

### BACKGROUND

- About 48.2 million Americans used cannabis in 2019 (CDC, 2021).
- Perception of cannabis to be a high-risk substance among American adults decreased from 41.6% in 2002 to 26.1% in 2018; while the perception that cannabis is of low risk increased by 86% from 2002 to 2014 (16.8% to 31.2%) (Levy et al., 2021).
- Medical cannabis is used for pain control, nausea and vomiting, PTSD, and wasting syndrome associated with HIV. However, its safety and efficacy need to be evaluated cautiously (Grinspoon, 2020).
- Cannabis can be addictive, and chronic use can affect memory, learning, attention, decision-making, and reaction time (CDC, 2021).
- While the role of cannabis in neurocognitive deficits, particularly in gun-related injuries remains debatable, more research is needed to examine the association of cannabis to firearm-related deaths.

### PURPOSE

To examine the neural consequences of decedents with cannabinoids in their system at the time of death, including firearm-related fatalities.

### METHOD

- Retrospective study using de-identified data from the Florida Department of Law Enforcement in 2021. Analysis:
- Descriptive statistics to describe decedent's characteristics with cannabis-related deaths (CRD).
- Binary logistic regression to examine the association of cannabis use to CRD.



Distribution of Cannabinoids as a Cause of Death in 2021 by Ethnicity.

# The Neural Consequences and Firearm-Related Fatalities Among Decedents with Cannabis Use

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### RESULTS

✤ 3,845 decedents with CRD in Florida in 2021 were included in the analysis.

- Age ranged from 0-87 years, mean age=38.96 (SD = 14.56).
- ✤ 55 of 3,845 died with cannabinoids as a cause of death as determined by the medical examiners through urine, autopsy, and toxicology results (31 of these cases (no dosage specified).
- Males had more CRD than females at

In 2021, 712 people with cannabinoids died from firearm-related fatalities in Florida.



Death consequences of people with cannabinoids in Florida (2021).

involved THC

at 3,044 (79.17%) 801 (20.83%).

- or nearly 69%.
- influence of cannabis
- 712 deaths were firearm-related.

- OR=.413 (95% CI .34-.49).
- older adults.

Center for Disease Control and Prevention. (2021). *Marijuana and public* health: Data and statistics. Retrieved from https://www.cdc.gov/marijuana/data-statistics

Grinspoon, P. (April 10, 2020). *Medical marijuana*. Harvard Health Publishing. Retrieved from <a href="https://www.health.harvard.edu/blog/medical-">https://www.health.harvard.edu/blog/medical-</a> marijuana-2018011513085

Levy, N. S., Mauro, P. M., Mauro, C. M., Segura, L. E., & Martins, S. S. (2021). Joint perceptions of the risk and availability of cannabis in the United States, 2002-2018. Drug and Alcohol Dependence, 226, 108873. https://doi.org/10.1016/j.drugalcdep.2021.108873

ath			
Cause	Suicide	Undetermined Cause	
of Death			



### **RESULTS (CONT.)**

✤ Most decedents were non-Hispanic white (n=2,646)

The neural consequences among 645 cases included stroke, venous thrombosis, anoxic encephalopathy, and head traumas. ✤ 2,405 decedents died in accidents while under the ✤ 530 deaths were homicides, 389 as suicides, and More people with firearm-related deaths (FRD) occurred among those  $\leq 64$  years old (n=676). More FRD among the 25-34 age group at 223 deaths, and 18-24 age group with 189 deaths. Those with multiple substances besides cannabis had .41 times the odds of dying from firearm-related injuries than those who used cannabis alone,

### IMPLICATION

The results of this study have safety implications, particularly those young adults and the college-aged population with more firearm-related deaths than

As the risk perception from cannabis use decreases among younger adults, more efforts are needed to curb avoidable deaths from cannabinoids.

## REFERENCES