group showed a slight but steady increase in cannabis-related poisoning hospital discharge rates across the whole period from 2016 to 2023. From 2016-2019, the 0-4 year age group had a steady increase in cannabis-related poisoning hospital discharge rates, then increased sharply in 2020 and surpassed all other age groups as of 2021. Most notably, the 0-4 age group had the largest relative increase (1641%) from 0.4 cannabis-related poisoning hospital discharges per 100,000 residents in 2016 to 7.4 per 100,000 residents in 2023, even though its absolute numbers are still low. The 5–14 year age group also saw a larger rise (1038%) for cannabis-related poisoning hospital discharge rates from 2016 to 2023 but continues to have the lowest rates (Figure 2.3).

Figure 2.4

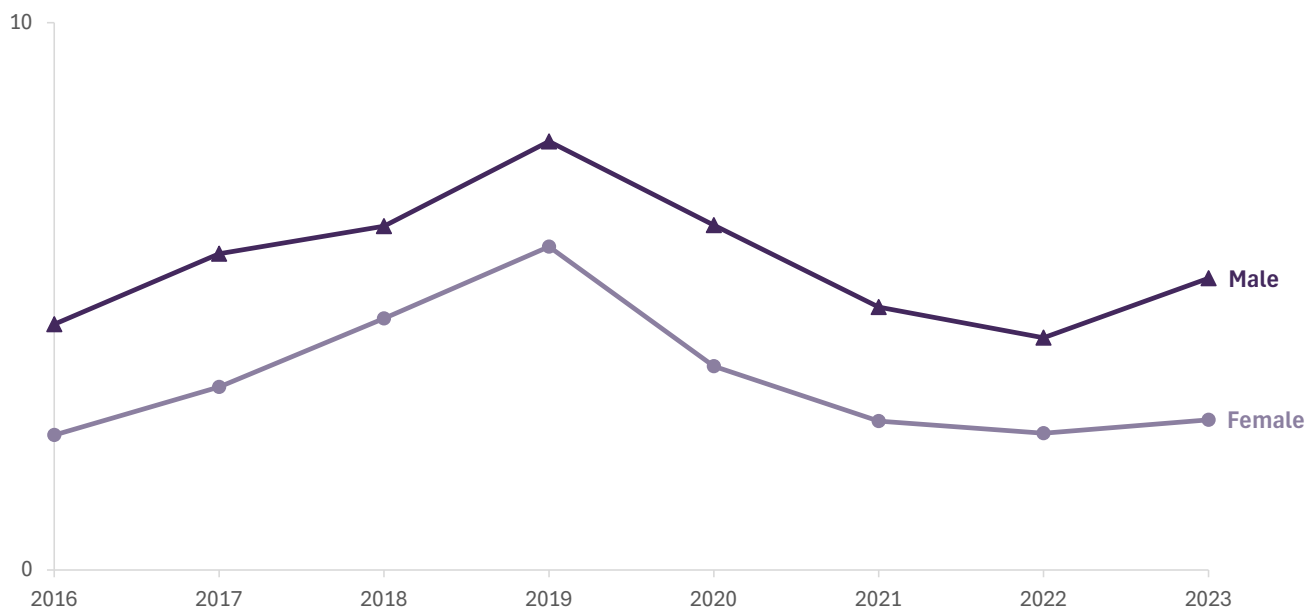
Cannabis-Related Poisoning Hospital Discharges by Age Group, New York State, 2023



In 2023, individuals aged 20-44 years accounted for the highest percentage of cannabis-related poisoning hospital discharges (41%). Individuals aged 45-64 years accounted for 27% of cannabis-related poisoning hospital discharges and 12% of cannabis-related poisoning hospital discharges were among those individuals age 65 years and older (Figure 2.4).

Figure 2.5

Cannabis-Related Poisoning Hospital Discharge Rate per 100,000 Residents by Gender, New York State, 2016-2023

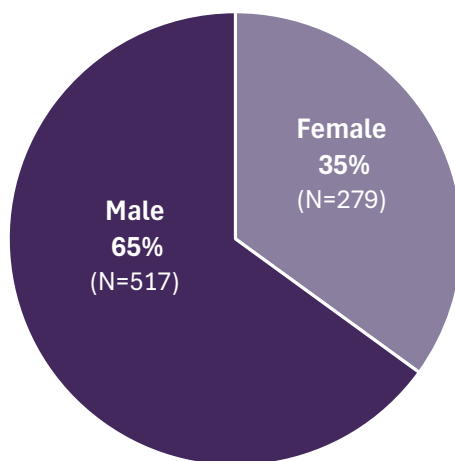


Gender	2016	2017	2018	2019	2020	2021	2022	2023
Female	2.5	3.3	4.6	5.9	3.7	2.7	2.5	2.7
Male	4.5	5.8	6.3	7.8	6.3	4.8	4.2	5.3

From 2016 to 2023, males consistently had higher cannabis-related poisoning hospital discharge rates compared to females. Cannabis-related poisoning hospital discharge rates increased among both males and females from 2016 to 2019, followed by a decreasing trend until 2022 (Figure 2.5).

Figure 2.6

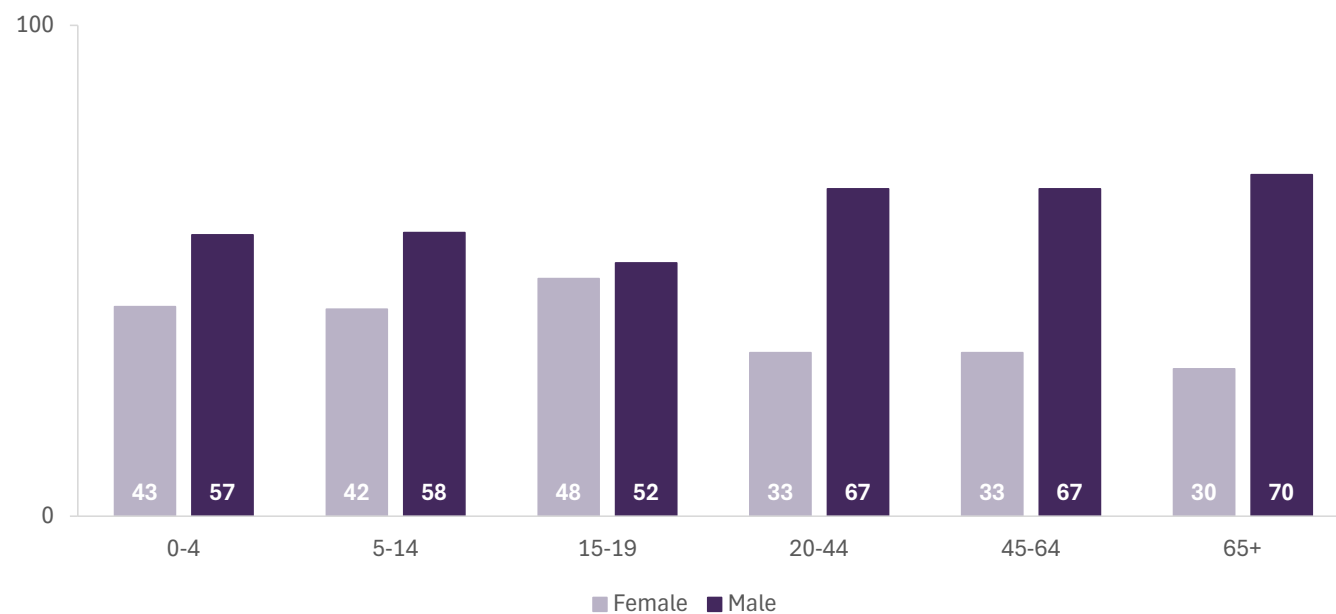
Cannabis-Related Poisoning Hospital Discharges by Gender, New York State, 2023



In 2023, 57% of cannabis-related poisoning hospital discharges were among male individuals (Figure 2.6).

Figure 2.7

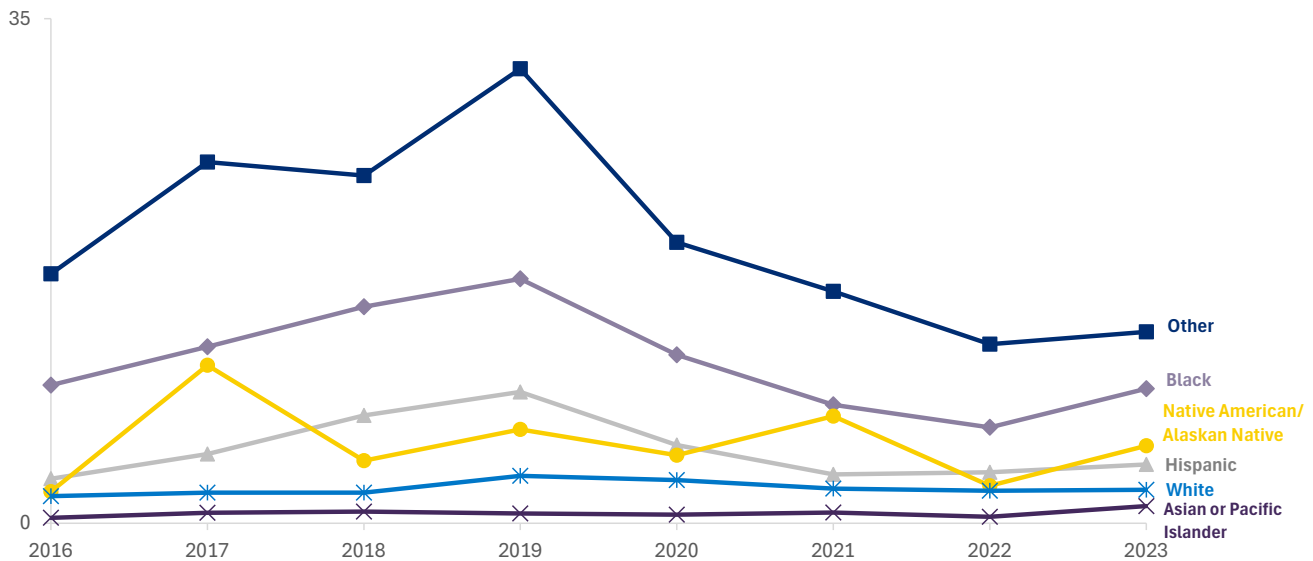
Percent of Cannabis-Related Poisoning Hospital Discharges by Age Group and Gender, New York State, 2023



In 2023, there was a higher proportion of cannabis-related poisoning hospital discharges among males than females among all age groups (Figure 2.7).

Figure 2.8

Cannabis-Related Poisoning Hospital Discharge Rate per 100,000 Residents by Race and Ethnicity, New York State, 2016-2023



Race and Ethnicity	2016	2017	2018	2019	2020	2021	2022	2023
Asian or Pacific Islander, non-Hispanic	0.4	0.7	0.8	0.7	0.6	0.8	0.5	1.2
Black, non-Hispanic	9.6	12.2	15.0	17.0	11.7	8.2	6.6	9.3
Hispanic	3.1	4.8	7.5	9.1	5.4	3.4	3.5	4.1
Native American or Alaska Native, non-Hispanic*	2.2	11.0	4.3	6.5	4.7	7.4	2.6	5.4
White, non-Hispanic	1.9	2.1	2.1	3.3	3.0	2.4	2.3	2.3
Other, non-Hispanic**	17.3	25.1	24.1	31.5	19.5	16.1	12.4	13.3

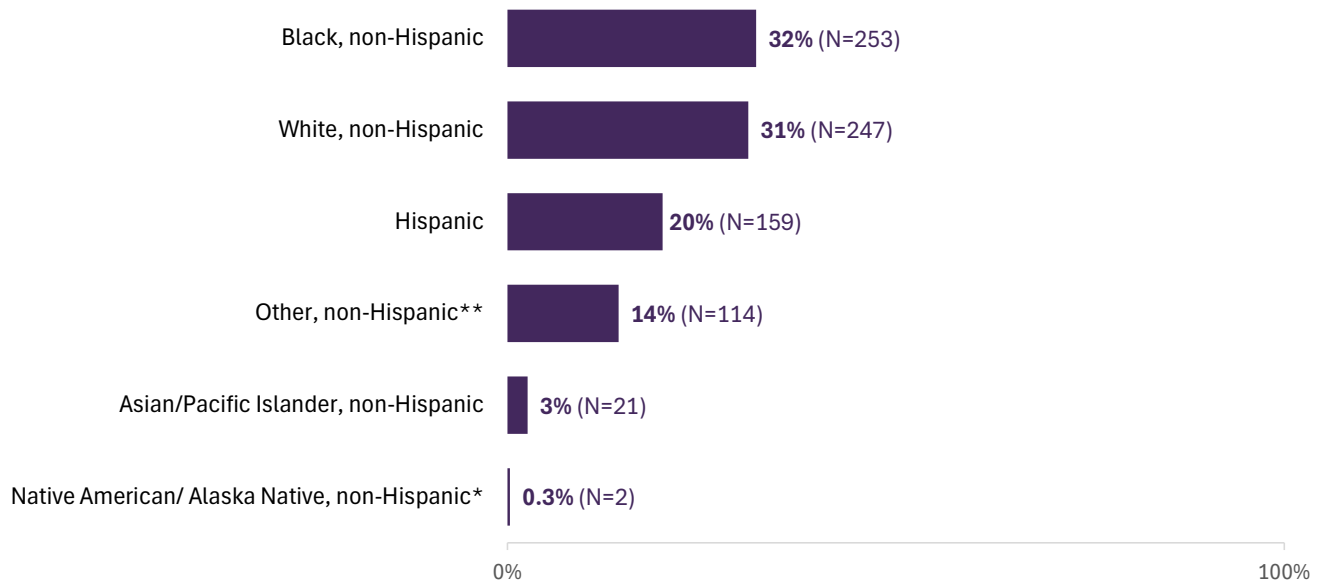
*Less than or equal to 10 hospital discharges, therefore rate may not be stable (Relative Standard Error >30%).

**Includes those individuals who reported multiple races, a mixed response, 'Some Other Race', or did not identify with any of the five listed categories.

From 2016 to 2023, individuals who were classified in the Other race category consistently had the highest cannabis-related poisoning hospital discharge rates when compared to all other racial and ethnic groups in New York State. Cannabis-related poisoning hospital discharge rates for the Other race group peaked in 2019, then declined sharply through 2022, and was followed by a slight uptick in 2023. Among Black and Hispanic individuals, cannabis-related poisoning hospital discharge rates peaked in 2019 as well, followed by a steady decline through 2022. Native American or Alaskan Native individuals had spikes in their cannabis-related poisoning hospital discharge rates in 2017 and 2021, but otherwise were low overall. Individuals who identified as White and Asian or Pacific Islander had very low cannabis-related poisoning hospital discharge rates overall and remained relatively stable throughout the 2016-2023 time period. Native American or Alaskan Native and Asian or Pacific Islander individuals showed the largest relative increase over time (145% and 216%, respectively) (Figure 2.8).

Figure 2.9

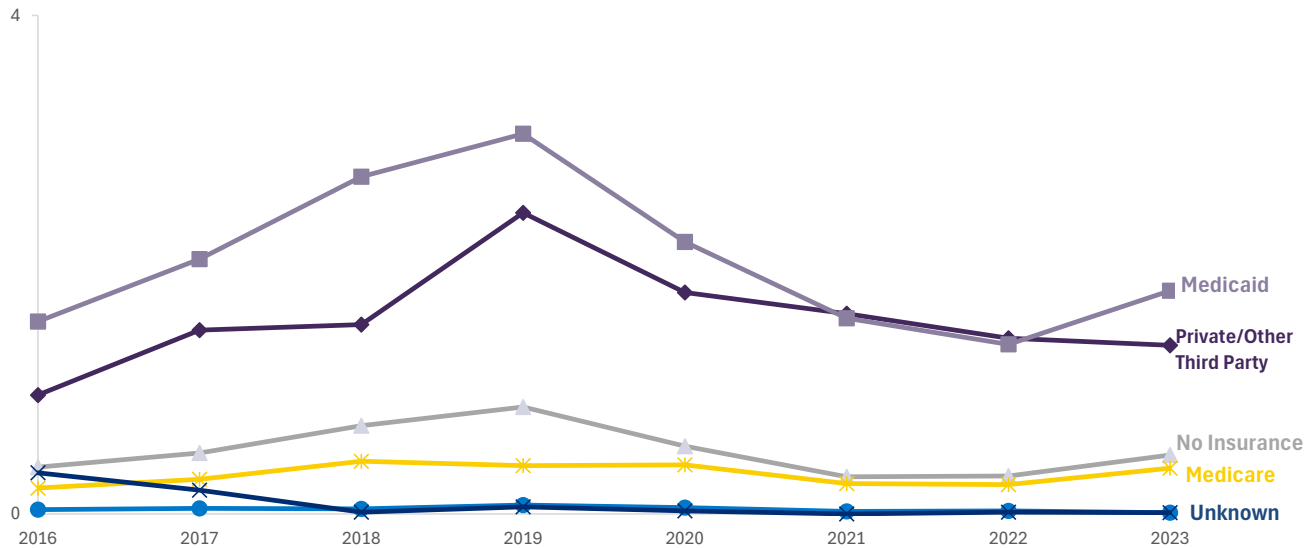
Cannabis-Related Poisoning Hospital Discharges by Race and Ethnicity, New York State, 2023



*Less than or equal to 10 hospital discharges, therefore rate may not be stable (Relative Standard Error >30%).

**Includes those individuals who reported multiple races, a mixed response, 'Some Other Race', or did not identify with any of the five listed categories.

In 2023, 32% of the cannabis-related poisoning hospital discharges were among Black, non-Hispanic individuals, 31% were among White, non-Hispanic individuals, and 20% were among Hispanic individuals (Figure 2.9).

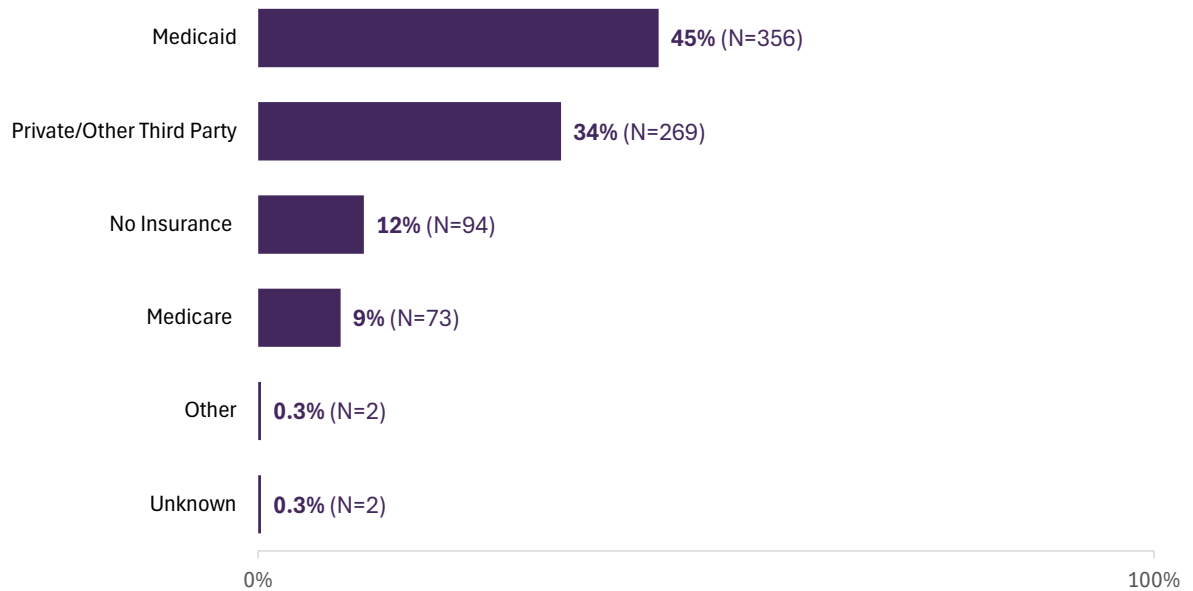
Figure 2.10**Cannabis-Related Poisoning Hospital Discharge Rate per 100,000 Residents by Source of Payment, New York State, 2016- 2023**

Source of Payment	2016	2017	2018	2019	2020	2021	2022	2023
Private/Other Third Party	1.0	1.5	1.5	2.4	1.8	1.6	1.4	1.4
Medicaid	1.5	2.0	2.7	3.1	2.2	1.6	1.4	1.8
No Insurance	0.4	0.5	0.7	0.9	0.5	0.3	0.3	0.5
Medicare	0.2	0.3	0.4	0.4	0.4	0.2	0.2	0.4
Other	0.04	0.05	0.04	0.07	0.05	0.02	0.03	0.01
Unknown	0.3	0.2	0.0	0.1	0.0	0.0	0.0	0.0

Cannabis-related poisoning hospital discharge rates among both Medicaid and private or other third-party payers peaked in 2019, then steadily declined thereafter, with Medicaid showing a slight uptick from 2022 to 2023. Cannabis-related poisoning hospital discharge rates remained low and relatively stable throughout the period for hospital discharges with no health insurance or where the source of payment was Medicare, unknown, or other (Figure 2.10).

Figure 2.11

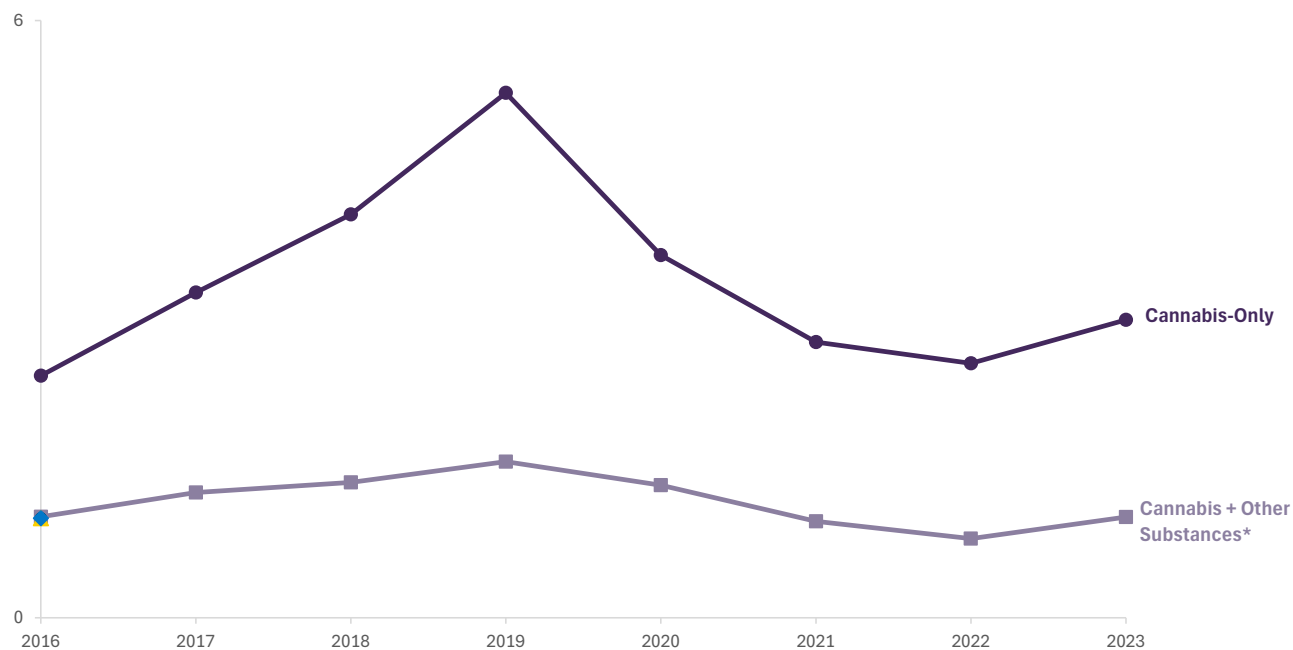
Cannabis-Related Poisoning Hospital Discharges by Source of Payment, New York State, 2023



In 2023, Medicaid was the source of payment for 45% of all cannabis-related poisoning hospital discharges in New York State. Private insurance was the payment source for 34% of cannabis-related poisoning hospital discharges, and 12% of cannabis-related poisoning hospital discharges did not have any insurance coverage (Figure 2.11).

Figure 2.12

Cannabis-Related Poisoning Hospital Discharge Rate per 100,000 Residents by Substance Type, New York State, 2016-2023



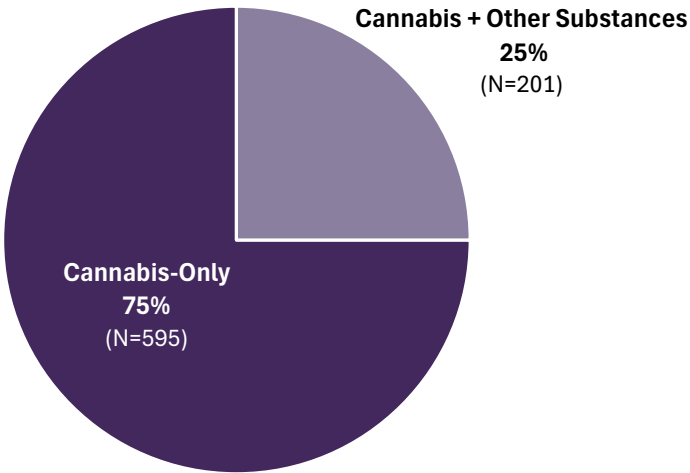
Substance Type	2016	2017	2018	2019	2020	2021	2022	2023
Cannabis-Only	2.4	3.3	4.1	5.3	3.6	2.8	2.6	3.0
Cannabis + Other Substances*	1.0	1.3	1.4	1.6	1.3	1.0	0.8	1.0

*These rates are mutually exclusive. The 'cannabis-only' trendline includes emergency department visits where cannabis was reported and no other substances were documented. The 'cannabis + other substances' trendline includes emergency department visits where cannabis and at least one other substance (i.e., alcohol, opioids, hallucinogens, and cocaine) were reported.

From 2016 to 2023, hospital discharge rates for cannabis-related poisonings were highest when cannabis was reported alone, compared to cases where other substances were also reported. Hospital discharge rates for cannabis-only poisonings increased from 2016 to 2019, then declined through 2022, before rising again in 2023 (Figure 2.12).

Figure 2.13

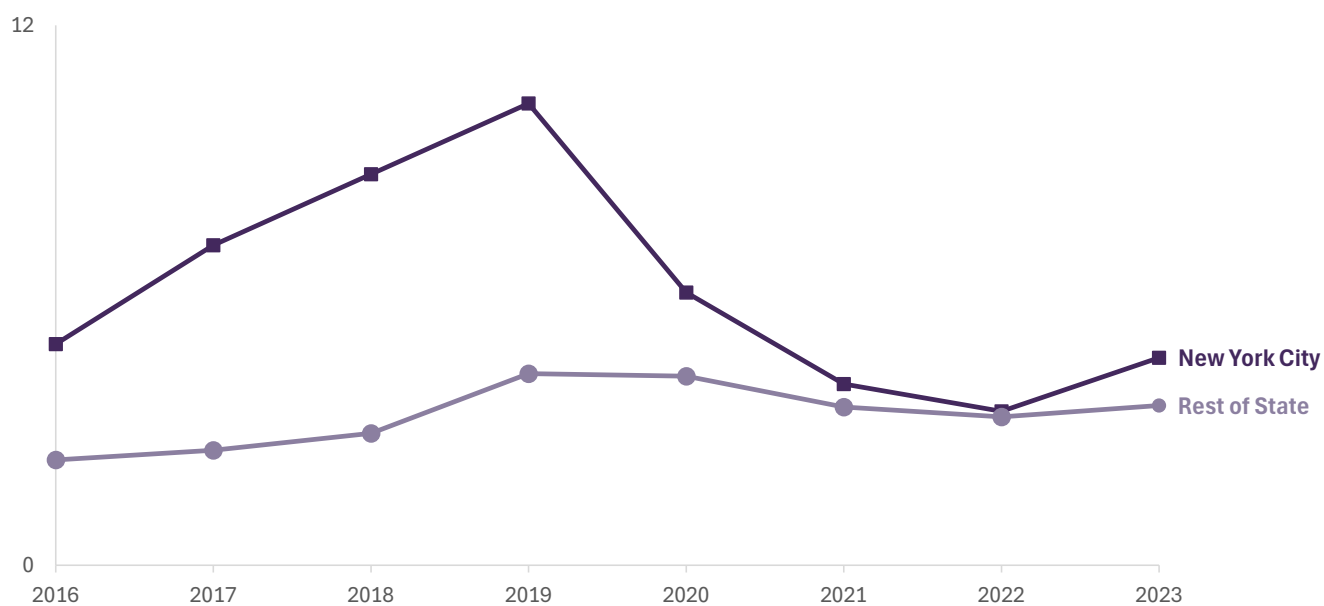
Cannabis-Related Poisoning Hospital Discharges by Substance Type, New York State, 2023



In 2023, 75% of all hospital discharges for cannabis-related poisonings in New York State involved cannabis as the only substance reported (Figure 2.13).

Figure 2.14

Cannabis-Related Poisoning Hospital Discharge Rate per 100,000 Residents by Region, New York State, 2016-2023

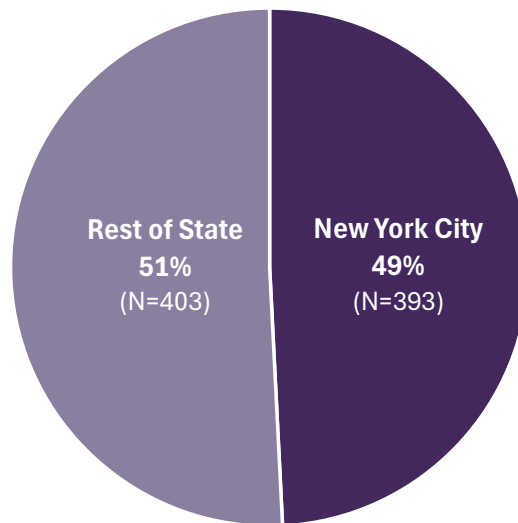


Region	2016	2017	2018	2019	2020	2021	2022	2023
New York City	4.9	7.1	8.7	10.3	6.1	4.0	3.4	4.6
Rest of State	2.3	2.6	2.9	4.3	4.2	3.5	3.3	3.5

From 2016 to 2023, New York City residents had higher hospital discharge rates for cannabis-related poisonings compared to Rest-of-State residents. Cannabis-related poisoning hospital discharge rates increased for both regions (i.e., New York City and Rest of State) from 2016 to 2019, followed by a decreasing trend until 2022. In 2023, cannabis-related poisoning hospital discharge rates rose in both regions (Figure 2.14).

Figure 2.15

Cannabis-Related Poisoning Hospital Discharges by Region, New York State, 2023



In 2023, Rest-of-State residents accounted for 51% of all cannabis-related poisoning hospital discharges in New York State (Figure 2.15).

Table 2.1

Cannabis-Related Poisoning Hospital Discharge Rate per 100,000 Residents by County and Region, New York State, 2023

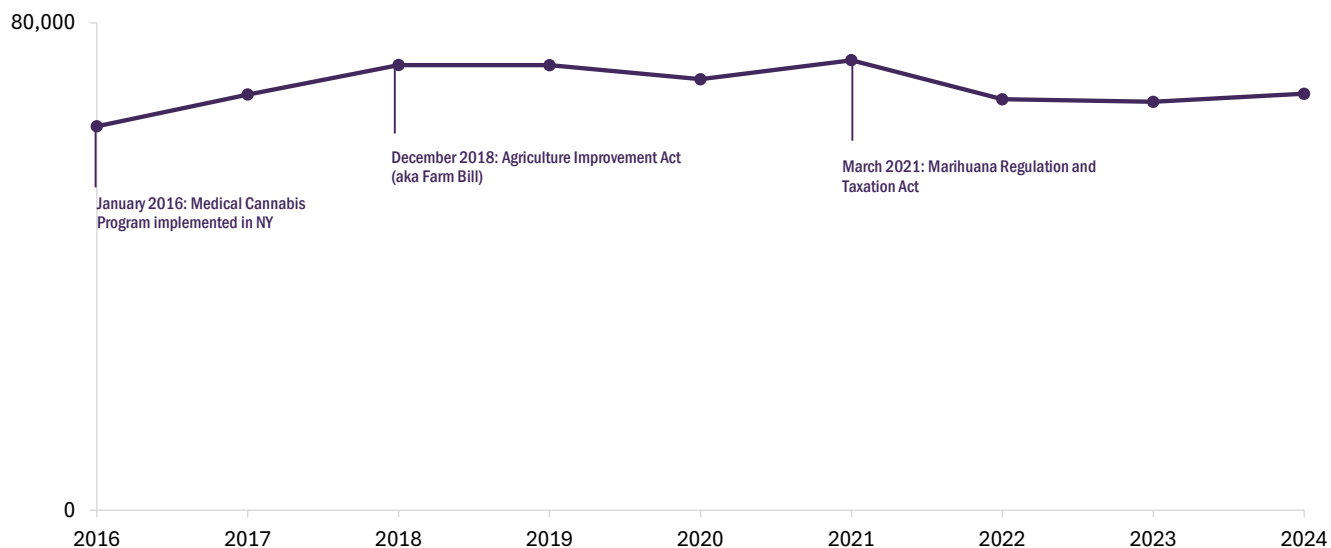
Region	Counties Included	Number of Hospital Discharges	Population	Rate
Greater Albany	Albany, Columbia, Delaware, Fulton, Greene, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie	19	1,217,708	1.6
Tug Hill*	Jefferson, Lewis, St. Lawrence	5	250,544	2.0
Long Island	Nassau, Suffolk	77	2,913,818	2.6
Lower Hudson Valley	Putnam, Rockland, Westchester	41	1,433,812	2.9
Mid-Hudson Valley	Dutchess, Orange, Sullivan, Ulster	31	962,240	3.2
Adirondacks	Clinton, Essex, Franklin, Hamilton, Warren, Washington	11	294,649	3.7
Greater Binghamton	Broome, Chenango, Tioga	12	292,529	4.1
Buffalo & Jamestown	Alleghany, Cattaraugus, Chautauqua, Erie, Niagara	65	1,411,220	4.6
New York City	Bronx, Kings, New York, Queens, Richmond	393	8,516,202	4.6
Syracuse, Utica, & Ithaca	Cayuga, Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego, Tompkins	60	1,171,449	5.1
Finger Lakes	Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates	82	1,408,148	5.8
Statewide Total		796	19,872,319	4.0

*Less than or equal to 10 hospital discharges, therefore rate may not be stable (Relative Standard Error >30%).

Cannabis-Related Abuse, Use and Dependence Hospital Discharges

Figure 2.16

Cannabis-Related Abuse, Dependence, and Use Hospital Discharges, New York State, 2016-2024

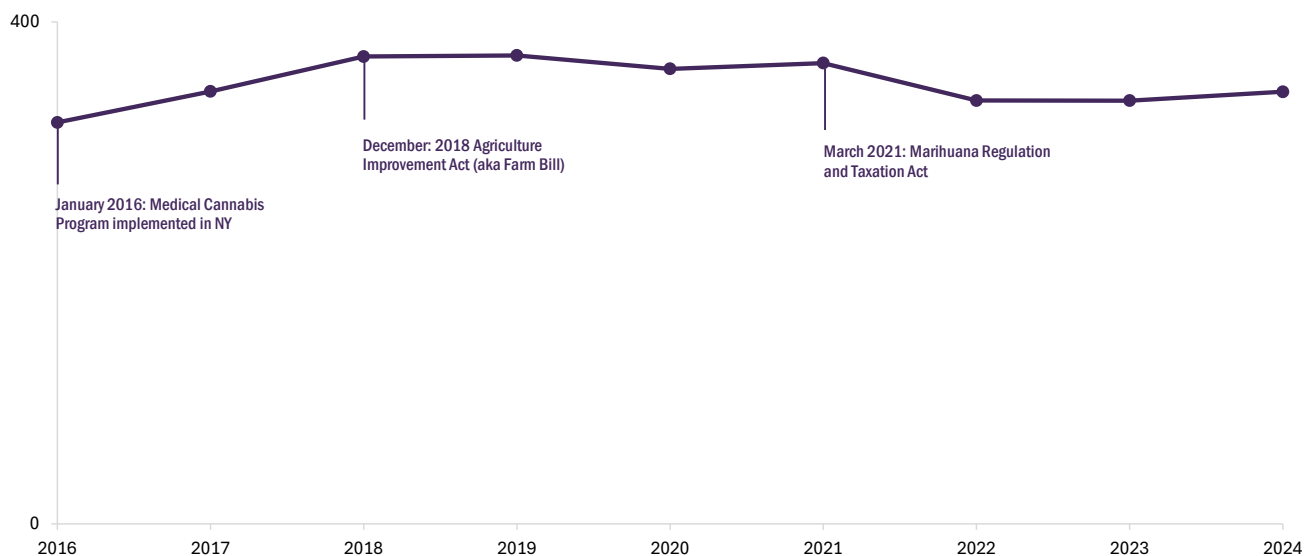


	2016	2017	2018	2019	2020	2021	2022	2023	2024
Cannabis-Related Abuse, Dependence, and Use Hospital Discharges	63,018	68,224	73,072	73,059	70,757	73,860	67,462	67,033	68,362

From 2016 to 2024, the number of cannabis-related abuse, dependence, and use hospital discharges among New York State individuals increased 9% from 63,018 in 2016 to 68,362 in 2024 (Figure 2.16).

Figure 2.17

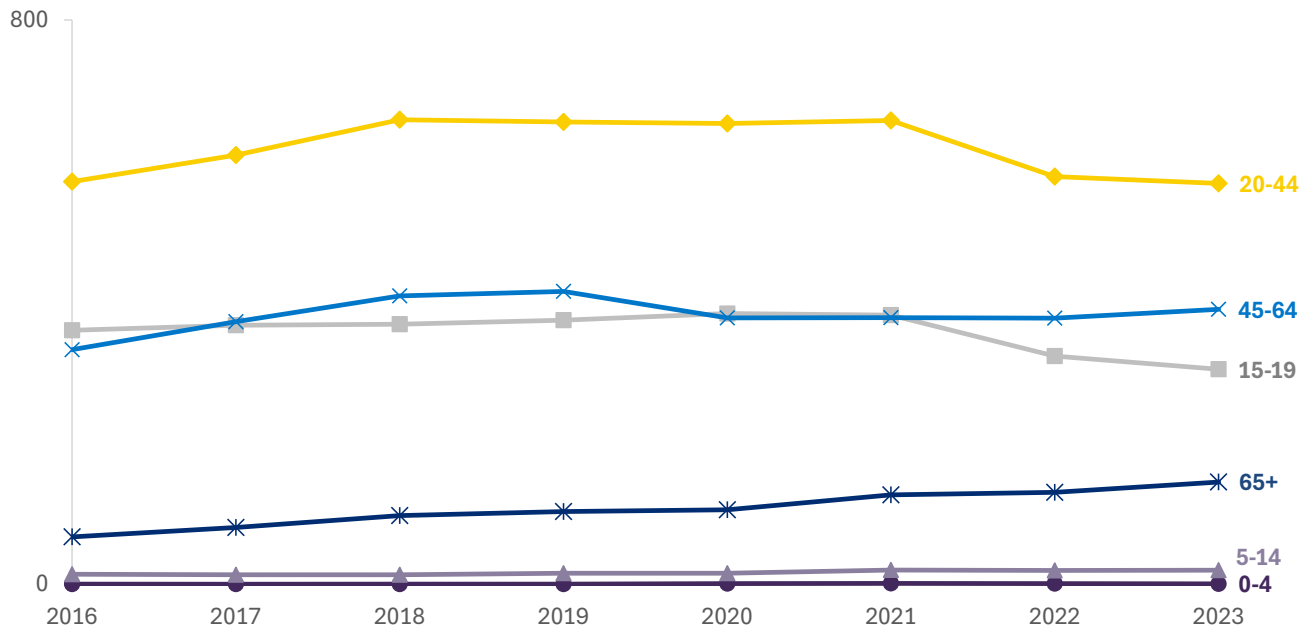
Cannabis-Related Abuse, Dependence, and Use Hospital Discharge Rate per 100,000 Residents, New York State, 2016-2024



From 2016 to 2019, there was an upward trend in the rate of cannabis-related hospital discharges for abuse, dependence and use cases from 319.9 to 373.3 per 100,000 New York State residents. From 2020 to 2024, the rate of cannabis-related hospital discharges for abuse, dependence and use decreased from 362.6 to 344.4 per 100,000 New York State residents (Figure 2.17).

Figure 2.18

Cannabis-Related Abuse, Dependence, and Use Hospital Discharge Rate per 100,000 Residents by Age Group, New York State, 2016-2023

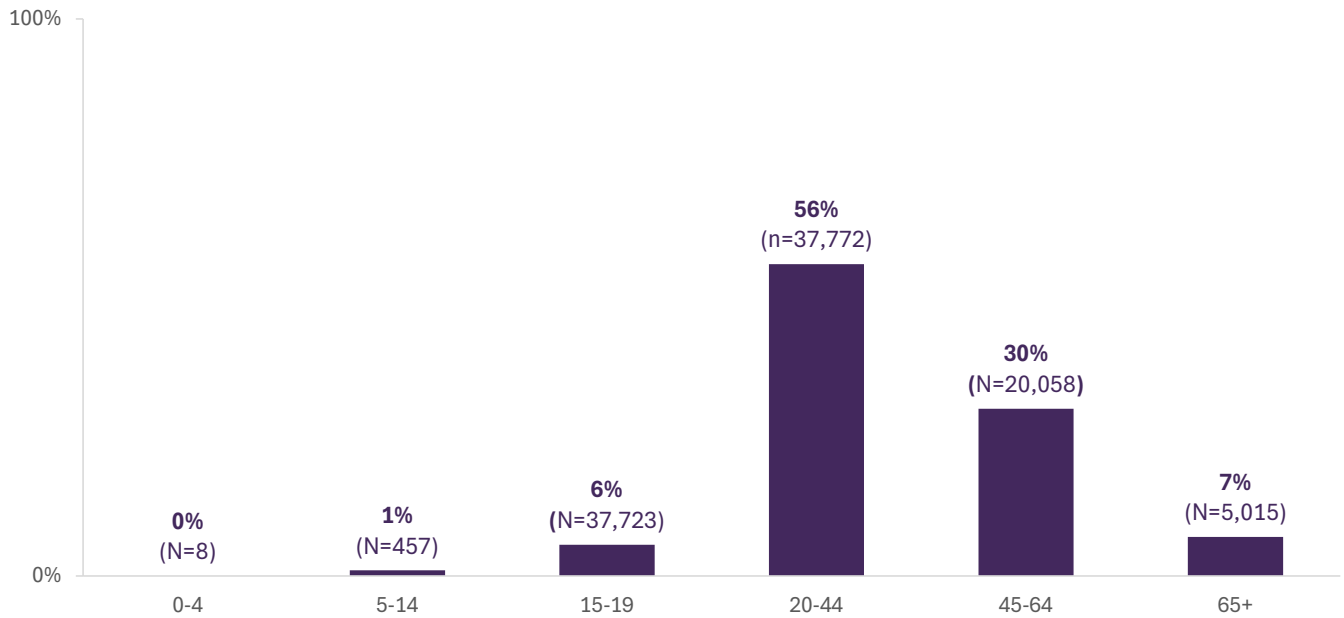


Age Group	2016	2017	2018	2019	2020	2021	2022	2023
0-4	0.1	0.1	0.2	0.2	0.9	1.2	1.1	0.7
5-14	14.3	13.6	13.4	15.8	15.8	20.1	19.5	19.9
15-19	359.9	367.3	368.8	374.3	383.8	381.5	323.5	304.8
20-44	571.0	608.3	658.5	655.3	653.2	657.5	578.1	568.3
45-64	332.6	372.3	408.8	415.2	377.5	378.1	377.4	389.8
65+	67.1	80.7	97.3	103.0	105.5	126.8	130.3	144.9

From 2016 to 2023, the 20–44 age group consistently had the highest cannabis-related abuse, dependence, and use hospital discharge rates, with decreases beginning in 2022. Rates among 15–19 year-olds rose steadily through 2021, then declined modestly through 2023. The 45–64 age group saw rates increase from 2016 to 2019, followed by a slight decline. Although still low, the cannabis-related abuse, dependence and use hospital discharge rate for individuals aged 65 years and older increased steadily over the period (Figure 2.18).

Figure 2.19

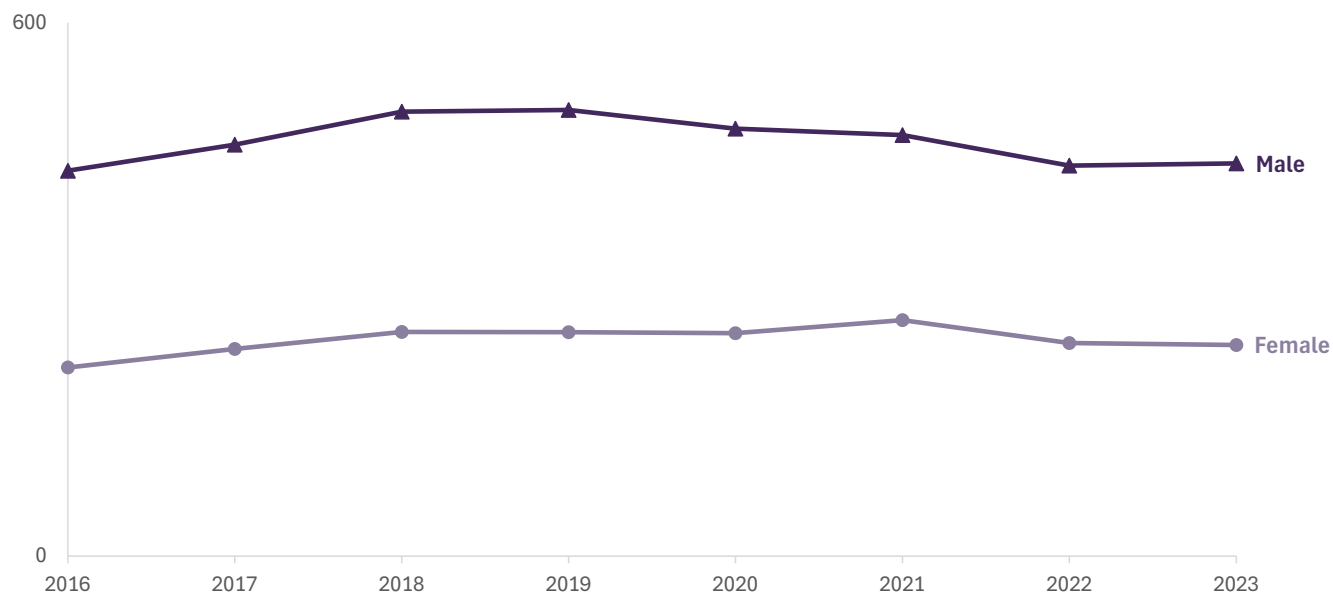
Cannabis-Related Abuse, Dependence, and Use Hospital Discharges by Age Group, New York State, 2023



In 2023, individuals aged 20-44 years accounted for the greatest percentage of hospital discharges for cannabis-related abuse, dependence, and use (56%). Individuals aged 45-64 years and adults in the 65 year and older age group accounted for 30% and 7% of cannabis-related abuse, dependence, and use hospital discharges, respectively (Figure 2.19).

Figure 2.20

Cannabis-Related Abuse, Dependence, and Use Hospital Discharge Rate per 100,000 Residents by Gender, New York State, 2016-2023

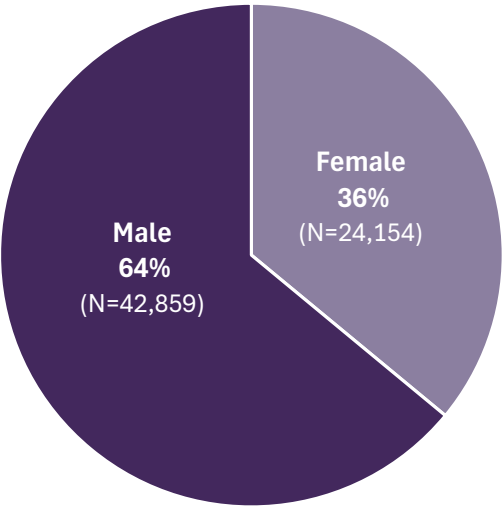


Gender	2016	2017	2018	2019	2020	2021	2022	2023
Female	212.2	233.1	252.1	251.9	250.8	265.4	239.6	237.5
Male	433.6	462.9	500.1	501.9	480.9	473.8	439.4	441.7

From 2016 to 2023, males consistently had a higher cannabis-related abuse, dependence, and use hospital discharge rate compared to females. Both males and females showed slight increases from 2016 to 2023, with females having a higher percent increase (12% versus 2%) (Figure 2.20).

Figure 2.21

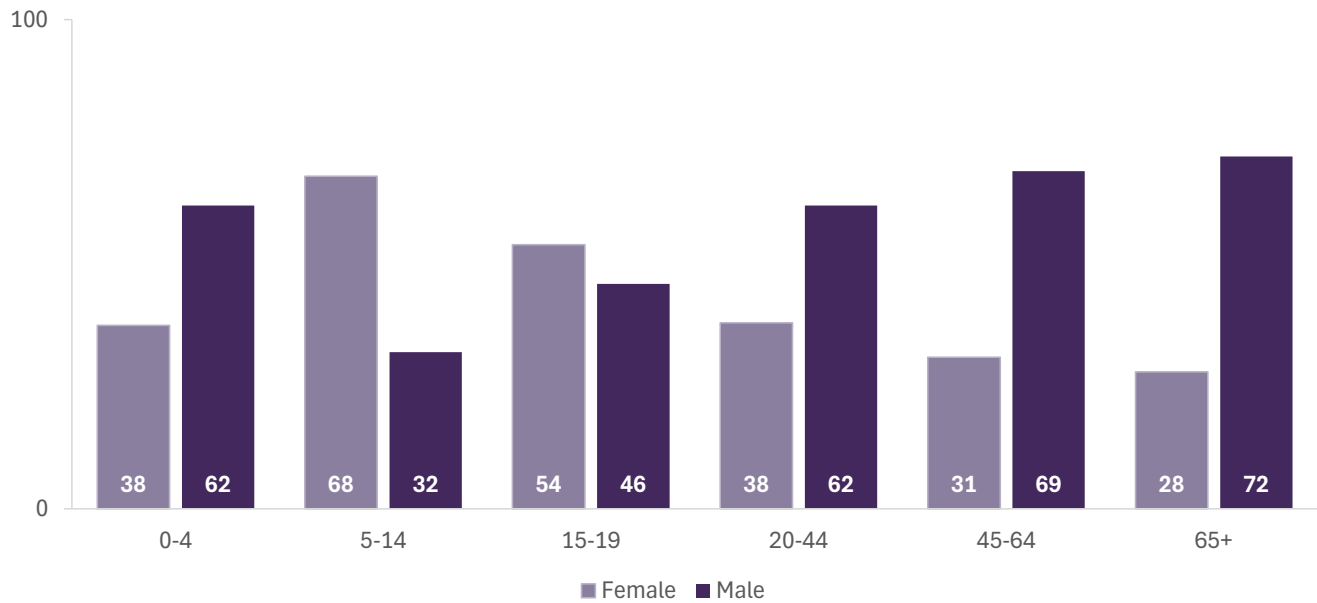
Cannabis-Related Abuse, Dependence, and Use Hospital Discharges by Gender, New York State, 2023



In 2023, 64% of cannabis-related abuse, dependence, and use hospital discharges were among male individuals (Figure 2.21).

Figure 2.22

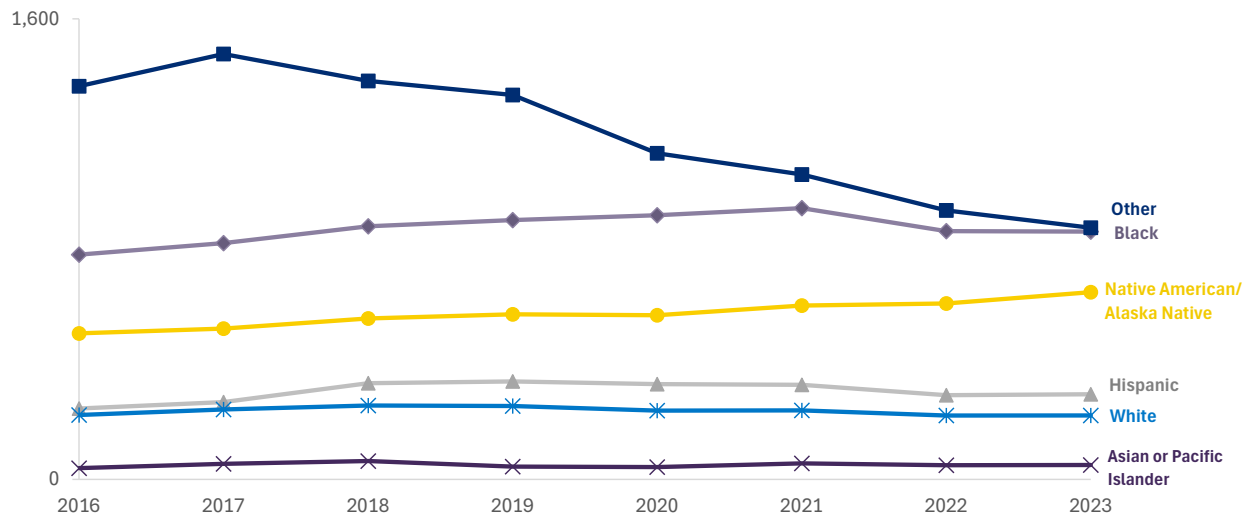
Percent of Cannabis-Related Abuse, Dependence, and Use Hospital Discharges by Age Group and Gender, New York State, 2023



In 2023, males had a higher proportion of cannabis-related abuse, dependence and use hospital discharges among children aged 0-4 and among individuals aged 20 years and older (20-44 years: females-38%, males-62%; 45-64 years: females-31%, males-69%; 65+ years: females-28%, males-72%). In contrast, among those aged 5-19 years (5-14 years: females-68%, males-32%; 15-19 years: females-54%, males-46%), females accounted for a higher proportion of cannabis-related abuse, dependence, and use hospital discharges (Figure 2.22).

Figure 2.23

Cannabis-Related Abuse, Dependence, and Use Hospital Discharge Rate per 100,000 Residents by Race and Ethnicity, New York State, 2016-2023



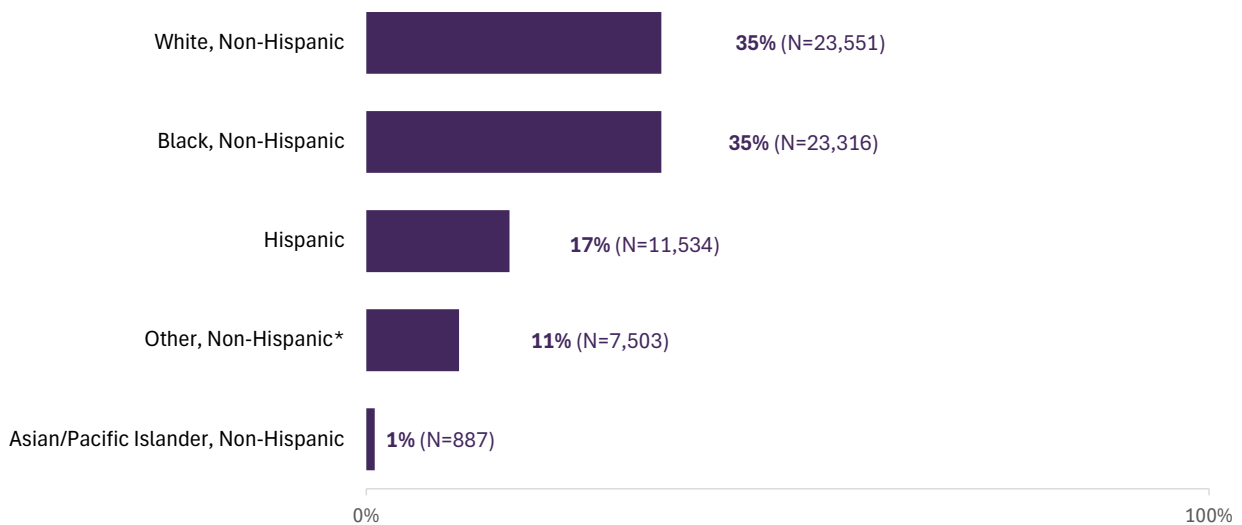
Race and Ethnicity	2016	2017	2018	2019	2020	2021	2022	2023
Asian or Pacific Islander, non-Hispanic	39.1	53.8	63.8	44.5	42.9	55.8	49.4	50.4
Black, non-Hispanic	780.8	820.6	878.8	900.6	917.3	942.3	862.2	861.0
Hispanic	246.2	268.4	333.7	340.3	331.0	328.5	292.8	295.8
Native American/Alaska Native, non-Hispanic	507.3	523.9	559.2	573.5	570.4	604.3	610.7	650.3
White, non-Hispanic	223.3	242.7	256.6	254.6	239.2	239.5	221.8	222.0
Other, non-Hispanic*	1,366.1	1,477.8	1,384.4	1,335.2	1,132.8	1,059.1	934.1	874.1

*Includes those individuals who reported multiple races, a mixed response, 'Some Other Race', or did not identify with any of the five listed categories.

From 2016 to 2023, individuals classified in the Other race category had the highest cannabis-related abuse, dependence, and use hospital discharge rates, steadily declining from 2018 through 2023. Non-Hispanic Black individuals had the second highest rates, increasing from 2016 to 2021, then slightly decreasing in 2022–2023. Native American or Alaskan Native individuals showed a consistent upward trend, especially after 2020. Hispanic individuals' rate rose to a peak in 2019, then gradually declined through 2023. Non-Hispanic White cannabis-related abuse, dependence, and use discharge rates increased until 2019, returning to 2016 levels afterward. Asian or Pacific Islander individuals had the lowest cannabis-related abuse, dependence, and use discharge rates overall, with increases from 2016 to 2018 followed by moderate variation through 2023 (Figure 2.23).

Figure 2.24

Cannabis-Related Abuse, Dependence, and Use Hospital Discharges by Race and Ethnicity, New York State, 2023

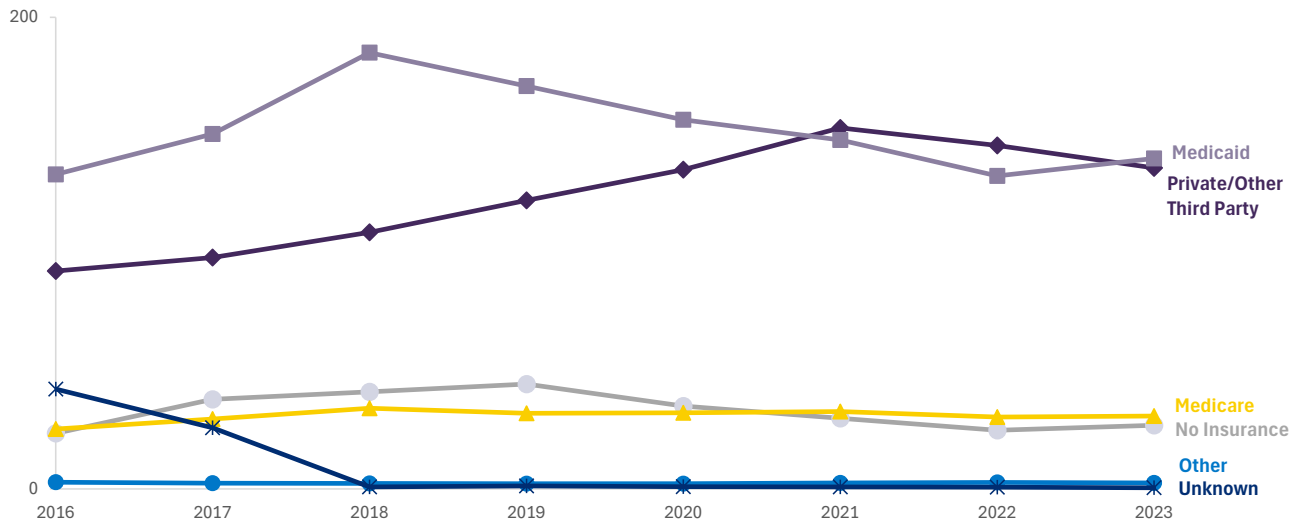


*Includes those individuals who reported multiple races, a mixed response, 'Some Other Race', or did not identify with any of the five listed categories.

In 2023, non-Hispanic Black and non-Hispanic White individuals each accounted for 35% of cannabis-related abuse, dependence, and use hospital discharges, while Hispanic individuals accounted for 17% (Figure 2.24).

Figure 2.25

Cannabis-Related Abuse, Dependence, and Use Hospital Discharge Rate per 100,000 Residents by Source of Payment, New York State, 2016- 2023

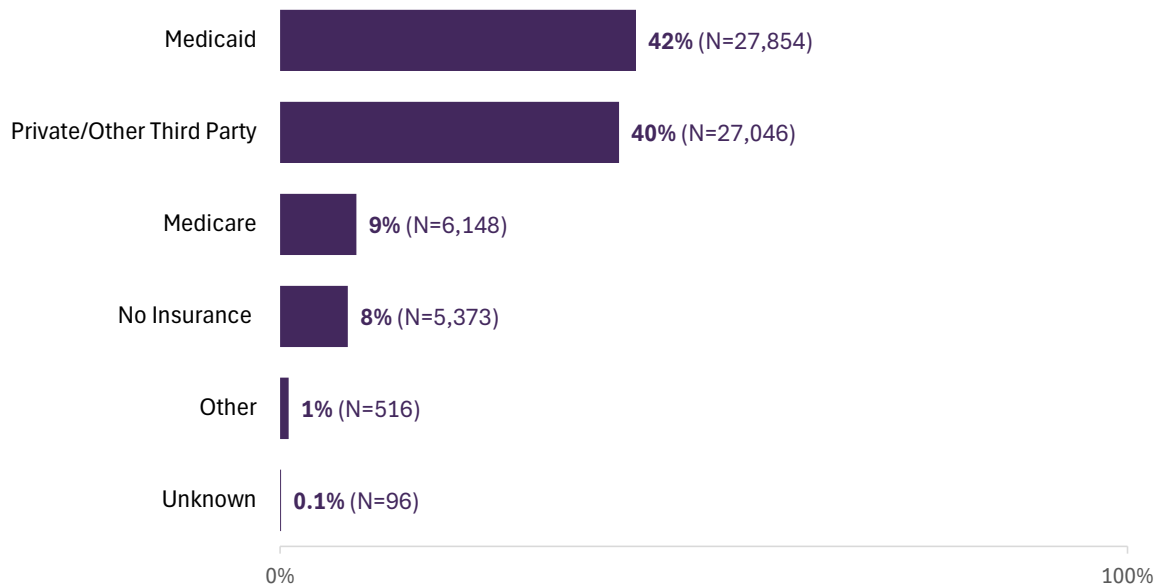


Source of Payment	2016	2017	2018	2019	2020	2021	2022	2023
Private/Other Third Party	92.4	98.1	108.9	122.4	135.4	153.1	145.7	136.1
Medicaid	133.3	150.5	185.0	170.8	156.5	148.0	132.7	140.2
No Insurance	23.6	38.0	41.1	44.5	35.2	30.0	24.9	27.0
Medicare	25.4	29.6	34.2	32.1	32.2	32.8	30.5	30.9
Other	2.8	2.5	2.3	2.2	2.2	2.5	2.8	2.6
Unknown	42.4	25.9	0.9	1.3	1.0	0.8	0.8	0.5

Cannabis-related abuse, dependence, and use hospital discharge rates among Medicaid payers peaked in 2018, then steadily declined through 2022, with an uptick in 2023. Cannabis-related abuse, dependence, and use hospital discharge rates among private or other third-party payers steadily increased from 2016 to 2021, followed by a decrease through 2023. Cannabis-related abuse, dependence, and use hospital discharge rates increased from 2016 to 2019, followed by a decrease through 2022, then a rise again in 2023 for discharges with no health insurance or where the source of payment was Medicare (Figure 2.25).

Figure 2.26

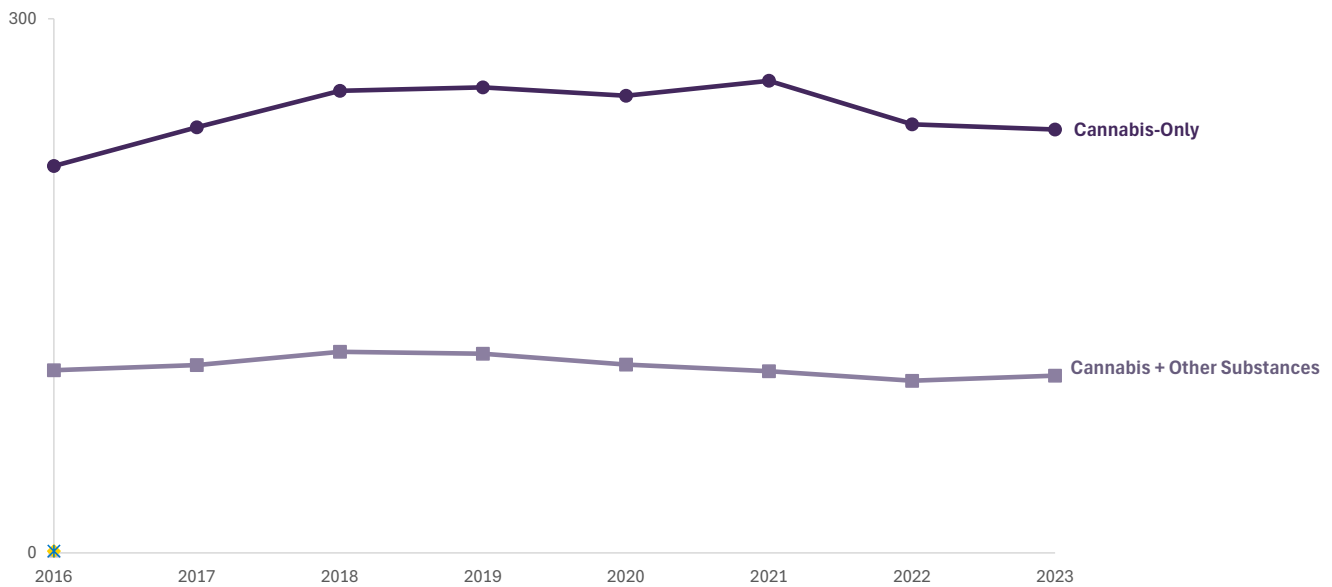
Cannabis-Related Abuse, Dependence, and Use Hospital Discharge by Source of Payment, New York State, 2023



In 2023, Medicaid was the source of payment for 42% of all cannabis-related abuse, dependence, and use hospital discharges in New York State. Private insurance was the payment source for 40% of cannabis-related abuse, dependence, and use hospital discharges, and 9% of cannabis-related abuse, dependence, and use hospital discharges were covered by Medicare (Figure 2.26).

Figure 2.27

Cannabis-Related Abuse, Dependence, and Use Hospital Discharge Rate per 100,000 Residents by Substance Type, New York State, 2016-2023



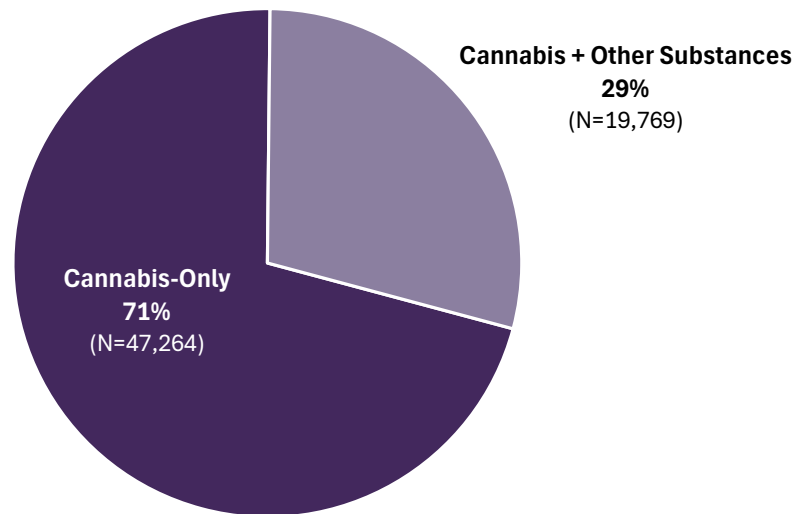
Substance Type	2016	2017	2018	2019	2020	2021	2022	2023
Cannabis-Only	217.3	239.1	259.5	261.4	256.8	265.2	240.7	237.8
Cannabis + Other Substances	102.6	105.5	112.9	111.9	105.8	102.0	96.7	99.5

*These rates are mutually exclusive. The 'cannabis-only' trendline includes emergency department visits where cannabis was reported and no other substances were documented. The 'cannabis + other substances' trendline includes emergency department visits where cannabis and at least one other substance (i.e., alcohol, opioids, hallucinogens, and cocaine) were reported.

From 2016 to 2023, hospital discharge rates related to cannabis abuse, dependence, and use were highest when cannabis was reported alone compared to cases where other substances were also reported. Cannabis-related abuse, dependence, and use hospital discharge rates for when cannabis was reported alone increased 9% from 217.3 hospital discharges per 100,000 residents in 2016 to 237.8 hospital discharges per 100,000 residents in 2023 (Figure 2.27).

Figure 2.28

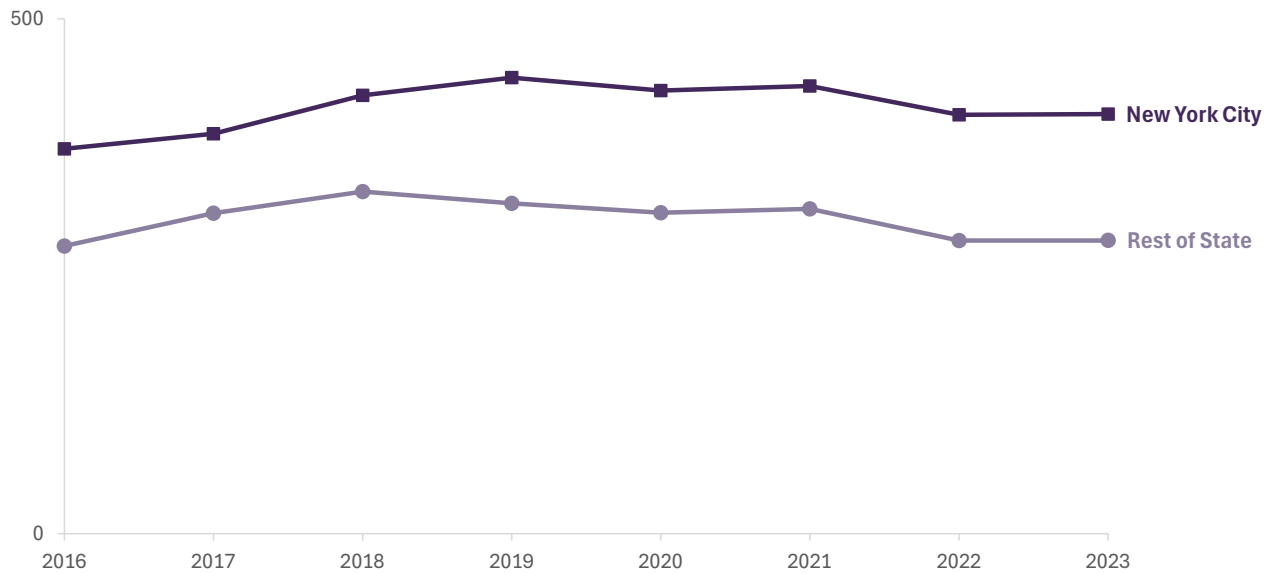
Cannabis-Related Abuse, Dependence, and Use Hospital Discharges by Substance Type, New York State, 2023



In 2023, 71% of all hospital discharges for cannabis-related abuse, dependence, and use in New York State included cannabis as the only substance reported (Figure 2.28).

Figure 2.29

Cannabis-Related Abuse, Dependence, and Use Hospital Discharge Rate per 100,000 Residents by Region, New York State, 2016-2023

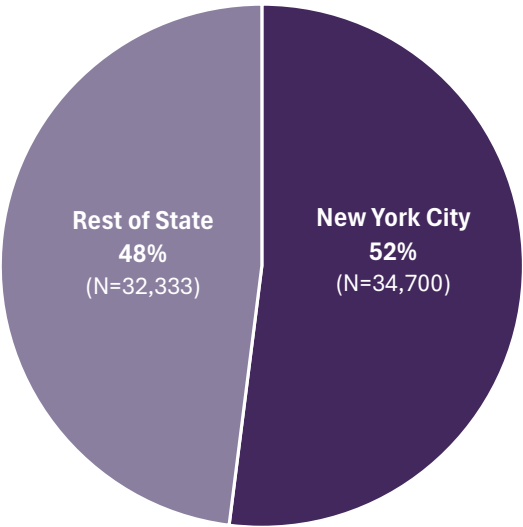


Region	2016	2017	2018	2019	2020	2021	2022	2023
New York City	373.8	388.3	425.7	442.9	430.3	434.7	406.9	407.5
Rest of State	279.4	311.3	332.2	320.7	311.6	315.3	284.7	284.7

From 2016 to 2023, New York City residents had higher hospital discharge rates for cannabis-related abuse, dependence, and use compared to Rest-of-State residents. Both regions showed slight increases in the rate of cannabis-related abuse, dependence, and use hospital discharges from 2016-2023, with New York City residents having the highest percent increase (9% vs. 2%) (Figure 2.29).

Figure 2.30

Cannabis-Related Abuse, Dependence, and Use Hospital Discharges by Region, New York State, 2023



In 2023, New York City residents accounted for 52% of all cannabis-related abuse, dependence, and use hospital discharges in New York State (Figure 2.30).

Table 2.2

Cannabis-Related Abuse, Dependence, and Use Hospital Discharge Rate per 100,000 Residents by Region and County, New York State, 2023

Region /County	Number of Hospital Discharges	Population	Crude Rate
GREATER ALBANY			
Albany	756	315,374	239.7
Columbia	361	61,245	589.4
Delaware	164	44,551	368.1
Fulton	147	52,787	278.5
Greene	69	47,554	145.1
Montgomery	120	49,461	242.6
Otsego	92	59,738	154.0
Rensselaer	365	160,341	227.6
Saratoga	411	237,075	173.4
Schenectady	393	159,603	246.2
Schoharie	37	29,979	123.4
<i>Regional Total</i>	<i>2,915</i>	<i>1,217,708</i>	<i>239.4</i>
ADIRONDACKS			
Clinton	151	78,961	191.2
Essex	70	37,077	188.8
Franklin	144	47,066	306.0
Hamilton*	9	5,102	176.4
Warren	407	65,560	620.8
Washington	155	60,883	254.6
<i>Regional Total</i>	<i>936</i>	<i>294,649</i>	<i>317.7</i>
MID-HUDSON VALLEY			
Dutchess	717	297,144	241.3
Orange	878	403,840	217.4
Sullivan	184	79,147	232.5
Ulster	578	182,109	317.4
<i>Regional Total</i>	<i>2,357</i>	<i>962,240</i>	<i>244.9</i>
LOWER HUDSON VALLEY			
Putnam	204	97,988	208.2
Rockland	384	338,936	113.3
Westchester	2,794	996,888	280.3
<i>Regional Total</i>	<i>3,382</i>	<i>1,433,812</i>	<i>235.9</i>
LONG ISLAND			
Nassau	2,744	1,388,138	197.7
Suffolk	3,332	1,525,680	218.4
<i>Regional Total</i>	<i>6,076</i>	<i>2,913,818</i>	<i>208.5</i>
NEW YORK CITY			
Bronx	11,842	1,419,250	834.4
Kings	8,713	2,646,306	329.3
New York	6,833	1,627,788	419.8
Queens	5,801	2,330,124	249.0
Richmond	1,511	492,734	306.7
<i>Regional Total</i>	<i>34,700</i>	<i>8,516,202</i>	<i>407.5</i>

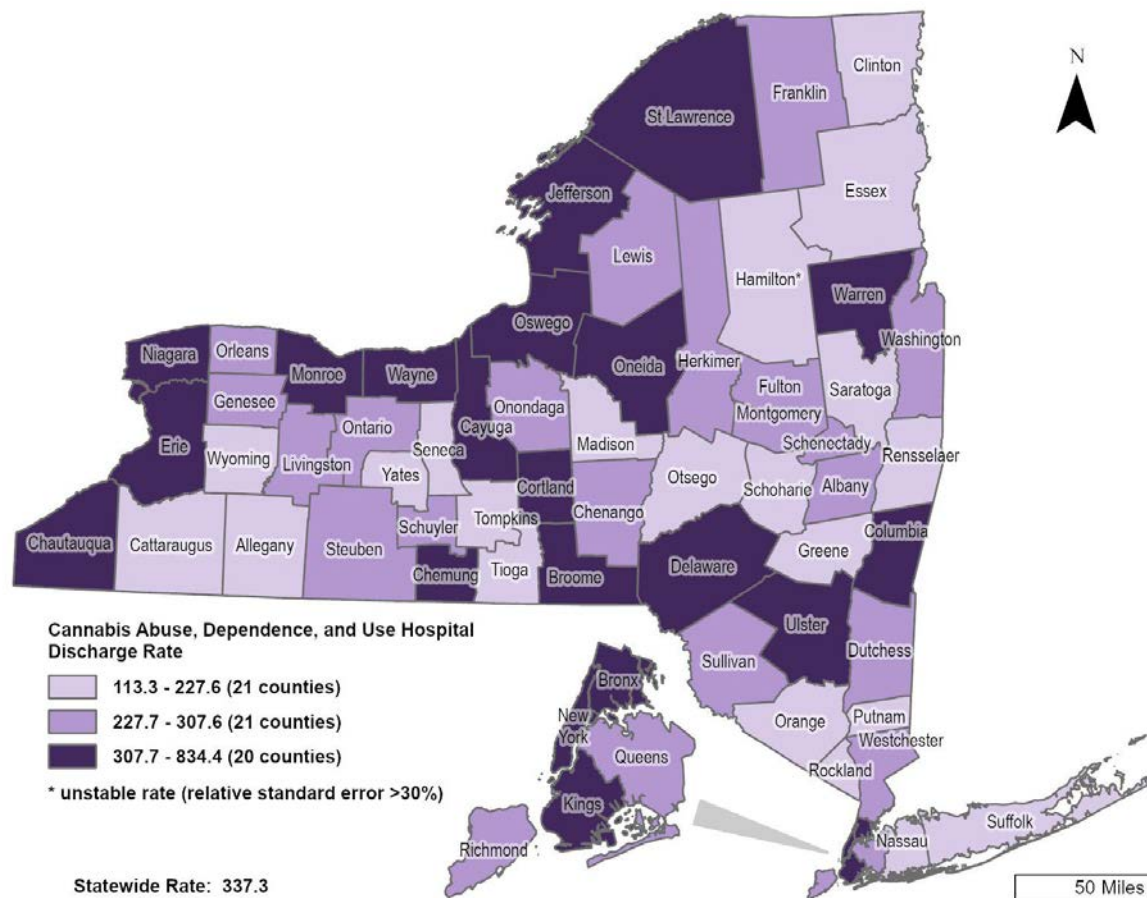
* Less than or equal to 10 hospital discharges, therefore rate may not be stable (Relative Standard Error >30%).

Table 2.2**Cannabis-Related Abuse, Dependence, and Use Hospital Discharge Rate per 100,000 Residents by Region and County, New York State, 2023**

Region /County	Number of Hospital Discharges	Population	Crude Rate
BUFFALO & JAMESTOWN			
Allegany	103	47,027	219.0
Cattaraugus	168	76,479	219.7
Chautauqua	418	126,329	330.9
Erie	3,431	950,044	361.1
Niagara	822	211,341	388.9
<i>Regional Total</i>	<i>4,942</i>	<i>1,411,220</i>	<i>350.2</i>
FINGER LAKES			
Chemung	451	82,805	544.7
Genesee	175	57,943	302.0
Livingston	161	61,588	261.4
Monroe	3,484	754,068	462.0
Ontario	308	112,405	274.0
Orleans	117	39,686	294.8
Schuyler	47	17,749	264.8
Seneca	66	33,125	199.2
Steuben	249	93,034	267.6
Wayne	358	91,128	392.9
Wyoming	67	39,980	167.6
Yates	49	24,637	198.9
<i>Regional Total</i>	<i>5,532</i>	<i>1,408,148</i>	<i>392.9</i>
SYRACUSE, UTICA & ITHACA			
Cayuga	253	75,464	335.3
Cortland	163	46,401	351.3
Herkimer	148	59,932	246.9
Madison	122	67,572	180.5
Oneida	754	229,645	328.3
Onondaga	1,424	471,611	301.9
Oswego	686	117,945	581.6
Tompkins	174	102,879	169.1
<i>Regional Total</i>	<i>3,724</i>	<i>1,171,449</i>	<i>317.9</i>
GREATER BINGHAMTON			
Broome	914	197,738	462.2
Chenango	126	46,685	269.9
Tioga	78	48,106	162.1
<i>Regional Total</i>	<i>1,118</i>	<i>292,529</i>	<i>382.2</i>
TUG HILL			
Jefferson	624	116,130	537.3
Lewis	74	26,618	278.0
St. Lawrence	653	107,796	605.8
<i>Regional Total</i>	<i>1,351</i>	<i>250,544</i>	<i>539.2</i>
NEW YORK STATE			
<i>Statewide Total</i>	<i>67,033</i>	<i>19,872,319</i>	<i>337.3</i>

Figure 2.31

Cannabis-Related Abuse, Dependence, and Use Hospital Discharge Rate per 100,000 Residents by County, New York State, 2023



In 2023, rates of cannabis-related abuse, dependence, and use hospital discharges per 100,000 residents varied widely across New York State counties, revealing significant geographic disparities. Rates ranged from 113.3 to 834.4 per 100,000 residents, with a statewide rate of 337.3 per 100,000 residents. The highest rates were in Bronx (834.4) Warren (620.8), St. Lawrence (605.8), and Columbia (589.4) counties - each far exceeding the statewide average. Additional counties with elevated rates included Oswego, Broome, and Monroe. Lower rates were concentrated in portions of the Southern Tier, Hudson Valley, and Long Island, while mid-range rates were distributed across both urban and rural counties (Figure 2.31).

LIMITATIONS

Limitations of the Statewide Planning and Research Cooperative System Database

Healthcare facilities licensed in New York State, under Article 28 of the Public Health Law, are required to submit their inpatient and/or outpatient data to a comprehensive all-payer data reporting system called the Statewide Planning and Research Cooperative System (SPARCS).

The accuracy of cannabis-related indicators that rely on International Classification of Diseases (ICD-10-CM) diagnosis codes is limited by the completeness and quality of each facility's reporting and coding. Thus, SPARCS data may not be 100% complete and is subject to data revisions and updates. Per New York State Rules and Regulations, Section 400.18 of Title 10, data are required to be submitted on a monthly basis. Furthermore, 95% of the data are required to be reported within 60 days following the end of the month of the patient's emergency department visit or hospital discharge, and 100% of the data are due 180 days following the end of the month of the patient's emergency department visit or hospital discharge.

The SPARCS data do not include emergency department visits or hospital discharges for people who sought care from hospitals outside of New York State. This may lower the number and rates of emergency department visits and hospital discharges for some counties in New York State, especially for those that border other states.

Limitations of the Cannabis-Related Case Definitions

Interpretation or communication of emergency department visit and hospital discharge data should not imply that all identified visits were directly caused by cannabis use or exposure. Instead, findings should be described as "cannabis-related," meaning the emergency department visit or hospital discharge record included a cannabis-related diagnosis code. It is important to note that the presence of these codes does not confirm causation, and there are key limitations that must be considered when interpreting their meaning.

The accuracy of indicators derived from emergency department visit and hospital discharge data is influenced by the completeness and quality of ICD-10-CM diagnostic coding. Coding practices can vary across healthcare systems and regions, and may also shift over time – for example, changes in legalization or stigma may influence what healthcare professionals document or what patients report. Such variability can affect how consistently cannabis-related diagnoses are captured.

In addition, health systems differ in the number of diagnosis fields available in their reporting systems. Health systems with more fields may document cannabis-related conditions more frequently than those with fewer fields, which can affect comparability across locations.

Cannabis-related poisoning emergency department visits and hospital discharges exclude adverse effects (ICD-10 -CM code: T40.7X5) from the case definition in order to maintain consistency with the Council of State and Territorial Epidemiologists (CSTE) Injury Epidemiology and Surveillance Subcommittee drug overdose indicator case definition,¹⁷ which includes criteria for cannabis and other substances. Excluding adverse effects from cannabis-related poisoning visits may underrepresent some cannabis-involved presentations, especially those related to unintentional exposures or product reactions.

Finally, diagnosis codes do not distinguish cannabis product type, route of administration (such as smoked, edible, or concentrated products), or whether the product was legally regulated, illicit, or hemp derived. As a result, case definitions can only be applied to “cannabis” broadly and inherently group diverse product types and regulatory contexts together.

PUBLIC HEALTH RECOMMENDATIONS

The findings presented in this report highlight the need for a coordinated public health response to prevent unintentional cannabis exposures, reduce underage cannabis use, and promote safe and responsible consumption among adults. When the Marijuana Regulation and Taxation Act legalized cannabis for New York adults 21 years and older in 2021, the law established a mandate for New York State agencies to protect public health and safety through regulations, public education, and public health surveillance (Cannabis Law §19, §81, §82). This mandate is designed to ensure that cannabis products are safe for consumers and that products and businesses do not target youth. It includes rigorous quality assurance standards for cultivation and manufacturing; strict requirements for product testing, labeling, packaging, and advertising; public education campaigns and informational materials; ongoing monitoring of outcomes and emerging public health concerns; research initiatives; and partnerships with public health and community stakeholders.

Building on this foundation, New York State recommends a multi-pronged approach to further strengthen public health protections. The recommendations outlined below complement existing public health efforts and are intended for a broad range of partners across the state, including the New York State Department of Health, other state health and regulatory agencies such as the Office of Cannabis Management, individuals who use cannabis, clinicians, patients, advocates, parents, and other trusted adults.



Prevent Unintentional Cannabis Consumption Through Safe Storage Public Awareness

Young children remain the most vulnerable to unintentional cannabis exposures, which often occur through edibles and other products that resemble common snacks, candies, or drinks. To help reduce the risk of accidental exposure or ingestion, The Department of Health shares guidance on safe and secure storage through its [public website](#) and various social media platforms. In addition, the Office of Cannabis Management has developed a [Cannabis Education Library](#) to support informed decision-making and conversations about cannabis. This resource provides a wide range of easy-to-understand educational materials for consumers, parents, healthcare providers, and educators, with a focus on cannabis use in New York State. To prevent unintentional cannabis consumption, it is recommended:

- **The Office of Cannabis Management continue to enforce current regulations** which require regulated products to undergo laboratory testing and potency verification, require child-resistant packaging, and prohibit imagery or branding that is attractive to youth.
- **The Office of Cannabis Management continue to advance comprehensive public education campaigns** that target parents and caregivers on safe cannabis storage, particularly edibles and concentrates, the importance of purchasing regulated products that meet child-resistant and tamper-evident packaging standards, and what to do in case of accidental ingestion (e.g., calling the Poison Center, a healthcare provider, or 911).

- **The Department of Health, the Office of Cannabis Management, and public health partners continue to provide messaging** to parents and caregivers to recognize cannabis-infused products and distinguish regulated from unregulated or hemp-derived items, and to understand and interpret cannabis product labels to make safer purchasing, consumption, and storage decisions.
- **The Department of Health, the Office of Cannabis Management, and public health partners continue to promote harm reduction strategies** for individuals who use cannabis who have children in their household, including encouraging use of legal products which are laboratory tested and have child-resistant, tamper-evident packaging.



Foster Equity & Access to Health Care

Disparities in disease burden and access to care persist across populations, including cannabis-related health care encounters. In collaboration with the Office of Cannabis Management, the Department of Health will continue to collect and analyze data on the impact of cannabis use to inform the development of culturally appropriate resources, messaging, and outreach efforts tailored to the needs of affected communities. To address existing inequities, it is recommended:

- **The Department of Health and the Office of Cannabis Management continue monitoring groups that are disproportionately impacted** by higher cannabis-related healthcare utilization to identify and respond to shifting trends.
- **The Department of Health and the Office of Cannabis Management investigate disproportionate rates** of cannabis-related emergency department visits and hospitalizations among Black, Hispanic, Native American, and multiracial groups and identify why those differences exist.
- **Public health partners develop tailored prevention**, treatment, and recovery programs that are accommodating and culturally responsive to be most effective for those they serve.



Prevent Underage Use through Youth and Adolescent Education and Supports

Cannabis is now legal for adults 21 years and older in New York State — this change affects every family, school, and community. Young people need clear, trustworthy information—not only about what is legal and what is not, but about the health effects of cannabis and where to find support. The Department of Health is analyzing data to better understand the impact of cannabis on young people in New York State and to disseminate information on youth-specific considerations, the effects of cannabis consumption, and harm reduction strategies to prevent use. This information is targeted to young people, parents, and other trusted adults. To ensure the quality, accuracy, and relevance of educational materials for young people and the parents and trusted adults in their lives, the Office of Cannabis Management is convening the Cannabis Education Advisory Panel. This statewide panel of experts will provide guidance on the development, review, and evaluation of youth-focused cannabis education resources. The Cannabis Education Advisory Panel will include representatives from state agencies such

as the Department of Health, Office of Addiction Services and Supports, and Office of Children and Family Services, as well as individuals with deep subject-matter expertise and lived experience in adolescent health and development, education, behavioral health, and community engagement. Panel membership will reflect representation from all regions of the state. To prevent underage cannabis use, it is recommended:

- **Public health partners continue to provide evidence-based, developmentally appropriate, harm reduction cannabis education** tailored to children and teenagers in both schools and communities—the information needs to be where people can find it and use it.
- **The Department of Health, the Office of Cannabis Management, and public health partners continue to provide information to young people** that teaches them about the health effects and risks related to cannabis use, common cannabis myths, reasons for avoiding use that include decision-making and refusal skills, and practical ways to build confidence in navigating conversations about cannabis with their peers and the trusted adults in their lives.
- **Public health partners communicate with educators and healthcare providers about patterns of co-use** of cannabis with alcohol, nicotine or tobacco, and other substances to ensure they feel prepared talk to young people about the risks and how to navigate adverse events.
- **The Office of Cannabis Management continue to limit youth and adolescent access**, availability, and exposure by regulating retail sale locations and density.
- **The Department of Health and the Office of Cannabis Management extend supports and education to healthcare providers** who treat young people to increase their awareness of strategies to integrate universal screening and advisement with young patients.
- **The Department of Health and the Office of Cannabis Management partner to address perceptions of the prevalence of consumption** among young people and adults and communicate that most youth do not consume cannabis.

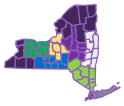


Prepare and Train Healthcare Providers to Identify and Respond to Emerging Cannabis Issues

Despite rising cannabis use, formal medical and pharmacy curricula rarely cover cannabis, leaving many clinicians underprepared to address cannabis-related concerns. As public use grows and emergency department visits increase, providers need a stronger understanding of the cannabis products available in both regulated and unregulated markets and effective strategies for discussing consumption with patients. The development and advancement of clinical guidelines for [Therapeutic Use of Medical Cannabis in New York State](#) and [Clinical Approaches to Medical Cannabis](#), including clinician-focused trainings on cannabis use, patient counseling, and identification of conditions such as Cannabinoid Hyperemesis Syndrome

(CHS), psychosis, and pediatric exposures, is essential. To assist health care providers in identifying and responding to emerging cannabis issues, it is recommended:

- **The Department of Health increase opportunities for continuing education and professional development opportunities** for physicians, nurse practitioners, physician assistants, nurses, and pharmacists through the Clinical Education Initiative (CEI) and other pathways, focused on cannabis pharmacology, product diversity, and clinical best practices to enhance their capacity to deliver high-quality education and healthcare services.
- **The Department of Health expand efforts to encourage providers to use evidence-based approaches to** screen, counsel, and refer patients.
- **The Department of Health and public health partners to develop strong referral pathways** between screen, counsel, and refer emergency departments, primary care, mental health, and substance use treatment providers to ensure warm handoffs and continuity of care.



Geographic Targeting

Our findings reveal regional variations in cannabis-related healthcare burden and encounter rates, supporting the enhancement of surveillance methods to improve understanding of both real-time and longitudinal consumption impacts across diverse regions of the state. To better understand and address regional variation in cannabis-related burden, it is recommended:

- **The Department of Health and the Office of Cannabis Management investigate disproportionate rates** of cannabis-related emergency department visits and hospitalizations among high-burden areas (e.g., New York City boroughs, Western and Central New York, North Country) and identify why those differences exist.
- **The Department of Health and the Office of Cannabis Management examine regional differences** by understanding several factors that vary by region such as the underlying population, the availability of regulated versus illicit cannabis products, the availability and accessibility of health care services, and the diagnostic coding practices of hospital systems.
- **The Department of Health and the Office of Cannabis Management continue ongoing assessment** of geographic differences as a part of comprehensive cannabis public health surveillance effort.



Support Data-Driven Policy and Education through Surveillance and Research

In collaboration with the Office of Cannabis Management, the Department of Health is standardizing statewide reporting on cannabis consumption and its impacts on residents and the healthcare system through the use of a consensus case definition, enhanced survey methodologies, multi-source data analysis, as well as the development of reports, data briefs, and educational resources. To strengthen public health practice, inform cannabis regulation, and support public education, it is recommended:

- **The Department of Health continue to maintain timely Statewide Planning and Research Cooperative System based data monitoring** as part of a comprehensive cannabis public health surveillance plan, with a regular schedule for releasing updated results to guide decision-making.
- **The Department of Health and the Office of Cannabis Management explore ways to collect more granular data** on product type (e.g., edibles, vapes, concentrates, and synthetic cannabis) and product source (e.g., regulated, illicit, hemp-derived) to enhance surveillance and enable more targeted interventions and educational efforts.
- **The Department of Health conduct more detailed analyses** of trends in different types of cannabis-related emergency department visits, hospital discharges, and associated diagnosis codes to identify emerging patterns. These analyses will also support continuous improvement in of measurement methods and help guide training for hospital systems on accurate use of cannabis-related codes, improving data quality and the validity of findings.

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APPENDIX

Figure A1
Volume of Emergency Department Visits for Poisoning, Ages 0-4 Years, Primary Diagnosis Only*, New York State, 2016-2024

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total ED Visits	656,127	615,523	624,509	597,166	311,643	432,309	577,612	538,690	520,293
Total ED Poisoning* Visits (PDx)	2,344	2,437	2,223	2,099	1,448	1,918	1,761	1,298	1,460
Total ED Poisoning* Visits (PDx), % of Total ED Visits	0.36%	0.40%	0.36%	0.35%	0.46%	0.44%	0.30%	0.24%	0.28%
Total ED Cannabis Visits (PDx)	SS	18	23	35	97	159	210	216	245
Total ED Cannabis Visits (PDx), % of Total ED Visits	0.00%	0.00%	0.00%	0.01%	0.03%	0.04%	0.04%	0.04%	0.05%

Notes:
*Emergency department visits with primary diagnosis codes for non-medicinal poisonings are not included.
SS: small cell size under 11; data is suppressed.

Figure A2

Number of Emergency Department Visits for Poisoning, Ages 0-4 Years by Visit Type and Diagnosis Category, Primary Diagnosis Only, New York State, 2016-2024

			Poisoning Visits										Rank									
Category	ICD-10-CM Code/Group	Diagnosis and Group Description	2016	2017	2018	2019	2020	2021	2022	2023	2024	2016	2017	2018	2019	2020	2021	2022	2023	2024		
STATEWIDE TOTAL	TOTAL	STATEWIDE TOTAL	2,344	2,437	2,223	2,099	1,448	1,918	1,761	1,298	1,460	0	0	0	0	0	0	0	0	0		
NON OPIOID/HEROIN DRUGS	T50	Poisoning by, adverse effect of and underdosing of diuretics and other and unspecified drugs, medicaments and biological substances	489	496	460	427	307	412	384	259	279	1	1	1	1	1	1	1	1	1		
CANNABIS	T407	Poisoning by, adverse effect of and underdosing of cannabis (derivatives)	55	18	23	35	97	159	210	216	245	21	17	14	14	5	5	2	2	2		
NON OPIOID/HEROIN DRUGS	T45	Poisoning by, adverse effect of and underdosing of primarily systemic and hematological agents, not elsewhere classified	232	262	220	211	154	216	186	121	163	2	2	2	2	2	2	3	3	3		
NON OPIOID ANALGESICS	T391X1	Poisoning by 4-Aminophenol derivatives, accidental (unintentional)	170	186	171	158	85	185	176	98	109	5	4	3	4	6	3	4	4	4		
NON OPIOID/HEROIN DRUGS	T46	Poisoning by, adverse effect of and underdosing of agents primarily affecting the cardiovascular system	152	146	156	130	118	133	105	91	105	7	7	5	6	4	6	7	5	5		
NON OPIOID/HEROIN DRUGS	T43	Poisoning by, adverse effect of and underdosing of psychotropic drugs, not elsewhere classified	171	179	153	185	141	177	146	82	81	4	5	6	3	3	4	5	6	6		
NON OPIOID/HEROIN DRUGS	T49	Poisoning by, adverse effect of and underdosing of topical agents primarily affecting skin and mucous membrane and by ophthalmological, otorhinolaryngological and dental drugs	183	214	170	144	83	126	121	70	63	3	3	4	5	7	7	6	7	7		
NON OPIOID/HEROIN DRUGS	T38	Poisoning by, adverse effect of and underdosing of hormones and their synthetic substitutes and antagonists, not elsewhere classified	84	94	95	113	60	60	59	37	54	11	11	11	8	10	11	8	12	8		
NON OPIOID ANALGESICS	T39311	Poisoning by propionic acid derivatives, accidental (unintentional)	110	117	107	106	58	61	55	38	50	10	10	10	9	11	10	10	10	9		
NON OPIOID/HEROIN DRUGS	T42	Poisoning by, adverse effect of and underdosing of antiepileptic, sedative- hypnotic and antiparkinsonism drugs	130	130	109	102	70	86	48	49	50	9	8	9	10	8	8	11	8	9		
NON OPIOID/HEROIN DRUGS	T44	Poisoning by, adverse effect of and underdosing of drugs primarily affecting the autonomic nervous system	132	126	126	89	68	75	59	46	49	8	9	8	11	9	9	8	9	11		
NON OPIOID/HEROIN DRUGS	T48	Poisoning by, adverse effect of and underdosing of agents primarily acting on smooth and skeletal muscles and the respiratory system	67	86	66	82	27	41	42	38	46	12	12	12	12	13	13	12	10	12		
NON OPIOID/HEROIN DRUGS	T47	Poisoning by, adverse effect of and underdosing of agents primarily affecting the gastrointestinal system	64	51	54	51	24	44	34	31	37	13	13	13	13	14	12	13	14	13		
NON OPIOID/HEROIN DRUGS	T36	Poisoning by, adverse effect of and underdosing of systemic antibiotics	166	153	141	117	37	27	22	35	26	6	6	7	7	12	15	15	13	14		
OPIOID/HEROIN DRUGS	T404	Poisoning by, adverse effect of and underdosing of other synthetic narcotics	28	22	22	19	24	34	16	15	20	15	16	15	17	14	14	16	16	15		
NON OPIOID ANALGESICS	T39011	Poisoning by aspirin, accidental (unintentional)	24	29	19	23	22	16	15	13	16	16	15	17	16	16	16	17	17	16		
OPIOID/HEROIN DRUGS	T402	Poisoning by, adverse effect of and underdosing of other opioids	32	34	22	27	18	16	24	19	16	14	14	15	15	17	16	14	15	16		
NON OPIOID ANALGESICS	T39391	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], accidental (unintentional)	14	14	55	55	55	55	11	55	11	18	19	23	20	18	21	18	21	18		
NON OPIOID/HEROIN DRUGS	T37	Poisoning by, adverse effect of and underdosing of other systemic anti-infectives and antiparasitics	19	15	16	15	55	55	55	55	55	17	18	18	18	21	21	21	21	19		

Notes:

1. Categorization is based on primary diagnosis only.

2. All poisoning categories are mutually exclusive.

3. Visits with primary diagnosis codes for non-medicinal poisonings are not included.

4. Analysis is restricted to identification of the poisoning via primary diagnosis only, as opposed to identification using both: primary or secondary diagnoses.

--- Using Primary diagnosis only for poisoning visit identification decreased the poisoning cohort. This decrease varies by poisoning group (16% - 64% loss).