WHAT WE LEARNED

Concurrent opioid use among marijuana users has a high correlation with increased hospital admission rates and higher ED utilization.

BACKGROUND

- Despite legalization of medical and recreational cannabis in Colorado over the past decade, the exact effects on public health remain unknown.
- Visits to the University of Colorado Hospital Emergency Department that are at least partially attributable to cannabis use have been on the rise in the past several years, nearly quadrupling from 4.4 to 15.9 per 1,000 visits from 2012 to 2016.

OBJECTIVES

- This study aims to look at differences in emergency room visits (specifically with marijuana-related ICD-9/10-CM codes) between those that are also associated with opioid use and those that are not.

METHODS

- This retrospective observational study was done by performing chart review of all visits to the University of Colorado Hospital Emergency Department (UCH ED) that took place between 2012 and 2016 that had at least one cannabis ICM-9/10-CM code, using the same methodology and dataset as described in Shelton et al.¹
- If urine toxicology, patient narrative, or ICD-9/10-CM code indicated opioid use, the visit was considered to have been an opioid-use positive (OU+) visit.
- Demographic data, various visit metrics, and substance exposures, including opioid use per urine toxicology or patient narrative, were abstracted and analyzed using Exploratory.io.

METHODS

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