

## **Cannabis Diagnosis in Children, Adolescents, and Young Adults in Nassau County, January 1, 2018 – June 30, 2023**

This report describes cannabis-related inpatient, outpatient, and emergency department (ED) visits in Nassau County from January 1, 2018, to June 30, 2023. Cases were classified as cannabis-related if the diagnosis code contained any of the following: **F12**, **T4071**, **T407X1**, **J662**, or **P0481**. These diagnosis codes stand for cannabis abuse, dependence, use, cannabis induced sleep disorder, cannabis poisoning, cannabinosis, and newborn affected by maternal use of cannabis. All diagnosis type codes were utilized. The cannabis dataset was divided into three age groups: 0-12 (Children), 13-17 (Adolescents) and 18-24 (Young Adults). Total frequencies of 10 or less were suppressed to meet data suppression criteria.

### **KEY TAKAWAYS**

Cannabis-related inpatient, outpatient, and ED visits reflected different annual trends across age groups. Since 2019 there was a consistent increase in the total annual frequency of visits for children. In fact, between 2019 – 2022 there was a 128% increase in the total number of annual cases. The number of cases per year for adolescents and young adults remained relatively consistent between 2018 - 2022.

Adolescents and young adults had higher total daily visits during the weekdays (Monday through Friday). Children had most of their visits on Monday, Tuesday or Saturday. When analyzing admission times, children and adolescents were most frequently admitted in the evening. For young adults, most were admitted to a hospital facility during the morning. A closer look at young adults found that around 60% of morning admissions were at 9:00 am for outpatient care (2176 of the 3655 total morning visits). When outpatient care was removed, and only inpatient or emergency visits were included, most young adults were admitted in the afternoon or evening.

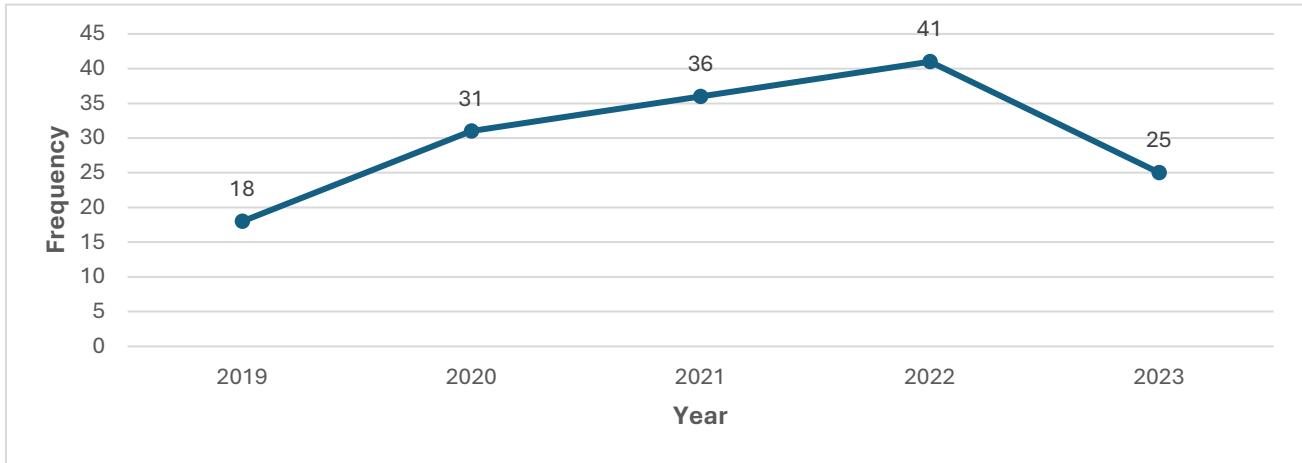
When examining the principal diagnosis for claims, the 00-12 age group primarily had principal diagnosis codes of cannabis poisoning, single liveborn infant delivered vaginally, or single liveborn infant delivered by cesarean. All cases with principal diagnosis of single liveborn infant delivery were flagged as a cannabis related visit due to a co-diagnosis of P0481 (newborn affected by maternal use of cannabis). For the other age groups, mental health related principal diagnoses like psychosis, depressive disorder, bipolar disorder, adjustment disorder, and mood disorder were very prevalent. In fact, around 60% of adolescents and young adults had at least one mental health co-diagnosis.

For all age groups, cannabis-related diagnoses were most prevalent among whites. However, when looking at rates for each race, Black/African American patients had the highest rate in children, American Indian/Alaskan Native were highest in adolescents, and Black/African American patients had the highest rates in young adults.



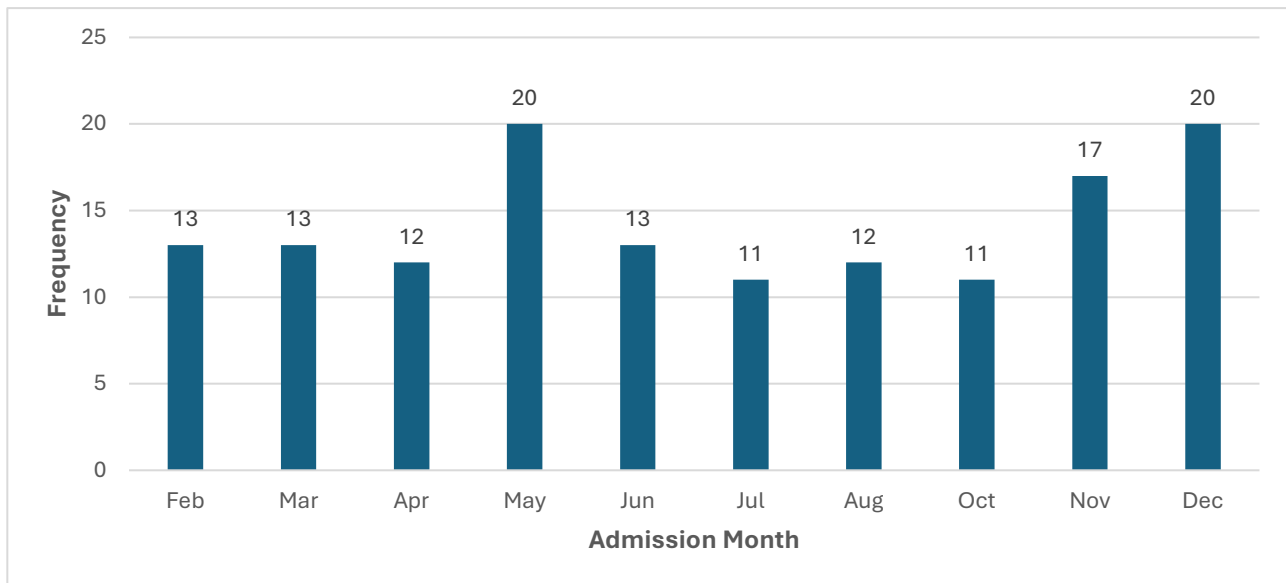
## Age: 00 to 12-Year-Olds

**Figure 1 – Cumulative Cannabis-Related Visits for Children (Aged 00 – 12) by Year of Discharge: January 1, 2018 – June 30, 2023**



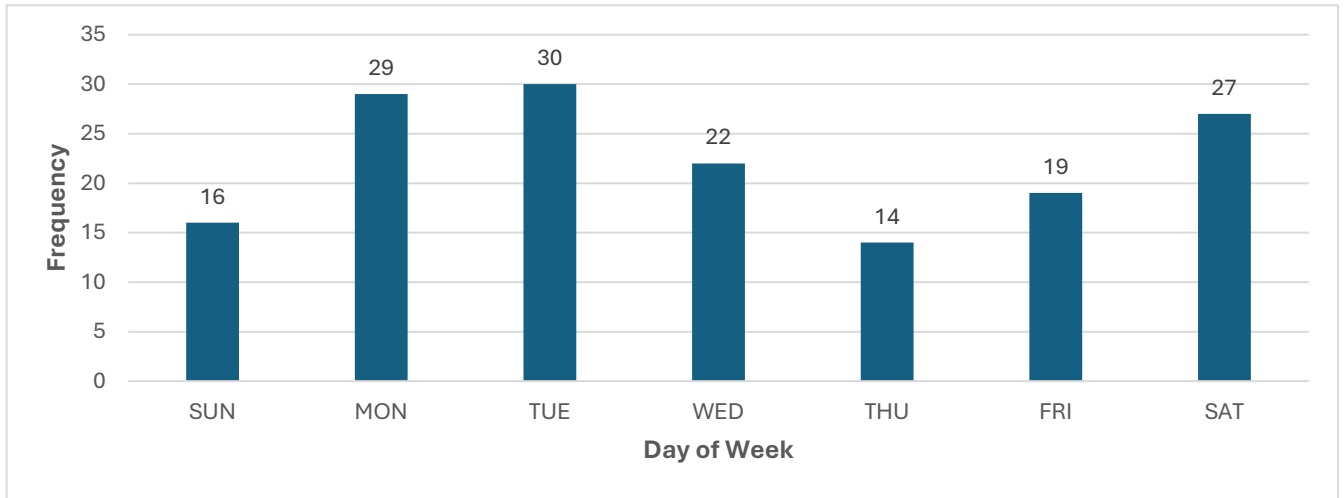
The frequency of emergency department, inpatient and outpatient admissions has been increasing since 2019. 2018 data is suppressed and not shown above. From January 1<sup>st</sup> to June 30<sup>th</sup>, 2023, there were 25 cases.

**Figure 2 – Cumulative Cannabis-Related Visits for Children (Aged 00 – 12) by Admission Month: January 1, 2018 – June 30, 2023**



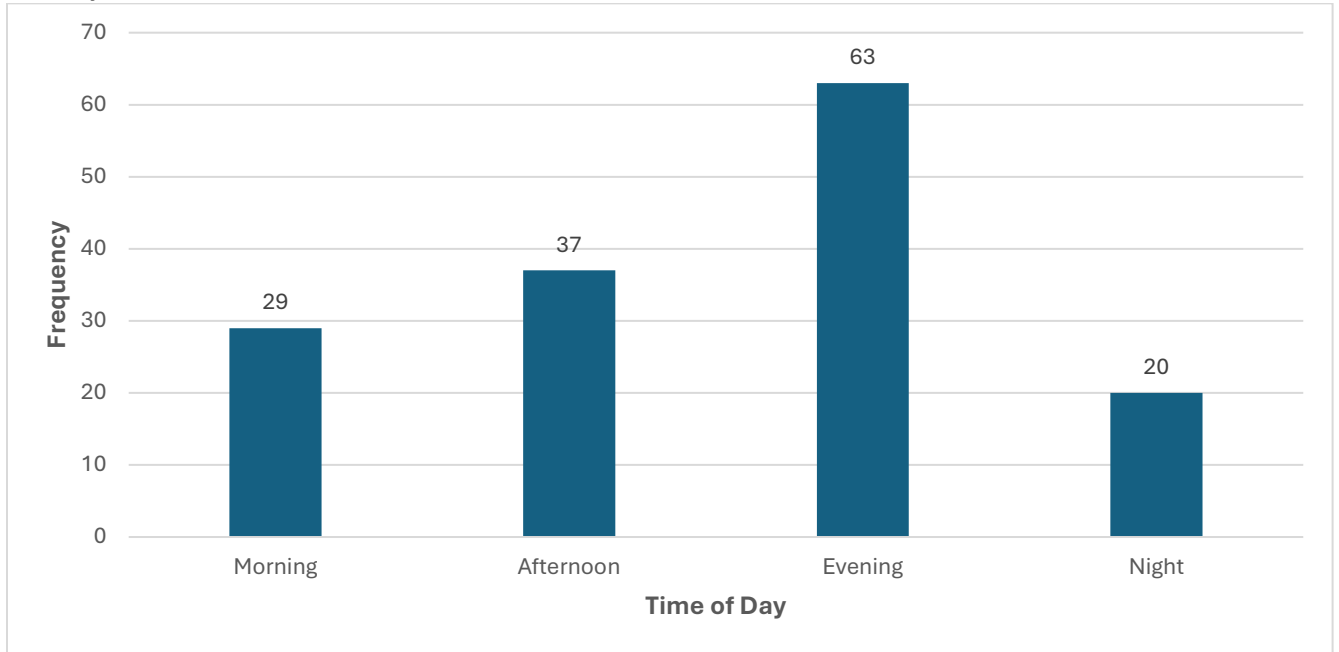
The average frequency of admissions for unsuppressed months was 14.2 per month. January and September are not shown in the chart above because there were less than 11 cases within each of those months, so data was suppressed.

**Figure 3 – Cumulative Cannabis-Related Visits for Children (Aged 00 – 12) by Day of Admittance: January 1, 2018 – June 30, 2023**



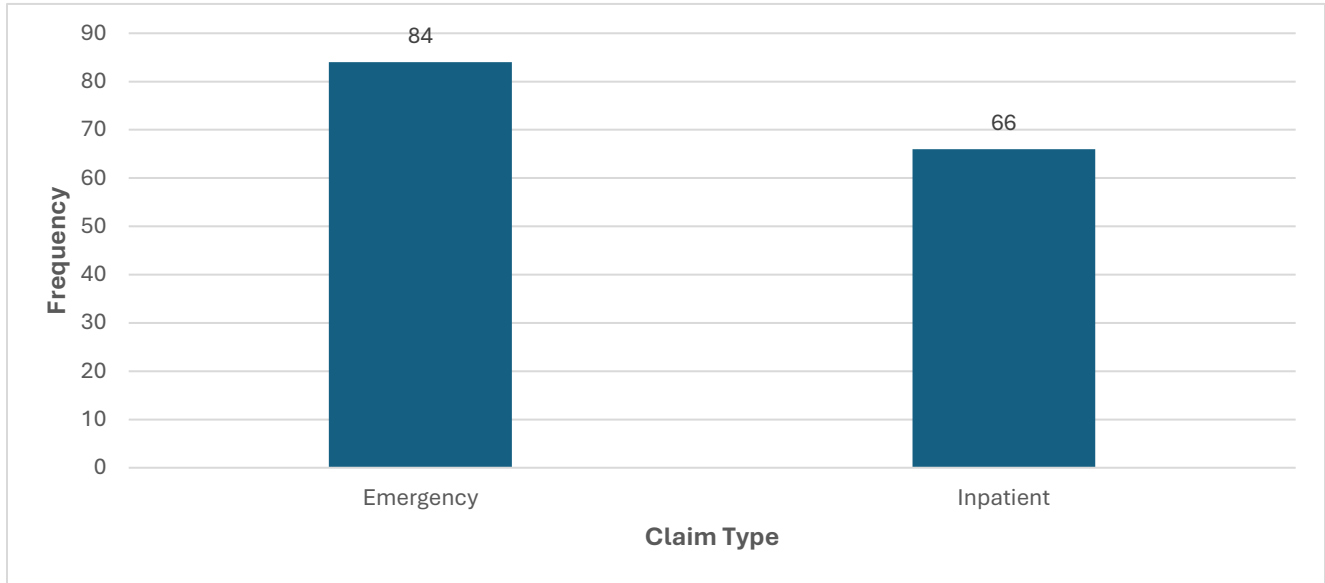
The highest number of admissions were on Monday, Tuesday, and Saturday.

**Figure 4 – Cumulative Cannabis-Related Visits for Children (Aged 00 – 12) by Time of Day: January 1, 2018 – June 30, 2023**



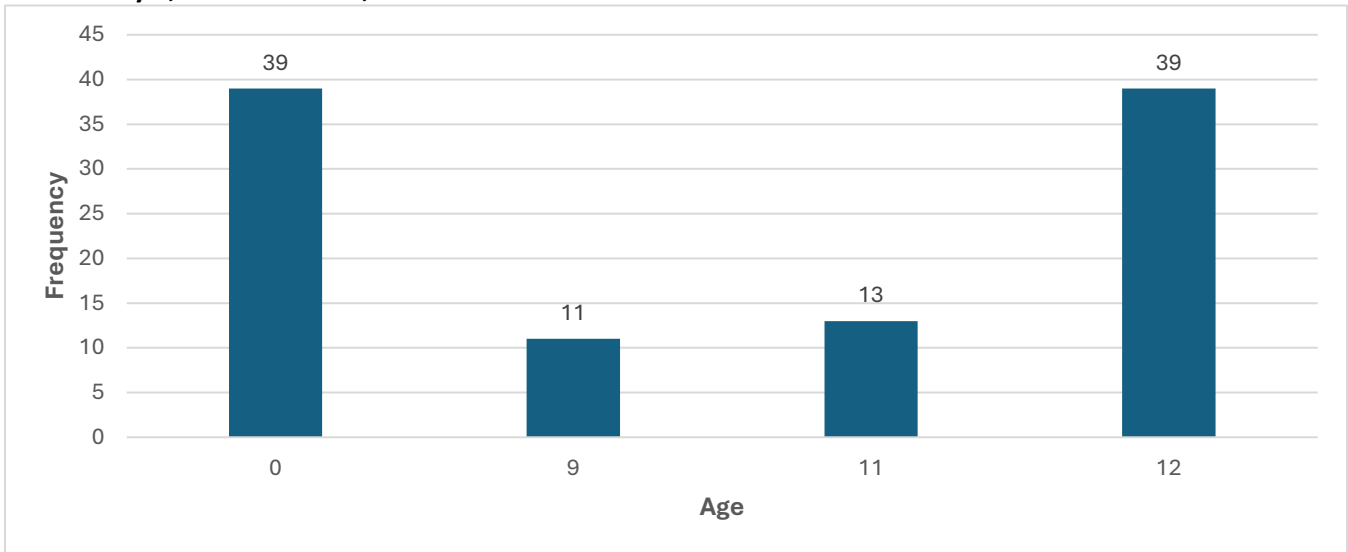
Most children were admitted in the evening. Time of day was derived from the patient’s admission hour. Morning was between 6:00 am – 11:59 am, Afternoon was between 12:00 pm – 5:59 pm, Evening was between 6:00 pm – 11:59 pm, and night was between 12:00am – 5:59pm.

**Figure 5 – Cumulative Cannabis-Related Visits for Children (Aged 00 – 12) by Claim Type:  
January 1, 2018 – June 30, 2023**



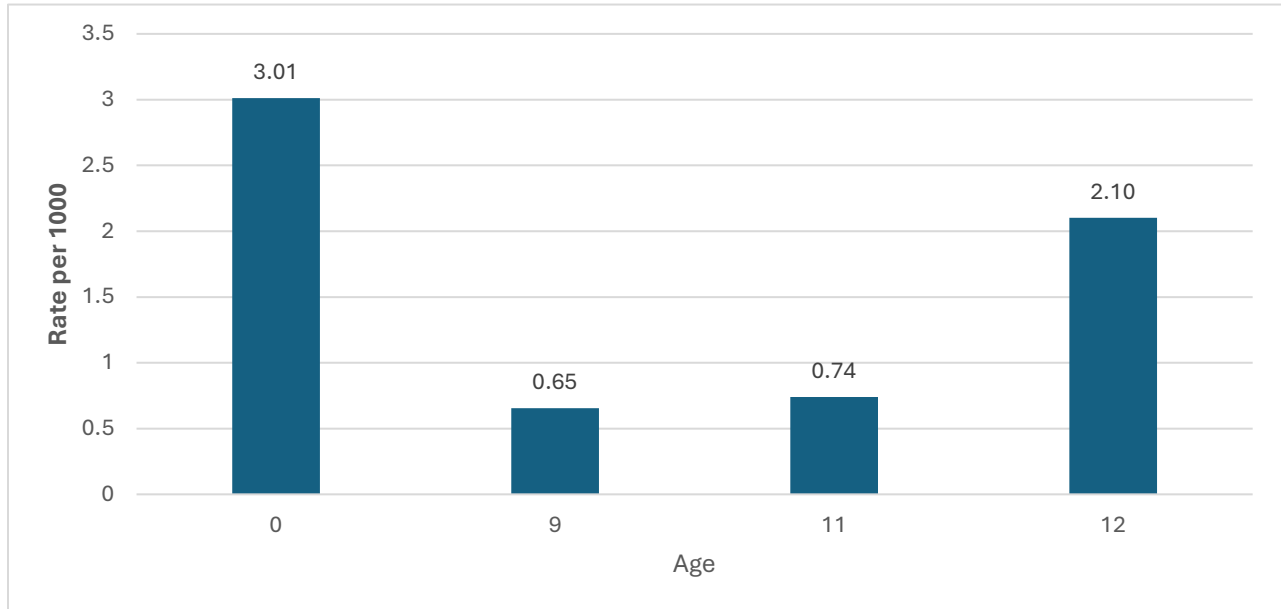
Emergency department and inpatient admissions are **not** mutually exclusive. Outpatient visits are suppressed.

**Figure 6 – Cumulative Cannabis-Related Visits for Children (Aged 00 – 12) by Age  
January 1, 2018 – June 30, 2023**



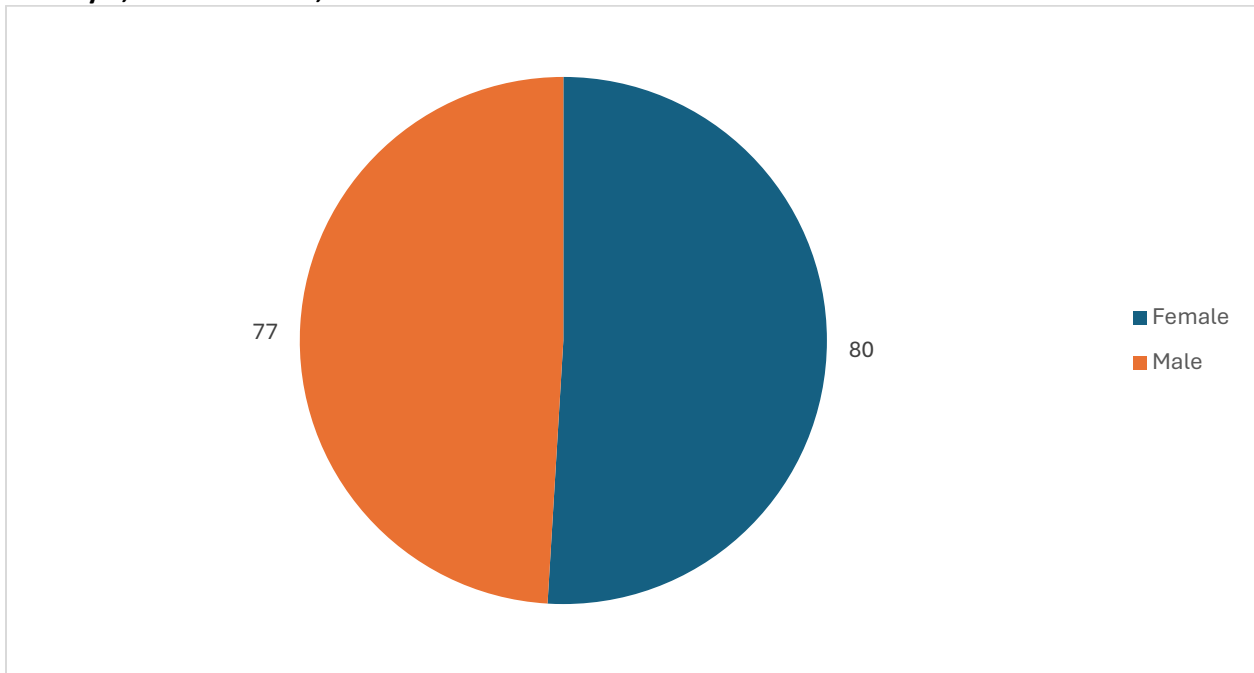
36 of the 39 cases aged 0 had ICD 10 code P0481 (newborn affected by maternal use of cannabis). For 9-, 11-, and 12-year-olds diagnosis codes varied between cannabis use, cannabis abuse, cannabis dependence and cannabis poisoning. All other ages within the 00-12 group had 10 or fewer total cases and were suppressed.

**Figure 7 – Rate per 1,000 of Cannabis-Related Visits for Children (Aged 00 – 12) by Age:  
January 1, 2018 – June 30, 2023**



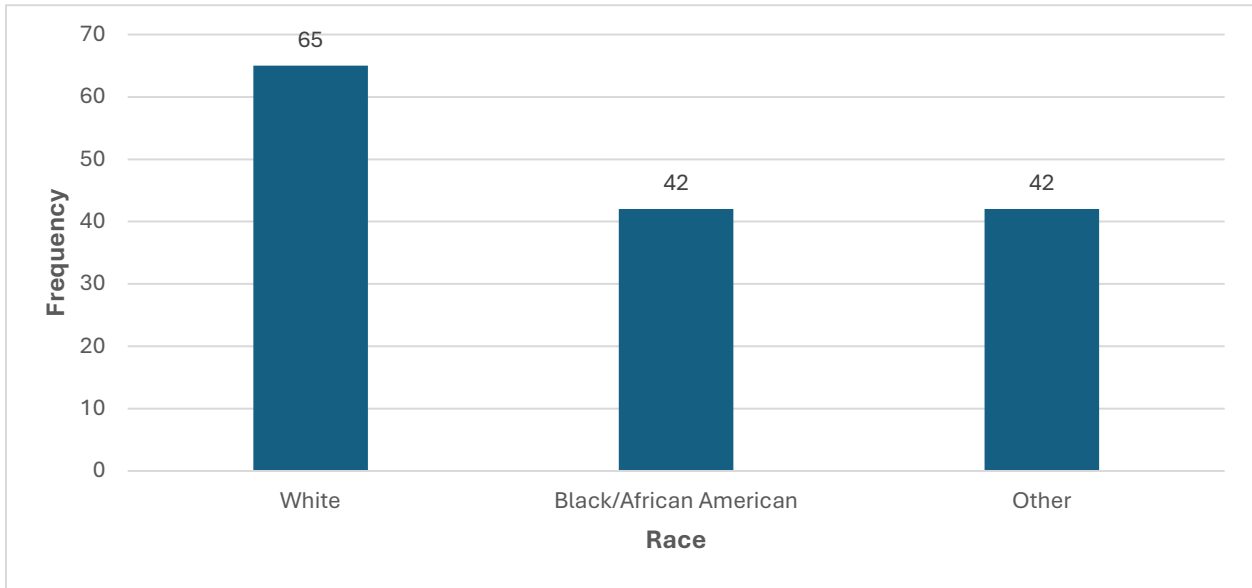
Those aged 0 (under one year old) had the highest cumulative rate per 1,000.

**Figure 8 – Cumulative Cannabis-Related Visits for Children (Aged 00 – 12) by Gender:  
January 1, 2018 – June 30, 2023**



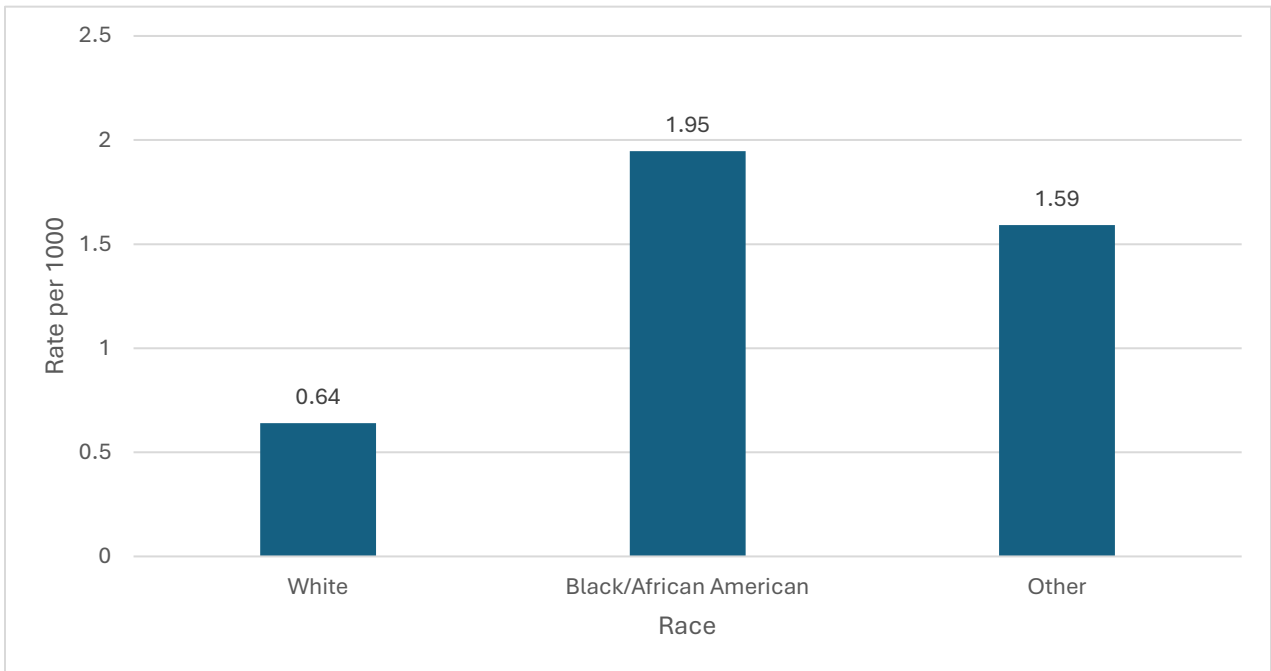
There were slightly more females than males in this age group.

**Figure 9 – Cumulative Cannabis-Related Visits for Children (Aged 00 – 12) by Race: January 1, 2018 – June 30, 2023**



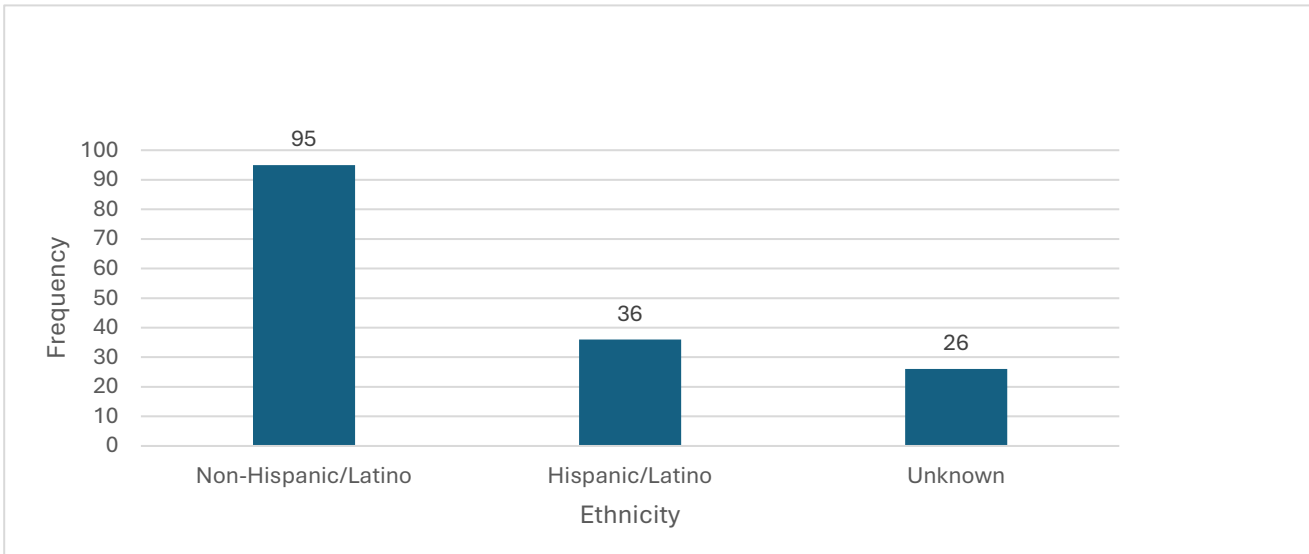
Cumulative frequency was highest in the White population. Races not represented in the chart above (Asian, American Indian/Alaskan Native, and Native Hawaiian/Pacific Islander) had fewer than 11 cases and were suppressed.

**Figure 10 – Rate per 1,000 of Cannabis-Related Visits for Children (Aged 00 – 12) by Race: January 1, 2018 – June 30, 2023**



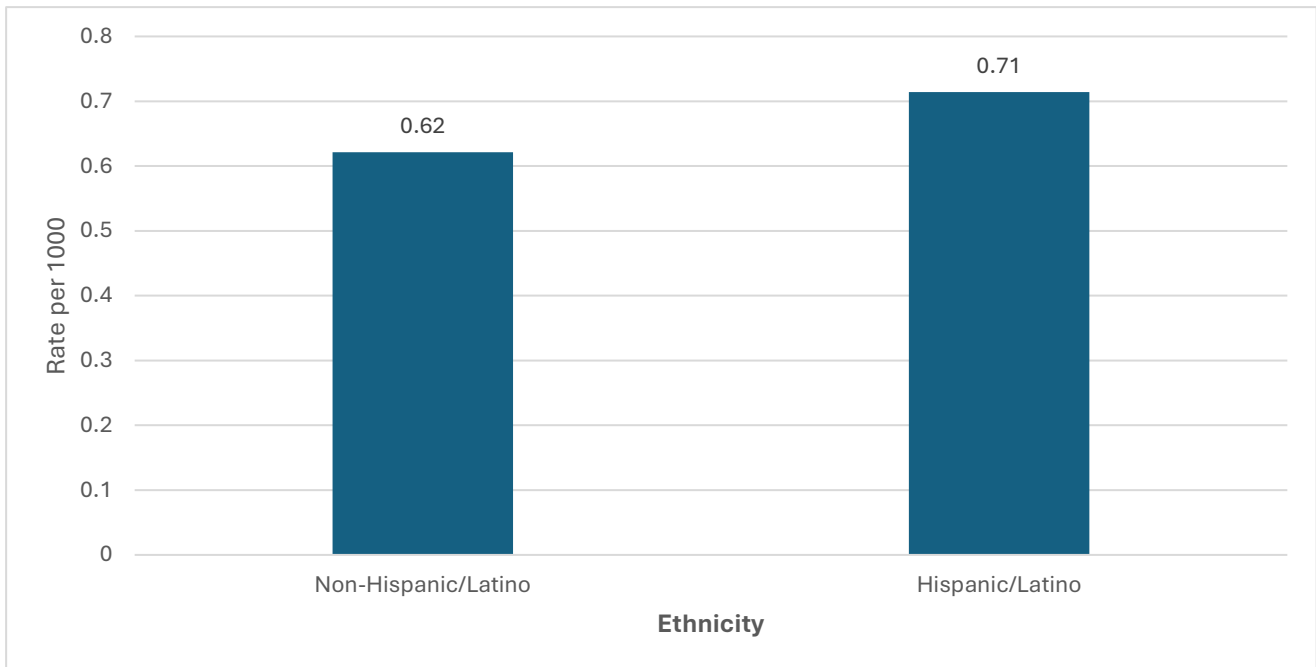
The cumulative rate was highest amongst Black/African American children.

**Figure 11 – Cumulative Cannabis-Related Visits for Children (Aged 00 – 12) by Ethnicity: January 1, 2018 – June 30, 2023**



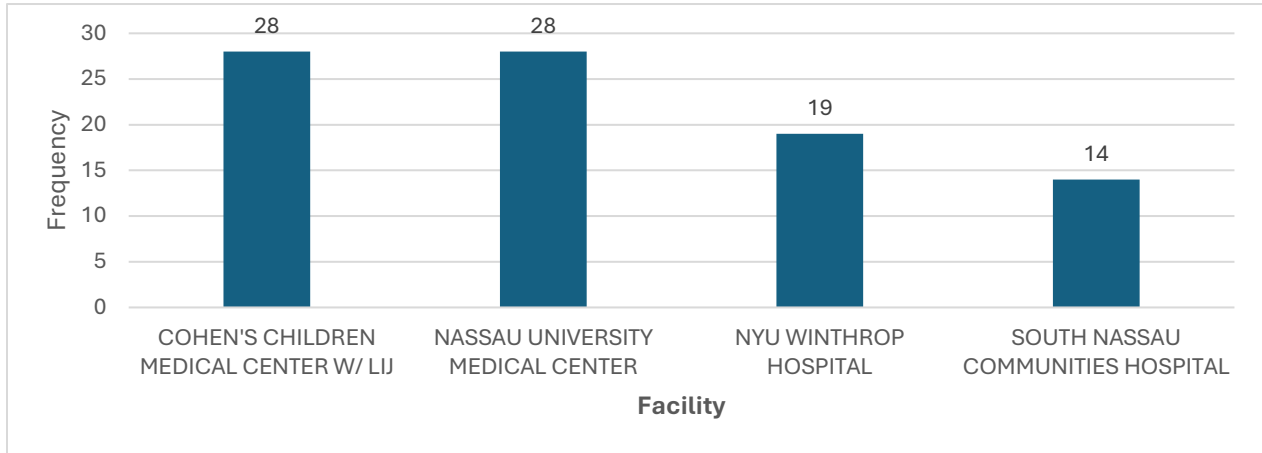
Frequency was highest in the non-Hispanic population.

**Figure 12 – Rate per 1,000 of Cannabis-Related Visits for Children (Aged 00 – 12) by Ethnicity: January 1, 2018 – June 30, 2023**



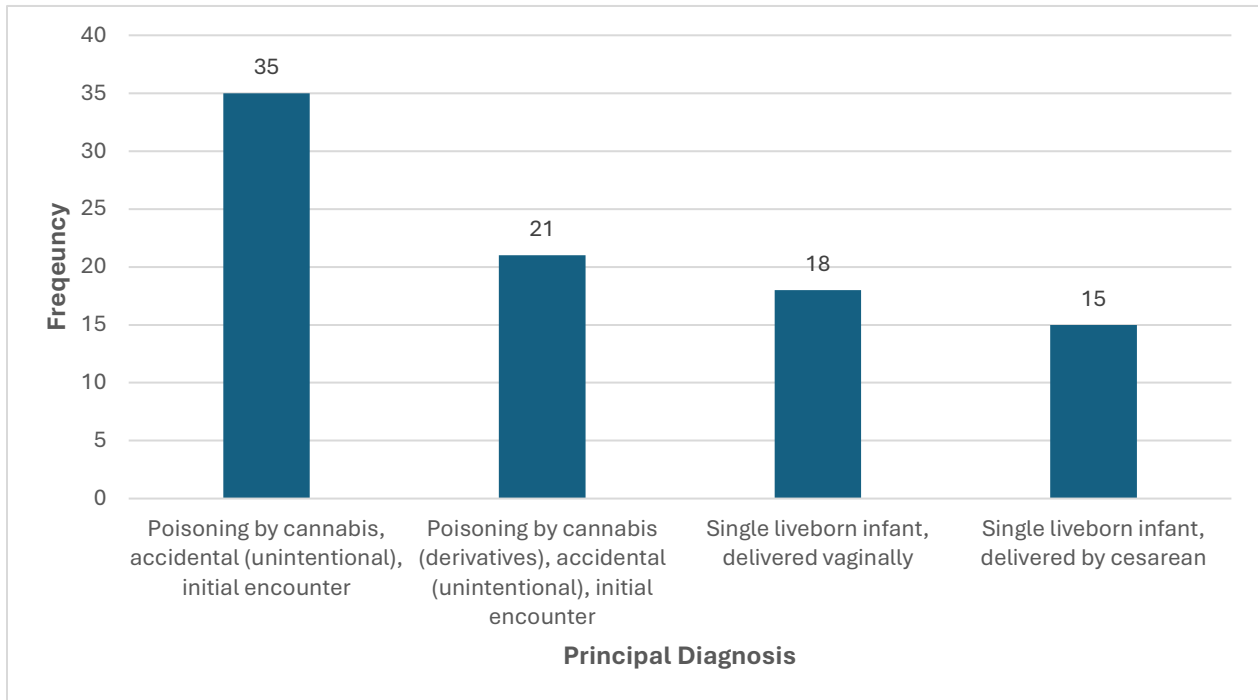
Cumulative rate was highest in the Hispanic population.

**Figure 13 – Cumulative Cannabis-Related Visits for Children (Aged 00 – 12) by Facility: January 1, 2018 – June 30, 2023**



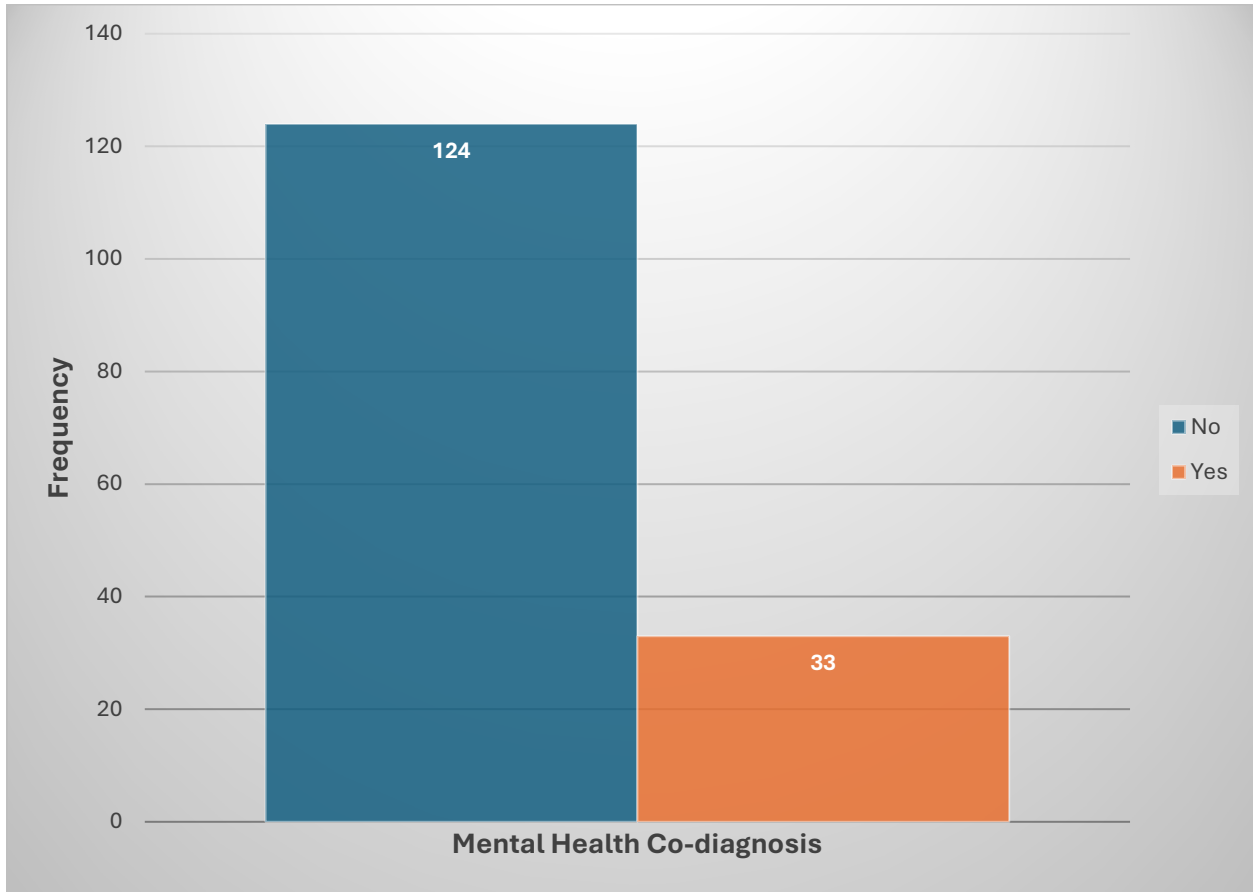
Only four facilities treated more than 10 children with cannabis related diagnosis codes between January 1, 2018 – June 30, 2023.

**Figure 14 – Principal Diagnoses for Children (Aged 00 – 12) with Cannabis-Related Visits: January 1, 2018 – June 30, 2023**



Poisoning by cannabis was the most common principal diagnosis code, while the most frequent non-cannabis related principal diagnoses codes were related to newborn delivery.

**Figure 15 – Cannabis Related Visits with a Mental Health Co-diagnosis for Children (Aged 00-12): January 1, 2018 – June 30, 2023**

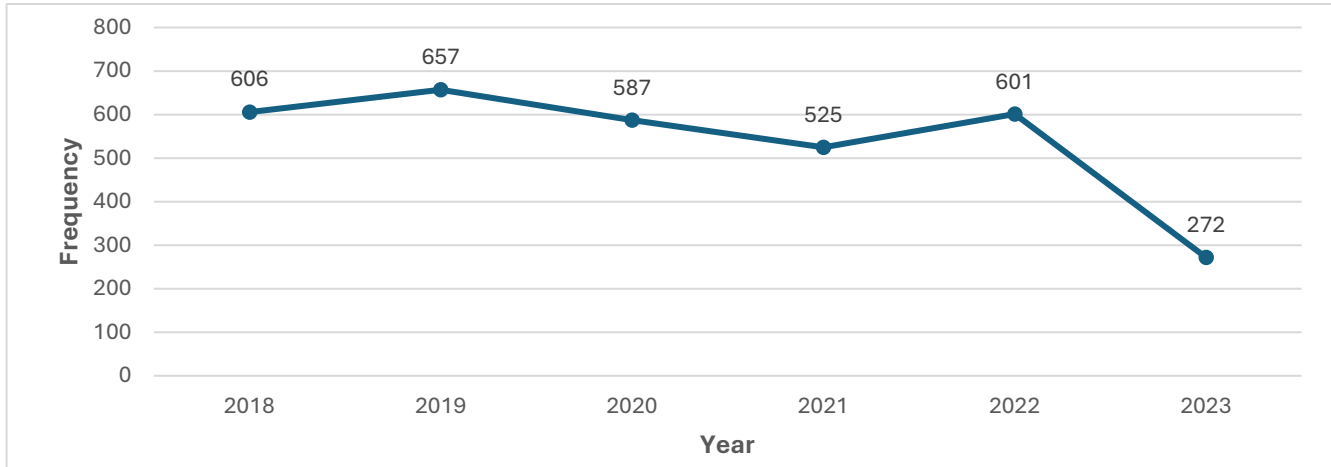


Regarding mental health, 33 of the 157 children with a cannabis related visit also had a mental health related co-diagnosis. A mental health diagnosis was determined if the case was also diagnosed with anxiety, depression, suicidal ideation or attempt, psychosis, bipolar disorder, personality disorder, adjustment disorder, schizophrenia, attention-deficit disorder, mood disorder, post-traumatic stress disorder, panic disorder, schizoaffective disorder, phobia, delusion, or hallucination. There were specific exclusions for mental health diagnoses which were caused by other drugs (i.e. cocaine induced anxiety disorder). All diagnosis type codes were utilized.



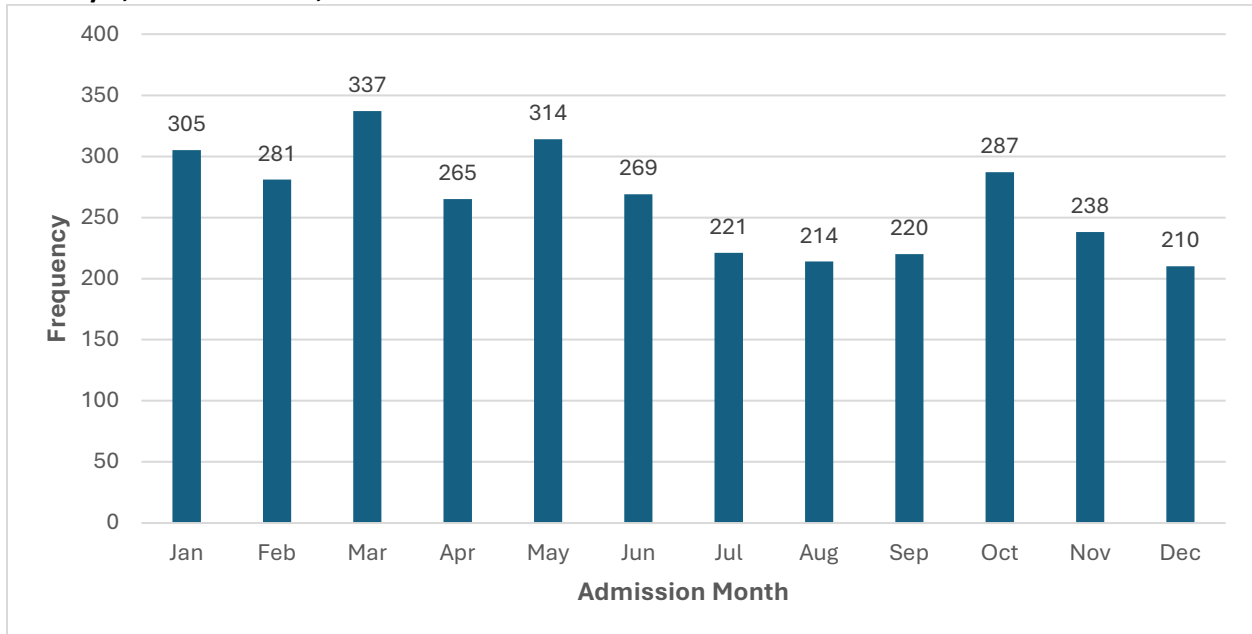
## Age: 13 – 17 Year-Olds

**Figure 17 – Cumulative Cannabis-Related Visits for Adolescents (Aged 13 – 17 years) by Year of Discharge:  
January 1, 2018 – June 30, 2023**



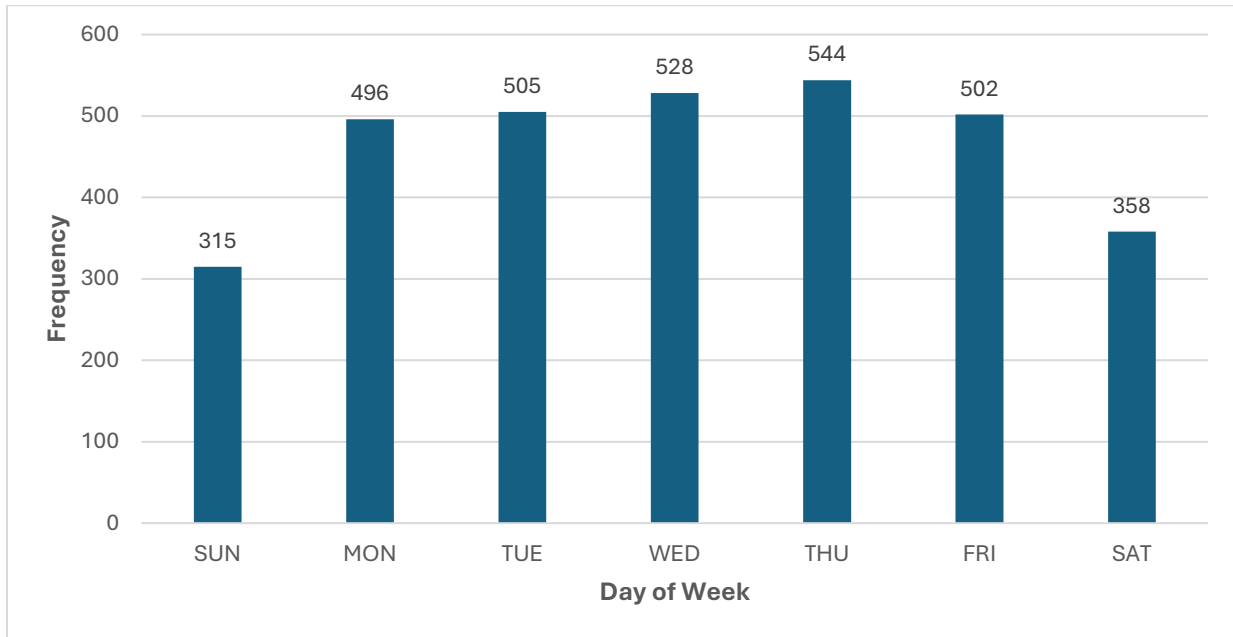
Visits per year remained consistent, with values ranging from 525 to 657 per year. There were 272 cases within the first 6 months of 2023.

**Figure 18 – Cumulative Cannabis-Related Visits for Adolescents (Aged 13 – 17) by Month of Admittance:  
January 1, 2018 – June 30, 2023**



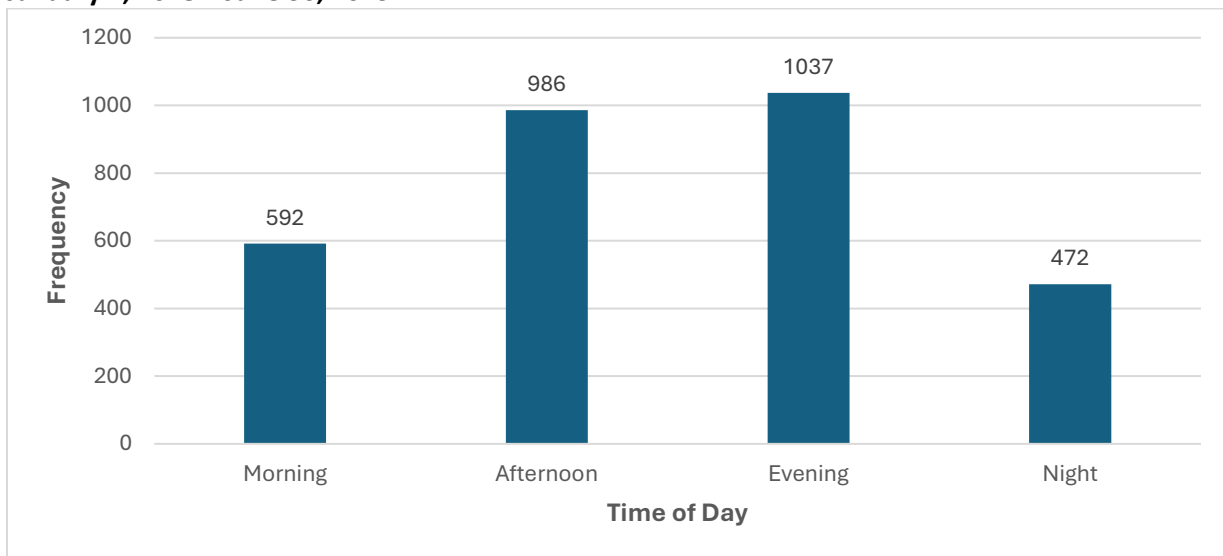
There were fluctuations in the total number of monthly visits, with values ranging from 210 to 337.

**Figure 19 – Cumulative Cannabis-Related Visits for Adolescents (Aged 13 – 17 years) by Day of Admittance:  
January 1, 2018 – June 30, 2023**



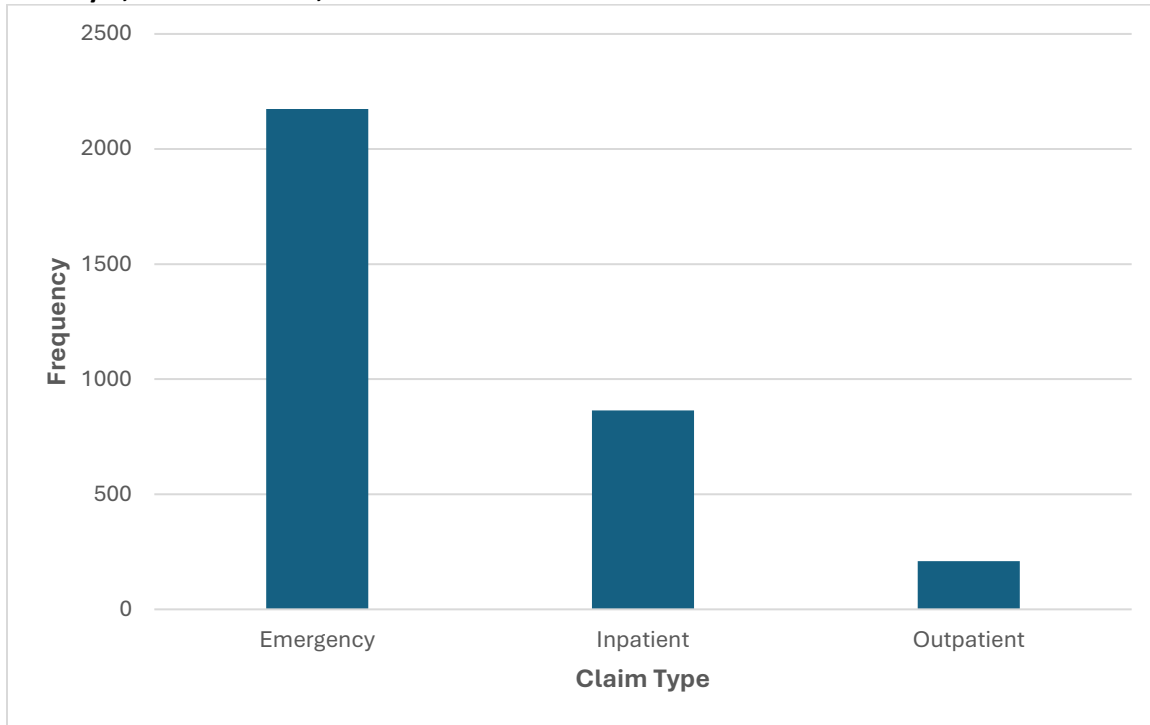
There were fewer visits on the weekends than on weekdays.

**Figure 20 – Cumulative Cannabis-Related Visits for Adolescents (Aged 13 – 17 years) by Time of Day:  
January 1, 2018 – June 30, 2023**



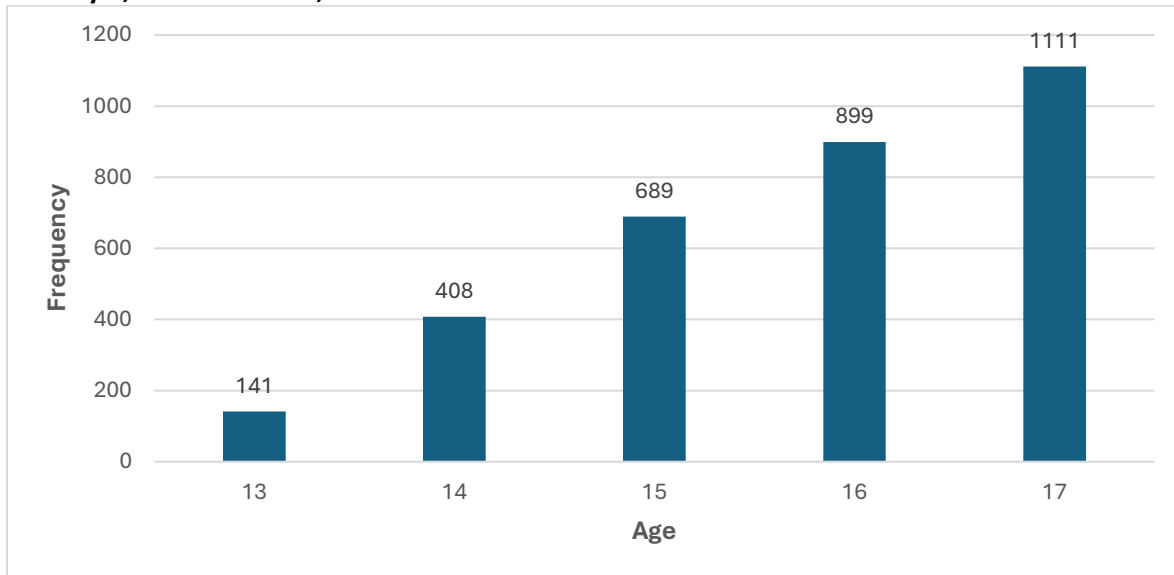
Around 66% of visits were in the afternoon or evening. Time of day was derived from the patient's admission hour. Morning was between 6:00 am – 11:59 am, Afternoon was between 12:00 pm – 5:59 pm, Evening was between 6:00 pm – 11:59 pm, and night was between 12:00am – 5:59pm.

**Figure 21 – Cumulative Cannabis-Related Visits for Adolescents (Aged 13 – 17 years) by Claim Type: January 1, 2018 – June 30, 2023**



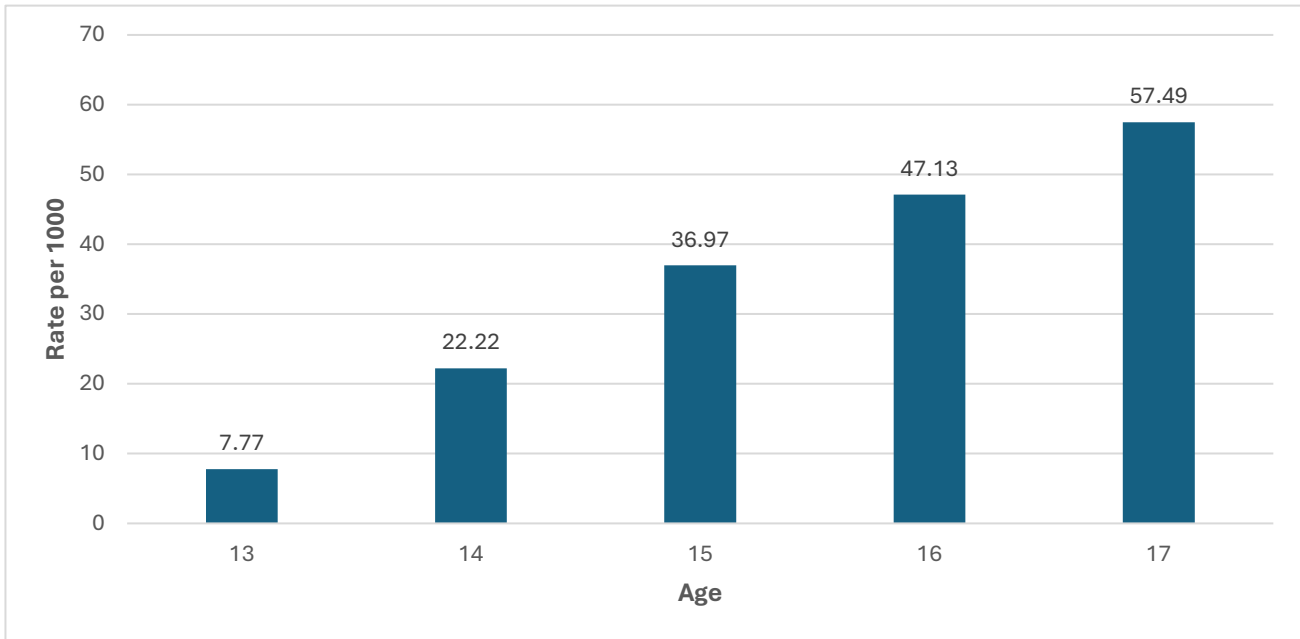
Most visits occurred in the emergency department, and emergency visits and Inpatient visits are not mutually exclusive.

**Figure 22 – Cumulative Cannabis-Related Visits for Adolescents (Aged 13 – 17 years) by Age: January 1, 2018 – June 30, 2023**



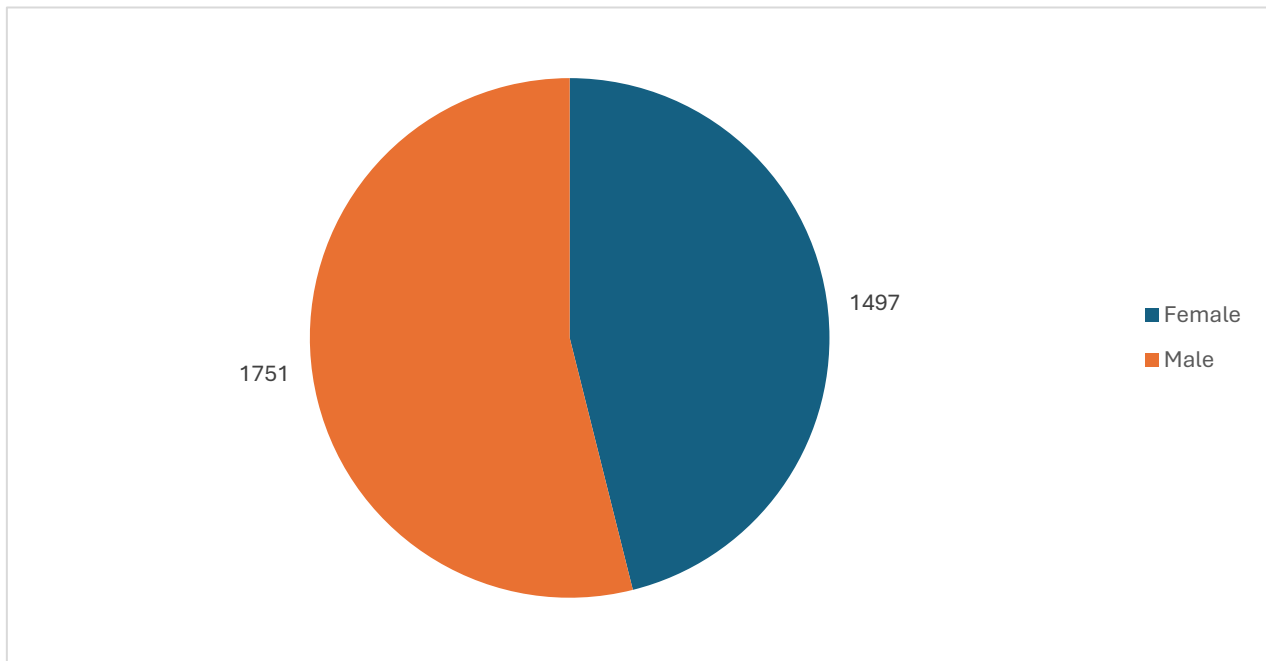
When looking within this age group for all years, the number of visits increased with age.

**Figure 23 – Rate per 1,000 of Cannabis-Related Visits for Adolescents (Aged 13 – 17 years) by Age: January 1, 2018 – June 30, 2023**



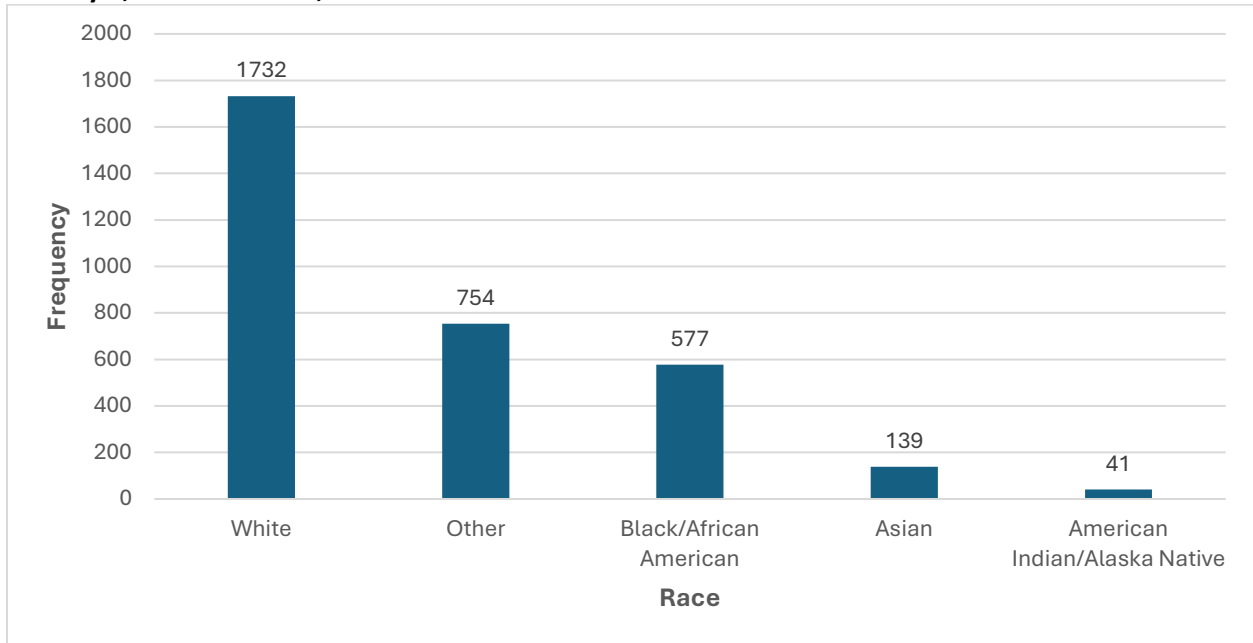
The cumulative rate of visits increased with age.

**Figure 24 – Cumulative Cannabis-Related Visits for Adolescents (Aged 13 – 17 years) by Gender: January 1, 2018 – June 30, 2023**



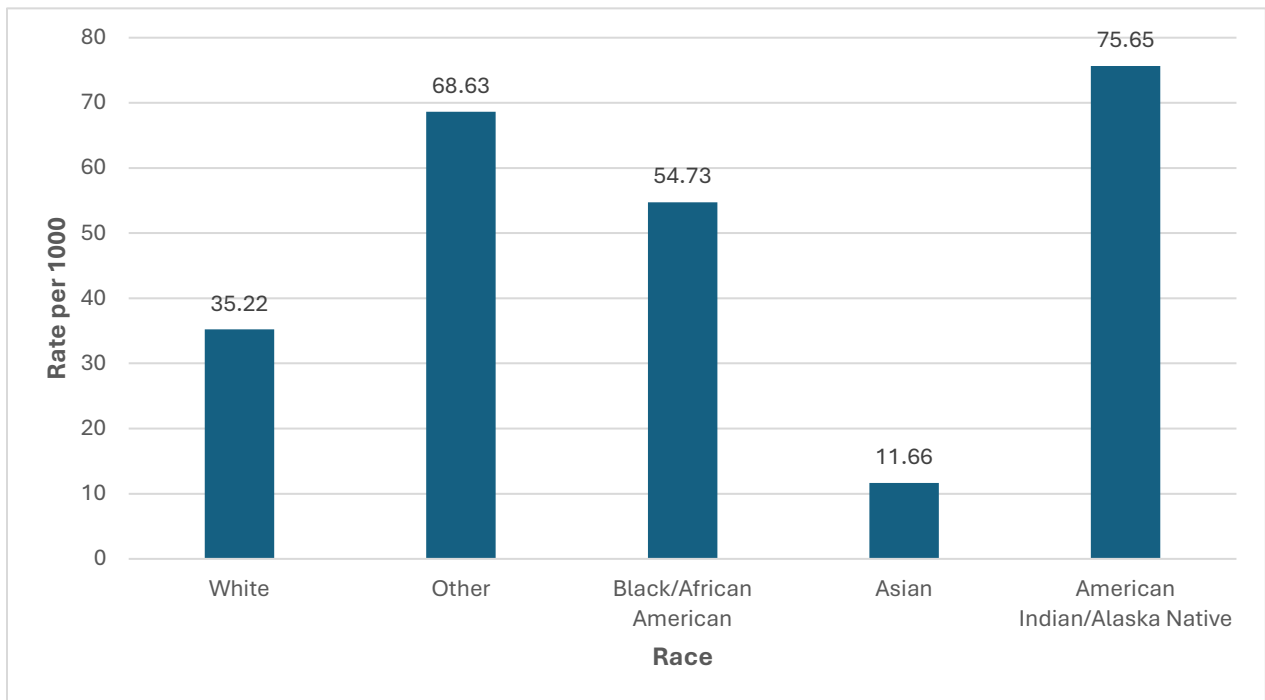
For this age group, there were more males than females.

**Figure 25 – Cumulative Cannabis-Related Visits for Adolescents (Aged 13 – 17) by Race: January 1, 2018 – June 30, 2023**



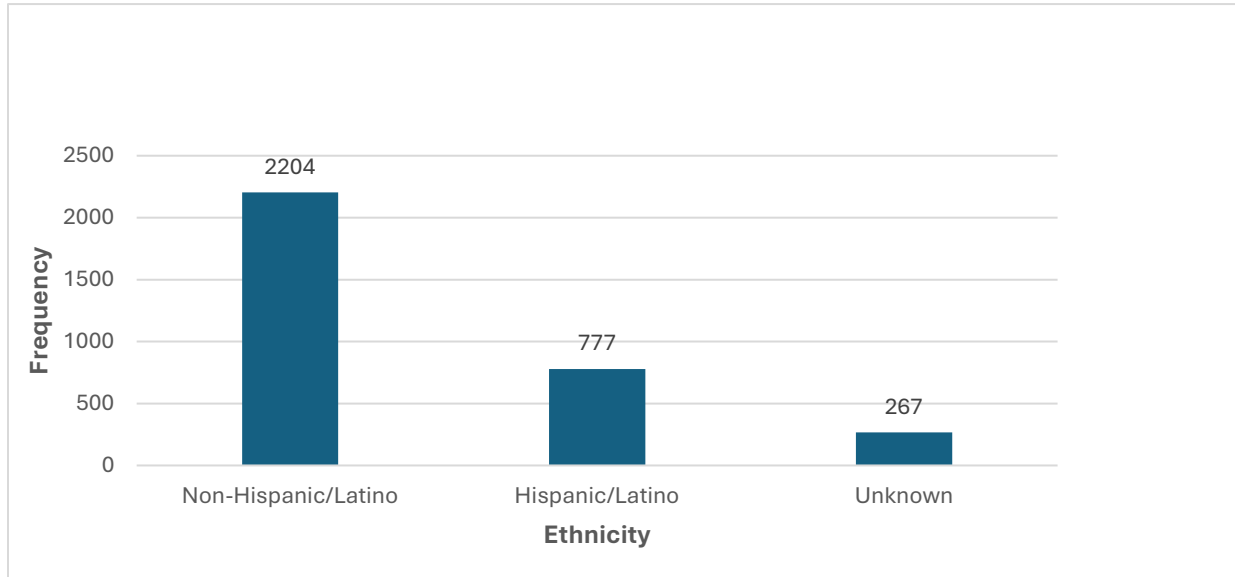
The White race had the highest frequency.

**Figure 26 – Rate per 1,000 of Cannabis-Related Visits for Adolescents (Aged 13 – 17 years) by Race: January 1, 2018 – June 30, 2023**



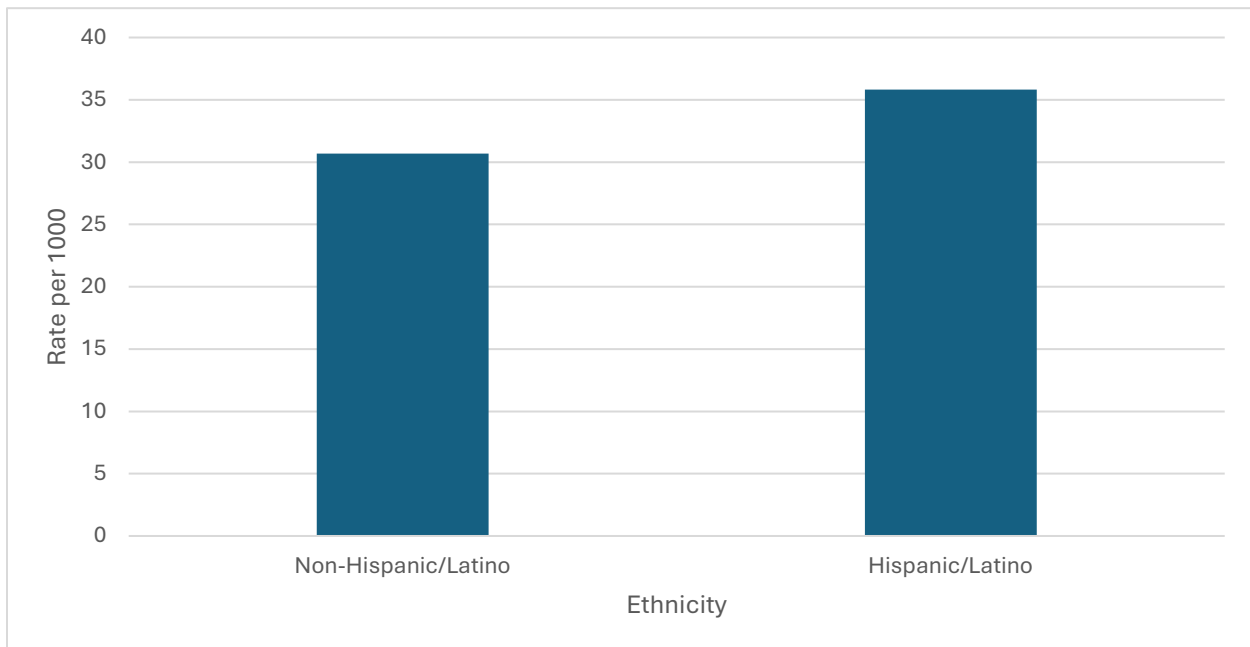
The rate of visits was highest among the American Indian/Alaskan Natives.

**Figure 27 – Cumulative Cannabis-Related Visits for Adolescents (Aged 13 – 17 years) by Ethnicity: January 1, 2018 – June 30, 2023**



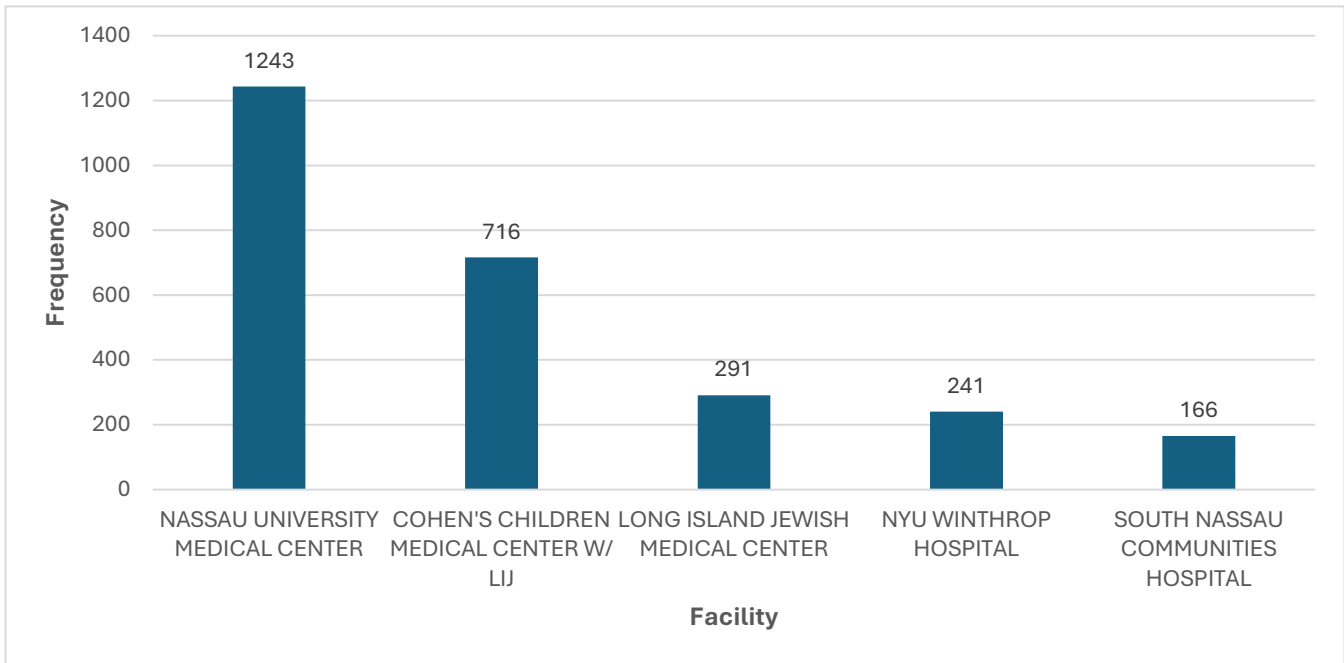
Non-Hispanics had the highest frequency of cannabis related visits.

**Figure 28 – Rate per 1,000 of Cannabis-Related Visits for Adolescents (Aged 13 – 17) by Ethnicity: January 1, 2018 – June 30, 2023**



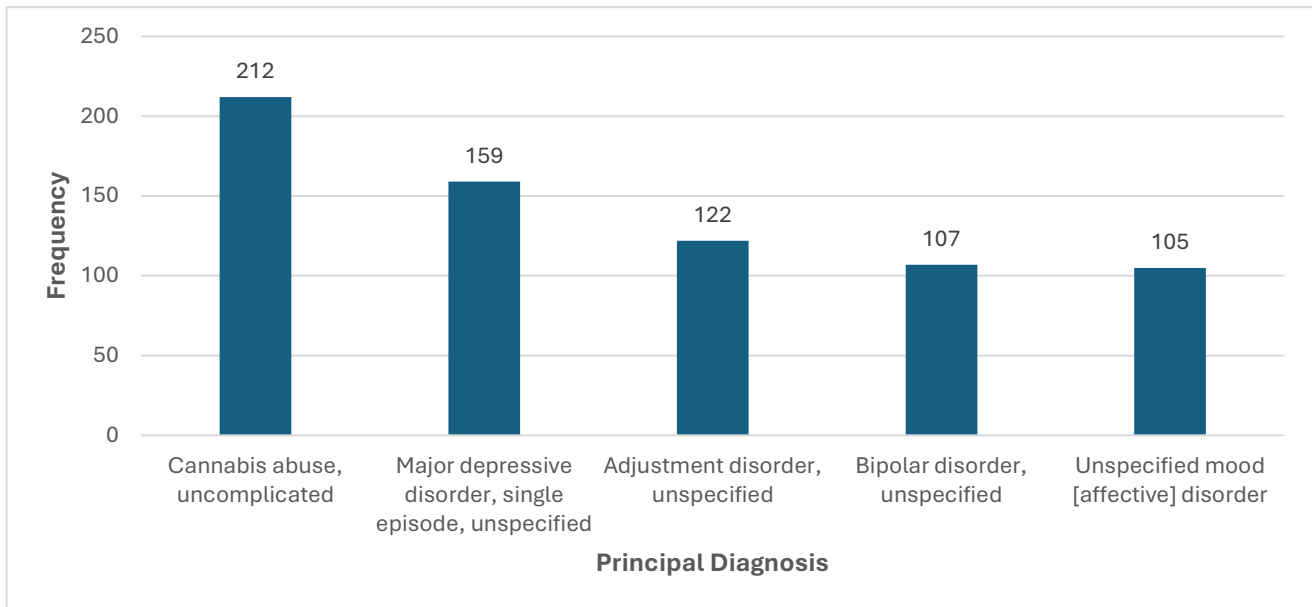
The rate of cannabis visits was similar between ethnicities, but slightly higher among Hispanics.

**Figure 29 – Cumulative Cannabis-Related Visits for Adolescents (Aged 13 – 17) by Facility: January 1, 2018 – June 30, 2023**



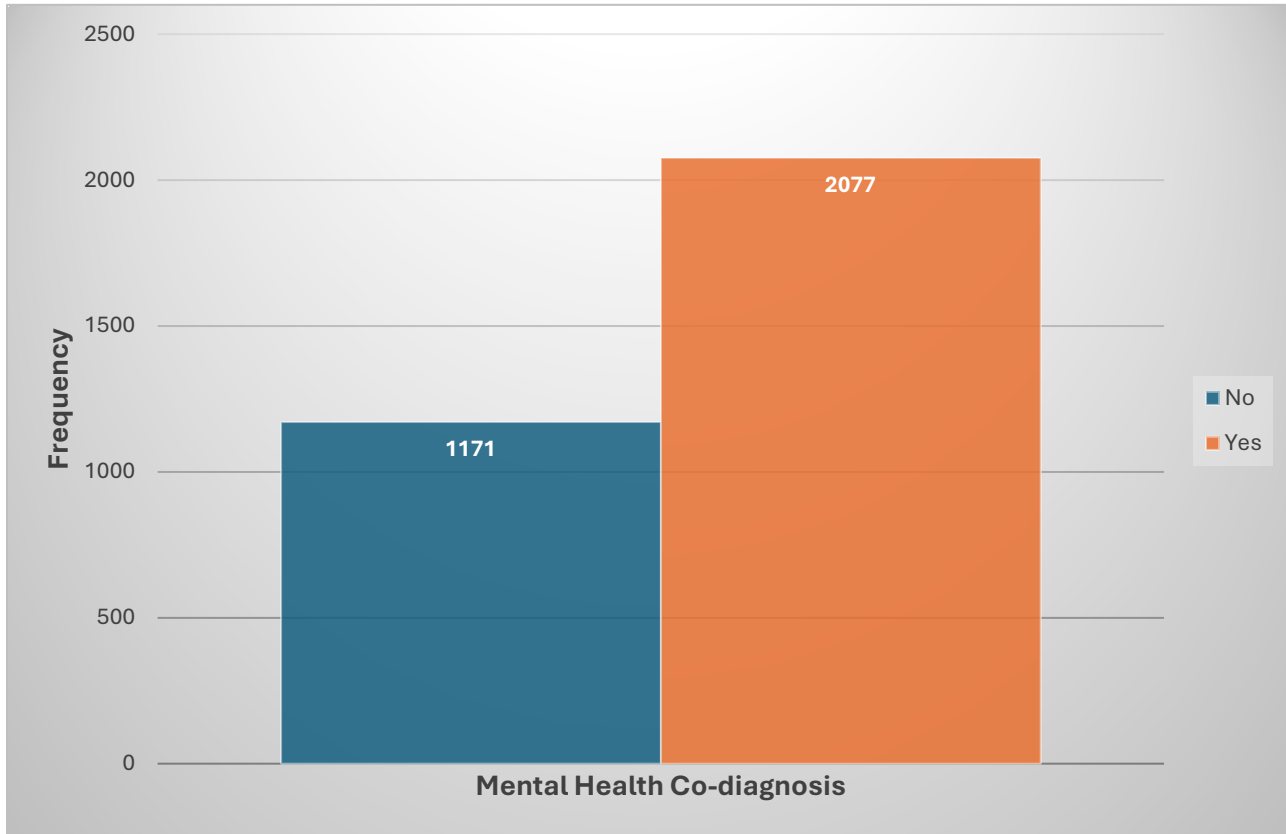
Only the top five facilities are displayed.

**Figure 30 – Principal Diagnoses for Adolescents (Aged 13 – 17 years) with Cannabis-Related Visits: January 1, 2018 – June 30, 2023**



The most frequent principal diagnosis was cannabis related (cannabis abuse). The next four principal diagnosis codes were related to mental health.

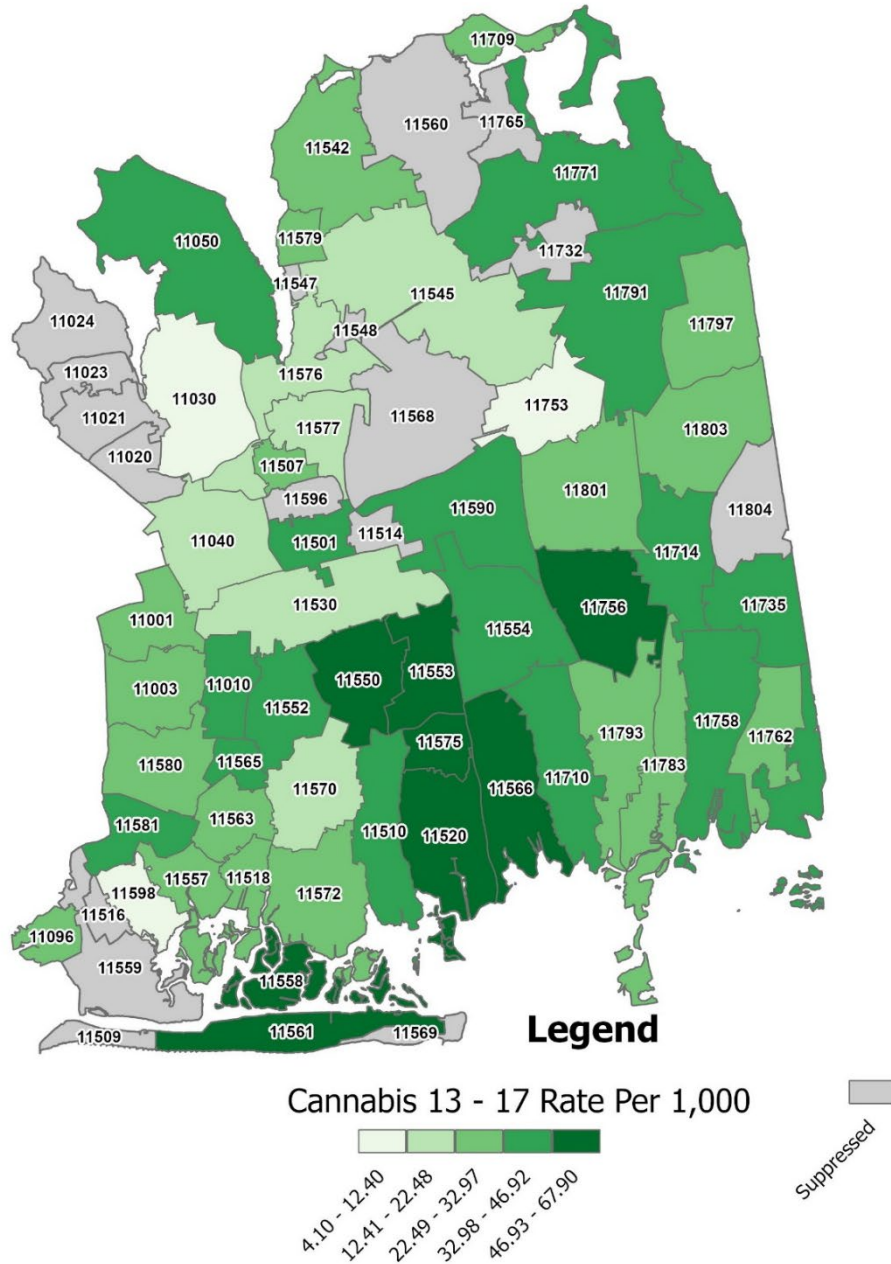
**Figure 31 – Cannabis Related Visits with a Mental Health Co-diagnosis for Adolescents (Aged 13-17 years):  
January 1, 2018 – June 30, 2023**



Regarding mental health, 2077 of the 3248 adolescents with a cannabis related visit also had a mental health related diagnosis. That means around 64% of adolescents had a mental health co-diagnosis. A mental health diagnosis was determined if the patient was also diagnosed with anxiety, depression, suicidal ideation or attempt, psychosis, bipolar disorder, personality disorder, adjustment disorder, schizophrenia, attention-deficit disorder, mood disorder, post-traumatic stress disorder, panic disorder, schizoaffective disorder, phobia, delusion, or hallucination. There were specific exclusions for mental health diagnoses which were caused by other drugs (i.e. cocaine induced anxiety disorder). All diagnosis type codes were utilized.

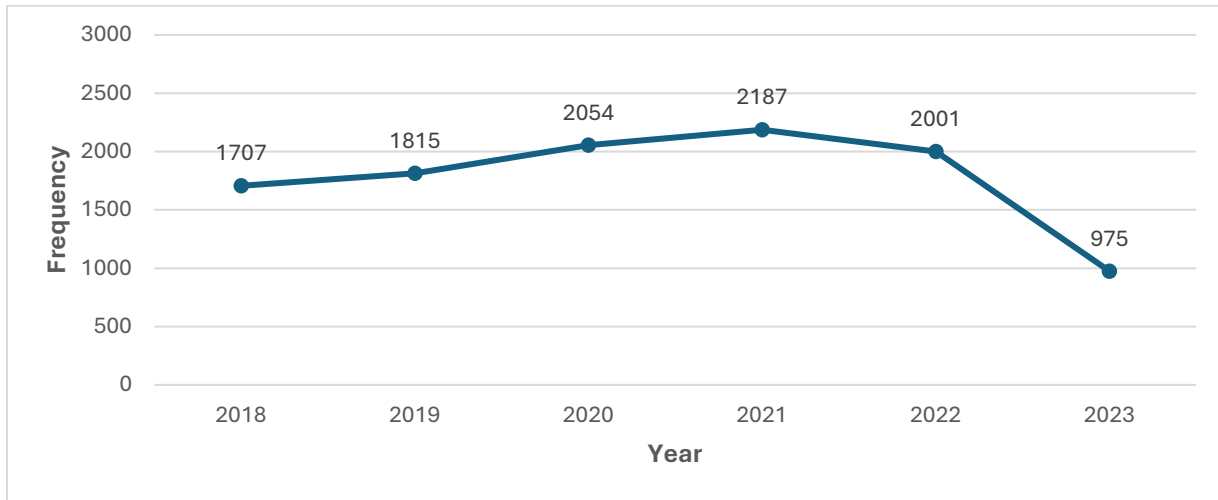
Figure 32 – Rate Map of Cannabis-Related Visits per 1,000 Adolescents (Age 13 – 17 years):  
January 1, 2018 – June 30, 2023

## Cannabis-Related Visits for Those Aged 13-17 Cumulative Rate



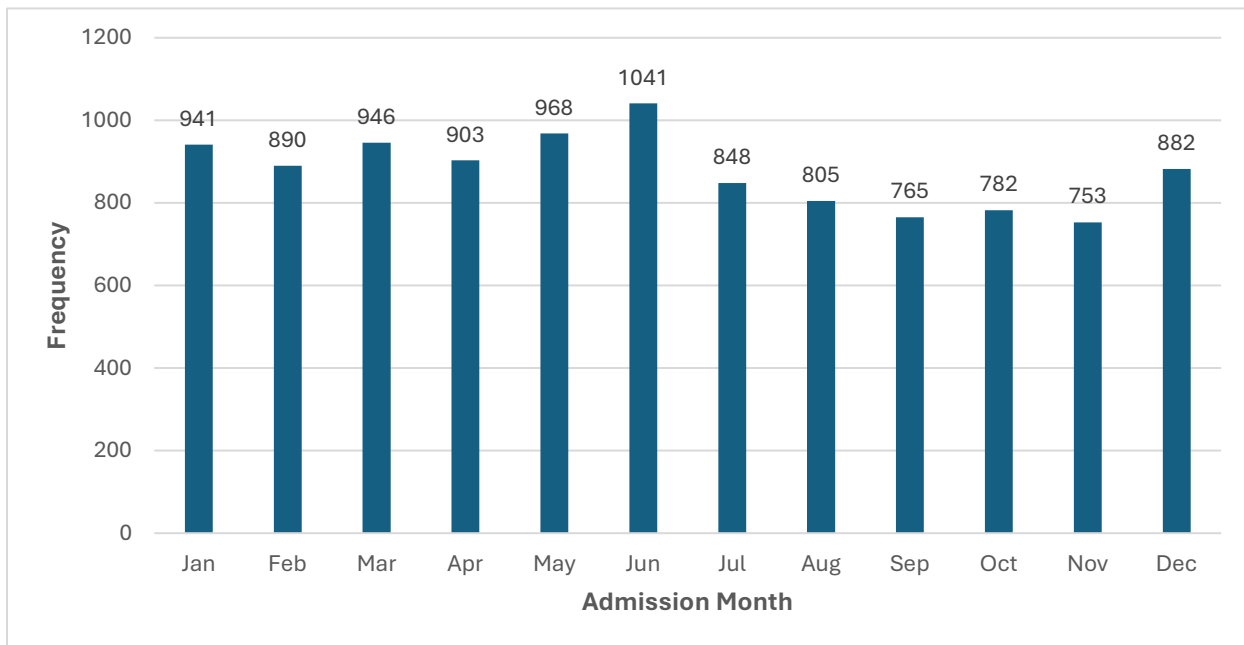
## Age: 18 – 24 Year-Olds

**Figure 33 – Cumulative Cannabis-Related Visits for Young Adults (Aged 18 – 24 years) by Year of Discharge:  
January 1, 2018 – June 30, 2023**



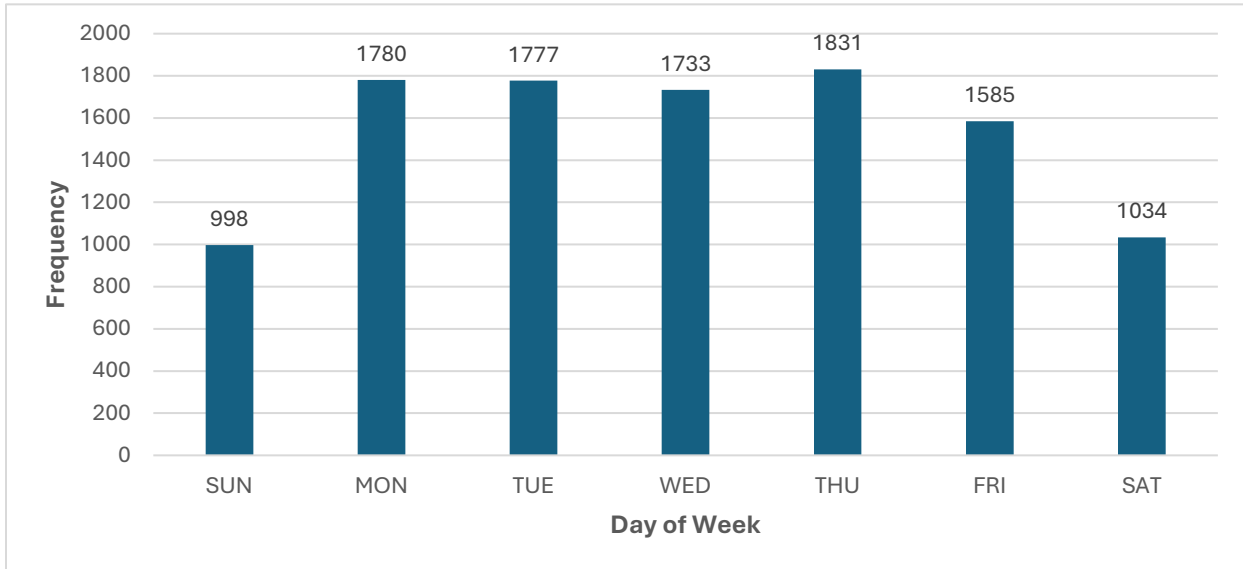
Visits per year remained consistent, with values ranging from 1707 to 2187 per year. There were 975 cases within the first 6 months of 2023.

**Figure 34 – Cumulative Cannabis-Related Visits for Young Adults (Aged 18 – 24) by Admission Month:  
January 1, 2018 – June 30, 2023**



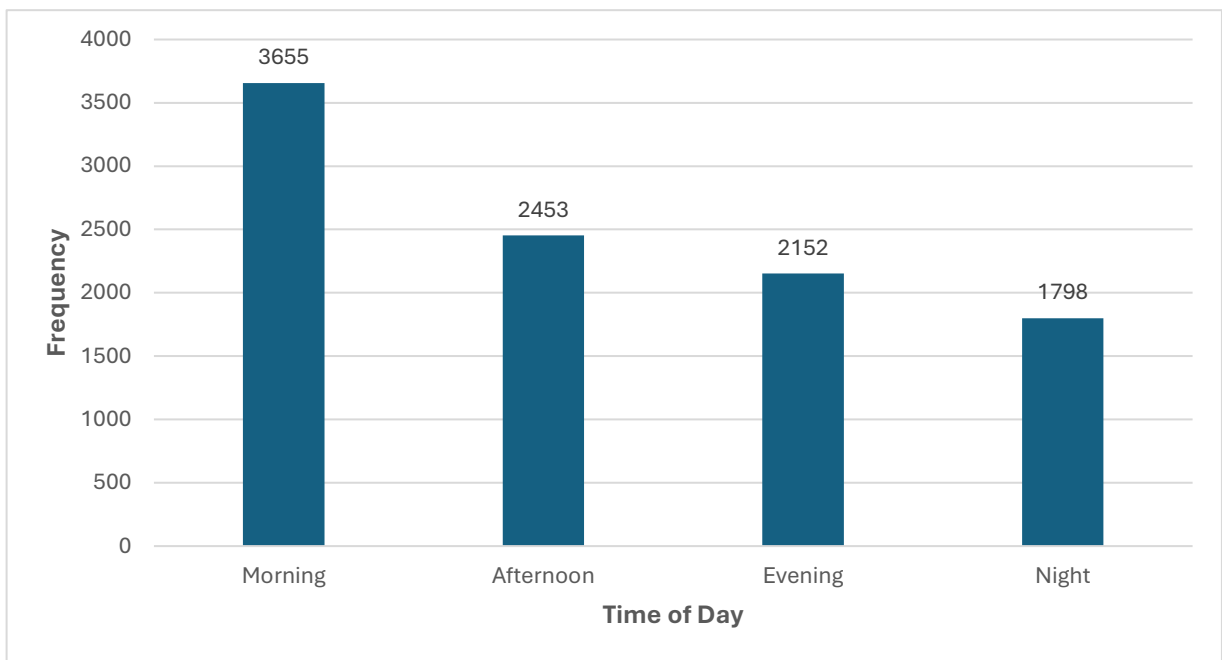
Monthly totals were consistent. There was a noticeable drop between July – November.

**Figure 35 – Cumulative Cannabis-Related Visits for Young Adults (Aged 18 – 24) by Day of Admission: January 1, 2018 – June 30, 2023**



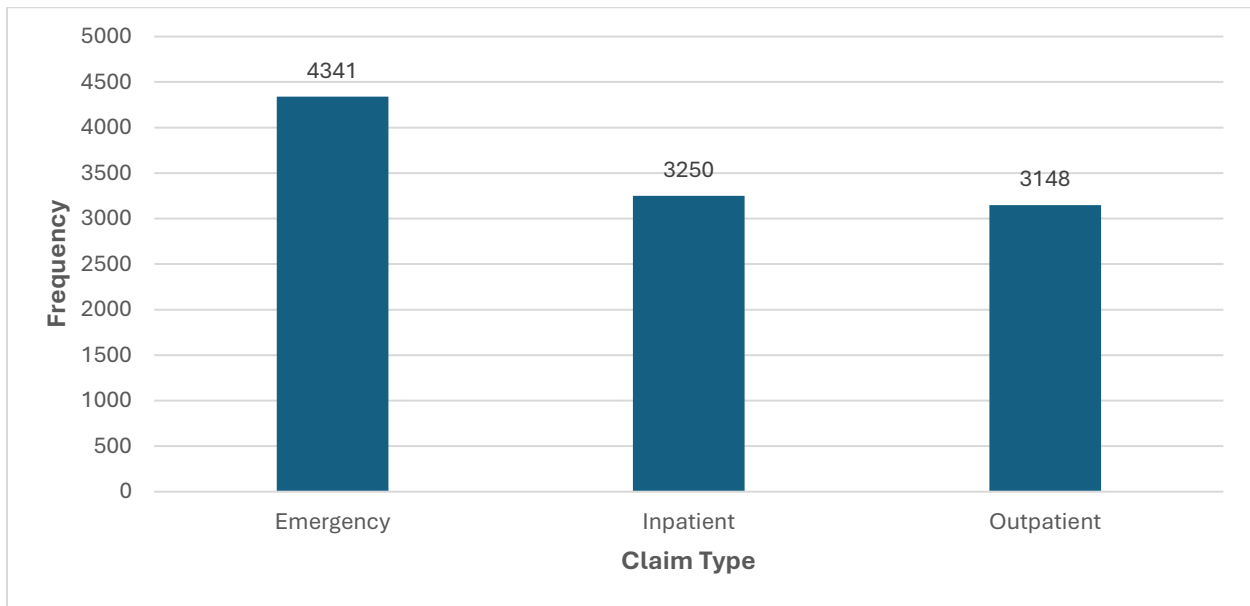
Most visits occurred on a weekday (Monday – Friday).

**Figure 36 – Cumulative Cannabis-Related Visits for Young Adults (Aged 18 – 24 years) by Time of Day: January 1, 2018 – June 30, 2023**



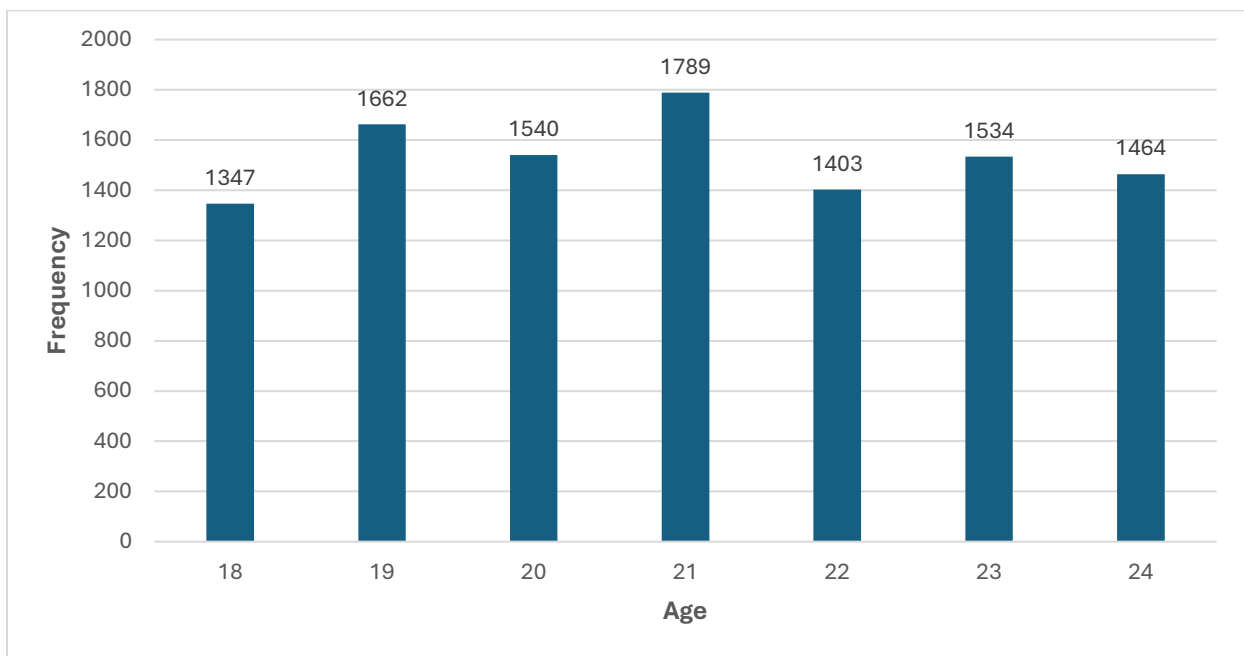
Most young adults were admitted in the morning. However, when outpatient visits were removed the afternoon, and the evening were most common. Time of day was derived from the patient’s admission hour. Morning was between 6:00 am – 11:59 am, Afternoon was between 12:00 pm – 5:59 pm, Evening was between 6:00 pm – 11:59 pm, and night was between 12:00am – 5:59pm.

**Figure 37 – Cumulative Cannabis-Related Visits for Young Adults (Aged 18 – 24) by Claim Type: January 1, 2018 – June 30, 2023**



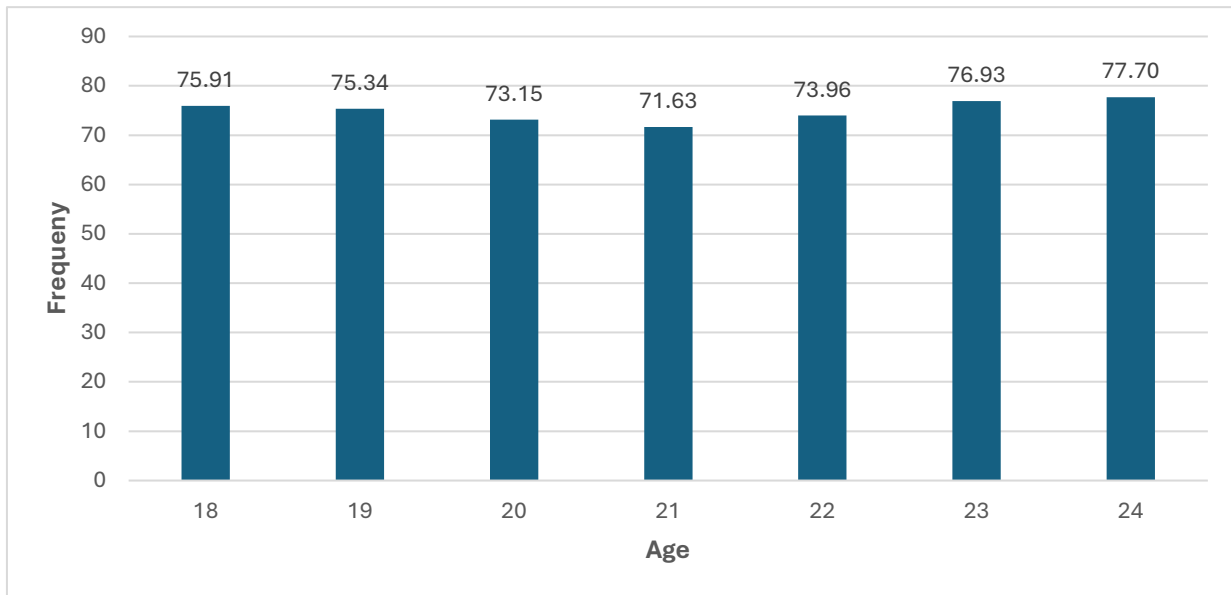
Emergency department visits and inpatient visits are not mutually exclusive.

**Figure 38 – Cumulative Cannabis-Related Visits for Young Adults (Aged 18 – 24 years) by Age: January 1, 2018 – June 30, 2023**



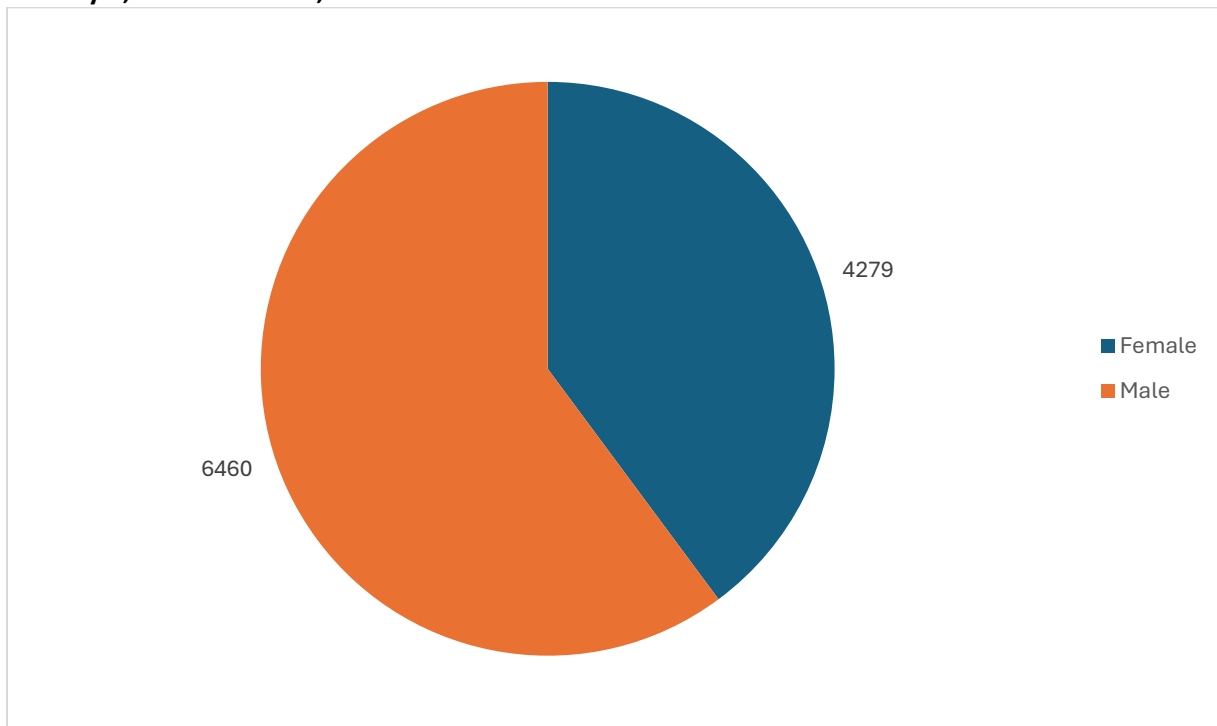
The rate of visits remained consistent as age increased.

**Figure 39 – Rate per 1,000 of Cannabis-Related Visits for Young Adults (Aged 18 – 24) by Age: January 1, 2018 – June 30, 2023**



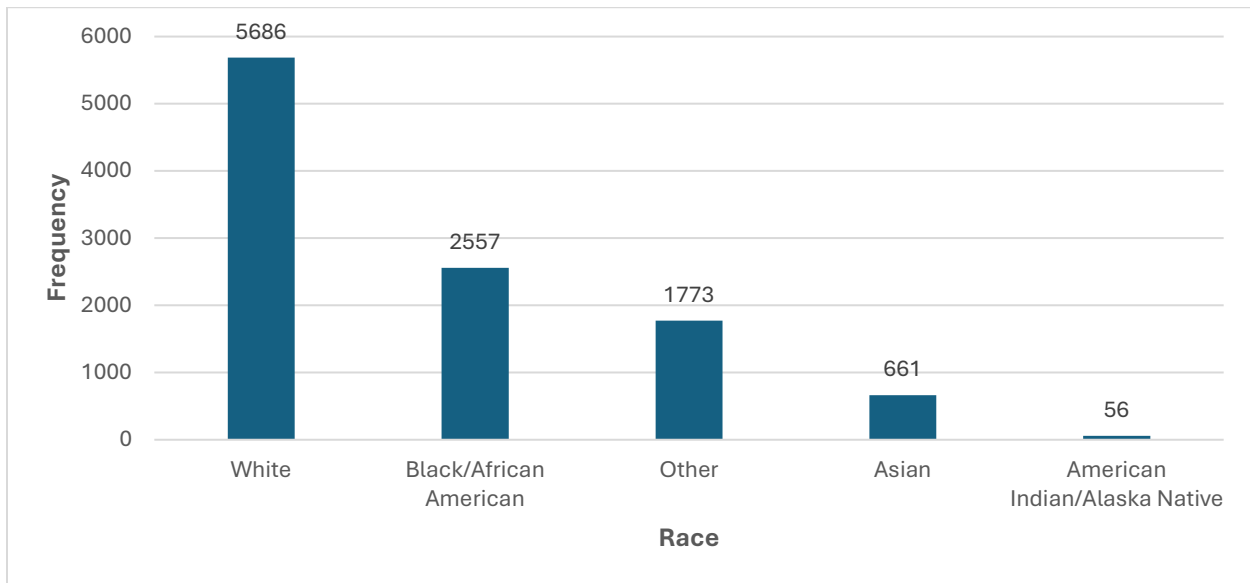
The cumulative rate remained consistent as age increased.

**Figure 40 – Cumulative Cannabis-Related Visits for Young Adults (Aged 18 – 24) by Gender: January 1, 2018 – June 30, 2023**



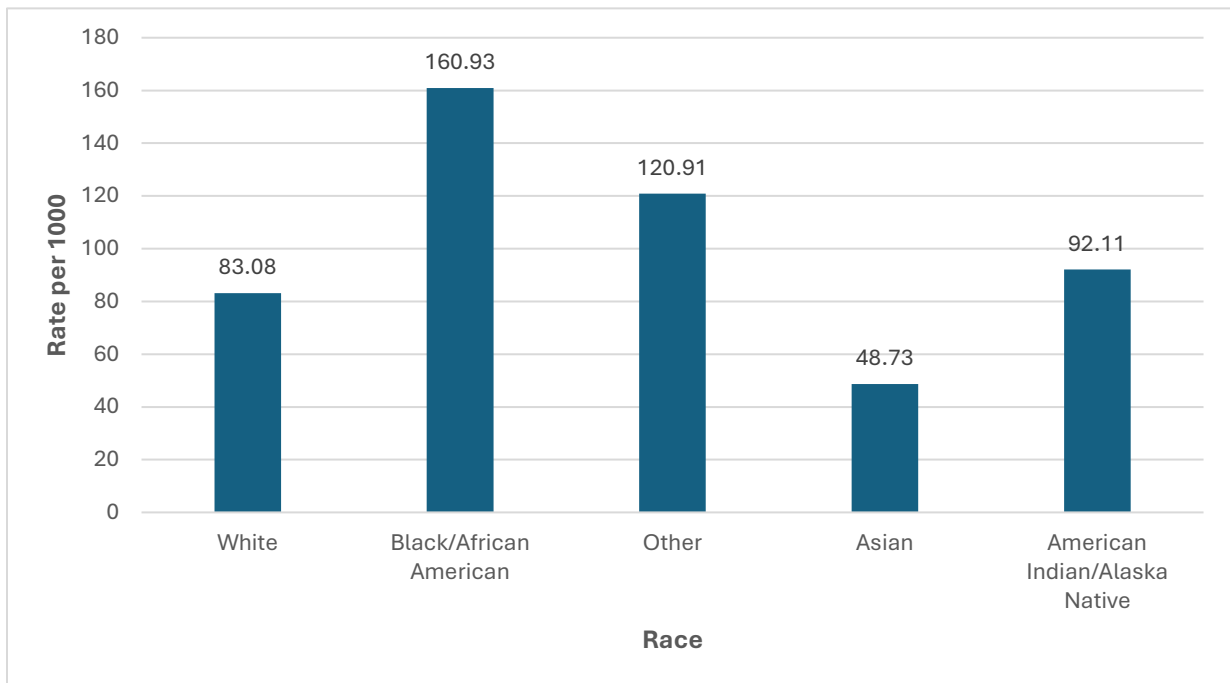
In this age group, there were more males than females.

**Figure 41 – Cumulative Cannabis-Related Visits for Young Adults (Aged 18 – 24) by Race: January 1, 2018 – June 30, 2023**



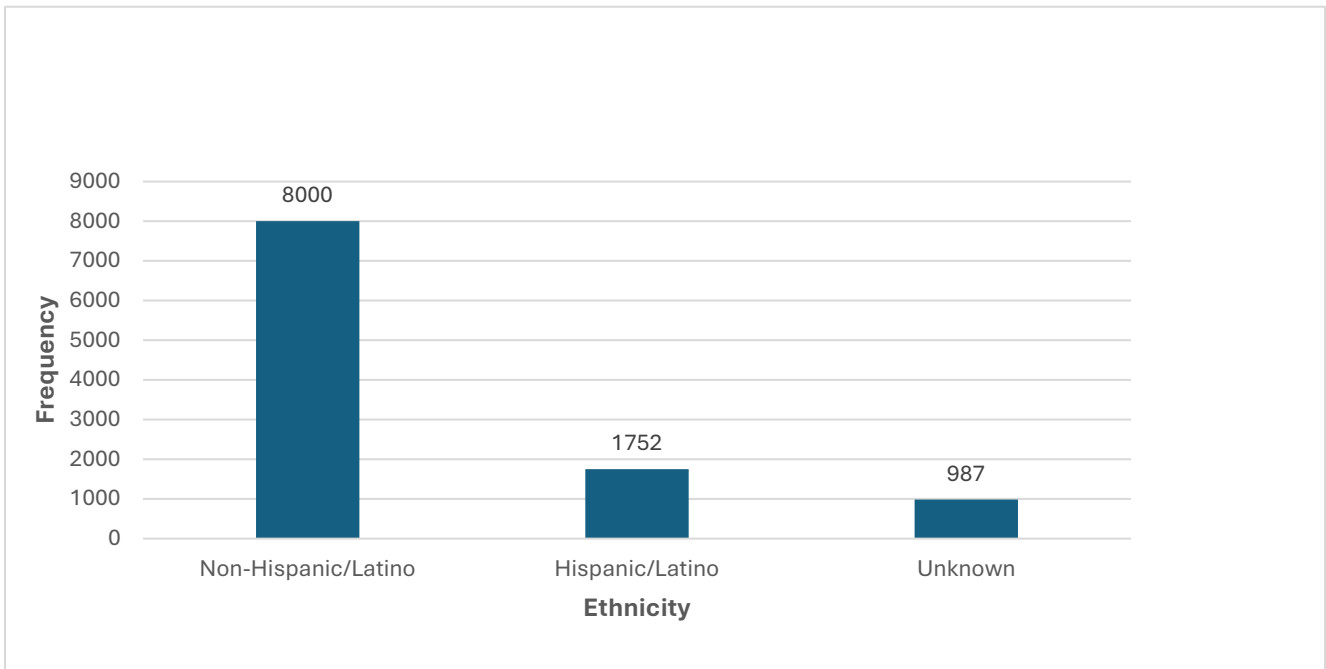
The White race had the highest frequency of visits.

**Figure 42 – Rate per 1,000 of Cannabis-Related Visits for Young Adults (Aged 18 – 24 years) by Race: January 1, 2018 – June 30, 2023**



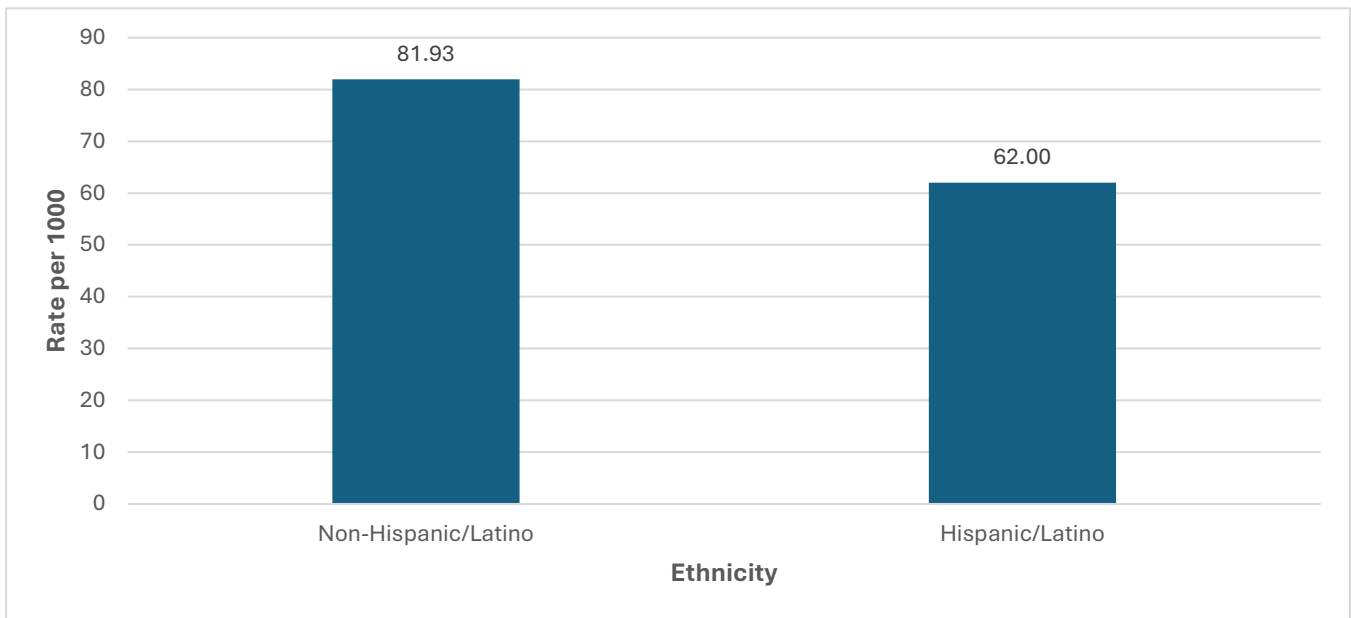
The Black/African American race had the highest cumulative rate of visits.

**Figure 43 – Cumulative Cannabis-Related Visits for Young Adults (Aged 18 – 24 years) by Ethnicity: January 1, 2018 – June 30, 2023**



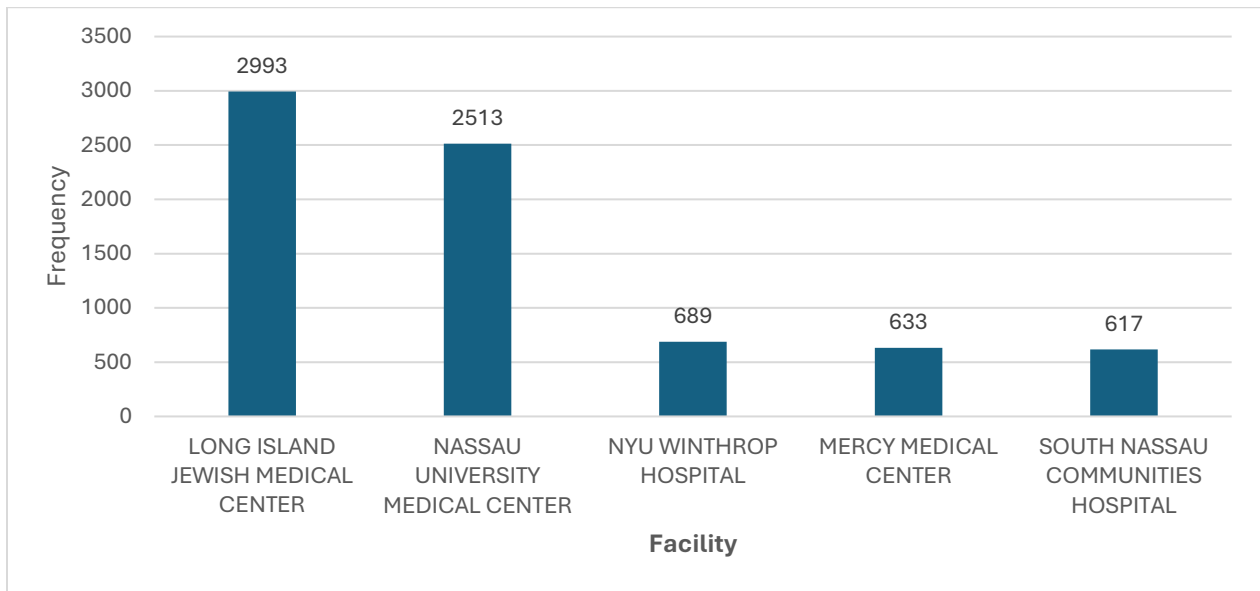
Non-Hispanics had the highest frequency of visits.

**Figure 44 – Rate per 1,000 of Cannabis-Related Visits for Young Adults (Aged 18 – 24) by Ethnicity: January 1, 2018 – June 30, 2023**



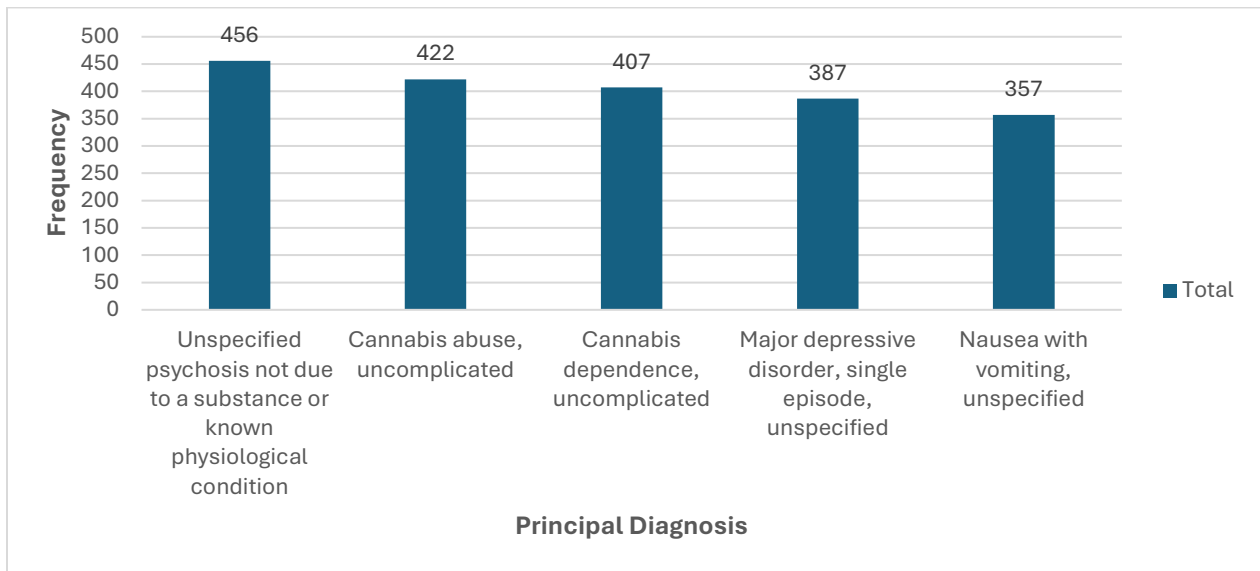
Non-Hispanics had the highest cumulative rate of visits.

**Figure 45 – Cumulative Cannabis-Related Visits for Young Adults (Aged 18 – 24) by Facility: January 1, 2018 – June 30, 2023**



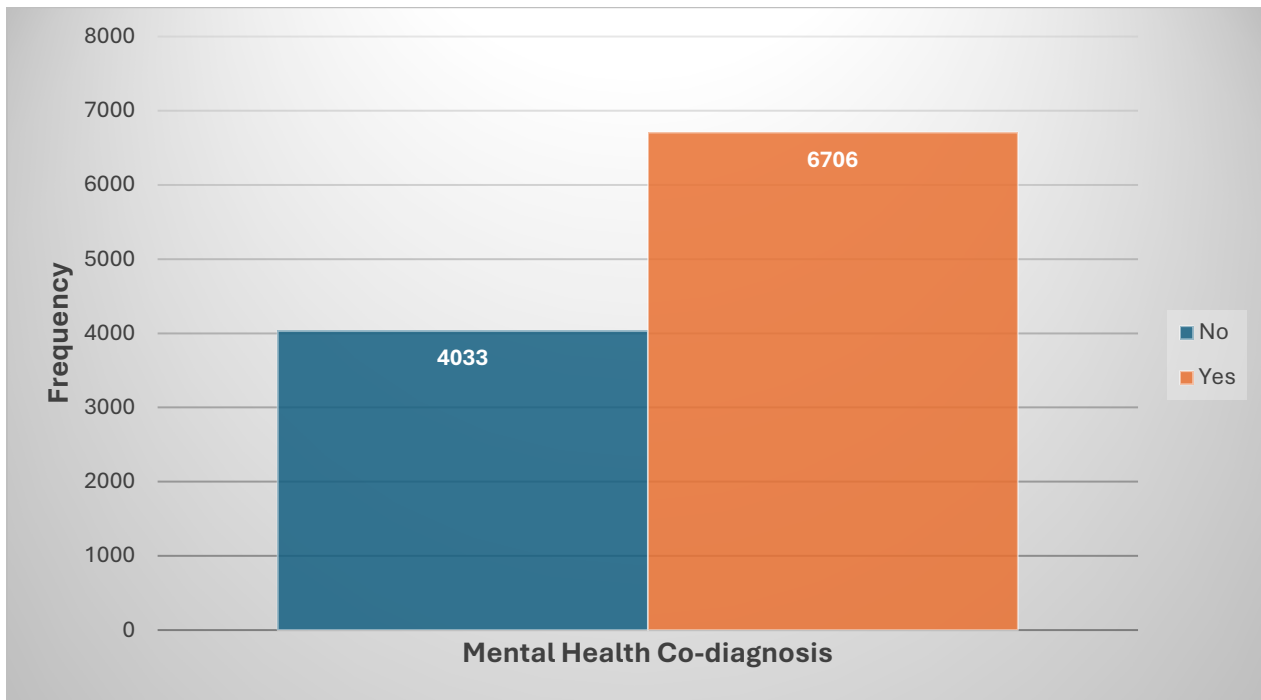
Only the top five facilities are displayed.

**Figure 46 – Principal Diagnoses for Young Adults (Aged 18 – 24) with Cannabis-Related Visits: January 1, 2018 – June 30, 2023**



Psychosis not due to a substance or known physiological condition was the most prevalent principal diagnosis.

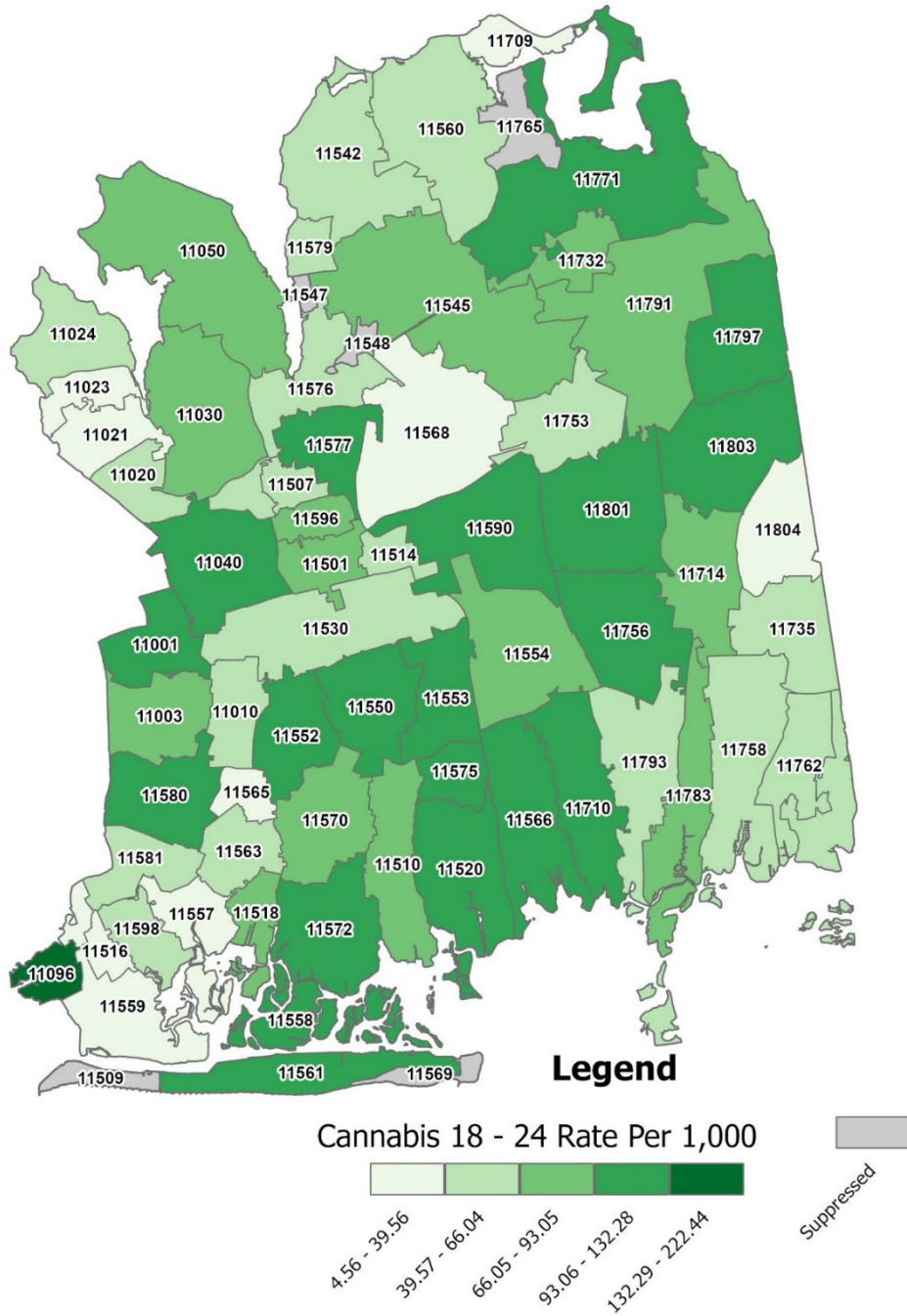
**Figure 47 – Cannabis Related Visits with a Mental Health Co-diagnosis for Young Adults (Aged 18-24): January 1, 2018 – June 30, 2023**



Regarding mental health, 6706 of the 10739 young adults with a cannabis related visit also had a mental health related diagnosis. That means around 62% of young adults had a mental health co-diagnosis. A mental health diagnosis was determined if the patient was also diagnosed with anxiety, depression, suicidal ideation or attempt, psychosis, bipolar disorder, personality disorder, adjustment disorder, schizophrenia, attention-deficit disorder, mood disorder, post-traumatic stress disorder, panic disorder, schizoaffective disorder, phobia, delusion, or hallucination. There were specific exclusions for mental health diagnoses which were caused by other drugs (i.e. cocaine induced anxiety disorder). All diagnosis type codes were utilized.

Figure 48 – Rate Map of Cannabis-Related Visits per 1,000 Young Adults (Aged 18 – 24 years):  
January 1, 2018 – June 30, 2023

## Cannabis-Related Visits for Those Aged 18-24 Cumulative Rate



**Data Source:**

NYS SPARCS Data, 2018 - 2023

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