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Report to the Public Health Committee of the

Connecticut General Assembly

on

Cannabis Public Health Surveillance: 2026 Cannabis Health Statistics Report

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April 1, 2026

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Cannabis Public Health Surveillance: 2026 Cannabis Health Statistics Report

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Acknowledgements

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Suggested citation: Codner, A., Abrapudi, S.S., Poulin, S.M., Harizaj, A., Morin, J., (2026) Cannabis Public Health Surveillance: 2026 Cannabis Health Statistics Report. Hartford, CT: Connecticut Department of Public Health.

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CONNECTICUT
Public Health

Connecticut Department of Public Health Report to the Public Health Committee

Cannabis Public Health Surveillance: 2026 Cannabis Health Statistics Report

Contents

Executive Summary

The 2026 Cannabis Health Statistics Report is a product of the Department of Public Health (DPH). Its purpose is to provide cannabis data and statistics on adverse health events, demographic risk factors, and trends related to cannabis consumption in Connecticut, pursuant to Connecticut General Statutes Section 21a-422e.

The Behavioral Risk Factor Surveillance Systems (BRFSS) provides data on cannabis use and risk behaviors among adults. The prevalence of adult cannabis use in Connecticut was 15.0% in 2024, an increase from 12.1% in 2021. Half of all Connecticut adults believed that daily/near-daily cannabis use posed moderate to great risk to a person's health (50.8%), and a little less than half of adult past-month cannabis users reported they use cannabis on a daily or near-daily basis. Past-month cannabis use among adults was more likely among adults aged 18-34 years old, current smokers of all ages, and excessive drinkers of all ages. Smoking was the primary method of cannabis consumption in adults (74.1%). Among adult past-month cannabis users, medical dispensaries (45.2%) were the usual source of cannabis, but the primary reason for cannabis use was non-medical (53.5%). Approximately one in five adult past-month cannabis users drove within three hours of using cannabis (19.6%). Among past-month cannabis users, approximately one in eight had attempted to quit or stopped using marijuana for one day or longer because they were trying to quit using marijuana for good.

The Pregnancy Risk Assessment Monitoring System (PRAMS) provides data on maternal behaviors that impact the health of mothers and infants. In 2022, an estimated 15.3% of all Connecticut women used cannabis 3 months before pregnancy, which was greater than cannabis use during pregnancy (3.7%) and after pregnancy (6.7%). During pregnancy, cannabis use was higher among women reporting anxiety during pregnancy. Among pregnant women who used cannabis, smoking was the most common method of consumption (80.3%) and nausea relief was the main reason cited for use. Two out of five (40.7%) women had health care workers advise them not to use cannabis for any reason during pregnancy, while only 28.5% were advised not to breastfeed while using cannabis. Nine out of ten (92.0%) women thought that cannabis use during pregnancy was harmful to baby's health and 86.6% thought that it was not safe to use cannabis while breastfeeding. Approximately 1 in 10 newborns had abnormal birth weight when mom used cannabis 3 months before pregnancy or used during pregnancy.

Connecticut Poison Control Center (CPCC), National Survey on Drug Use and Health (NSDUH), Syndromic Surveillance, and Treatment Episode Dataset-Admissions (TEDS-A) provide data on adverse events and health-seeking behaviors. In 2023, those aged 18-20 and 21-24 had the highest rates of treatment admission with cannabis listed as the primary substance compared to all other age groups in Connecticut (19.5 per 100 and 18.7 per 100, respectively). Males had higher rates of admissions than females in both Connecticut and the U.S. 2024 syndromic surveillance data reported 25-29-year-olds had the highest rates of cannabis related emergency department visits followed by 21-24-year-olds, and 30-34-

year-olds. 35-64 years olds had the highest number of calls to CPCC in 2024 (N=53), followed by those less than six-year-olds (N=47). Of the calls among those less than six-year-olds, the majority involved edibles.

Purpose

Pursuant to Conn. Gen. Stat § 21a-422e, this report provides cannabis data and statistics on adverse health events, demographic risk factors, and trends related to cannabis consumption in Connecticut.

The first annual cannabis health statistics report[1] was published in April 2023. This report has three components: 1) an executive summary with a brief overview of the most important findings, 2) a main section containing a description of the findings as well as key statistics and figures, and 3) a collection of appendices that present supplemental tables with detailed statistics and a comprehensive description of the applied methodology.

Terms

- Cannabis
  - Conn. Gen. Stat. § 21a-420 defines the term "cannabis" as being equivalent with the term "marijuana" as defined in § 21a-240. For this report, "cannabis" is used to maintain consistency and avoid confusion.
- Self-Reported Cannabis Use History
  - Different surveys rely on different terminology to define windows of time for cannabis use history. Analyses of Behavioral Risk Factor Surveillance System[2] (BRFSS) data typically present cannabis use within the past 30 days as "current use". Analyses of National Survey on Drug Use and Health[3] (NSDUH) data typically specify a time frame (e.g., "use in the past month", "use in the past year"). Analyses of Pregnancy Risk Assessment Monitoring System[4] (PRAMS) data typically specify a time frame (e.g., "use 3 months before pregnancy", "use during pregnancy", "use after pregnancy"). To avoid confusion when comparing prevalence across data sources, a defined window of time is presented for all prevalence (e.g. lifetime, past year, past month) regardless of the data source.
- Statistical Reliability
  - In this report, the term "limited reliability" is used to describe rates/estimates based on very small numbers. This does not mean the responses to survey questions or individual adverse health event cases themselves are not valid; it simply reflects a high degree of statistical uncertainty about a rate/estimate, due to low numbers and high coefficients of variation.
  - The coefficient of variation (CV) is a measure of variability which is the ratio of the standard deviation to the estimate[5]. Following the guidance of the Centers for Disease Control and Prevention (CDC), CV is used to assess the statistical reliability of BRFSS estimates, with interpretation criteria provided below:

    - †Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.
    - ††Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.
    - *Prevalence estimates with a CV greater than 30% or a sample size less than 50 are suppressed due to statistical unreliability.
  - Relative standard error (RSE) of an estimate is measured by dividing the standard error of the estimate by the estimate[6]. Following the guidance of CDC, RSE is used to assess the statistical reliability of PRAMS estimates, with interpretation criteria provided below.
    - †Estimates with RSEs greater than 20.0% and less than 30.0% may be of limited statistical reliability and should be interpreted with caution.
    - ††Estimates with a RSE greater than 30% have low statistical reliability (or are unreliable) and should be interpreted with caution.
    - * Prevalence estimates with a cell size less than 5, a sample size less than 50, and/or a relative standard error (RSE) greater than 50% are suppressed.
- Statistical Significance
  - Statistical significance was determined using 95% confidence intervals (CI). All group prevalence differences highlighted in the main body of the report, unless otherwise specified, did not have overlapping 95% CIs and thus a statistical test of group differences based on the same statistical assumptions used to generate the confidence intervals would result in a p-value < 0.05 (i.e., "statistically significant")[7].
  - The formula used to calculate the upper and lower 95% confidence levels is: rate ± (1.96*standard error). The 95% confidence intervals indicate that there is 95% confidence that the true population parameter is between the lower and upper calculated values[8].
- Generalized Linear Model (GLM)
  - In this report, the term "Generalized Linear Model" or simply "model" is used to analyze the relationship between cannabis use and demographics, such as age, sex, race and ethnicity. GLM is a statistical method that helps explain how different factors like demographics are linked to an outcome, when controlling for other variables[9].
- Prevalence
  - Prevalence refers to the proportion of individuals in a population who have a specific characteristic or condition at a given time. It is calculated by dividing the number of people with the condition by the total number of people in the sample. Prevalence can be expressed as a percentage (for example, 5%, meaning 5 out of 100 people) or as a rate per 10,000 or 100,000 individuals[10].

Acronyms

- Data Sources
  - BRFSS: Behavioral Risk Factor Surveillance System
  - CPCC: Connecticut Poison Control Center
  - NSDUH: National Survey on Drug Use and Health
  - PRAMS: Pregnancy Risk Assessment Monitoring System
  - TEDS-A: Treatment Episode Dataset-Admissions
- Other Acronyms
  - CDC: Centers for Disease Control and Prevention
  - CFHPB: Community, Family Health, and Prevention Branch
  - DPH: Department of Public Health
  - DUIC: Driving Under the Influence of Cannabis
  - ED: Emergency Department
  - NH: Non-Hispanic
  - THC: Tetrahydrocannabinol
  - SAMHSA: Substance Abuse and Mental Health Services

Use and Risk Behaviors

Survey Data

Cannabis Use Among Adults: Behavioral Risk Factor Surveillance System (BRFSS)

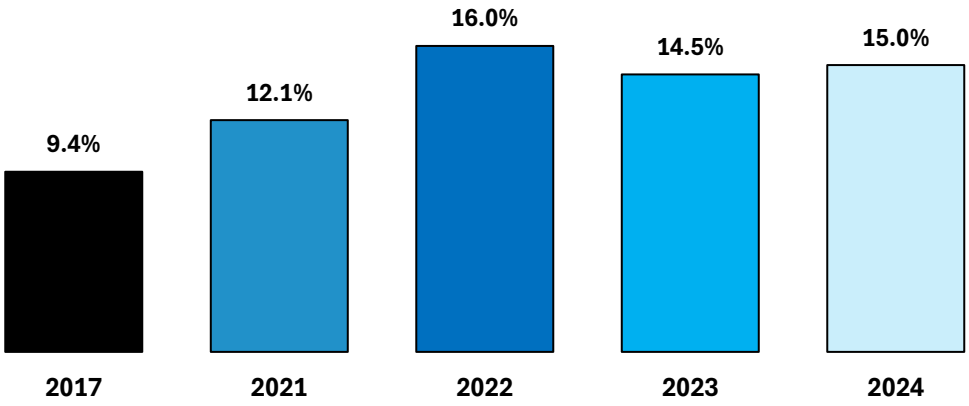
The Behavioral Risk Factor Surveillance System (BRFSS) is the largest continuously conducted health survey system in the world with over 400,000 interviews conducted each year nationwide[11]. The annual BRFSS questionnaire is administered in all 50 U.S. states, the District of Columbia, Guam, Puerto Rico, and the US Virgin Islands[12]. BRFSS enables researchers to examine relationships between a wide range of health risk behaviors and demographic characteristics among adults aged 18 years or older[2]. Detailed statistics, including confidence intervals, coefficients of variation, and statistical model results are provided in Appendix 1, "Behavioral Risk Factor Surveillance System 2024 Supplemental Tables."

BRFSS results should be interpreted with some caution. The 2017 cannabis statistics may not be comparable to the statistics from 2021-2024. Cannabis-related questions on the 2017 questionnaire were collected using a post-survey and BRFSS respondents were asked to remain on the telephone longer to answer additional questions in exchange for a gift card. This affected response rates for certain questions and may have introduced further selection bias. Additionally, cannabis-related questions were not included on the BRFSS survey in 2018, 2019 or 2020. Lastly, all data were self-reported and thus subject to reporting bias. Changing perceptions around the social acceptability of cannabis use may or may not have also affected responses to cannabis-related survey questions. For a comprehensive description of more general BRFSS limitations, see "Cannabis Public

Health Surveillance: State of the Surveillance System Report"[13] on the Cannabis Health Statistics page of the DPH website.

Past-Month Cannabis Use Among Adults

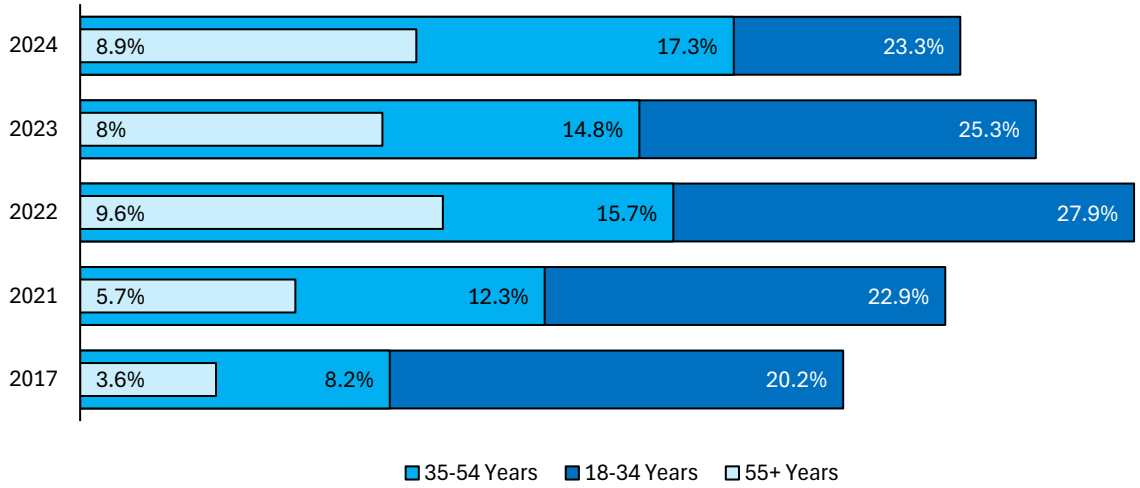
In 2024, **past-month cannabis use** among adults was estimated to be **15.0%**, an increase from 12.1% in 2021. Additional details of past month cannabis use may be found in Appendix 1.



Source: BRFSS, 2017, 2021, 2022, 2023, 2024

Past-Month Cannabis Use by Age

Adults aged **18-34** years are **more likely** to be **past-month cannabis users** compared to other age groups. In 2017 and 2021-2024, one-fifth to one-quarter of Connecticut adults aged 18-34 years used cannabis in the past month.



Source: BRFSS, 2017, 2021, 2022, 2023, 2024

A model using 2024 data suggests that adults aged 18-34 years (23.3%) were more likely to be past-month cannabis users compared to those aged 35-54 years (17.3%), and 55+ years (8.9%), following similar trends in 2021, 2022, and 2023. This suggests that prevalence of past-month cannabis use remains consistent, with younger adults having the highest

prevalence. Other predictors of past-month cannabis use include gender, veteran status, education, mental health status, chronic conditions, disability status, smoking, and drinking to excess.

Daily/Near-Daily Cannabis Use

An estimated 6.8% of all Connecticut adults used cannabis 20 or more days in the past month (i.e., daily/near-daily cannabis use). The prevalence was an increase from 6.1% in 2023; however, this increase did not reach statistical significance. Among all adults who used cannabis, the prevalence of daily/near-daily cannabis use was highest among adults with poor mental health (15.7%), with a disability (8.9%), and those who smoke (17.9%) or drink (13.9%) when compared to adults who never had poor mental health (5.4%), never had a disability (6.0%) and do not smoke (5.8%) or drink (5.7%), respectively.

Prevalence of daily/near-daily cannabis use among past-month cannabis users was highest in people experiencing poor mental health (54.4%) when compared to people not experiencing poor mental health (42.5%).

Driving Under the Influence of Cannabis (DUIC)

Approximately **one in five** adult past-month cannabis users drove within three hours of using cannabis (19.6%).

Source: BRFSS, 2024

Quitting Use

Among past-month cannabis users, approximately **one in eight** had stopped using cannabis for one day or longer because they were trying to quit using cannabis for good.

Source: BRFSS, 2024

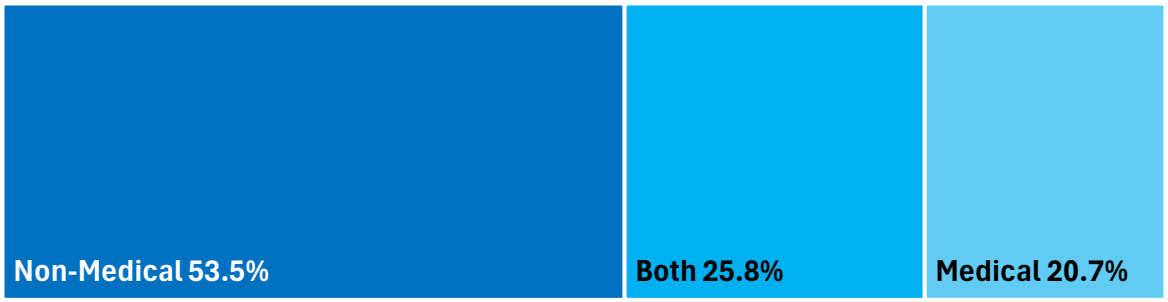
12.3% stopped using cannabis for one day or longer because they were trying to quit for good in 2024.

Perceived Risk of Daily or Near-Daily Cannabis Use

Half of all Connecticut adults believed that daily/near-daily cannabis use posed moderate to great risk to a person's health (50.8%). Statistical modeling suggests that middle and older age, female gender, and Hispanic race and ethnicity were positive predictors of perceived moderate to great risk to overall health of daily/near-daily cannabis use.

Reason for Cannabis Use

Approximately **one fifth** of adult past-month cannabis users reported using it primarily for **medical reasons only**.

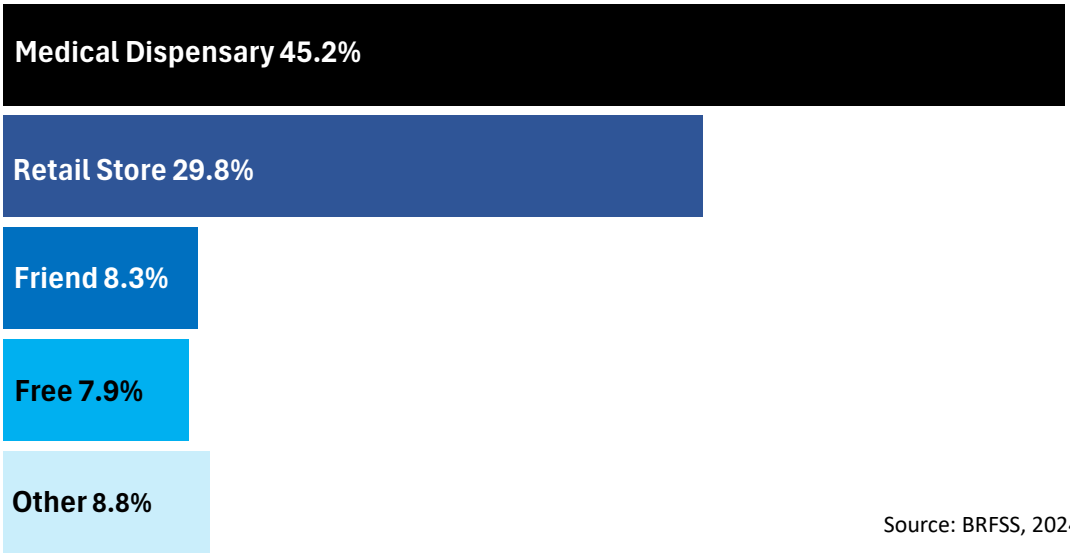


Source: BRFSS, 2024

This data suggests adult medical-only cannabis users tend to be female, had poor mental health, had a chronic condition, and had a disability. Past-month cannabis users who report using it primarily for only non-medical reasons tend to be non-Hispanic Black.

Source of Cannabis among Past-Month Cannabis Users

Nearly half of past-month cannabis users reported that they usually obtain cannabis from a **medical dispensary**, though less than one quarter use cannabis primarily for medical purposes.

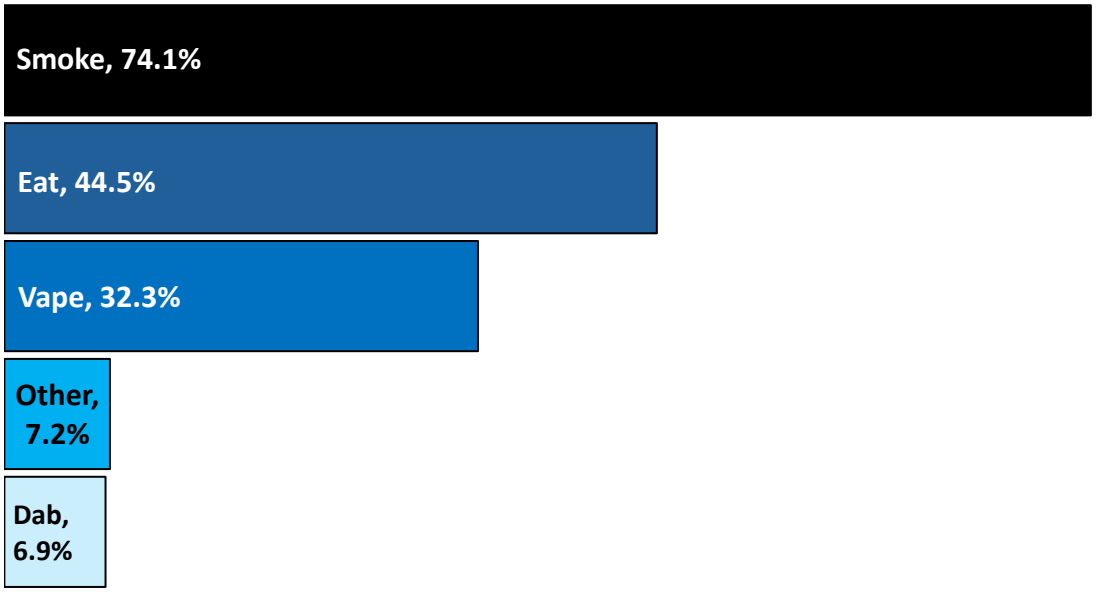


Source: BRFSS, 2024

The prevalence of source of cannabis from medical dispensary increased from 38.7% in 2023 to 45.2% in 2024. This increase did not reach statistical significance. The second most common source of cannabis was from a retail store. Least common were the sources that were grouped in the "other" category, which includes grocery/convenience stores, online, growing it yourself, or "some other source".

Methods of Cannabis Consumption

Among adult past-month cannabis users, smoking was the **most common method** of consumption (74.1%).



Source: BRFSS, 2024

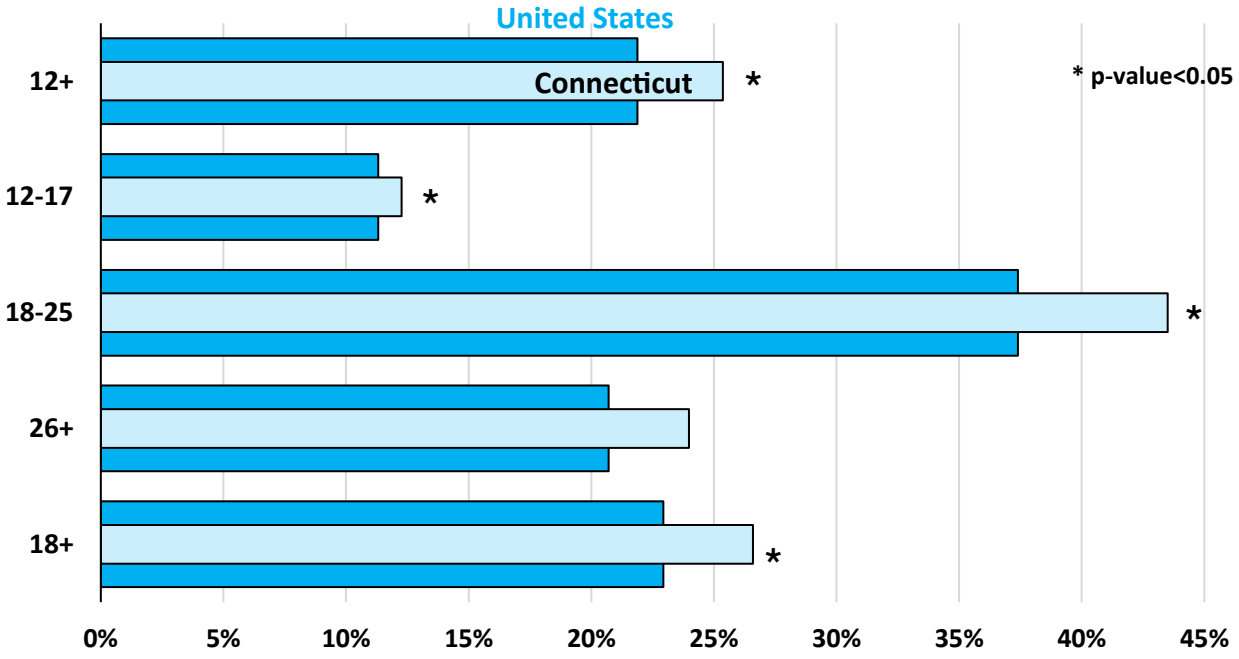
The prevalence of smoking as a method of cannabis use increased from 70.5% in 2023 to 74.1% in 2024, though this increase did not reach statistical significance. Other common methods of consumption include edibles (44.5%), vaping (32.3%), other (7.2%), and dabbing (6.9%). In 2024, respondents could pick multiple methods of consumption, so the percentages do not add to 100%.

Cannabis Use Among Adolescents and Adults: National Survey on Drug Use and Health (NSDUH)

Each year, the Substance Abuse and Mental Health Services Administration (SAMHSA) administers the National Survey on Drug Use and Health (NSDUH) to non-institutionalized individuals aged 12 years and older across the United States.[2,14] This questionnaire provides state and national level estimates on various substance use and mental health topics. The following section summarizes estimates for the state of Connecticut and the United States from the following annual report: *SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2022 and 2023*[2]. This annual report combines data from 2022 and 2023 to provide model-based estimates for each state. Comprehensive details of NSDUH's methodology and data limitations can be found in the following: *Center for Behavioral Health Statistics and Quality (2025). 2024 National Survey on Drug Use and Health (NSDUH): Methodological summary and definitions*.[14]

Past-Year Cannabis Use by Age

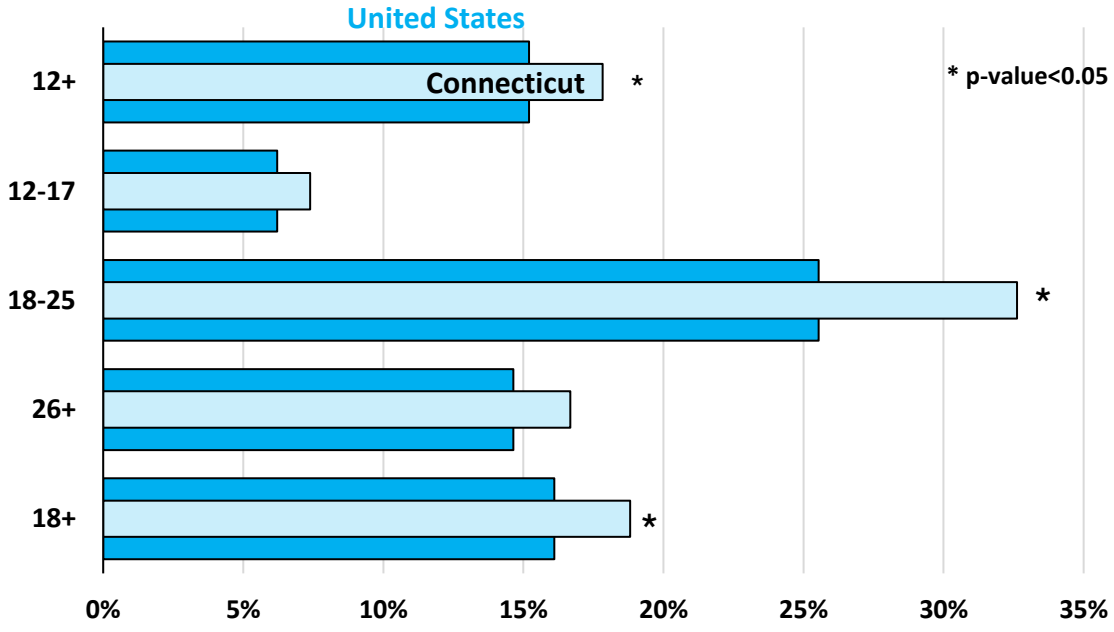
Past-year cannabis use was **greater in Connecticut** than the average rates in the **United States** across all age categories.



Past-Month Cannabis Use by Age

Source: NSDUH 2022 & 2023

Past-month cannabis use was **greatest** among those **18-25 years-old** in both the United States (US) and Connecticut.

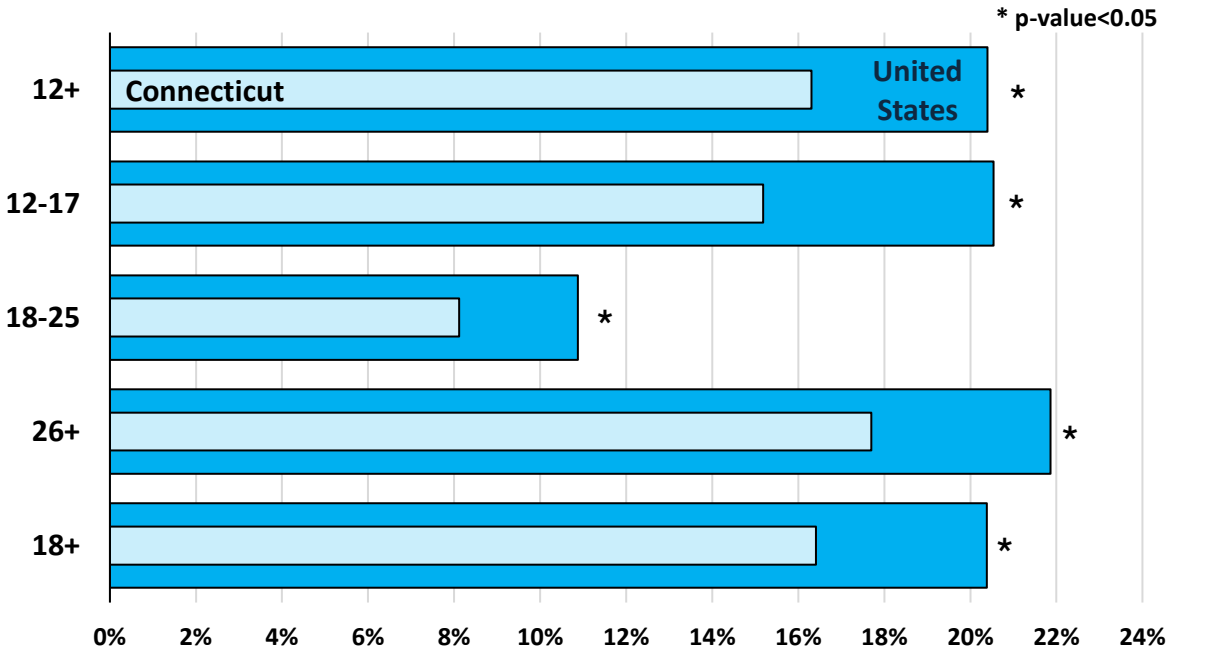


Source: NSDUH 2022 & 2023

In 2022 and 2023, cannabis use within Connecticut was greater than the national frequency, and those aged 18-25 years old reporting the greatest usage than any other age group. Among individuals aged 12 years and older, past-year cannabis use was 25.4% in Connecticut and 21.9% in the US, while past-month was 17.8% and 15.2%, respectively. Those aged 12-17 years had the lowest frequencies in both Connecticut and the US for past year use (12.3% and 11.3%, respectively) and past-month use (7.4% and 6.2%, respectively).

Perceptions of Great Risk from Smoking Cannabis Once a Month by Age

Perception of great risk from smoking cannabis once a month was **lower in Connecticut** than in the **United States** across all age groups.

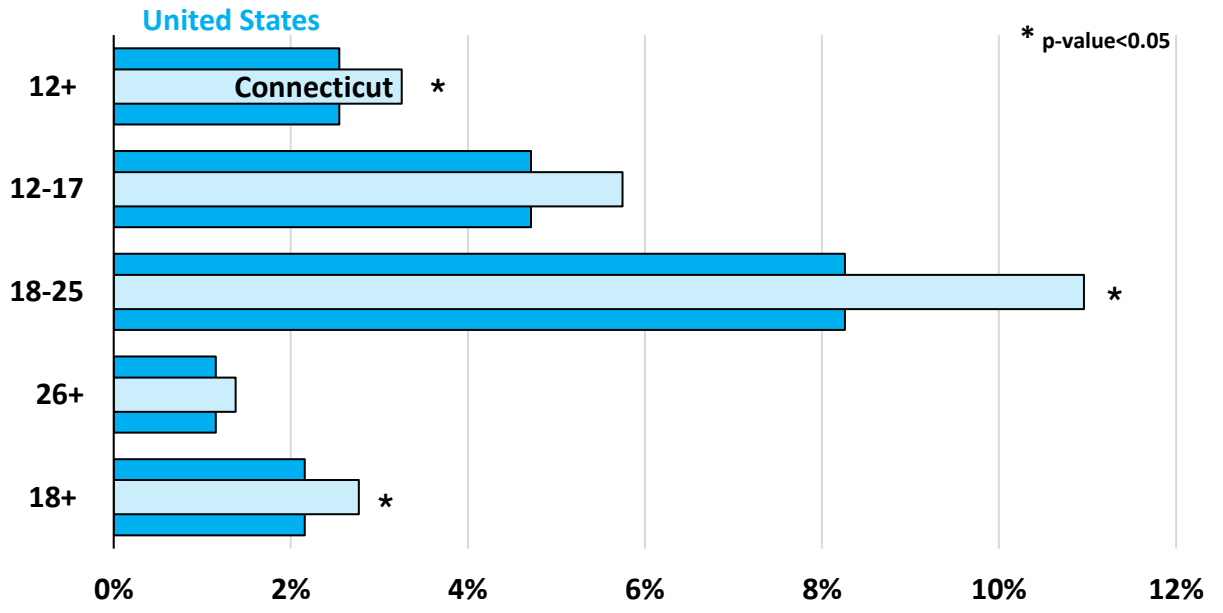


Source: NSDUH 2022 & 2023

Across all ages, Connecticut residents had a lower perceived risk from smoking cannabis once a month than the US. Only 8% of Connecticut adults aged 18-25 perceived great risk of smoking once a month, which is the lowest compared to all other ages.

First Use of Cannabis in the Past Year by Age

First use of cannabis in the past year was **greatest** among **18–25-year-olds** in both Connecticut and the **United States**.



Source: NSDUH 2022 & 2023

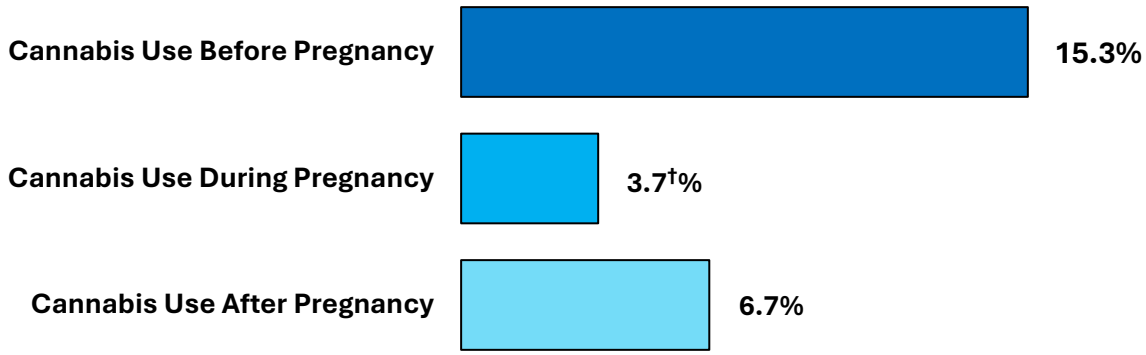
Cannabis Use Among Pregnant Women: Pregnancy Risk Assessment Monitoring System (PRAMS)

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project that collects information on maternal attitudes and experiences before, during, and shortly after pregnancy from a sample of postpartum women in Connecticut. PRAMS enables researchers to examine relationships between adverse outcomes such as low birth weight, infant mortality and morbidity, maternal morbidity, and demographic characteristics among pregnant women[4]. Detailed statistics, including confidence intervals, coefficients of variation, and statistical model results are provided in Appendix 2: "Pregnancy Risk Assessment Monitoring System 2022 Supplemental Tables."

PRAMS results should be interpreted with some caution. Since this is the first cannabis supplement, data may not be comparable to the earlier PRAMS data. Also, results may not be generalizable to all pregnancies as only those with a live birth were included in the survey. PRAMS excludes women who had a pregnancy that ended in fetal death, abortion, or miscarriage. All data was self-reported and thus subject to reporting bias. Data collected from sampled mothers are weighted to represent the cohort of Connecticut resident women who delivered a live born infant in 2022. For a comprehensive description of more general PRAMS limitations, see CT PRAMS, and CDC PRAMS.

Cannabis Use around Pregnancy

An estimated 15.3% of all Connecticut women used cannabis 3 months before pregnancy. This was higher than cannabis use during pregnancy (3.7%), and after pregnancy (6.7%).

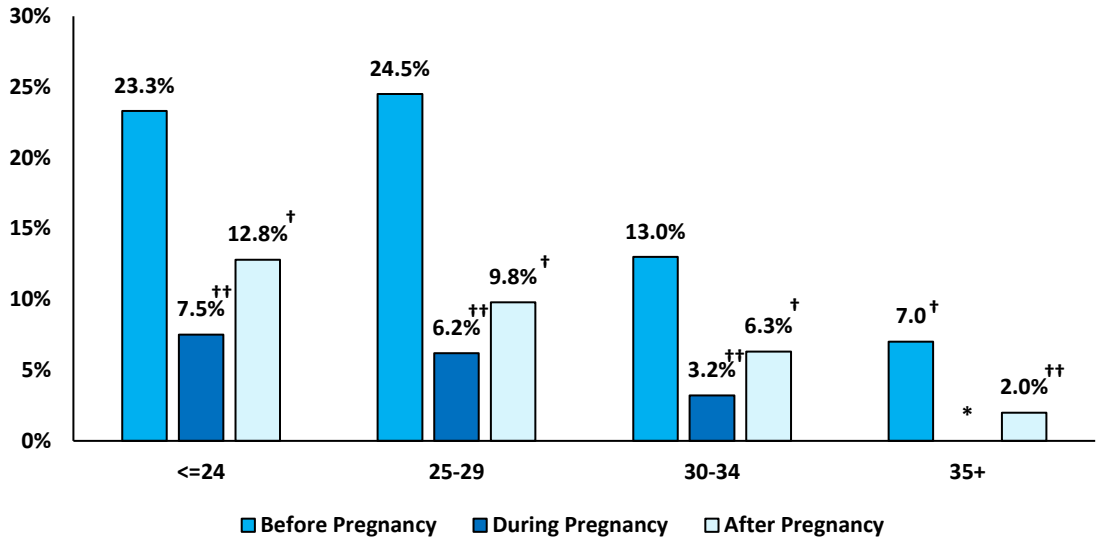


Source: PRAMS, 2022

† Limited statistical reliability. See the Terms on page 3 of PRAMS 2022 Supplemental Tables for further information.

Cannabis Use around Pregnancy by Age

Cannabis use before and after pregnancy was associated with maternal age.



Source: PRAMS, 2022

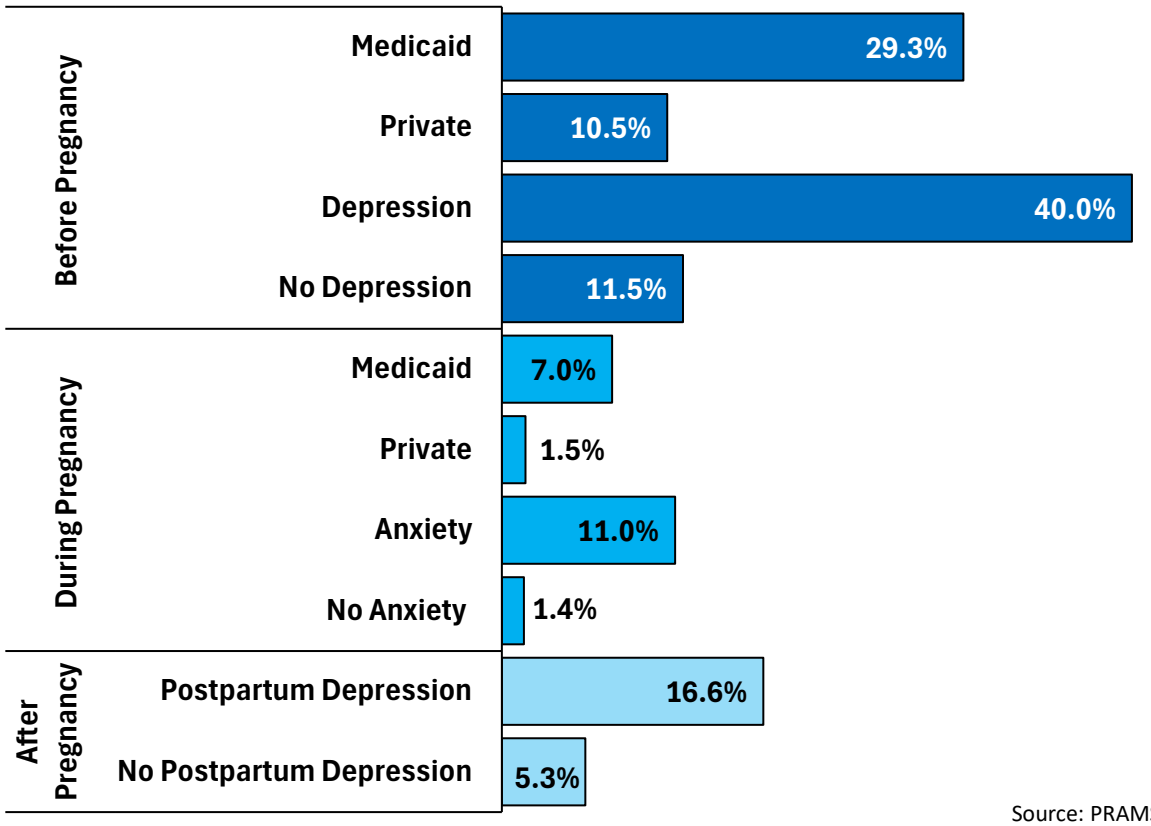
† Limited statistical reliability; †† Low statistical reliability; *Suppressed.
See the Terms on page 3 of PRAMS 2022 Supplemental Tables for further information.

Cannabis usage was higher in 25-29-year-olds (23.3%) relative to 30-34-year-olds (13.0%), and 35+ year olds (7.0%) before pregnancy. After pregnancy, cannabis usage was higher in those 24 years-old or younger (12.8%) and 25-29-year-olds (9.8%) relative to 35+ year olds

(2.0%). During pregnancy, cannabis usage across different age groups did not reach statistical significance.

Cannabis Use around Pregnancy by Insurance, Depression, Anxiety

Cannabis usage was associated with type of insurance coverage and depression before and during pregnancy, and with **postpartum depression after pregnancy**.

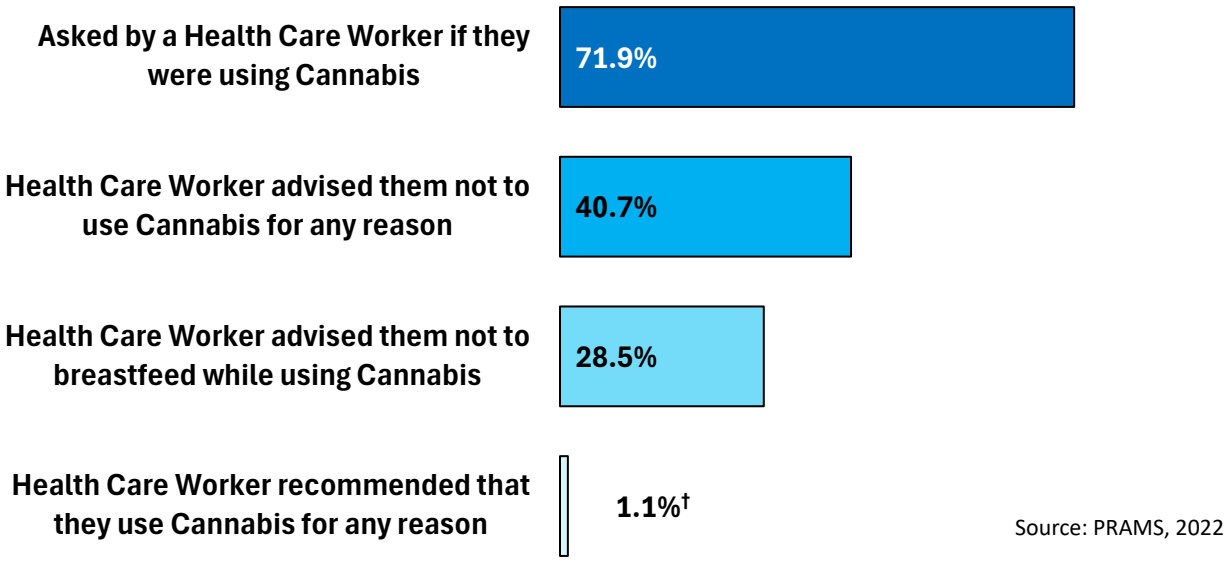


Source: PRAMS, 2022

Cannabis usage was higher among women with Medicaid insurance (29.3% and 7%) when compared to Private (10.5% and 1.5%) insurance before and during pregnancy. Usage was higher in people with depression (40%) when compared to people without depression (11.5%) before pregnancy. It was higher in people with anxiety (11%) when compared to those without anxiety (1.4%) during pregnancy. Additionally, usage was higher in people with postpartum depression (16.6%) when compared to those without postpartum depression (5.3%) after pregnancy.

Prenatal Care Counseling

Overall, **71.9%** of pregnant women **were asked by health care workers** if they were using cannabis.



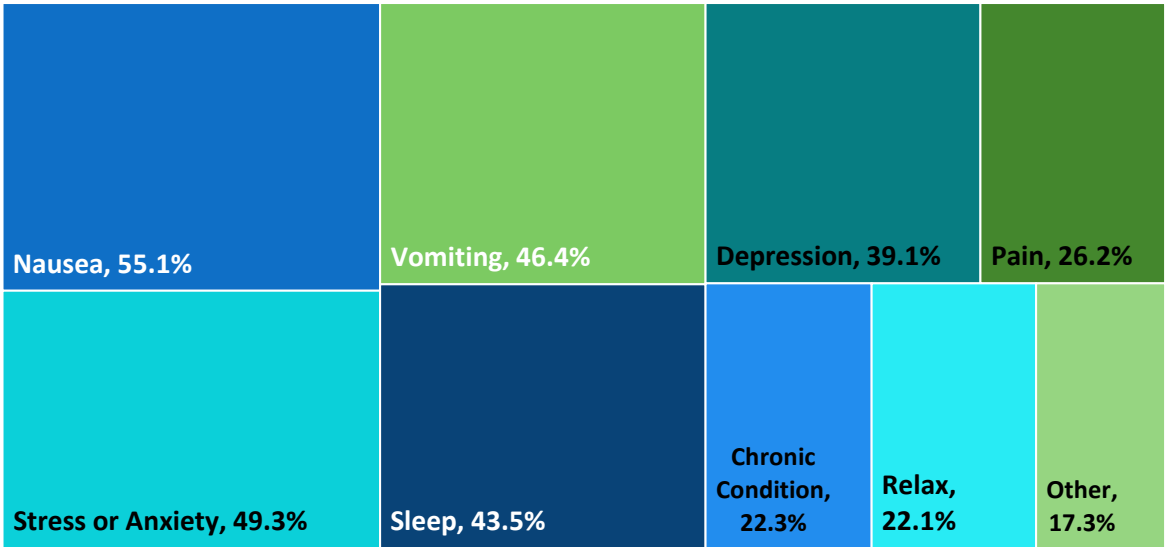
Source: PRAMS, 2022

† Limited statistical reliability. See the Terms on page 3 of PRAMS 2022 Supplemental Tables for further information.

Among pregnant women, 40.7% reported they were advised by health care workers not to use cannabis for any reason, 28.5% were advised not to breastfeed while using cannabis, and 1.1% had health care workers recommended using cannabis for any reason. Respondents could pick multiple options for prenatal care counseling questions, so the percentages do not add to 100%.

Reason for Cannabis Use During Pregnancy

55% of women used cannabis during pregnancy to **relieve nausea**, followed by stress or anxiety, vomiting, and sleep.

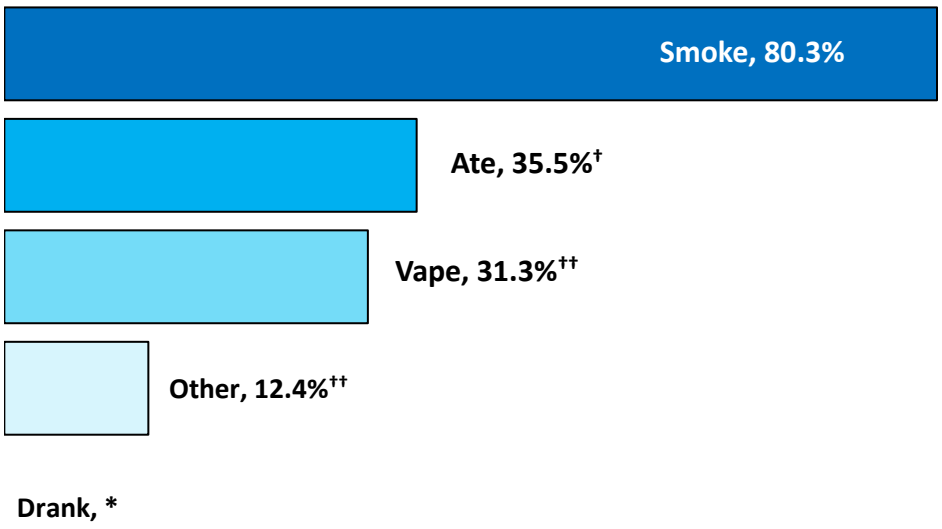


Source: PRAMS, 2022

Approximately 55% of women used cannabis during pregnancy to relieve nausea followed by stress or anxiety (49.3%), vomiting (46.4%), sleep (43.5), depression (39.1%), pain (26.2%), chronic condition (22.3%), for fun or relaxation (22.1%), and some other reason (17.3%). In 2022, respondents could pick multiple reasons for consumption, so the percentages do not add to 100%.

Method of Cannabis Use During Pregnancy

Smoking was the **most common method** of cannabis consumption among pregnant women in Connecticut.



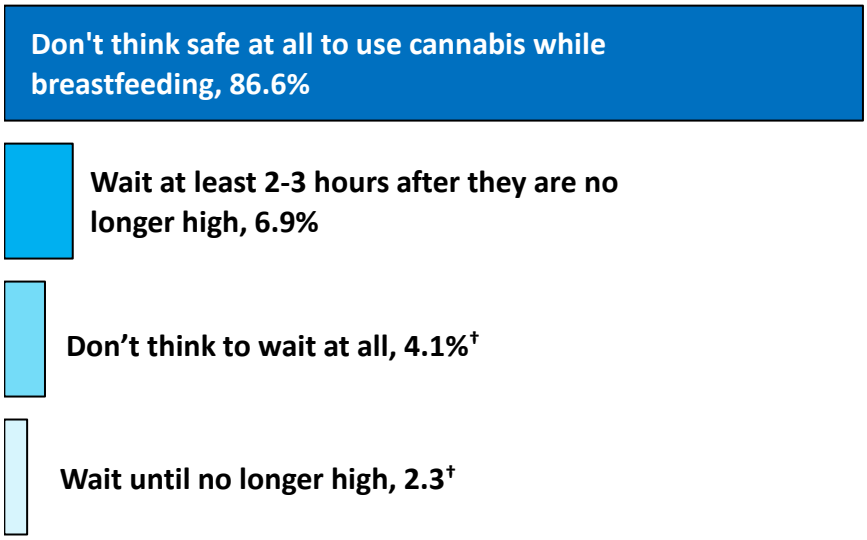
Source: PRAMS, 2022

† Limited statistical reliability; †† Low statistical reliability; *Suppressed.
See the Terms on page 3 of PRAMS 2022 Supplemental Tables for further information.

In addition to smoking, the most common methods of cannabis consumption among pregnant women include edibles (35,5%), vaping (31.3%), other (12.4%), and drinking (suppressed). In 2022, respondents could pick multiple methods of consumption, so the percentages do not add to 100%.

Perception of Cannabis Use During Breastfeeding

86.6% of women who gave live birth in 2022 thought that it was **not safe** at all to use cannabis while **breastfeeding**.

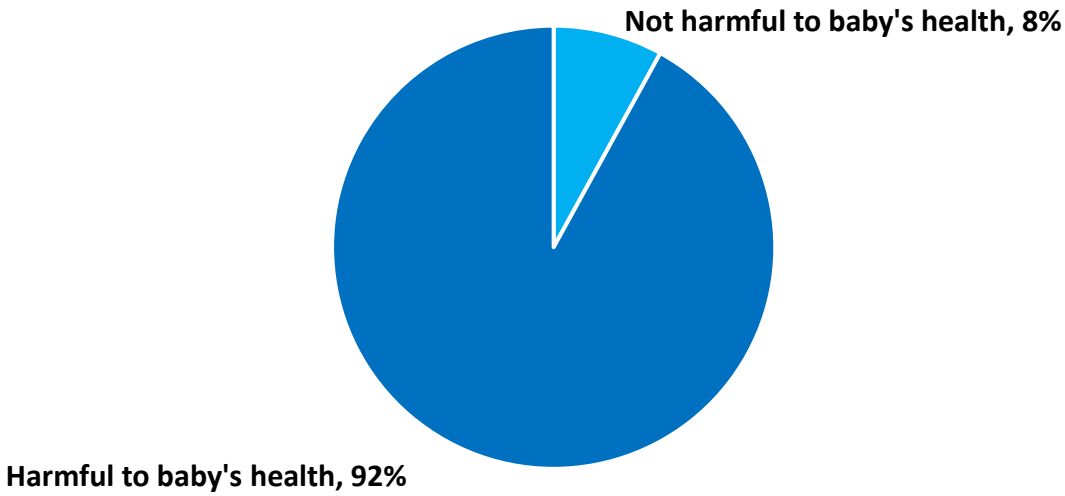


† Limited statistical reliability. See the Terms on page 3 of PRAMS 2022 Supplemental Tables for further information.

6.9% of women thought that waiting to breastfeed at least 2-3 hours after they are no longer high was best; 4.1% of women thought they don't need to wait at all, and 2.3% of women thought it was best to wait until they were no longer high.

Perception of Cannabis Usage During Pregnancy

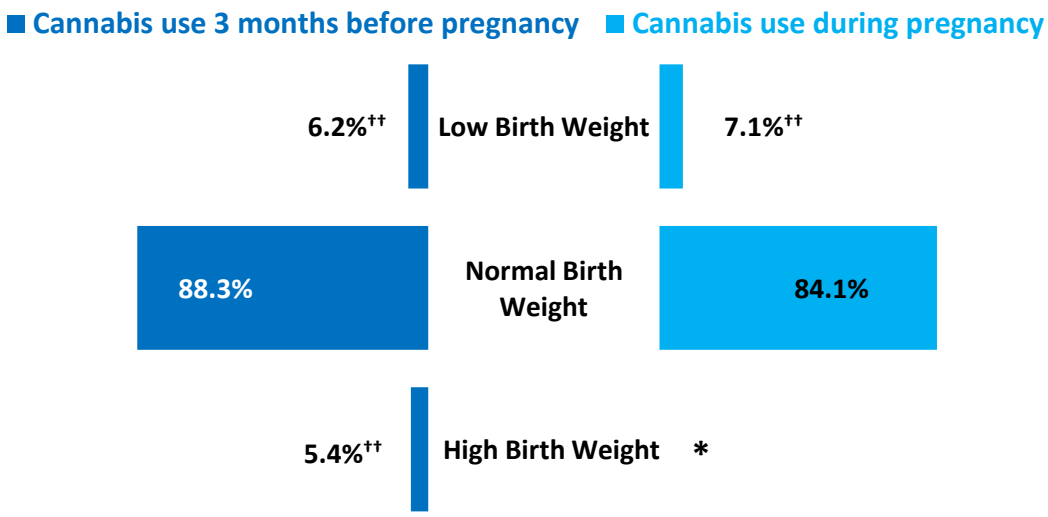
Although **92%** of women thought that **cannabis usage** during pregnancy was **harmful** to the baby's health, 8% of women thought that it was not harmful.



Source: PRAMS, 2022

Cannabis Use and Newborn Birth Weight

Approximately **1 in 10 newborns had abnormal birth weight** when their mothers used cannabis 3 months before pregnancy or during pregnancy.



Source: PRAMS, 2022

†† Low statistical reliability; *Suppressed. See the Terms on page 3 on PRAMS 2022 Supplemental Tables for further information.

6.2% of newborn had low birth weight and 5.4% of newborns had high birth weight when their mother's used cannabis 3 months before pregnancy. 7.1% of newborn had low birth weight when their mother's used cannabis during pregnancy. The prevalence of normal weight in a newborn was 88.3% and 84.1% in women who used cannabis 3 months before pregnancy, and during pregnancy, respectively.

Morbidity

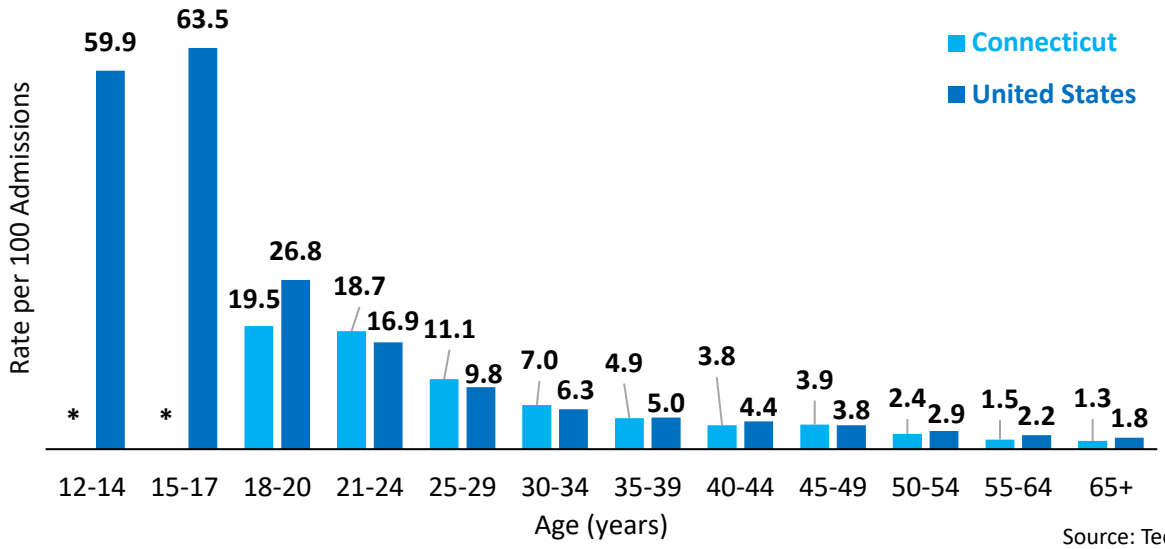
Treatment Episode Dataset-Admissions (TEDS-A)

The Substance Abuse Mental Health Services Administration (SAMHSA) receives admissions data collected by state agencies from substance use treatment facilities and compiles it into a dataset known as the Treatment Episode Dataset-Admissions (TEDS-A)[15]. TEDS-A consists of admission records containing demographic and clinical data, like primary substance of use at time of admission, for individuals 12 years and older. Some of the rates displayed here are suppressed (*) due to small numbers.

There are limitations to consider when using the TEDS-A dataset. The TEDS-A dataset includes detailed data on admissions, not individual people, from facilities that receive public funding. The data coverage varies by state depending on state funding and licensing. All data are cross-sectional, so causation between demographic and cannabis substance use visits cannot be established.

Rate of Admission with Cannabis Listed as the Primary Substance by Age per 100 Admissions

The **rate of admissions** listed as the primary substance by age per 100 admissions was **greatest among 18-20- and 21-24-year-olds** in Connecticut and the United States.



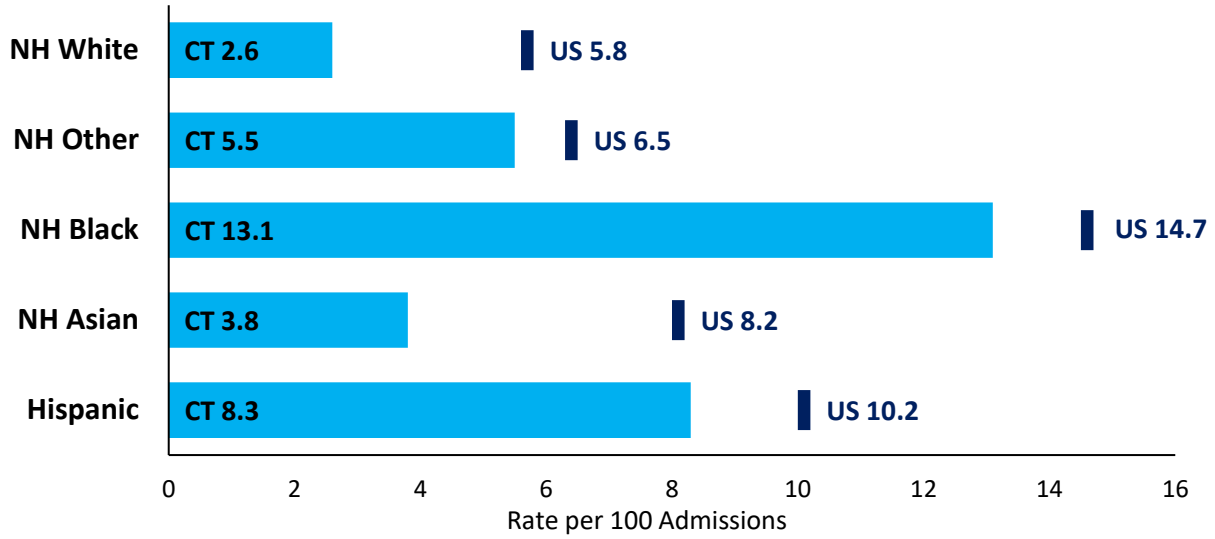
Source: Teds-A, 2023

* Suppressed.

The rate of admissions listed as the primary substance by age per 100 admissions was greatest among 18-20-year-olds (19.5 per 100) and 21-24-year-olds (18.7 per 100) in Connecticut. Rates in Connecticut were lower than the US except among those aged 21-24, 25-29, and 30-34 years.

Rate of Admission with Cannabis Listed as the Primary Substance by Race/Ethnicity per 100 Admissions

Non-Hispanic Black individuals had the **highest rate** of admissions with cannabis as the primary substance in both Connecticut and United States.

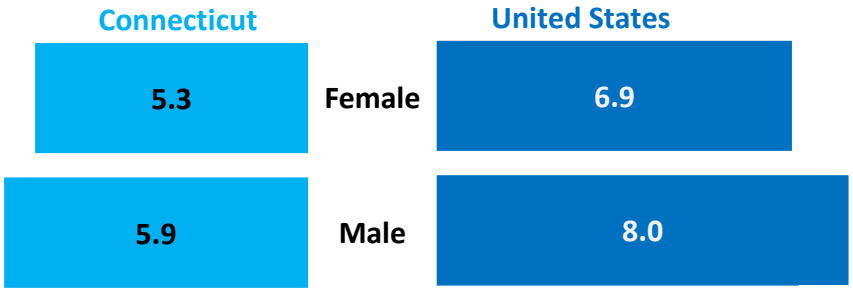


Source: Teds-A, 2023

The United States had greater rates of admission for cannabis among all races ethnicities compared with Connecticut. Non-Hispanic Black individuals had the highest rates followed, by Hispanic individuals.

Rate of Admission with Cannabis Listed as the Primary Substance by Sex per 100 Admissions

Males had a **higher rate** of admission with cannabis as the primary substance per 100 admissions compared with females in both Connecticut and the United States.



Source: Teds-A, 2023

In Connecticut, with a rate of 5.9 per 100, males had a higher rate of admission with cannabis listed as the primary substance per 100 admissions than females (5.3 per 100). This trend was also in the United States with males having a rate of admission of 8.0 per 100 and females at a rate of 6.9 per 100.

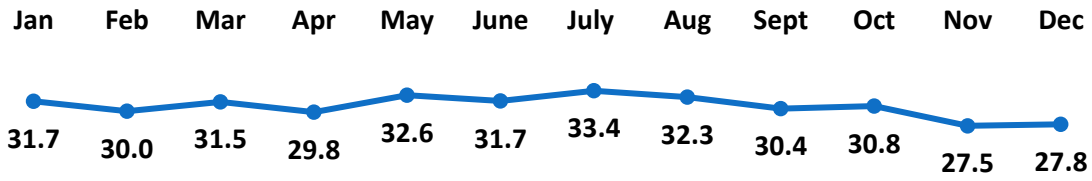
Syndromic Surveillance (EpiCenter)

Health Monitoring Systems (HMS) develops and maintains an online syndromic surveillance product (EpiCenter) for public health officials.[16] This product is used to identify and monitor potential outbreaks and other public health events before formal diagnoses are confirmed using emergency department and urgent care data. Cases are categorized into syndromes based on discharge ICD-10 codes, chief complaints, and triage notes. Syndromes related to cannabis captured by this system include Marijuana/tetrahydrocannabinol (THC) use identified in ICD-10 codes, chief complaint, or medical field notes, which was defined as recommended by Council of State and Territorial Epidemiologists and can be provided upon request. Reported cases of Marijuana/THC use were pulled for 366 days back from 12/31/2024 to include all events reported within 2024 (a leap year).

Limitations of this data include that the events captured by the data are not confirmed and therefore may overestimate the number of events.

Rate of Marijuana/THC Use Related Emergency Department Visits

The rate of marijuana/THC use related Emergency Department (ED) visits per 100,000 population was **relatively stable throughout 2024** in Connecticut.

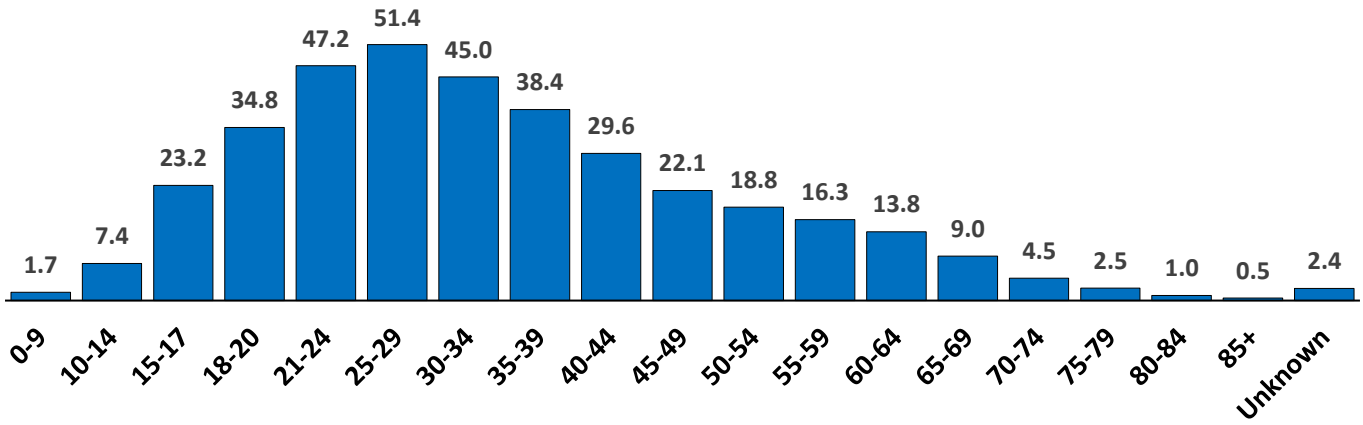


Source: EpiCenter, 2025

While relatively stable throughout the year, the highest rate was in July (33.4 per 100,000), and the lowest rate was in November (27.5 per 100,000).

Rate of Marijuana/THC Use Related ED Visits per 100,000

25-29-year-olds had the highest rate of ED visits at 51.4 per 100,000 population, followed by 21-24-year-olds and 20-34-year-olds. The rate of ED visits among those 0-9-year-olds was 1.69 per 100,000 and 7.43 per 100,000 among those aged 10-14 years.

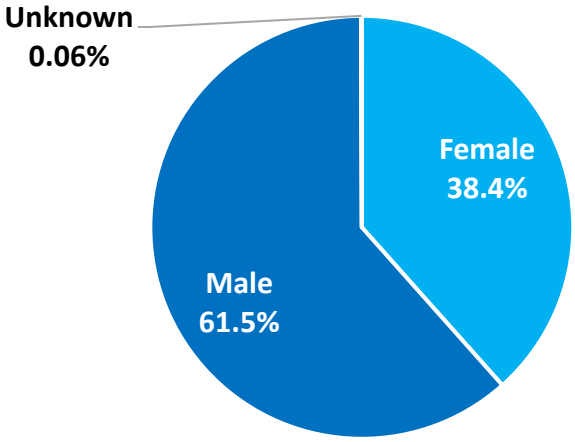


Source: EpiCenter, 2025

25-29-year-olds had the highest rate of ED visits at 51.4 per 100,000 population, followed by 21-24-year-olds and 20-34-year-olds. The rate of ED visits among those 0-9-year-olds was 1.69 per 100,000 and 7.43 per 100,000 among those aged 10-14 years.

Percent of Marijuana/THC Use Related ED Visits by Sex

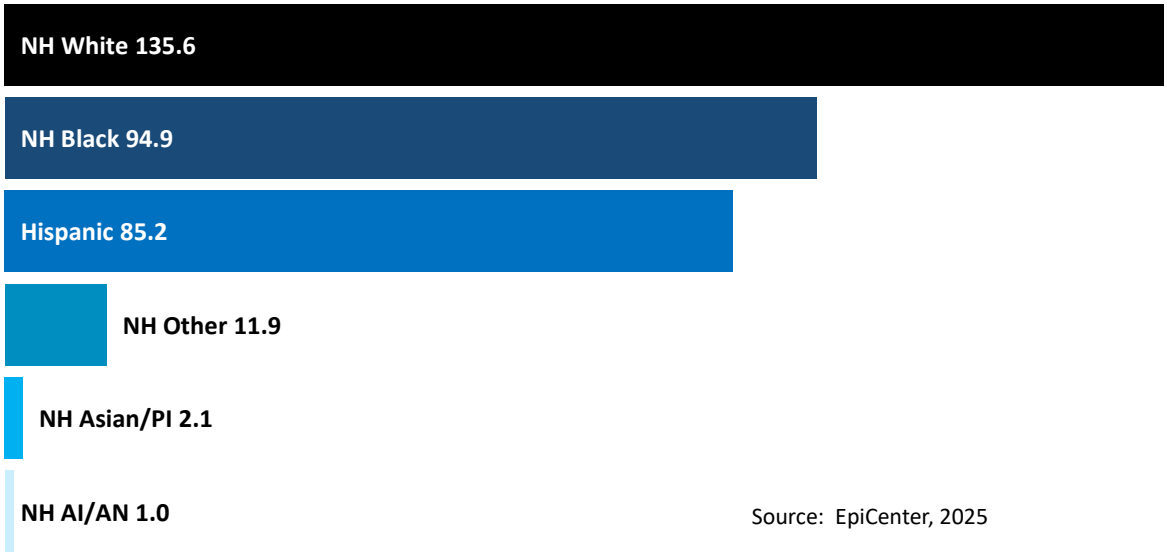
The **majority** of marijuana/THC use-related ED visits were among **males** (61.5%) while only 38.4% were among females**.**



Source: EpiCenter, 2025

Rate of Marijuana/THC Use Related ED Visits by Race/Ethnicity

Non-Hispanic White race and ethnicity had the **highest rate** of marijuana/THC use-related ED visits per 100,000 population.



Non-Hispanic White individuals had the highest rate of ED visits per 100,000 population (135.6 per 100,000) followed by Non-Hispanic Black (95.0 per 100,000) and Hispanic (any race) individuals (85.2 per 100,000).

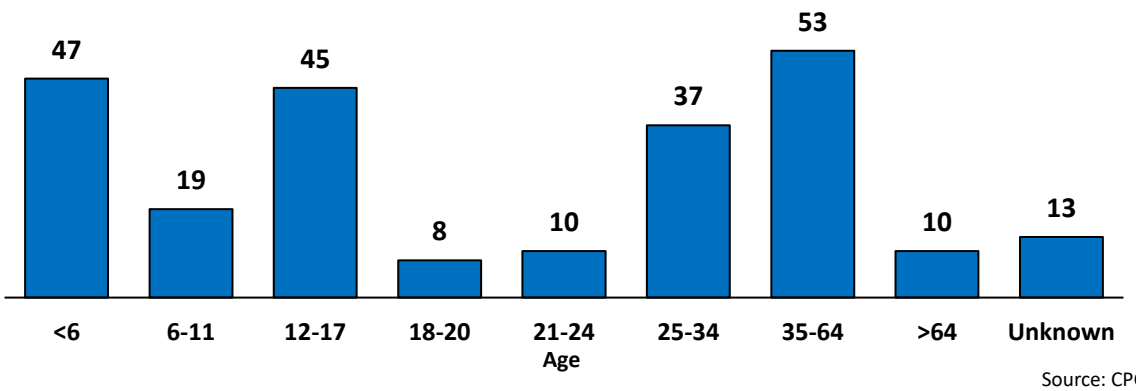
Connecticut Poison Control Center Data (CPCC)

The Connecticut Poison Control Center (CPCC) fields calls regarding poisonings daily and year-round and routinely monitors poisonings to identify hazards and trends. For each call made to CPCC, a medical chart is created for the individual assessing the toxicity. Cases regarding cannabis are included in the CPCC Marijuana dashboard.[17] The dashboard includes information on total number of cannabis cases, age of the individual, route of exposure, type of product, and time of the call. [17] The following statistics were received from CPCC in October 2025 and include data from 1/1/2024 to 12/31/2024. In 2024, CPCC had 242 cannabis related cases. One case involved two different product types, thereby resulting in a total of 243 for analysis of product types and routes of exposure.

The CPCC data have limitations. The CPCC data is based off self-reported calls and may not be confirmed by follow-up, hospital medical records, or toxicological testing. Therefore, a call regarding cannabis exposure does not necessarily indicate a true poisoning or overdose and may not accurately indicate statewide burden of cannabis poisonings. Additionally, some calls reported to CPCC involved more than one product, so the numbers for product types are greater than the actual number of calls.

Number of CPCC Cannabis Cases by Age

Those aged **35-64** years had the **highest number** of CPCC cannabis cases in 2024.

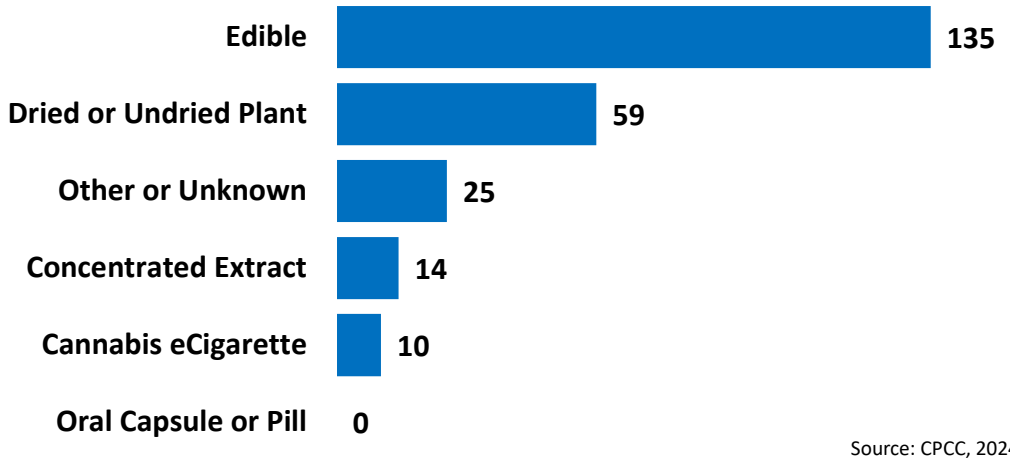


Source: CPCC, 2024

In 2024, CPCC cannabis cases were most common among those aged 35-64-years-ol, followed by those less than 6-years-old and those aged 12-17-years-old.

Number of Cannabis Cases by Product Type

The **majority** of CPCC cannabis cases involved **edibles** (N=135).

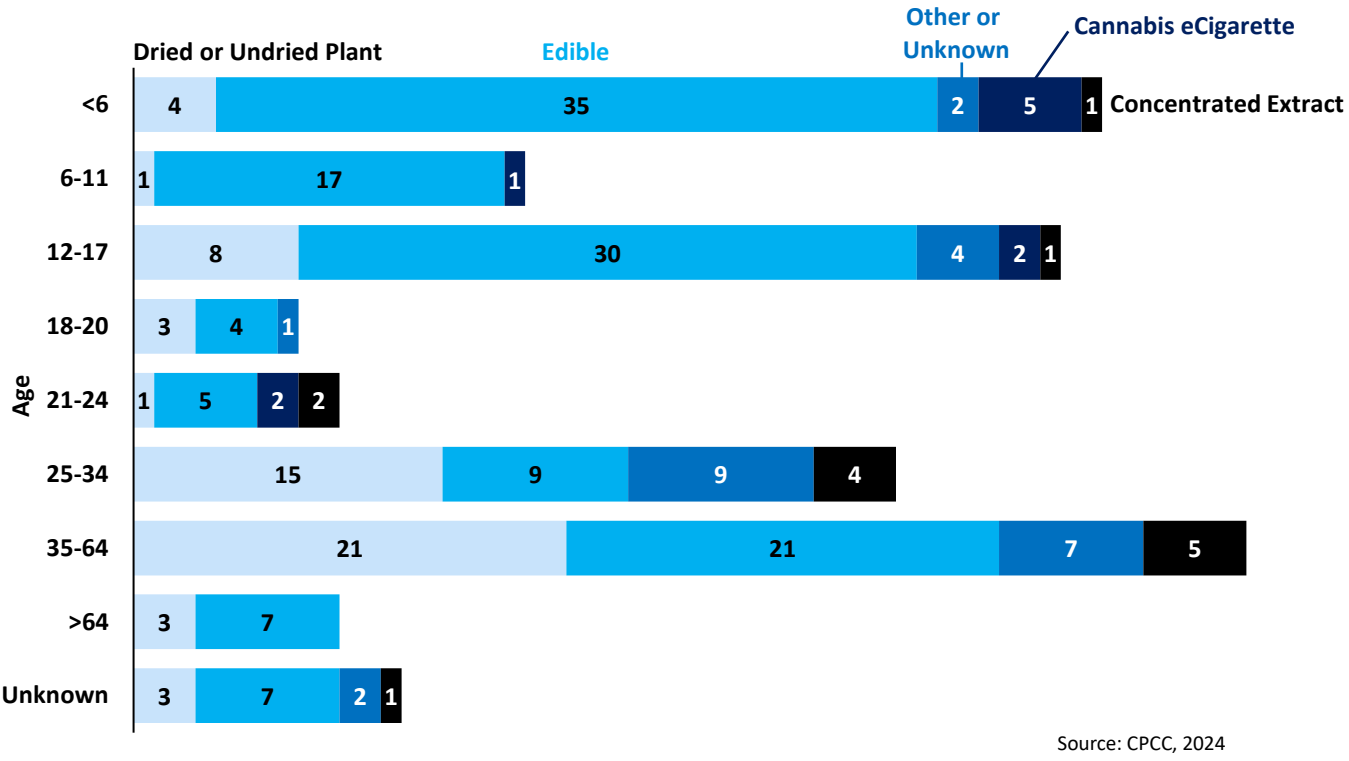


Source: CPCC, 2024

55% of all cannabis cases involved edibles, of which 61% involved those 17 years old or younger (N=82). The cannabis cases involving dried or undried plant were more common among those aged 25-34 and 34-64 years old.

Number of Cannabis Cases by Age and Product Type

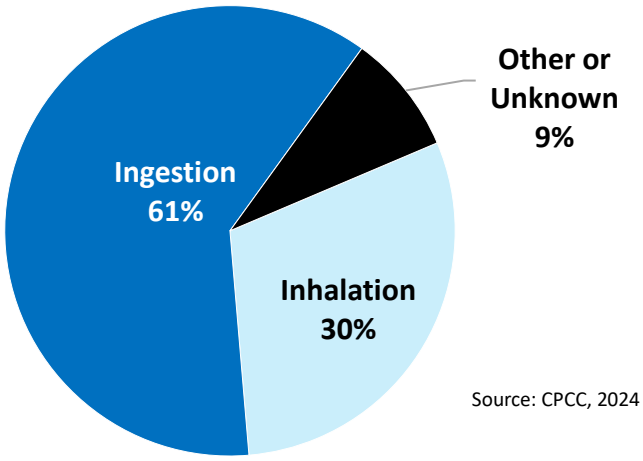
Edibles were most **common** in cases who were **less than 17 years old**, especially those less than 6 years old.



Source: CPCC, 2024

Number of Cannabis Cases by Route of Exposure

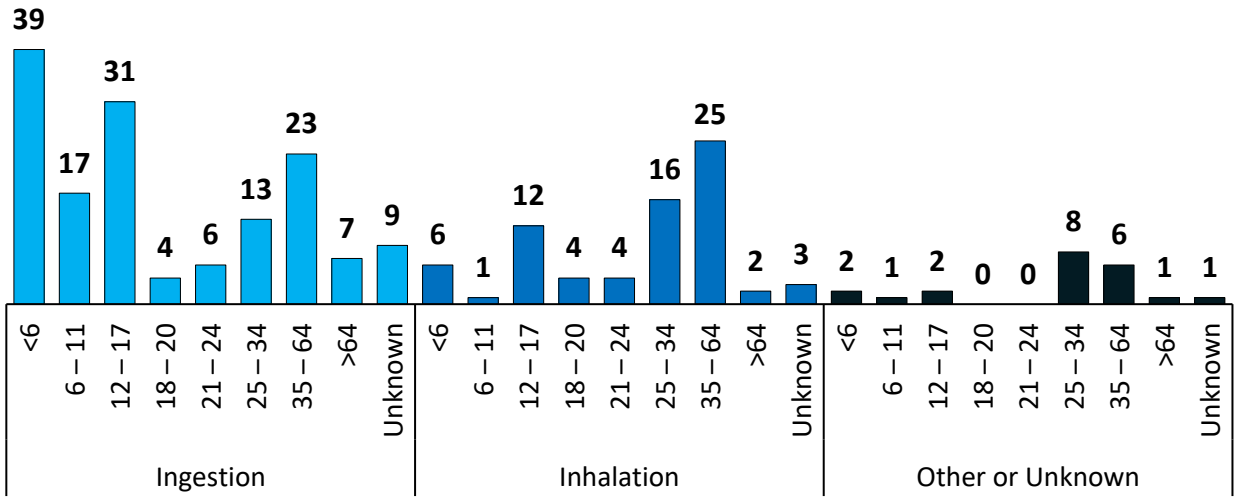
Ingestion was the **most common route of exposure** among **all** CPCC cannabis cases (61%, N=149). Inhalation was the next most common route of exposure (30%).



Source: CPCC, 2024

Number of Cannabis Cases by Route of Exposure & Age

Ingestion was the most common route of exposure among those **less than 6 years old**.

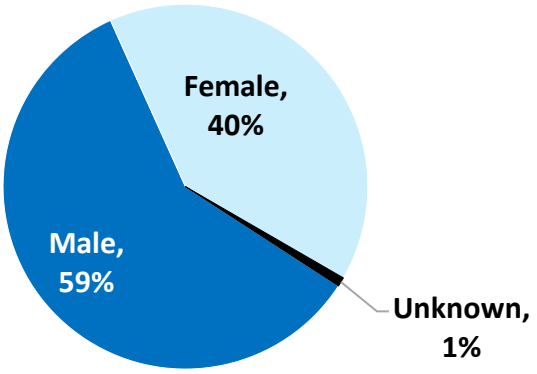


Source: CPCC, 2024

Of the 149 ingested cases, 39 occurred among those less than 6-years-old, followed by those aged 12-17-years-old and 35-64-years-old.

Number of Cannabis Cases by Sex

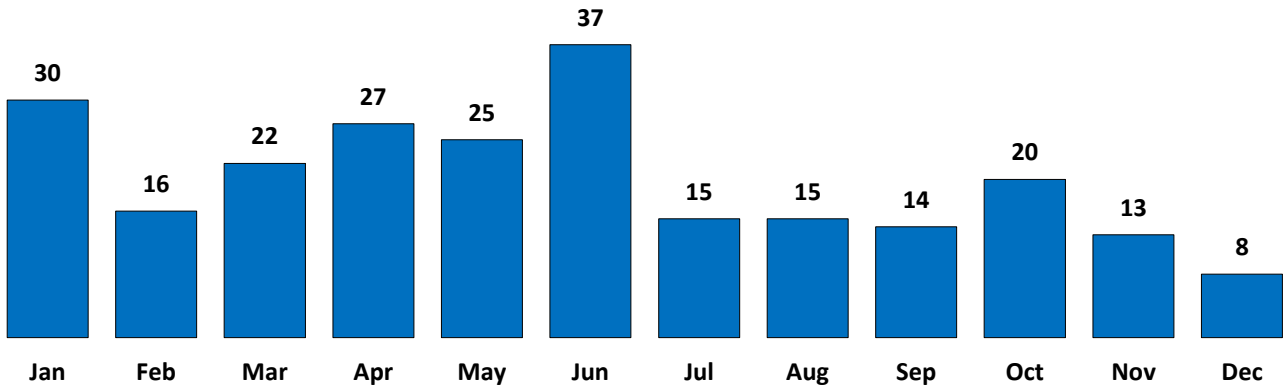
Males made up the **majority** of cannabis cases (N=143), while females only made up 40% of cases (N=97).



Source: CPCC, 2024

Number of Cannabis Cases by Month

Most call to CPCC involving cannabis were made in **June**.



Source: CPCC, 2024

Most calls to CPCC involving cannabis occurred in June (N=37, 15%), followed by January (N=30), and April (N=27). December had the fewest number of cannabis cases (N=8, 3%).

Conclusion

This report relied on a variety of data sources to describe cannabis use and related health outcomes in Connecticut. Analysis of this data uncovered several important findings.

The prevalence of adult cannabis use in Connecticut increased 2.9% from 2021 to 2024. Half of all Connecticut adults believed that daily/near-daily cannabis use posed moderate to great risk to a person's health, and a little less than half of adult past month cannabis users use cannabis on a daily or near-daily basis. Past-month cannabis use among adults was more likely among adults aged 18-34 years old, current smokers of all ages, and excessive drinkers of all ages. Among adult past-month cannabis users, medical dispensaries were the usual source of cannabis, but the primary reason for cannabis use was non-medical. Approximately one in five adult past-month cannabis users drove within three hours of using cannabis. Among past-month cannabis users, approximately one in eight had stopped using marijuana for one day or longer because they were trying to quit using marijuana for good.

An estimated 15.3% of all Connecticut women used cannabis three months before pregnancy and was most common in 25- to 29-year-olds, and women with depression. Usage was higher in women with Medicaid insurance and anxiety during pregnancy, with nausea relief being the most common reason for use. While after pregnancy, usage was most common among those aged 24 or younger, and women with postpartum depression after pregnancy. Overall, 71.9% of pregnant women were asked by health care workers if they were using cannabis, but only 40.7% of pregnant women were advised by health care workers to not use cannabis for any reason and only 28.5% of pregnant women were advised by health care workers to not breastfeed while using cannabis. Although 92% of women thought that cannabis use during pregnancy was harmful to baby's health, 8% of women thought that it was not harmful to baby's health. Approximately 1 in 10 newborns had abnormal birth weight when their mother used cannabis 3 months before pregnancy or during pregnancy.

The highest number of cannabis-related CPCC calls in 2024 were for those 35-64-years-old and those under 6-years-old. Dried plant and edibles were most common among calls for those aged 35-64-years-old, while edibles made up of the majority of the calls for those under 6-years-old. The rate of emergency department visits for those 9 and under was 1.69 per 100,000. Age groups between 21 and 39-years-old had the greatest rate of emergency department visits related to cannabis corresponding with usage trends seen in survey data.

Next Steps

Some topics of interest were not addressed in this report due to limited data availability and the ongoing development of epidemiological methods. DPH plans to explore several future research questions, including the prevalence of cannabis hyperemesis syndrome; the prevalence of cannabis-related injuries (such as motor vehicle injuries and intentional self-harm); the number of cannabis-related mental health visits to urgent care centers; and cannabis-related emergency department and inpatient hospitalizations. An ICD-10 code for cannabis hyperemesis—a condition characterized by cyclic vomiting and nausea associated with chronic cannabis use—was implemented in 2025. Statistics on this condition will be available once 2026 hospital data is released.

DPH staff will continue to provide data and statistics on cannabis-related adverse health events, demographic risk factors, and consumption trends in Connecticut through annual cannabis health statistics reports, data briefs, and other formats. Data from the Connecticut School Health Survey (Youth Risk Behavior Surveillance Survey), which is administered every other year, will be included in next year's report. Opportunities to collaborate with additional Connecticut stakeholders such as Department of Mental Health and Addiction Services (DHMAS) and Department of Consumer Protection (DCP), are being explored to strengthen our surveillance efforts.

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Appendix 1:
Behavioral Risk Factor Surveillance System
2024 Supplemental Tables

Appendix 1 Table of Contents

Appendix 1 includes Behavioral Risk Factor Surveillance System 2024 Supplemental Tables, presenting prevalence and odds ratios across demographic groups and a summary of findings for the following survey questions. Appendix 1 concludes with a list of survey questions and statistical methods.

- *Past Month Cannabis Use*
- *Daily/Near-Daily Cannabis Use*
- *Daily/Near-Daily Cannabis Use among Past Month Cannabis Users*
- *Driving Under the Influence of Cannabis among Past Month Cannabis Users*
- *Quit Use among Past Month Cannabis Users*
- *Perceived Moderate to Great Risk to Health from Daily/Near-Daily Cannabis Use*
- *Medical Reason Only for Use among Past Month Cannabis Users*
- *Non-Medical Reason Only for Use among Past Month Cannabis Users*
- *Both Medical and Non-Medical Reasons for Use among Past Month Cannabis Users*

In addition to the survey questions listed above, Appendix 1 additionally provides the prevalence estimates for the following survey questions:

- *Usual Source of Cannabis among Adult Past Month Cannabis Users*
- *Method of Cannabis Use among Adult Past Month Cannabis Users*

Appendix 1 Data Notes

Notes:

- Responses of missing demographics are not presented in the tables.
- †Estimates may be of limited statistical reliability due to a high coefficient of variation (CV), 15.0% < CV < 20.0%.
- ††Estimates have low statistical reliability (20.0% < CV < 30.0%) and caution should be exercised when interpreting these estimates.
- *Prevalence estimates with a CV greater than 30% or a sample size less than 50 are suppressed due to statistical unreliability.
- Total: Those without responses to demographic questions are not presented separately here, except in the case of income. "Missing Income" is added as a discrete category because 1,001 of the 1,524 respondents missing income responded to the question about past month cannabis use. Respondents missing other demographic variables were excluded from the analysis.

Abbreviations:

- CV = Coefficient of Variation
- CI = Confidence Interval
- NH = Non-Hispanic
- N = Corresponding number of adults in the population, rounded to nearest 100. Ns from demographic subgroups may not sum to the overall.
- HS = High School
- OR = Odds Ratio of Adjusted Generalized Linear Model

Past Month Cannabis Use

Demographics		Percentage	CV	95%CI		N	OR (95%CI)
Total		15.0	4.4	13.7	16.3	344,800	-
Age	18-34 years	23.3	7.7	19.8	26.8	138,400	1
	35-54 years	17.3	6.9	15.0	19.7	113,900	0.54 (0.40-0.72)
	55+ years	8.9	8.2	7.5	10.4	89,800	0.27 (0.19-0.36)
Gender	Female	12.2	6.8	10.6	13.8	144,900	0.56 (0.44-0.71)
	Male	17.9	5.8	15.9	19.9	199,900	1
Race and Ethnicity	Hispanic	14.3	12.7	10.7	17.9	49,600	0.82 (0.56-1.19)
	NH Black	14.3†	15.6	9.9	18.7	33,700	0.97 (0.64-1.48)
	NH White	15.6	5.3	13.9	17.2	227,600	1
	NH Other	11.4†	16.4	7.8	15.1	22,300	0.67 (0.43-1.04)
Veteran Status	Yes	9.1†	18.4	5.8	12.4	16,900	0.51 (0.32-0.82)
	No	15.5	4.6	14.1	16.8	326,300	1
Income	$25K+	16.2	5.1	14.6	17.9	268,300	1.18 (0.80-1.75)
	<$25K	13.7	12.8	10.3	17.1	29,000	1
	Missing	10.8	12.1	8.2	13.4	47,500	0.82 (0.50-1.33)
Education	>HS	15.8	5.0	14.3	17.4	238,600	1.42 (1.07-1.89)
	HS or less	13.5	8.9	11.2	15.9	105,500	1
Poor Mental Health	Yes	28.8	7.8	24.4	33.2	89,700	1.88 (1.37-2.57)
	No	12.8	5.3	11.5	14.1	250,600	1
1+ Chronic Condition	Yes	15.8	5.5	14.1	17.5	207,100	1.45 (1.12-1.89)
	No	14.1	7.6	12.0	16.2	135,700	1
Disability	Yes	17.0	8.0	14.3	19.7	100,300	1.38 (1.03-1.84)
	No	14.1	5.4	12.6	15.6	239,500	1
Current Smoker	Yes	32.1	9.3	26.3	38.0	64,600	3.19 (2.24-4.54)
	No	13.3	5.0	12.0	14.6	277,800	1
Excessive Drinker	Yes	30.2	7.2	26.0	34.5	110,000	2.39 (1.82-3.13)
	No	12.2	5.5	10.9	13.6	231,400	1

Notes:
Model Dependent Variable: Past Month Cannabis Use.
Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking.
Of 7,213 total respondents, there were 5,746 with responses to the outcome variable. 5,172 complete cases were used in the model.
See appendices for detailed methods.

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Past Month Cannabis Use

Summary of Findings

Prevalence
15% (approximately 344,800 Connecticut adults) used cannabis within 30 days of responding to the survey.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest younger age, male gender, non-veterans (or not having a veteran status), income greater than $25,000 (relative to missing income), poor mental health, being a current smoker, and being an excessive drinker were all associated with past month cannabis use.

Generalized Linear Model
Adjusting for covariates, the model reveals that middle and older age groups, female gender, and veteran status were negative predictors of past month cannabis use. Whereas having a greater than high school level of education, poor mental health, disability, and at least one chronic condition were all positive predictors of past month cannabis use. Current smoking status and excessive drinking behavior were strong positive predictors of past month cannabis use.

Limitations
Of 7,213 total respondents, there were 5,746 with responses to the outcome variable. 5,172 respondents had responses to all relevant variables (excepting income, for which a discrete "missing income" category was created) and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
Past month cannabis use among adults was associated with age, gender, veteran status, education, mental health status, chronic conditions, disability, smoking status, and drinking behavior.

Daily/Near-Daily Cannabis Use

Demographics		Percentage	CV	95%CI		N	OR (95%CI)
Total		6.8	7.0	5.9	7.8	157,700	-
Age	18-34 years	11.7	12.0	9.0	14.5	69,800	1
	35-54 years	7.9	10.6	6.2	9.5	51,900	0.52 (0.35-0.77)
	55+ years	3.4	12.6	2.6	4.3	34,600	0.22 (0.14-0.34)
Gender	Female	5.4	11.0	4.3	6.6	64,700	0.58 (0.42-0.81)
	Male	8.3	9.1	6.8	9.8	93,000	1
Race and Ethnicity	Hispanic	7.6†	19.0	4.8	10.4	26,300	1.04 (0.62-1.72)
	NH Black	7.4††	23.2	4.0	10.7	17,400	1.04 (0.58-1.84)
	NH White	6.9	8.5	5.8	8.1	101,400	1
	NH Other	3.8††	25.8	1.9	5.8	7,500	0.47 (0.25-0.89)
Veteran Status	Yes	5.1††	25.7	2.5	7.7	9,500	0.77 (0.41-1.46)
	No	7.0	7.3	6.0	8.0	147,800	1
Income	$25K+	7.5	8.1	6.3	8.7	123,600	1.26 (0.77-2.04)
	<$25K	6.9†	16.8	4.7	9.2	14,700	1
	Missing	4.4††	20.5	2.6	6.2	19,400	0.62 (0.30-1.26)
Education	>HS	6.6	8.6	5.5	7.7	99,900	1.19 (0.82-1.72)
	HS or less	7.3	12.3	5.6	9.1	57,200	1
Poor Mental Health	Yes	15.7	11.9	12.0	19.3	48,700	2.31 (1.53-3.47)
	No	5.4	8.7	4.5	6.4	106,500	1
1+ Chronic Condition	Yes	7.2	8.5	6.0	8.4	94,800	1.20 (0.83-1.74)
	No	6.5	12.2	4.9	8.0	62,400	1
Disability	Yes	8.9	11.3	6.9	10.9	52,700	1.65 (1.10-2.47)
	No	6.0	9.1	4.9	7.1	101,500	1
Current Smoker	Yes	17.9	13.2	13.2	22.5	35,900	3.46 (2.25-5.32)
	No	5.8	8.2	4.8	6.7	120,800	1
Excessive Drinker	Yes	13.9	12.5	10.5	17.2	50,400	1.85 (1.28-2.69)
	No	5.7	8.4	4.7	6.6	107,100	1

Notes:
Model Dependent Variable: Daily/Near-Daily Cannabis Use.
Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking.
Of 7,213 total respondents, there were 5,746 with responses to the outcome variable. 5,172 complete cases were used in the model.
See appendices for detailed methods.

CONNECTICUT
Public Health

Daily/Near-Daily Cannabis Use

Summary of Findings

Prevalence
6.8% (approximately 157,700 Connecticut adults) used cannabis daily or near daily (at least 20 or more days) within last 30 days of responding to the survey.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest younger and middle age (relative to older age), male gender, non-Hispanic white (relative to non-Hispanic other), income greater than $25,000 (relative to missing income), poor mental health, being a current smoker, and being an excessive drinker were associated with daily/near-daily cannabis use among adults.

Generalized Linear Model
Adjusting for covariates, the model reveals that middle and older age groups, female gender, and non-Hispanic other race and ethnicity were negative predictors of daily/near-daily cannabis use. Having a disability, poor mental health, and excessive drinking behavior were positive predictors of daily/near-daily cannabis use. Being a current smoker was a strong positive predictor of daily/near-daily cannabis use.

Limitations
Of 7,213 total respondents, there were 5,746 with responses to the outcome variable. 5,172 respondents had responses to all relevant variables (excepting income, for which a discrete “missing income” category was created) and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
Daily/near-daily cannabis use among adults was associated with age, gender, race and ethnicity, poor mental health status, disability, smoking status, and drinking behavior.

Daily/Near-Daily Cannabis Use among Past Month Cannabis Users

Demographics		Percentage	CV	95%CI		N	OR (95%CI)
Total		45.7	5.3	41.0	50.5	157,700	-
Age	18-34 years	50.4	8.5	42.1	58.8	69,800	1
	35-54 years	45.6	8.2	38.2	52.9	51,900	0.80 (0.49-1.32)
	55+ years	38.5	10.6	30.5	46.5	34,600	0.57 (0.33-0.99)
Gender	Female	44.6	8.1	37.5	51.7	64,700	0.92 (0.60-1.41)
	Male	46.5	6.9	40.2	52.9	93,000	1
Race and Ethnicity	Hispanic	53.1	12.9	39.7	66.5	26,300	1.49 (0.80-2.80)
	NH Black	51.5†	16.5	34.8	68.1	17,400	1.12 (0.55-2.30)
	NH White	44.6	6.5	38.9	50.2	101,400	1
	NH Other	33.5††	22.4	18.8	48.2	7,500	0.53 (0.25-1.12)
Veteran Status	Yes	56.3†	16.7	37.9	74.7	9,500	1.57 (0.62-4.00)
	No	45.3	5.5	40.4	50.2	147,800	1
Income	$25K+	46.1	6.1	40.6	51.5	123,600	1.24 (0.60-2.55)
	<$25K	50.8	13.1	37.7	63.8	14,700	1
	Missing	40.8†	15.5	28.3	53.2	19,400	0.61 (.025-1.50)
Education	>HS	41.9	6.6	36.5	47.3	99,900	0.81 (0.49-1.34)
	HS or less	54.2	8.8	44.9	63.6	57,200	1
Poor Mental Health	Yes	54.4	8.4	45.4	63.3	48,700	1.84 (1.12-3.04)
	No	42.5	6.7	36.9	48.1	106,500	1
1+ Chronic Condition	Yes	45.8	6.4	40.0	51.6	94,800	0.80 (0.50-1.28)
	No	46.0	8.9	38.0	54.1	62,400	1
Disability	Yes	52.6	8.3	44.0	61.1	52,700	1.55 (0.94-2.56)
	No	42.4	6.9	36.7	48.1	101,500	1
Current Smoker	Yes	55.6	10.4	44.3	66.9	35,900	1.48 (0.82-2.67)
	No	43.5	6.1	38.2	48.7	120,800	1
Excessive Drinker	Yes	45.8	9.3	37.5	54.2	50,400	0.88 (0.57-1.35)
	No	46.3	6.4	40.5	52.1	107,100	1

Notes:
Model Dependent Variable: Daily/Near-Daily Cannabis Use among Past Month Cannabis Users.
Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking.
Of 7,213 total respondents, 852 used cannabis at least one time in the past month. 771 complete cases were used in the model.
See appendices for detailed methods.

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Public Health

Daily/Near-Daily Cannabis Use among Past Month Cannabis Users

Summary of Findings

Prevalence
45.7% of past month cannabis users (approximately 157,700 Connecticut adults) used cannabis on at least 20 days within 30 days of responding to the survey (i.e., daily/near-daily cannabis use).

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest no noticeable associations.

Generalized Linear Model
The model suggests that older age groups were a negative predictor, while poor mental health was a positive predictor of daily/near-daily cannabis use among past month cannabis users.

Limitations
Of 7,213 total respondents, there were 5,746 with responses to the outcome variable, with 852 identified as past month cannabis users. 771 respondents had complete data on all relevant variables, excluding income, which had a discrete "missing income" category. Missing data may increase confidence interval sizes and potentially bias the results.

Conclusion
Daily/near-daily cannabis use among past month cannabis users was significantly associated with age and mental health status.

Driving Under the Influence of Cannabis (DUIC) among Past Month Cannabis Users

Demographics		Percentage	CV	95%CI		N	OR (95%CI)
Total		19.6	10.0	15.8	23.4	65,700	-
Age	18-34 years	22.4†	16.3	15.2	29.5	30,300	1
	35-54 years	20.1†	15.6	14.0	26.3	22,500	0.92 (0.51-1.66)
	55+ years	15.1††	23.2	8.2	22.0	12,900	0.80 (0.38-1.69)
Gender	Female	15.2†	18.1	9.8	20.5	21,400	0.59 (0.33-1.05)
	Male	22.8	12.4	17.3	28.4	44,400	1
Race and Ethnicity	Hispanic	20.9††	27.3	9.7	32.0	9,900	1.34 (0.61-2.95)
	NH Black	35.1††	23.7	18.8	51.5	11,600	2.74 (1.18-6.36)
	NH White	17.3	13.4	12.7	21.8	38,500	1
	NH Other	*	39.3	*	*	*	1.33 (0.49-3.62)
Veteran Status	Yes	*	49.9	*	*	*	1.17 (0.31-4.51)
	No	*	10.5	*	*	*	1
Income	$25K+	21.7	11.1	17.0	26.4	56,800	1.54 (0.56-4.20)
	<$25K	*	35.1	*	*	*	1
	Missing	*	37.7	*	*	*	0.64 (0.15-2.77)
Education	>HS	20.0	12.1	15.3	24.8	46,500	1.22 (0.64-2.36)
	HS or less	18.8†	19.4	11.6	25.9	19,300	1
Poor Mental Health	Yes	19.5†	19.4	12.1	26.9	17,100	1.48 (0.75-2.92)
	No	19.9	12.1	15.2	24.6	48,500	1
1+ Chronic Condition	Yes	15.1	14.5	10.8	19.4	30,500	0.49 (0.28-0.88)
	No	26.8	14.1	19.4	34.2	35,200	1
Disability	Yes	15.3††	20.7	9.1	21.5	15,000	0.87 (0.43-1.78)
	No	21.8	11.7	16.7	26.8	50,500	1
Current Smoker	Yes	21.2††	23.6	11.4	31.1	12,600	1.39 (0.67-2.87)
	No	19.3	11.5	15.0	23.7	52,900	1
Excessive Drinker	Yes	17.7†	18.3	11.3	24.0	18,700	0.76 (0.43-1.35)
	No	20.8	12.3	15.8	25.8	47,000	1

Notes:
Model Dependent Variable: DUIC among Past Month Cannabis Users.
Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking.
Of 7,213 total respondents, 852 used cannabis at least one time in the past month. 757 complete cases were used in the model.
See appendices for detailed methods.

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Driving Under the Influence of Cannabis (DUIC) among Past Month Cannabis Users

Summary of Findings

Prevalence
19.6% of past month cannabis users (approximately 65,700 Connecticut adults) drove under the influence of cannabis (DUIC) within 30 days of responding to the survey.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest not having at least one chronic condition was associated with DUIC.

Generalized Linear Model
The adjusted model shows that non-Hispanic Black race and ethnicity was a strong positive predictor of DUIC, while having at least one chronic condition was a negative predictor of DUIC among of DUIC among past month cannabis users.

Limitations
Of 7,213 total respondents, there were 5,746 with responses to the outcome variable, with 852 identified as past month cannabis users. 757 respondents had complete data on all relevant variables, excluding income, which had a discrete “missing income” category and was included in the model. Missing data may increase confidence interval sizes and potentially bias the results. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
DUIC was associated with race and ethnicity and chronic conditions.

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Quitting Use among Past Month Cannabis Users

Demographics		Percentage	CV	95%CI		N	OR (95%CI)
Total		12.3	13.4	9.1	15.6	40,900	-
Age	18-34 years	16.9†	19.2	10.5	23.3	22,500	1
	35-54 years	12.4††	20.3	7.5	17.3	13,900	0.86 (0.42-1.74)
	55+ years	*	33.3	*	*	*	0.44 (0.18-1.08)
Gender	Female	12.4††	20.0	7.6	17.3	17,100	0.97 (0.48-1.97)
	Male	12.3†	17.7	8.0	16.5	23,800	1
Race and Ethnicity	Hispanic	21.0††	25.2	10.7	31.4	10,000	2.09 (0.90-4.85)
	NH Black	*	32.9	*	*	*	2.10 (0.74-5.94)
	NH White	8.2††	21.1	4.8	11.5	18,100	1
	NH Other	*	33.0	*	*	3,900	3.02 (1.09-8.33)
Veteran Status	Yes	*	73.9	*	*	*	0.14 (0.02-1.22)
	No	*	13.5	*	*	*	1
Income	$25K+	11.0†	15.8	7.6	14.5	28,900	0.80 (0.26-2.49)
	<$25K	20.4††	29.2	8.7	32.1	5,200	1
	Missing	*	35.4	*	*	*	0.83 (0.20-3.46)
Education	>HS	8.8†	16.7	5.9	11.7	20,200	0.44 (0.21-0.95)
	HS or less	20.1†	19.8	12.3	27.9	20,700	1
Poor Mental Health	Yes	17.0††	22.6	9.4	24.5	14,400	1.90 (0.83-4.34)
	No	10.9†	16.2	7.5	14.4	26,500	1
1+ Chronic Condition	Yes	9.9†	18.2	6.4	13.5	19,800	0.56 (0.27-1.17)
	No	16.1†	19.1	10.1	22.1	21,100	1
Disability	Yes	11.9††	23.1	6.5	17.3	11,500	0.85 (0.43-1.68)
	No	11.8†	16.4	8.0	15.7	27,400	1
Current Smoker	Yes	16.2††	24.7	8.4	24.1	10,300	1.09 (0.47-2.56)
	No	11.5†	15.7	8.0	15.0	30,600	1
Excessive Drinker	Yes	13.9††	24.6	7.2	20.6	14,300	1.04 (0.53-2.03)
	No	11.5†	15.8	7.9	15.0	25,900	1

Notes:
Model Dependent Variable: Quitting Use among Past Month Cannabis Users.
Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking.
Of 7,213 total respondents, 852 used cannabis at least one time in the past month. 750 complete cases were used in the model.
See appendices for detailed methods.

CONNECTICUT
Public Health

Quitting Use among Past Month Cannabis Users

Summary of Findings

Prevalence
12.3% of past month cannabis users (approximately 40,900 Connecticut adults) reported they
stopped using marijuana for one day or longer because they were trying to quit using marijuana for good in the past year.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest having a high school education or less was associated with having quit using cannabis for a day or longer in the last 12 months.

Generalized Linear Model
The model suggests non-Hispanic other race and ethnicity was a strong positive predictor while, having more than a high school level of education was a negative predictor of having quit cannabis use for a day or longer in the past year.

Limitations
Of 7,213 total respondents, there were 5,746 with responses to the outcome variable, with 852 identified as past month cannabis users. 750 respondents had complete data on all relevant variables, excluding income, which had a discrete "missing income" category and was included in the model. Missing data may increase confidence interval sizes and potentially bias the results. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
Quitting cannabis use for a day or longer in the past year was associated with race and ethnicity and educational attainment.

Perceived Moderate to Great Risk to Health from Daily/Near-Daily Cannabis Use

Demographics		Percentage	CV	95%CI		N	OR (95%CI)
Total		50.8	1.9	48.9	52.7	1,050,100	-
Age	18-34 years	44.4	5.1	40.0	48.8	250,400	1
	35-54 years	48.8	3.5	45.5	52.1	295,500	1.35 (1.06-1.72)
	55+ years	56.3	2.4	53.7	59.0	485,400	2.12 (1.66-2.70)
Gender	Female	53.1	2.6	50.4	55.9	560,000	1.26 (1.06-1.50)
	Male	48.3	2.9	45.6	51.1	490,100	1
Race and Ethnicity	Hispanic	64.8	3.9	59.8	69.8	195,500	2.27 (1.73-2.98)
	NH Black	43.7	7.5	37.3	50.2	86,200	0.84 (0.62-1.13)
	NH White	48.9	2.4	46.6	51.2	660,700	1
	NH Other	45.5	8.7	37.7	53.2	73,600	0.99 (0.70-1.40)
Veteran Status	Yes	53.5	6.3	46.9	60.1	88,700	1.11 (0.82-1.49)
	No	50.5	2.0	48.5	52.5	956,100	1
Income	$25K+	49.2	2.3	47.0	51.4	748,000	0.96 (0.70-1.30)
	<$25K	55.4	5.9	49.0	61.8	101,200	1
	Missing	55.2	4.6	50.2	60.1	200,900	1.14 (0.79-1.64)
Education	>HS	50.3	2.2	48.1	52.4	695,600	0.99 (0.81-1.21)
	HS or less	51.7	3.8	47.8	55.5	348,200	1
Poor Mental Health	Yes	46.5	5.6	41.5	51.6	133,500	1.02 (0.79-1.31)
	No	51.5	2.1	49.4	53.6	902,400	1
1+ Chronic Condition	Yes	49.2	2.6	46.8	51.7	576,800	0.75 (0.62-0.91)
	No	52.8	2.9	49.8	55.9	461,500	1
Disability	Yes	51.0	4.0	47.1	55.0	264,600	0.96 (0.77-1.18)
	No	50.8	2.2	48.6	53.0	779,000	1
Current Smoker	Yes	39.7	7.8	33.7	45.8	72,200	0.60 (0.44-0.80)
	No	51.9	2.0	49.8	53.9	973,300	1
Excessive Drinker	Yes	42.8	5.7	38.0	47.6	147,700	0.80 (0.64-1.00)
	No	52.6	2.1	50.5	54.7	886,800	1

Notes:
Model Dependent Variable: Perceived Moderate to Great Risk to Health from Daily/Near-Daily Cannabis Use.
Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking.
Of 7,213 total respondents, there were 5,173 with responses to the outcome variable. 4,704 complete cases were used in the model.
See appendices for detailed methods.

CONNECTICUT
Public Health

Perceived Moderate to Great Risk to Health from Daily/Near-Daily Cannabis Use

Summary of Findings

Prevalence
50.8% (approximately 1,050,100 Connecticut adults) reported they think daily or near daily use of marijuana or cannabis poses moderate to great risk of harming the average adult's health.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest older age, Hispanic race and ethnicity, not being a current smoker, and being an excessive drinker were associated with having a moderate to great perceived risk of daily/near-daily cannabis use to the average adult's health.

Generalized Linear Model
The model suggests middle age, and female gender were positive predictors; older age, and Hispanic race and ethnicity were strong positive predictors. Having at least one chronic condition and being a current smoker were negative predictors of moderate to great perceived risk of daily/near-daily cannabis use to the average adult's health.

Limitations
Of 7,213 total respondents, there were 5,173 with responses to the outcome variable. 4,704 respondents had complete data on all relevant variables, excluding income, which had a discrete "missing income" category and was included in the model. Missing data may increase confidence interval sizes and potentially bias the results. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
Perceiving moderate to great risk of daily/near-daily cannabis use to the average adult's health was associated with age, gender, race and ethnicity, chronic conditions, and smoking status.

Medical Reason Only for Use among Past Month Cannabis Users

Demographics		Percentage	CV	95%CI		N	OR (95%CI)
Total		20.7	9.1	17.0	24.4	69,700	-
Age	18-34 years	12.5††	23.4	6.8	18.2	16,800	1
	35-54 years	22.4	13.9	16.3	28.5	24,900	1.73 (0.79-3.80)
	55+ years	31.6	13.6	23.2	40.0	28,100	2.84 (1.31-6.14)
Gender	Female	27.4	11.5	21.2	33.6	38,600	1.99 (1.19-3.31)
	Male	15.9†	15.8	10.9	20.8	31,100	1
Race and Ethnicity	Hispanic	22.9††	28.5	10.1	35.8	10,600	1.43 (0.52-3.97)
	NH Black	*	40.7	*	*	*	0.84 (0.32-2.22)
	NH White	19.6	11.6	15.1	24.0	44,200	1
	NH Other	30.6††	25.1	15.6	45.7	6,500	0.92 (0.43-1.99)
Veteran Status	Yes	35.0††	28.3	15.6	54.4	5,700	2.05 (0.38-11.21)
	No	20.0	10.0	16.1	23.9	64,000	1
Income	$25K+	17.0	12.6	12.8	21.1	44,900	0.94 (0.44-2.02)
	<$25K	39.0†	17.0	26.0	51.9	10,900	1
	Missing	31.6††	20.0	19.2	44.0	13,900	1.93 (0.78-4.81)
Education	>HS	17.4	11.1	13.6	21.2	40,600	0.63 (0.33-1.18)
	HS or less	28.0†	16.3	19.1	37.0	29,000	1
Poor Mental Health	Yes	33.9	13.1	25.3	42.6	29,700	2.12 (1.13-3.99)
	No	15.8	13.5	11.6	19.9	38,800	1
1+ Chronic Condition	Yes	28.6	9.9	23.0	34.2	58,200	2.11 (1.02-4.37)
	No	8.6††	21.7	5.0	12.3	11,300	1
Disability	Yes	42.7	10.6	33.8	51.5	41,800	3.55 (1.94-6.50)
	No	11.3	14.2	8.1	14.4	26,400	1
Current Smoker	Yes	25.4††	22.7	14.1	36.7	15,800	0.86 (0.42-1.77)
	No	19.7	10.4	15.7	23.6	53,600	1
Excessive Drinker	Yes	12.3††	21.3	7.1	17.4	13,200	0.42 (0.21-0.82)
	No	24.9	10.5	19.8	30.1	56,600	1

Notes:
Model Dependent Variable: Medical Reason Only for Use among Past Month Cannabis Users.
Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking.
Of 7,213 total respondents, 852 used cannabis at least one time in the past month. 764 complete cases were used in the model.
See appendices for detailed methods.

CONNECTICUT
Public Health

Medical Reason Only for Use among Past Month Cannabis Users

Summary of Findings

Prevalence
20.7% of past month cannabis users (approximately 69,700 Connecticut adults) reported they usually use cannabis for medical reasons only.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest older age (relative to younger age), female gender, having an income less than $25,000 (relative to having an income more than $25,000), poor mental health, having one or more chronic conditions, having a disability, and not being an excessive drinker were associated with cannabis use for medical reasons only.

Generalized Linear Model
The model suggests female gender was a positive predictor; older age, having poor mental health, one or more chronic conditions, and a disability were strong positive predictors; excessive drinking behavior was a negative predictor, and were associated with cannabis use for medical reasons only after adjusting for covariates.

Limitations
Of 7,213 total respondents, there were 5,746 with responses to the question about past month cannabis use. 852 of these respondents used cannabis in the past month. 764 respondents had responses to all relevant variables (excepting income, for which a discrete “missing income” category was created) and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
Cannabis use for medical reasons only was associated with age, gender, mental health status, chronic conditions, disability status, and drinking behavior.

Non-Medical Reason Only for Use among Past Month Cannabis Users

Demographics		Percentage	CV	95%CI		N	OR (95%CI)
Total		53.5	4.4	48.9	58.2	180,400	-
Age	18-34 years	64.0	6.6	55.8	72.3	86,200	1
	35-54 years	51.3	7.4	43.8	58.7	56,900	0.56 (0.32-0.96)
	55+ years	41.3	10.2	33.0	49.5	36,600	0.40 (0.23-0.71)
Gender	Female	49.0	7.4	42.0	56.1	69,000	0.81 (0.52-1.25)
	Male	56.8	5.7	50.4	63.1	111,400	1
Race and Ethnicity	Hispanic	50.8	13.9	37.0	64.7	23,500	0.84 (0.37-1.90)
	NH Black	66.0	12.4	49.9	82.1	21,400	2.45 (1.18-5.08)
	NH White	52.9	5.5	47.2	58.6	119,200	1
	NH Other	47.8†	17.7	31.2	64.4	10,200	1.34 (0.62-2.92)
Veteran Status	Yes	30.6††	26.2	14.9	46.3	5,000	0.36 (0.11-1.20)
	No	54.7	4.5	49.8	59.6	175,100	1
Income	$25K+	57.3	4.8	51.9	62.7	151,800	0.98 (0.44-2.16)
	<$25K	35.6†	19.4	22.1	49.2	10,000	1
	Missing	42.2†	15.3	29.6	54.9	18,600	0.73 (0.28-1.85)
Education	>HS	57.7	4.7	52.4	62.9	134,300	1.34 (0.76-2.36)
	HS or less	44.1	10.8	34.8	53.4	45,600	1
Poor Mental Health	Yes	36.7	12.2	27.9	45.4	32,000	0.41 (0.23-0.74)
	No	59.8	4.7	54.3	65.3	147,400	1
1+ Chronic Condition	Yes	44.6	6.6	38.8	50.5	90,800	0.82 (0.49-1.37)
	No	66.7	5.9	59.0	74.4	87,700	1
Disability	Yes	29.2	13.3	21.6	36.8	28,600	0.33 (0.20-0.55)
	No	64.1	4.3	58.7	69.5	150,200	1
Current Smoker	Yes	43.2	13.3	31.9	54.5	26,800	0.94 (0.53-1.68)
	No	56.0	4.7	50.8	61.2	152,800	1
Excessive Drinker	Yes	62.4	6.8	54.1	70.7	67,000	1.64 (0.99-2.71)
	No	49.0	6.1	43.2	54.9	111,200	1

Notes:
Model Dependent Variable: Non-Medical Reason Only for Use among Past Month Cannabis Users.
Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking.
Of 7,213 total respondents, 852 used cannabis at least one time in the past month. 764 complete cases were used in the model.
See appendices for detailed methods.

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Non-Medical Reason Only for Use among Past Month Cannabis Users

Summary of Findings

Prevalence
53.5% of past month cannabis users (approximately 180,400 Connecticut adults) reported they usually use cannabis for non-medical reasons only.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest younger age (relative to older age), not having a veteran status, income greater than $25,000 (relative to income less than $25,000), not having poor mental health, not having any chronic conditions, and not having a disability were associated with cannabis use for non-medical reason only.

Generalized Linear Model
The model suggests middle and older age groups, poor mental health, and disability were negative predictors of cannabis use for non-medical reasons only. Non-Hispanic Black race and ethnicity was a strong positive predictor of cannabis use for non-medical reasons only.

Limitations
Of 7,213 total respondents, there were 5,746 with responses to the question about past month cannabis use. 852 of these respondents used cannabis in the past month. 764 respondents had responses to all relevant variables (excepting income, for which a discrete “missing income” category was created) and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
Cannabis use for non-medical reasons only was associated with age, race and ethnicity, mental health status, and disability.

Both Medical and Non-Medical Reasons for Use among Past Month Cannabis Users

Demographics		Percentage	CV	95%CI		N	OR (95%CI)
Total		25.8	8.0	21.7	29.8	86,800	-
Age	18-34 years	23.4†	16.0	16.1	30.8	31,600	1
	35-54 years	26.3	12.2	20.1	32.6	29,200	1.39 (0.80-2.43)
	55+ years	27.2	13.8	19.8	34.5	24,100	1.36 (0.74-2.48)
Gender	Female	23.5	12.3	17.8	29.2	33,100	0.77 (0.48-1.22)
	Male	27.4	10.6	21.7	33.1	53,800	1
Race and Ethnicity	Hispanic	26.2††	24.5	13.7	38.8	12,100	0.92 (0.42-2.04)
	NH Black	*	35.4	*	*	*	0.37 (0.17-0.82)
	NH White	27.5	9.3	22.5	32.5	62,000	1
	NH Other	*	32.7	*	*	*	0.69 (0.28-1.71)
Veteran Status	Yes	34.4††	26.9	16.3	52.6	5,600	1.24 (0.53-2.89)
	No	25.3	8.5	21.1	29.5	80,900	1
Income	$25K+	25.7	9.4	21.0	30.5	68,200	1.20 (0.57-2.55)
	<$25K	25.4††	20.2	15.3	35.5	7,100	1
	Missing	26.2††	21.8	15.0	37.4	11,500	0.87 (0.34-2.24)
Education	>HS	24.9	9.4	20.3	29.5	58,000	0.99 (0.53-1.84)
	HS or less	27.9†	15.4	19.5	36.3	28,900	1
Poor Mental Health	Yes	29.4	14.5	21.0	37.8	25,700	1.41 (0.79-2.51)
	No	24.4	9.8	19.7	29.1	60,200	1
1+ Chronic Condition	Yes	26.7	9.2	21.9	31.6	54,400	0.88 (0.51-1.51)
	No	24.7†	15.3	17.3	32.1	32,400	1
Disability	Yes	28.1	12.9	21.0	35.2	27,500	1.16 (0.66-2.02)
	No	24.6	10.3	19.6	29.6	57,700	1
Current Smoker	Yes	31.3†	16.1	21.4	41.2	19,400	1.20 (0.65-2.21)
	No	24.3	9.5	19.8	28.9	66,400	1
Excessive Drinker	Yes	25.3†	15.9	17.5	33.2	27,200	1.00 (0.60-1.65)
	No	26.1	9.4	21.3	30.8	59,100	1

Notes:
Model Dependent Variable: Both Medical and Non-Medical Reasons for Use among Past Month Cannabis Users.
Model Controlled For: Age, Gender, Race and Ethnicity, Veteran Status, Income, Educational Attainment, Poor Mental Health, Chronic Conditions, Disability Status, Smoking Status, Excessive Drinking.
Of 7,213 total respondents, 852 used cannabis at least one time in the past month. 764 complete cases were used in the model.
See appendices for detailed methods.

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Both Medical and Non-Medical Reasons for Use among Past Month Cannabis Users

Summary of Findings

Prevalence
25.8% of past month cannabis users (approximately 86,800 Connecticut adults) reported they usually use cannabis for both medical and non-medical reasons.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest no noticeable associations.

Generalized Linear Model
The model suggests non-Hispanic Black was a negative predictor of both medical and non-medical cannabis use after adjusting for covariates.

Limitations
Of 7,213 total respondents, there were 5,746 with responses to the question about past month cannabis use. 852 of these respondents used cannabis in the past month. 764 respondents had responses to all relevant variables (excepting income, for which a discrete "missing income" category was created) and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any
bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
Both medical and non-medical cannabis use was associated with race and ethnicity.

Usual Source of Cannabis among Adult Past Month Cannabis Users

Source	Percentage	CV	95%CI		N
Medical Dispensary	45.2	5.4	40.4	49.9	147,100
Retail Marijuana Store	29.8	7.1	25.6	34.0	97,000
Bought from a Friend	8.3†	15.2	5.8	10.8	27,000
Got It for Free/Shared	7.9†	19.2	4.9	10.8	25,600
Grow It Yourself/Someone Grew for You	4.1††	21.9	2.4	5.9	13,500
Got It Somewhere Else	2.8††	28.0	1.3	4.3	9,100
Grocery or Convenience Store	*	40.0	*	*	*
Online	*	42.6	*	*	*

Method of Cannabis Use among Adult Past Month Cannabis Users

Method	Percentage	CV	95%CI		N
Smoke	74.1	2.7	70.3	78.0	254,700
Eat	44.5	5.3	39.9	49.2	152,900
Vape	32.3	7.2	27.7	36.9	110,700
Other	7.2†	15.7	5.0	9.5	24,700
Dab	6.9†	17.2	4.6	9.2	23,500

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Survey Questions

Topic	Question Text
Past Month Cannabis Use	During the past 30 days, on how many days did you use marijuana or cannabis?
Driving Under the Influence of Cannabis (DUIC)	During the past 30 days, on how many days did you drive a car or other vehicle within 3 hours of using marijuana or cannabis?
Quit Using	During the past 12 months, have you stopped using marijuana for one day or longer because you were trying to quit using marijuana for good?
Perceived Health Risk	How much do you think daily or near daily use of marijuana or cannabis risks harming the average adult's health?
Primary Reason for Cannabis Use	When you used marijuana or cannabis during the past 30 days, was it usually:
Medical	For medical reasons
Non-Medical	For non-medical reasons
Both	For both medical and non-medical reasons
Usual Source of Cannabis	How do you USUALLY get the marijuana that you use?
Medical Dispensary	Buy it from a medical dispensary
Retail Marijuana Store	Buy it from a retail marijuana store
Bought from Friend	Buy it from a friend or someone else
Got It for Free/Shared	Get it for free or share someone else's
Got It Somewhere Else	Get it from somewhere else
Grocery or Convenience Store	Buy it from a grocery store, gas station, mall, or other convenience store
Grow It	Grow it yourself at home or have someone grow it for you
Online	Buy it from an online store
Method of Cannabis Use	During the past 30 days, did you...
Smoke	...smoke it (for example, in a joint, bong, pipe or blunt)?
Eat	...eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola or alcohol)?
Vape	...vaporize it (For example in an e-cigarette-like vaporizer or another vaporizing device)?
Dab	...dab it (for example, using a dabbing rig, knife, or dab pen)?
Other	...use it in some other way?

Software:	SAS Enterprise Guide version 7.15 (7.100.5.585), connected to a SAS 9.4 (Maintenance 5) platform
Percentage	proc surveyfreq
CV	proc surveyfreq
95% CI	proc surveyfreq
N	proc surveyfreq (rounded to nearest 100)
Model	proc surveylogistic

Statistical Methods

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Appendix 2:
Pregnancy Risk Assessment Monitoring System

2022 Supplemental Tables

Appendix 2 Table of Contents

Appendix 2 includes Pregnancy Risk Assessment Monitoring System 2022 Supplemental Tables, presenting prevalence and odds ratios across demographic groups and a summary of findings for the following survey questions. Appendix 2 concludes with a list of survey questions and statistical methods.

In addition to the survey questions listed above, Appendix 2 additionally provides the prevalence estimates for the following survey questions:

Data Notes

Notes:

- The data source for the tables in the document is the 2022 Pregnancy Risk Assessment Monitoring System (PRAMS).
- Responses missing demographics are not presented in the tables.
- Prevalence estimates with a cell size less than 5, a sample size less than 50, and/or a relative standard error (RSE) greater than 50% are suppressed and noted with *.
- Estimates with RSEs greater than 20.0% and less than 30.0% may be of limited statistical reliability are noted with †. Interpret these estimates with caution.
- Estimates with a RSE greater than 30% have low statistical reliability (or are unreliable) and are noted ††. Interpret these estimates with caution.

Abbreviations:

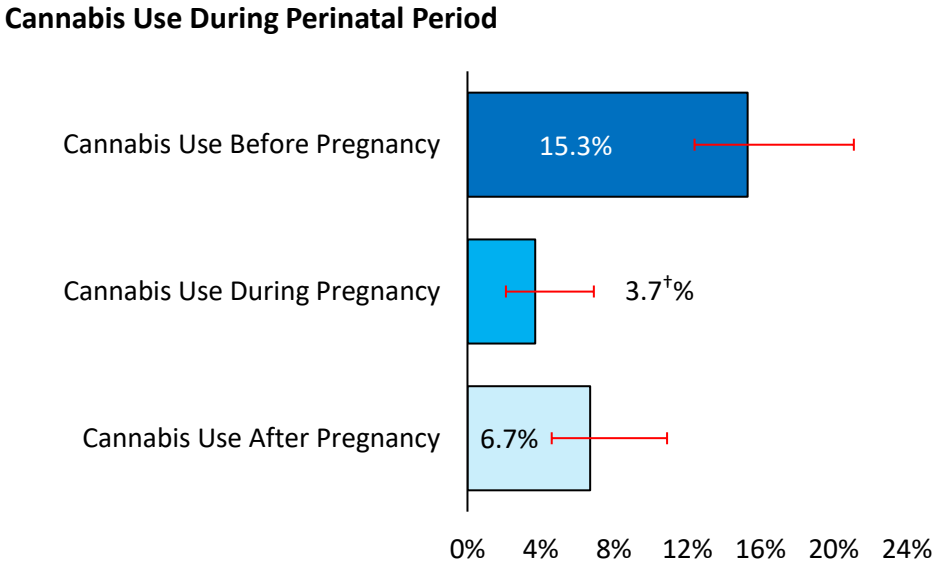
- CI = Confidence Interval
- RSE = Relative Standard Error
- N = Corresponding number of adults in the population, rounded to nearest 100. Ns from demographic subgroups may not sum to the overall.
- NH = Non-Hispanic
- HS = High School
- BMI = Body Mass Index
- OR = Odds Ratio

Demographic/exposure variables used for analysis:

- All exposure variables were recorded at one time point or represent the same point in time at which the outcome variable was calculated for analyses, except in the following:
  - The variable “3 + Stressors” is defined as having 0, 1 to 2, or 3 or more of the following stressors twelve months before the baby was born: emotional, financial, partner-associated, traumatic stressors.
  - The Federal Poverty Level (FPL) variable is defined as less than or equal to 100% FPL, 101-200% FPL, and greater or equal to 201% FPL twelve months before the new baby was born.
  - In the analyses of cannabis use before pregnancy, experience of physical abuse was calculated for the period 12 months before pregnancy.
  - In the analyses of cannabis use during pregnancy, experiences of depression, and anxiety were calculated for the period during pregnancy.

  - In the analyses of cannabis use after pregnancy, experience of anxiety was calculated during pregnancy, and smoking status was calculated after pregnancy.
  - In the analyses of prenatal care counseling and reasons for cannabis use, experiences of depression, anxiety, and physical abuse were calculated for the period during pregnancy, while smoking and drinking status were calculated for experiences during the last trimester only.
  - In the analyses of perception that cannabis use is not harmful to baby during breastfeeding, experiences of anxiety, and physical abuse were calculated for the period during pregnancy, while drinking status were calculated for experience during the last trimester only.
- Prevalence estimates with a cell size less than 5, a sample size less than 50, and/or a relative standard error (RSE) greater than 50% are suppressed. Such exposure variables are hence not added to the tables.
- Low birth weight is defined as birth weight less than 2,500 grams at birth. Very low birth weight (VLBW) is less than 1,500 grams at birth, and extremely low birth weight (ELBW) is less than 1,000 grams at birth. Low birth weight, very low birth weight, and extremely low birth weight are merged into low-birth-weight category for statistical analyses. Normal birth weight is between 2,500 and 4,000 grams at birth. High birth weight is more than 4,000 grams at birth.

Bar Chart of Prevalence by Demographics



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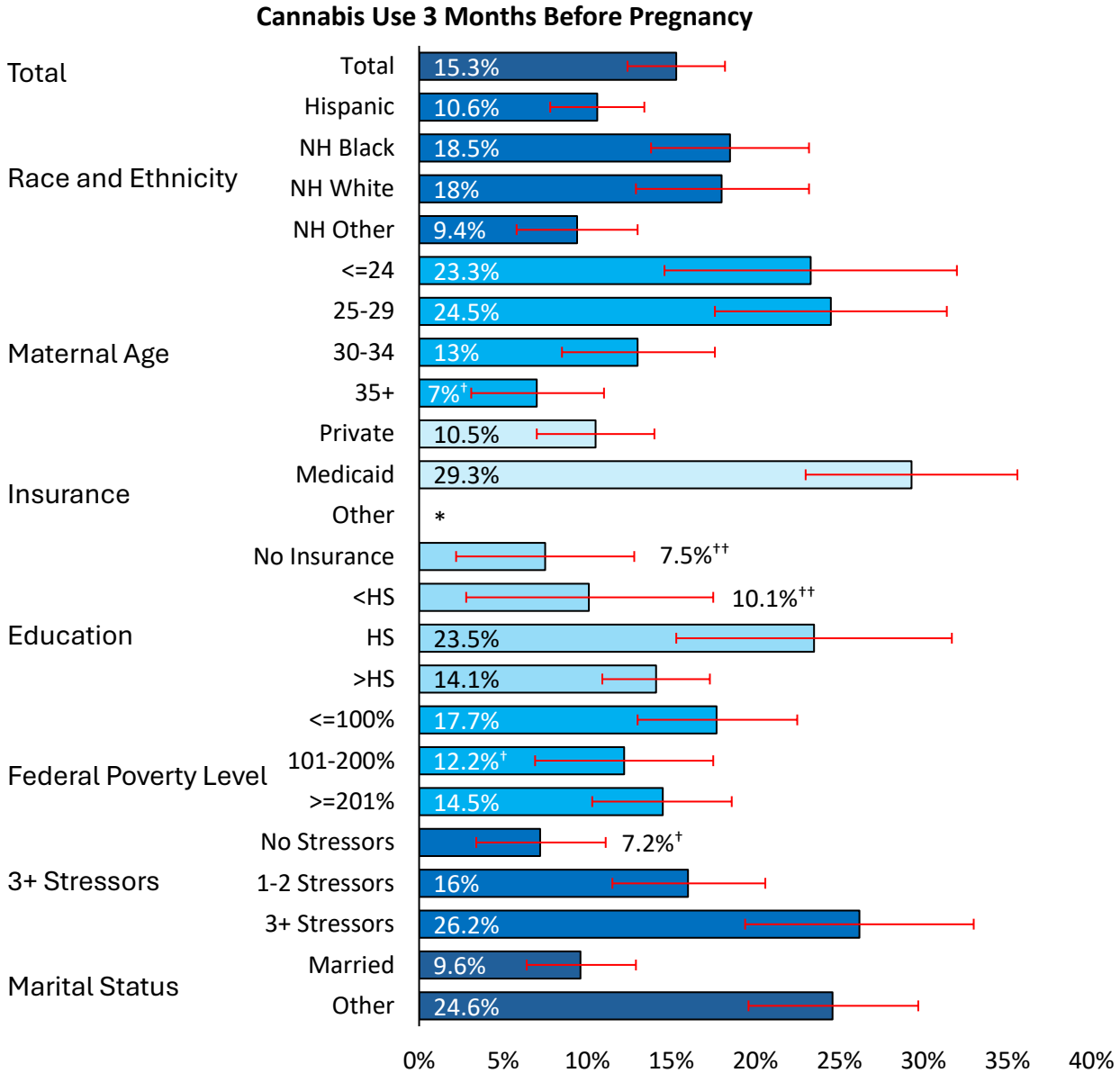
Cannabis Use 3 Months Before Pregnancy

Demographics		Percentage	95% CI		N	RSE
Total		15.3	12.4	18.2	4,700	9.5
Race and Ethnicity	Hispanic	10.6	7.8	13.4	900	13.5
	NH Black	18.5	13.8	23.2	700	12.9
	NH White	18.0	12.9	23.2	2,900	14.5
	NH Other	9.4	5.8	13.0	200	19.4
Maternal Age	<=24	23.3	14.6	32.0	800	19.0
	25-29	24.5	17.6	31.4	1,800	14.4
	30-34	13.0	8.5	17.6	1,500	17.8
	35+	7.0†	3.1	11.0	600	28.9
Insurance	Private	10.5	7.0	14.0	1,800	17.1
	Medicaid	29.3	23.0	35.6	2,600	10.9
	Other	*	*	*	*	58.4
	No Insurance	7.5††	2.2	12.8	300	36.1
Education	<HS	10.1††	2.8	17.5	300	36.9
	HS	23.5	15.3	31.7	1,200	17.8
	>HS	14.1	10.9	17.3	3,300	11.7
Federal Poverty Level	<=100%	17.7	13.0	22.5	1,900	13.8
	101-200%	12.2†	6.9	17.5	500	22.1
	>=201%	14.5	10.3	18.6	2,400	14.7
3+ Stressors	No Stressors	7.2†	3.4	11.1	800	27.0
	1-2 Stressors	16.0	11.5	20.6	2,200	14.5
	3+ Stressors	26.2	19.4	33.0	1,800	13.3
Marital Status	Married	9.6	6.4	12.9	1,900	17.2
	Other	24.6	19.6	29.7	2,900	10.5
Pre-Pregnancy BMI	Under Weight	31.7††	12	51.4	200	31.7
	Normal Weight	10.9	6.9	14.8	1,300	18.6
	Overweight	18.1	11.9	24.4	1,500	17.6
	Obese	19.7	13.8	25.6	1,700	15.3
Parity	0-2 births	15.4	12.3	18.4	4,400	10.1
	3-5 births	13.4†	5.9	20.9	300	28.5
	6+ births	*	*	*	*	61.0
Previous Preterm Births	Yes	30.7††	11.7	49.8	300	31.6
	No	14.8	11.9	17.6	4,400	9.9
Depression	No	11.5	8.7	14.2	3,100	12.1
	Yes	40.0	29.3	50.8	1,700	13.6
Anxiety	No	10.8	8.0	13.6	2,400	13.3
	Yes	28.2	21.0	35.4	2,300	13.1
Smoking Status	No	12.2	9.5	14.9	3,400	11.4
	Yes	46.1†	31.8	60.4	1,300	15.8

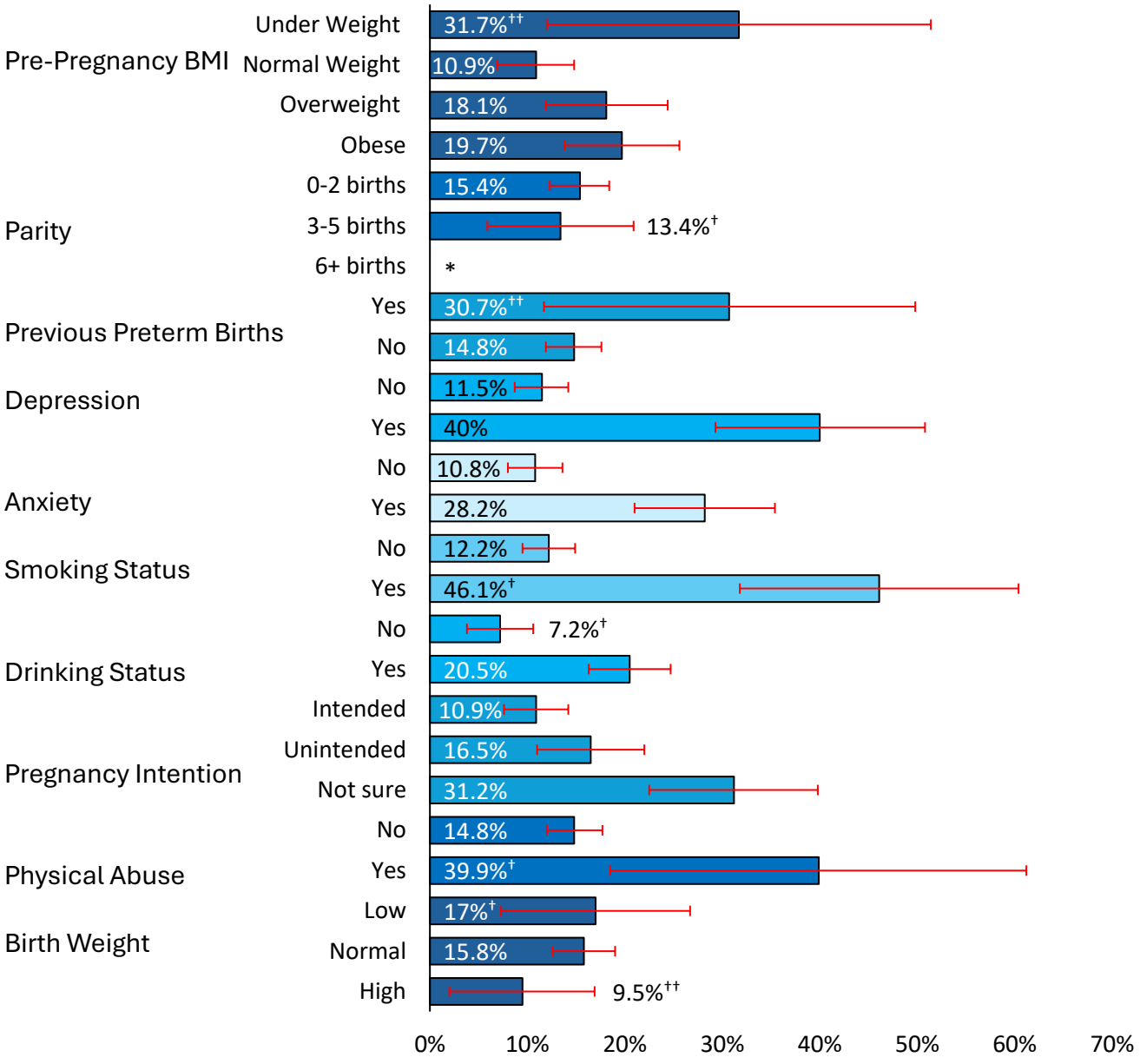
Drinking Status	No	7.2†	3.8	10.6	900	24.0
	Yes	20.5	16.3	24.7	3,700	10.5
Pregnancy Intention	Intended	10.9	7.6	14.2	2,200	15.6
	Unintended	16.5	11.0	22.0	900	17.1
	Not sure	31.2	22.5	39.8	1,600	14.1
Physical Abuse	No	14.8	12.0	17.7	4,500	9.9
	Yes	39.9†	18.5	61.2	300	27.3
Birth Weight	Low	17.0†	7.3	26.7	300	29.0
	Normal	15.8	12.6	19.0	4,200	10.3
	High	9.5††	2.0	16.9	300	40.3

Bar Chart of Prevalence by Demographics



Bar Chart of Prevalence by Demographics

Cannabis Use 3 Months Before Pregnancy



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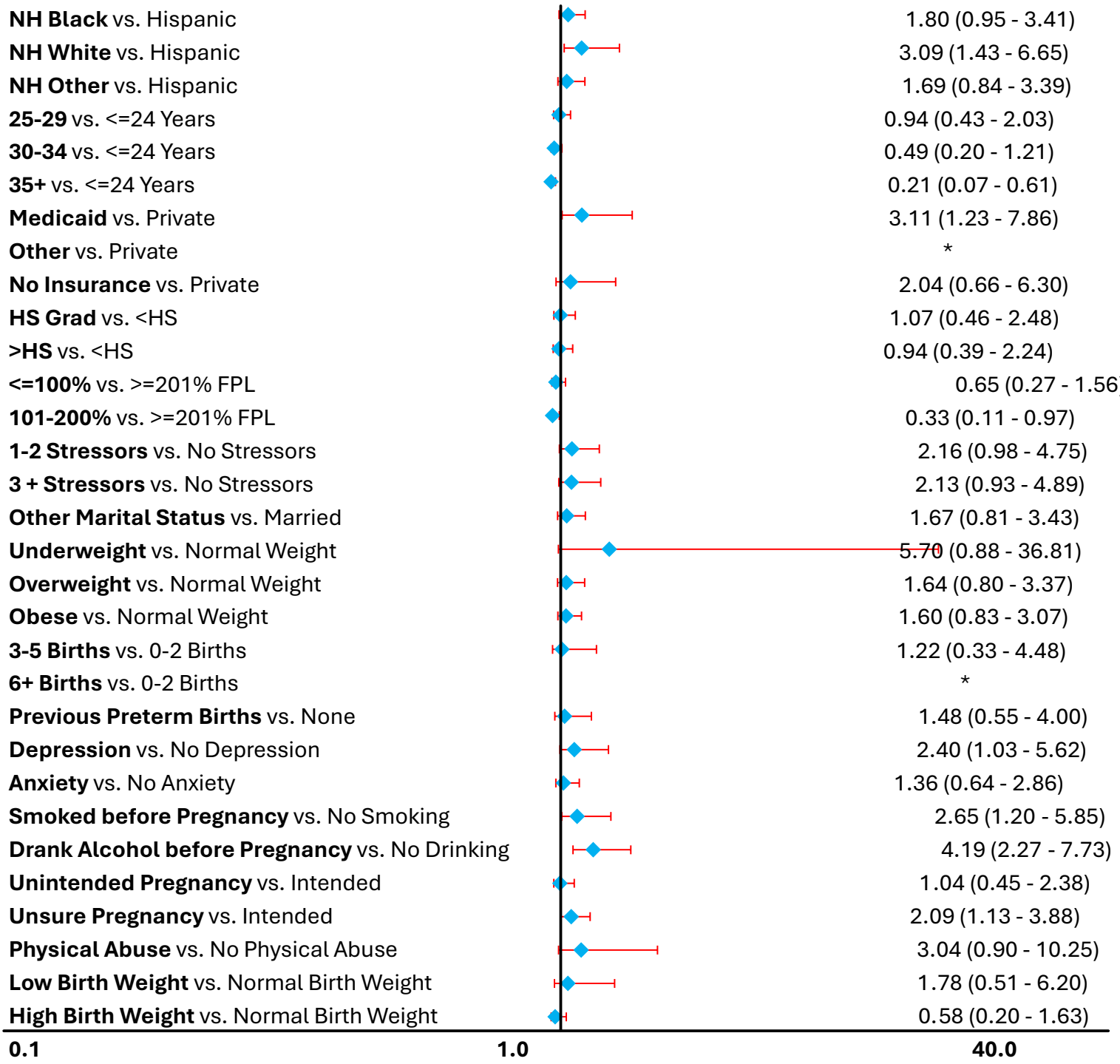
Cannabis Use 3 Months Before Pregnancy

Dot Plot of Adjusted Generalized Linear Model Results (ORs and 95% CIs)



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Cannabis Use 3 Months Before Pregnancy

Summary of Findings

Prevalence
15.3% (approximately 4,000 women in Connecticut) used cannabis three months before pregnancy.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest NH Black (relative to Hispanic, and NH other), 25 to 29 year olds (relative to 30+ year olds), Medicaid (relative to private insurance, and no insurance), 1-2 and 3+ stressors (relative to zero stressors), other marital status, depression, anxiety, unsure pregnancy intention, physical abuse, smoking, and drinking status were all associated with cannabis use three months before pregnancy.

Generalized Linear Model
The model controlled for race and ethnicity, maternal age, insurance, education, federal poverty level, 3+ stressors, marital status, pre-pregnancy BMI, parity, previous preterm births, depression, anxiety, smoking status, drinking status, pregnancy intention, physical abuse, and birth weight. Adjusting for covariates, the model reveals that 35+ year olds and 101-200% federal poverty level were negative predictors of cannabis use three months before pregnancy. Whereas depression, smoking three months before pregnancy, and unsure pregnancy intention were positive predictors of cannabis use three months before pregnancy. NH White, Medicaid insured, and drinking alcohol status three months before pregnancy were strong positive predictors of cannabis use three months before pregnancy.

Limitations
Of 2,367 total respondents, there were 1,192 with responses to the outcome variable. 1,062 respondents had responses to all relevant variables and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
Among women in Connecticut, cannabis use within three months before pregnancy was associated with race, and ethnicity, maternal age, insurance, federal poverty level, depression, pregnancy intention, smoking and drinking status prior to pregnancy.

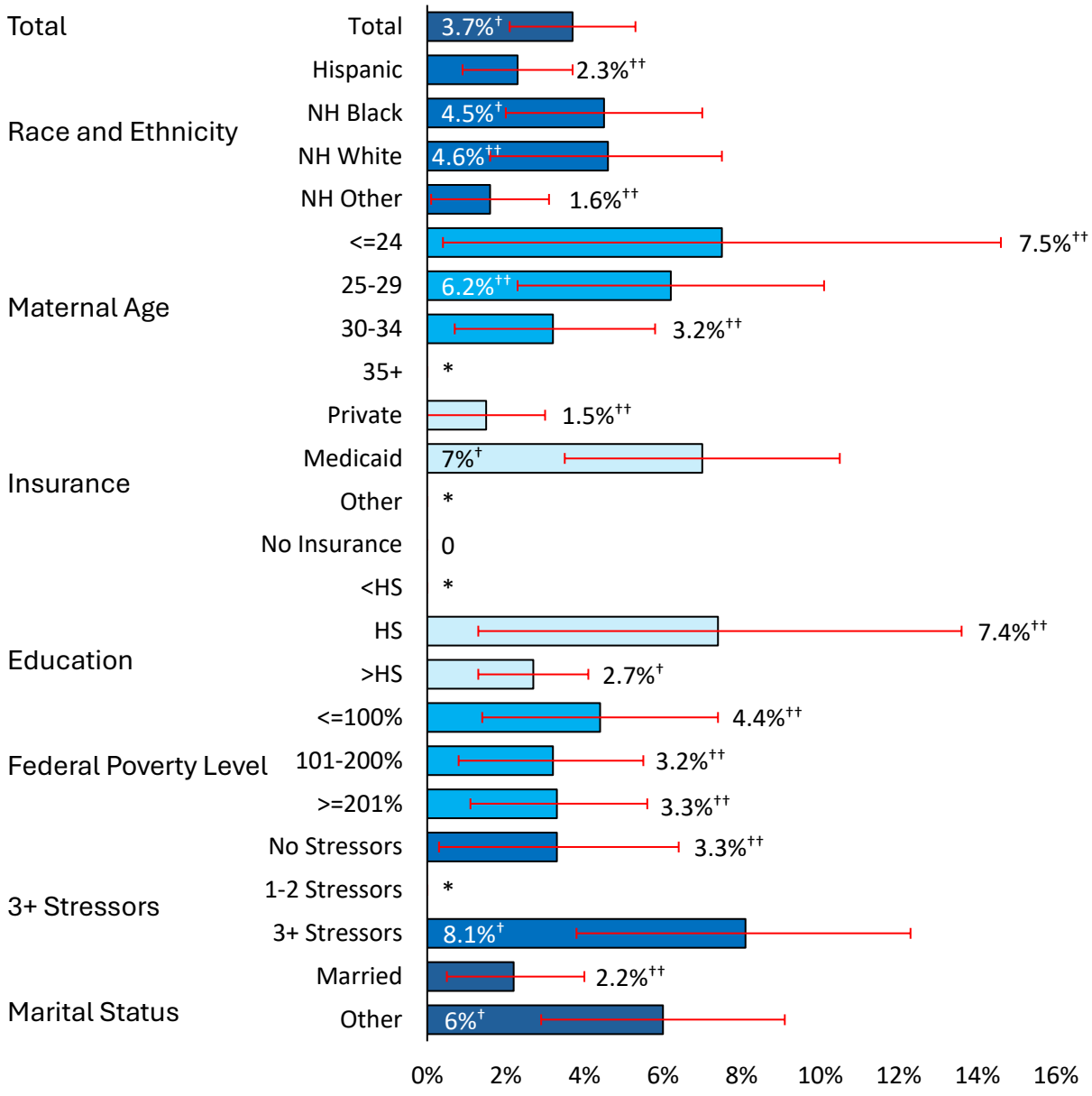
Cannabis Use During Pregnancy

Demographics		Percentage	95% CI		N	RSE
Total		3.7†	2.1	5.3	1,100	22.4
Race and Ethnicity	Hispanic	2.3††	0.9	3.7	200	30.5
	NH Black	4.5†	2.0	7.0	200	28.8
	NH White	4.6††	1.6	7.5	700	32.7
	NH Other	1.6††	0.1	3.1	<50	47.6
Maternal Age	<=24	7.5††	0.4	14.6	300	48.4
	25-29	6.2††	2.3	10.1	400	32.3
	30-34	3.2††	0.7	5.8	400	40.6
	35+	*	*	*	*	69.6
Insurance	Private	1.5††	0	3.0	200	50.0
	Medicaid	7.0†	3.5	10.5	800	25.5
	Other	*	*	*	*	97.1
	No Insurance	0	0	0	0	0
Education	<HS	*	*	*	*	75.3
	HS	7.4††	1.3	13.6	400	42.4
	>HS	2.7†	1.3	4.1	600	26.5
Federal Poverty Level	<=100%	4.4††	1.4	7.4	500	34.3
	101-200%	3.2††	0.8	5.5	100	37.4
	>=201%	3.3††	1.1	5.6	600	34.7
3+ Stressors	No Stressors	3.3††	0.3	6.4	400	47.0
	1-2 Stressors	*	*	*	*	51.8
	3+ Stressors	8.1†	3.8	12.3	600	26.9
Marital Status	Married	2.2††	0.5	4.0	400	39.4
	Other	6.0†	2.9	9.1	700	26.5
Pre-Pregnancy BMI	Under Weight	*	*	*	*	96.8
	Normal Weight	3.1††	0.8	5.5	400	38.2
	Overweight	6.0††	1.8	10.3	500	36.1
	Obese	2.9††	0.5	5.3	200	42.8
Gestational Weight Gain	0-14 lbs.	*	*	*	*	50.4
	15-24 lbs.	4.8††	0.6	8.9	300	44.9
	25-34 lbs.	2.7††	0.5	4.8	300	40.7
	35+ lbs.	4.5††	1.4	7.7	500	35.5
Parity	0-2 births	3.6†	1.9	5.3	1,000	24.3
	3-5 births	4.6††	1.2	8.1	100	38.1
	6+ births	0	0	0	0	0
Depression	No	2.1††	0.7	3.5	500	34.1
	Yes	13.2†	5.9	20.5	600	28.1
Anxiety	No	1.4††	0.2	2.6	300	42.5
	Yes	11.0†	5.5	16.5	800	25.4
	Intended	2.3††	0.5	4.0	500	39.3

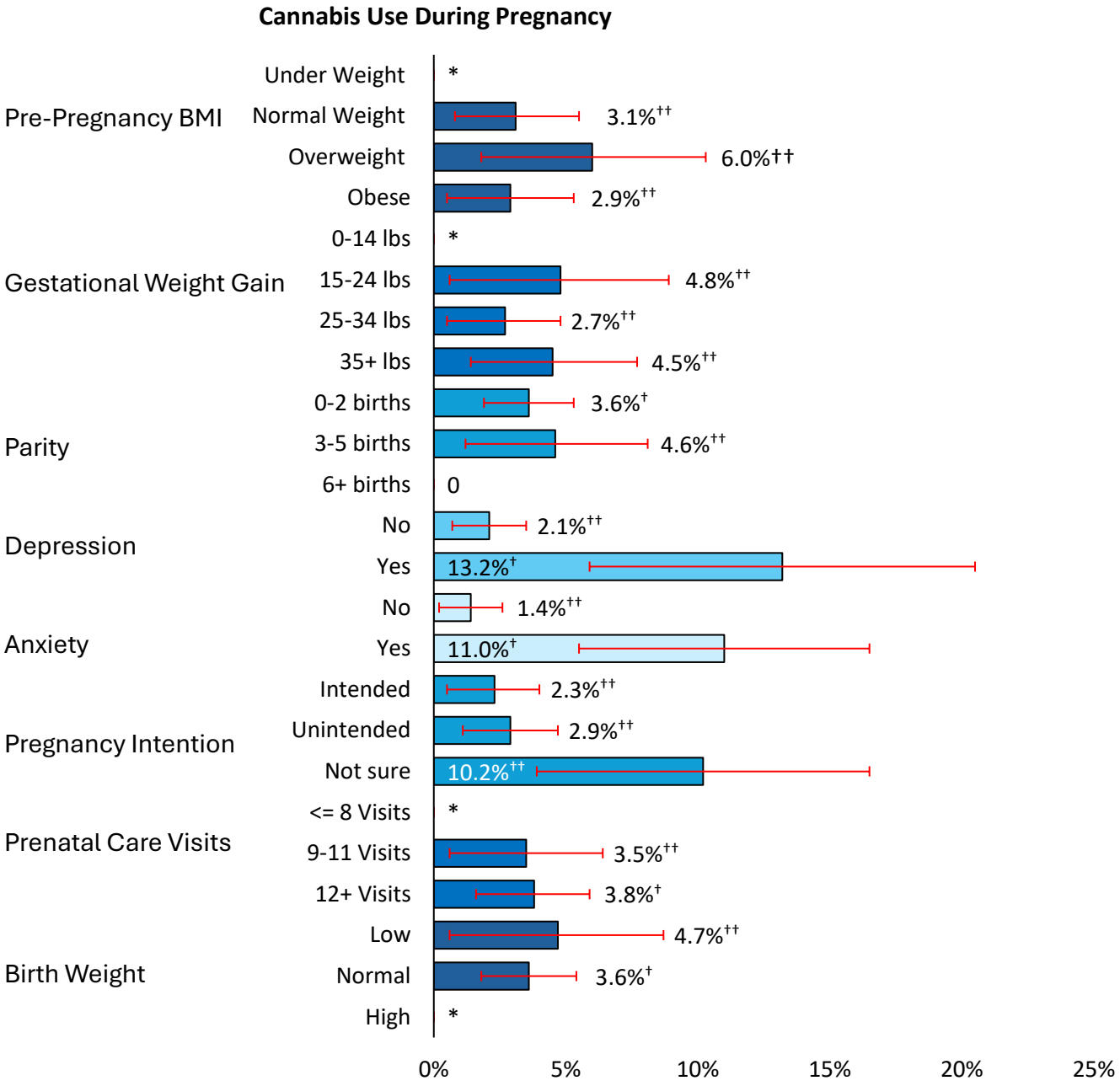
Pregnancy Intention	Unintended	2.9††	1.1	4.7	200	31.6
	Not sure	10.2††	3.9	16.5	500	31.6
Prenatal Care Visits	<= 8 Visits	*	*	*	*	74.9
	9-11 Visits	3.5††	0.6	6.4	300	41.7
	12+ Visits	3.8†	1.6	5.9	700	28.8
Birth Weight	Low	4.7††	0.6	8.7	100	44.1
	Normal	3.6†	1.8	5.4	1,000	25.2
	High	*	*	*	*	71.7

Bar Chart of Prevalence by Demographics

Cannabis Use During Pregnancy



Bar Chart of Prevalence by Demographics



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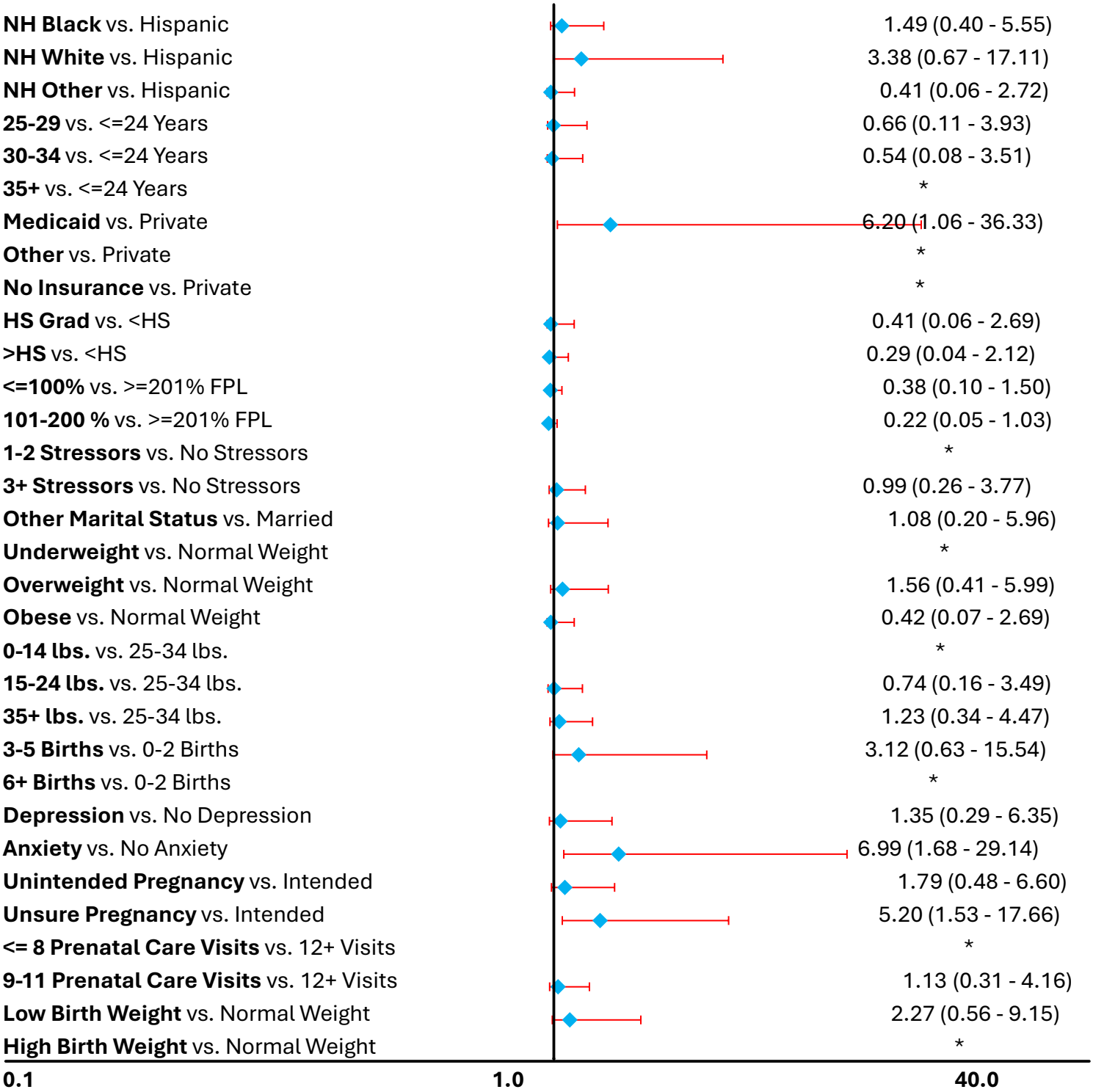
Cannabis Use During Pregnancy

Dot Plot of Adjusted Generalized Linear Model Results (ORs and 95% CIs)



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Cannabis Use During Pregnancy

Summary of Findings

Prevalence
3.7% (approximately 1,100 women in Connecticut) used cannabis during pregnancy.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest Medicaid insurance relative to private insurance, depression, and anxiety were associated with cannabis use during pregnancy.

Generalized Linear Model
The model controlled for race and ethnicity, maternal age, insurance, education, federal poverty level, 3+ stressors, marital status, pre-pregnancy BMI, gestational weight gain, parity, depression, anxiety, pregnancy intention, prenatal care visits, and birth weight. Adjusting for covariates, the model reveals that Medicaid insurance, anxiety, and unsure pregnancy intentions were strong positive predictors of cannabis use during pregnancy.

Limitations
Of 2,367 total respondents, there were 1,193 with responses to the outcome variable. 1,023 respondents had responses to all relevant variables and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
Among women in Connecticut, cannabis use during pregnancy was associated with insurance, anxiety, and pregnancy intention.

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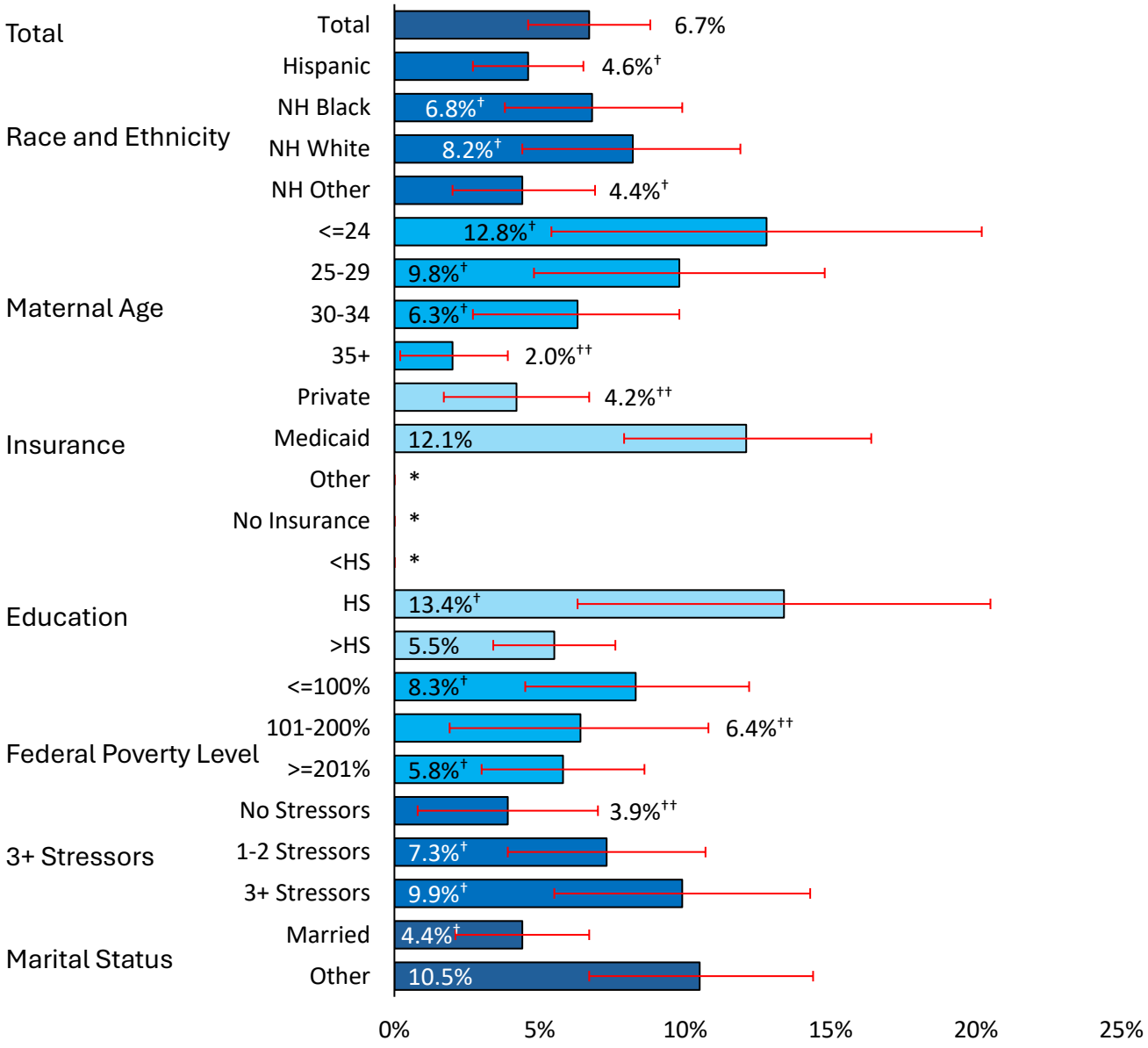
Cannabis Use After Pregnancy

Demographics		Percentage	95% CI		N	RSE
Total		6.7	4.6	8.8	2,100	15.8
Race and Ethnicity	Hispanic	4.6†	2.7	6.5	400	21.3
	NH Black	6.8†	3.8	9.9	200	22.9
	NH White	8.2†	4.4	11.9	1,300	23.3
	NH Other	4.4†	2.0	6.9	100	28.3
Maternal Age	<=24	12.8†	5.4	20.2	500	29.4
	25-29	9.8†	4.8	14.8	700	25.9
	30-34	6.3†	2.7	9.8	700	28.9
	35+	2.0††	0.2	3.9	200	47.1
Insurance	Private	4.2††	1.7	6.7	700	30.1
	Medicaid	12.1	7.9	16.4	1,400	17.9
	Other	*	*	*	*	97.6
	No Insurance	*	*	*	*	97.0
Education	<HS	*	*	*	*	86.1
	HS	13.4†	6.3	20.5	700	27.0
	>HS	5.5	3.4	7.6	1,300	19.3
Federal Poverty Level	<=100%	8.3†	4.5	12.2	900	23.6
	101-200%	6.4††	1.9	10.8	200	35.7
	>=201%	5.8†	3.0	8.6	1,000	24.6
3+ Stressors	No Stressors	3.9††	0.8	7.0	400	40.6
	1-2 Stressors	7.3†	3.9	10.7	1,000	23.7
	3+ Stressors	9.9†	5.5	14.3	700	22.7
Marital Status	Married	4.4†	2.1	6.7	800	27.1
	Other	10.5	6.7	14.4	1,200	18.6
Pre-Pregnancy BMI	Under Weight	12.5††	1.7	23.2	100	43.9
	Normal Weight	4.9††	1.9	7.9	600	31.2
	Overweight	9.4†	4.3	14.4	800	27.3
	Obese	7.1†	3.4	10.9	600	26.6
Gestational Weight Gain	0-14 lbs.	6.5††	0.9	12.2	200	43.8
	15-24 lbs.	7.8††	2.8	12.7	600	32.5
	25-34 lbs.	3.6††	1.3	5.9	300	32.4
	35+ lbs.	8.9†	4.8	13.1	900	23.8
Parity	0-2 births	6.5	4.4	8.7	1,900	17.0
	3-5 births	8.8††	1.8	15.8	200	40.6
	6+ births	*	*	*	*	94.0
Anxiety	No	4.3†	2.3	6.2	1,000	23.4
	Yes	14.9†	8.8	20.9	1,100	20.7
Postpartum Depression	No	5.3	3.3	7.3	1,400	19.0
	Yes	16.6†	7.7	25.4	600	27.2
Smoking Status	No	6.0	4.0	8.1	1,800	17.0

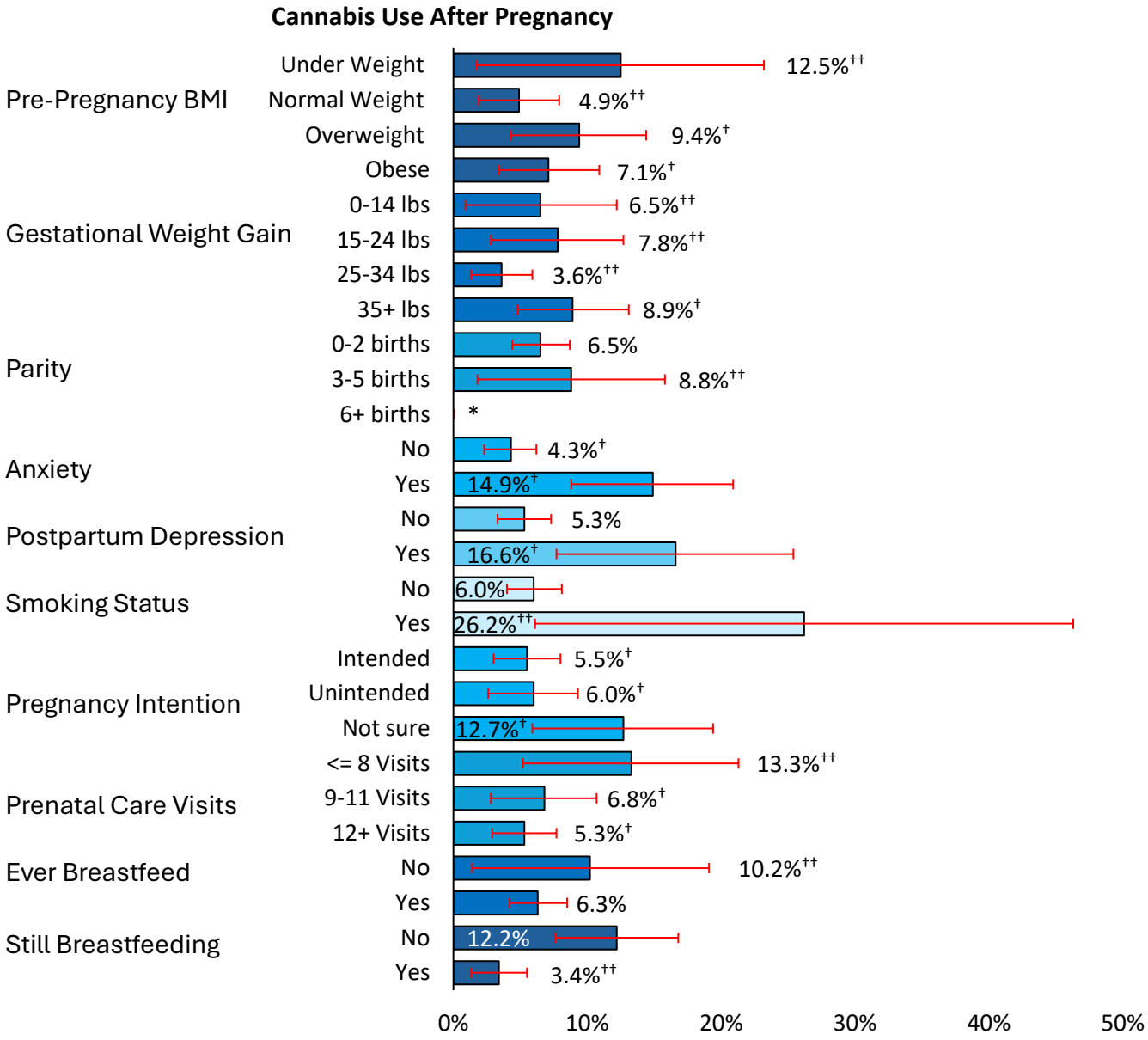
	Yes	26.2††	6.1	46.3	300	39.1
Pregnancy Intention	Intended	5.5†	3.0	8.0	1,100	23.1
	Unintended	6.0†	2.6	9.3	300	28.6
	Not sure	12.7†	5.9	19.4	700	27.1
Prenatal Care Visits	<= 8 Visits	13.3††	5.2	21.3	500	31.0
	9-11 Visits	6.8†	2.8	10.7	600	29.9
	12+ Visits	5.3†	2.9	7.7	1,000	23
Ever Breastfeed	No	10.2††	1.4	19.1	300	44.1
	Yes	6.3	4.2	8.5	1,800	17.0
Still Breastfeeding	No	12.2	7.6	16.8	1,100	19.4
	Yes	3.4††	1.3	5.5	600	31.9

Bar Chart of Prevalence by Demographics

Cannabis Use After Pregnancy



Bar Chart of Prevalence by Demographics



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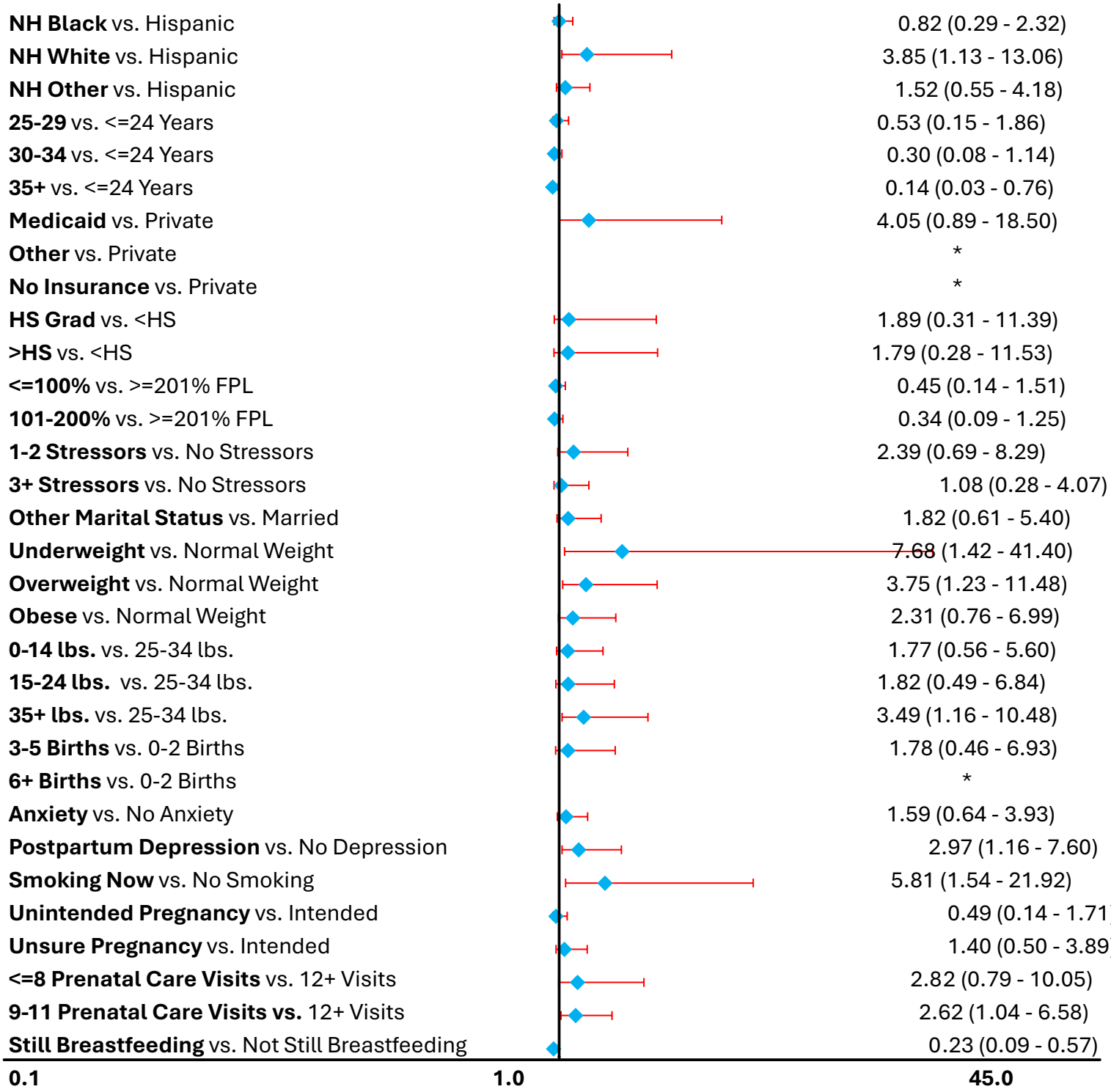
Cannabis Use After Pregnancy

Dot Plot of Adjusted Generalized Linear Model Results (ORs and 95% CIs)



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Cannabis Use After Pregnancy

Summary of Findings

Prevalence
6.7% (approximately 2,100 women in Connecticut) used cannabis after pregnancy.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest those 24 or younger and 25- to 29-year-olds (relative to 35+ year olds), Medicaid insurance (relative to private insurance), people with other marital status (relative to married), anxiety, depression, and not currently breastfeeding were all associated with cannabis use after pregnancy.

Generalized Linear Model
The model controlled for race and ethnicity, maternal age, insurance, education, federal poverty level, 3+ stressors, marital status, pre-pregnancy BMI, gestational weight gain, parity, anxiety, postpartum depression, smoking status, pregnancy intention, prenatal care visits, and breastfeeding. Adjusting for covariates, the model reveals that the 35+ year maternal age group and current breastfeeding status were negative predictors of cannabis use after pregnancy. Whereas attending 9 to 11 prenatal care visits was a positive predictor of cannabis use after pregnancy. NH White, pre-pregnancy underweight BMI, overweight BMI, 35+ lbs. gestational weight gain, postpartum depression, and smoking behavior after pregnancy were strong positive predictors of cannabis use after pregnancy.

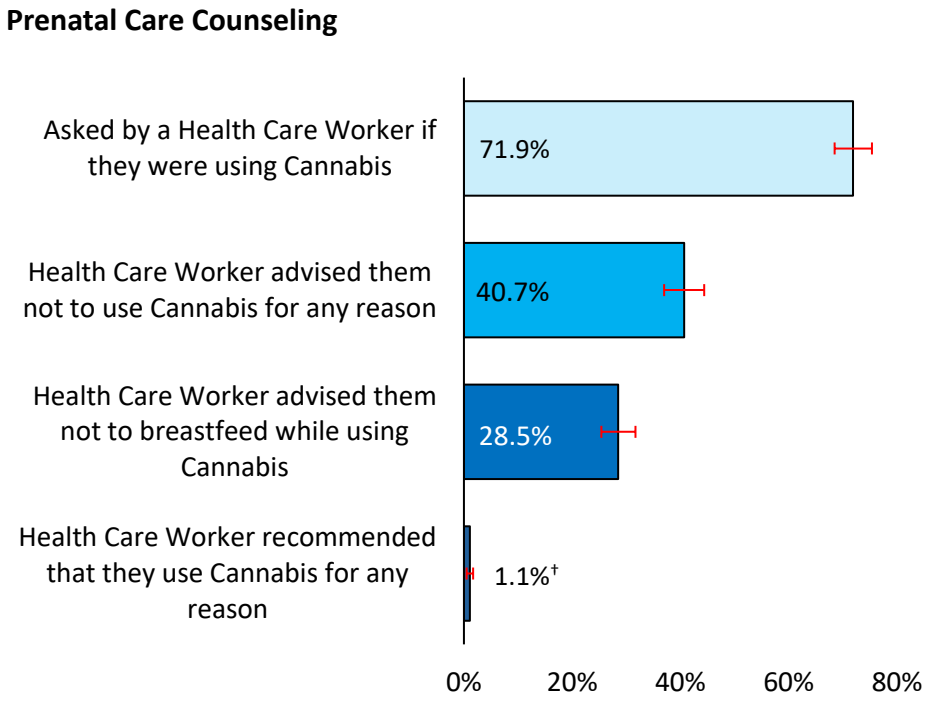
Limitations
Of 2,367 total respondents, there were 1,191 with responses to the outcome variable. 961 respondents had
responses to all relevant variables and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
Among women in Connecticut, cannabis use after pregnancy was associated with race, and ethnicity, maternal age, pre-pregnancy BMI, gestational weight gain, postpartum depression, smoking behavior after pregnancy, prenatal care visits and current breastfeeding.

Prenatal Care Counseling

Questions	Percentage	95% CI		N	RSE
Asked by a Health Care Worker if they were using Cannabis	71.9	68.5	75.4	21,800	2.4
Health Care Worker advised them not to use Cannabis for any reason	40.7	37.0	44.4	12,200	4.6
Health Care Worker advised them not to breastfeed while using Cannabis	28.5	25.4	31.7	8,500	5.7
Health Care Worker recommended that they use Cannabis for any reason	1.1†	0.5	1.7	300	28.4

Bar Chart of Prevalence by Demographics



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Prenatal Care Counseling

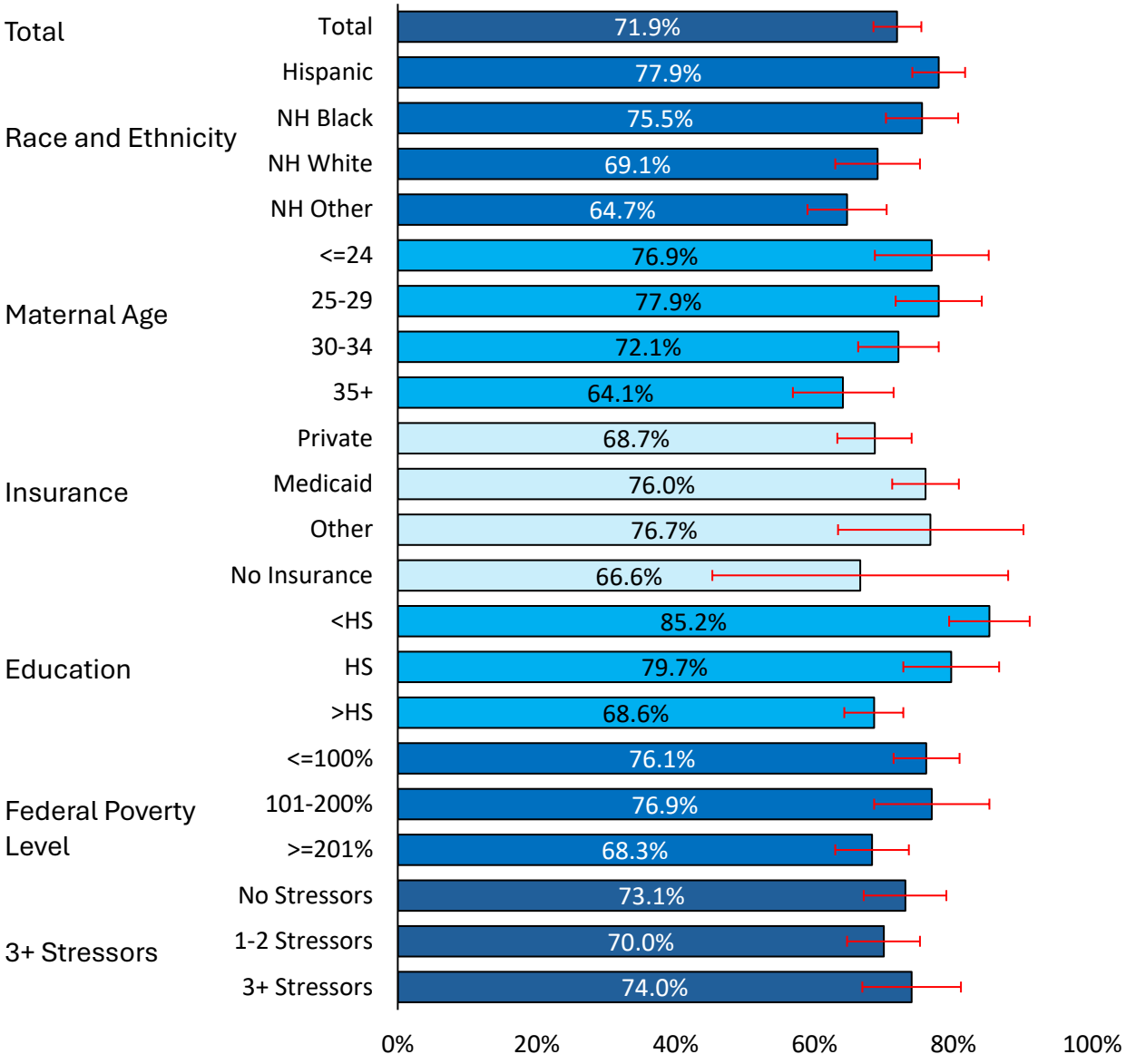
Asked by a Health Care Worker if they were using Cannabis

Demographics		Percentage	95% CI		N	RSE
Total		71.9	68.5	75.4	21,800	2.4
Race and Ethnicity	Hispanic	77.9	74.1	81.7	6,600	2.5
	NH Black	75.5	70.3	80.7	2,600	3.5
	NH White	69.1	63.0	75.2	11,000	4.5
	NH Other	64.7	59.0	70.4	1,600	4.5
Maternal Age	<=24	76.9	68.7	85.1	2,700	5.4
	25-29	77.9	71.7	84.1	5,700	4.0
	30-34	72.1	66.3	77.9	8,300	4.1
	35+	64.1	56.9	71.4	5,200	5.8
Insurance	Private	68.7	63.3	74.0	10,800	4.0
	Medicaid	76.0	71.2	80.8	9,000	3.2
	Other	76.7	63.4	90.1	600	8.9
	No Insurance	66.6	45.3	87.9	500	16.3
Education	<HS	85.2	79.4	91.0	2,200	3.5
	HS	79.7	72.8	86.6	4,100	4.4
	>HS	68.6	64.3	72.8	15,400	3.2
Federal Poverty Level	<=100%	76.1	71.4	80.9	7,600	3.2
	101-200%	76.9	68.6	85.2	2,900	5.5
	>=201%	68.3	63.0	73.6	11,300	4.0
3+ Stressors	No Stressors	73.1	67.1	79.0	7,600	4.1
	1-2 Stressors	70.0	64.7	75.2	9,200	3.8
	3+ Stressors	74.0	66.9	81.1	5,000	4.9
Marital Status	Married	67.6	62.8	72.4	12,700	3.6
	Other	79.0	74.5	83.5	9,100	2.9
Pre-Pregnancy BMI	Under Weight	76.3	56.4	96.3	500	13.3
	Normal Weight	68.3	62.3	74.3	8,100	4.5
	Overweight	72.1	65.1	79.1	5,700	4.9
	Obese	74.4	68.4	80.3	6,300	4.1
Parity	0-2 births	71.5	67.9	75.2	20,100	2.6
	3-5 births	77.2	67.3	87.1	1,600	6.5
	6+ births	72.5†	39.6	100.0	100	23.1
Depression	No	71.6	67.9	75.4	18,300	2.6
	Yes	74.2	64.9	83.6	3,300	6.4
Anxiety	No	71.6	67.7	75.5	16,400	2.8
	Yes	73.2	65.7	80.8	5,300	5.2
Smoking Status	No	71.8	68.4	75.3	21,100	2.5
	Yes	77.1	54.0	100.0	600	15.3
Drinking Status	No	73.1	69.6	76.6	20,300	2.5

	Yes	60.3	45.6	75.0	1,500	12.4
Pregnancy Intention	Intended	70.9	66.5	75.4	14,100	3.2
	Unintended	73.3	65.8	80.7	3,700	5.2
	Not sure	75.8	68.2	83.5	3,800	5.1
Physical Abuse	No	72.1	68.6	75.6	21,300	2.5
	Yes	60.8†	35.6	86.0	300	21.1

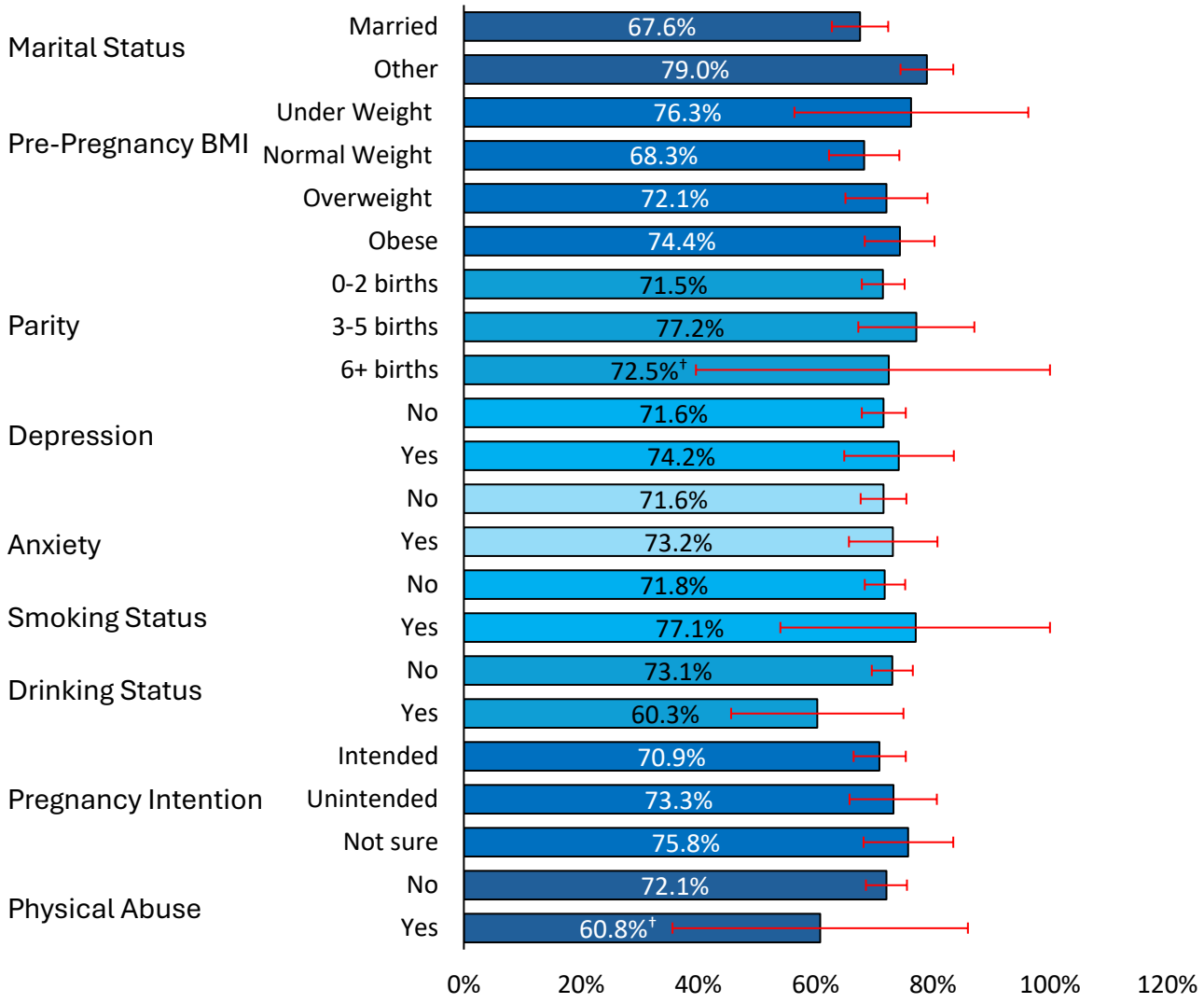
Bar Chart of Prevalence by Demographics

Asked by a Health Care Worker if they were using Cannabis



Bar Chart of Prevalence by Demographics

Asked by a Health Care Worker if they were using Cannabis



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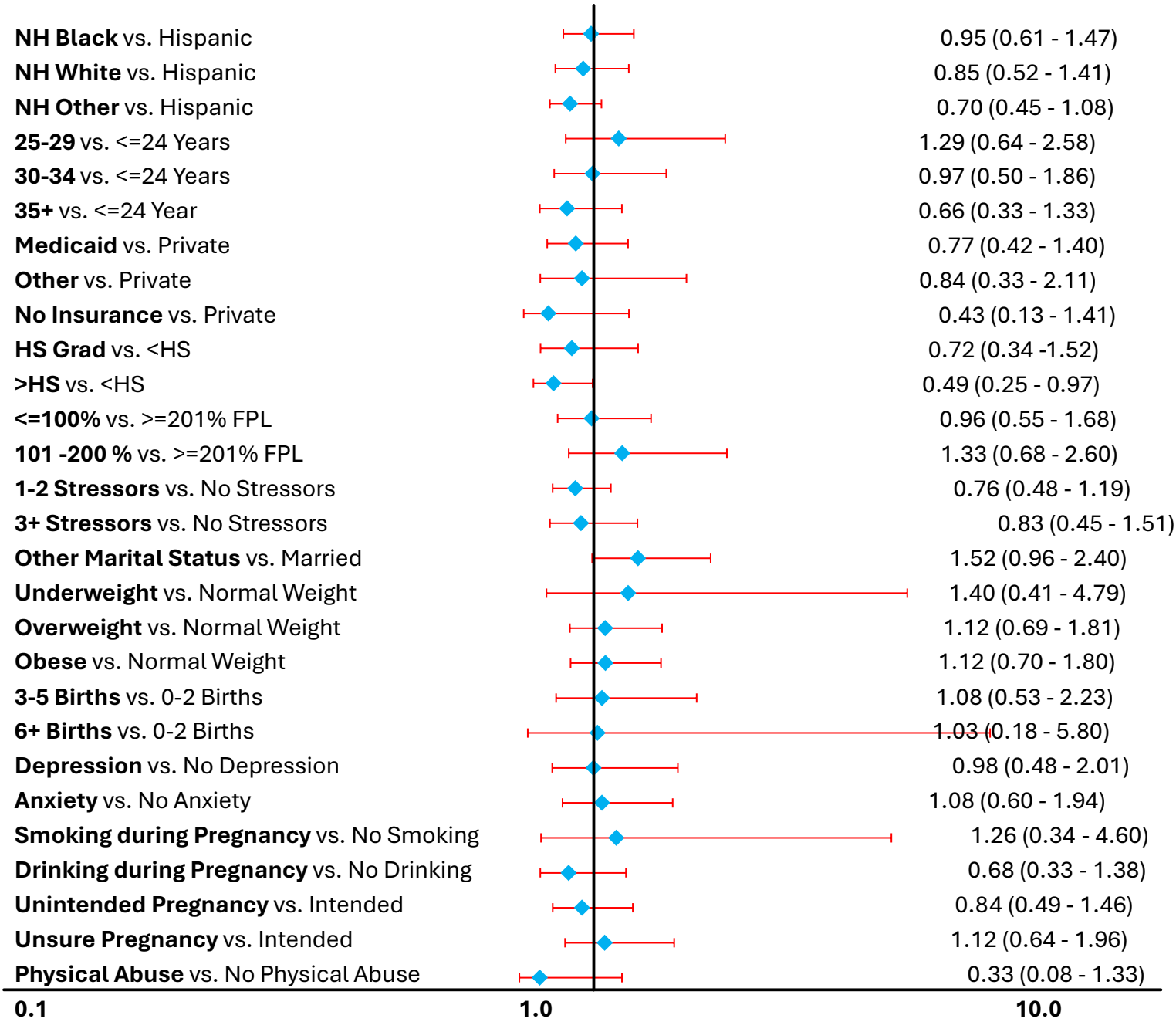
Asked by a Health Care Worker if they were using Cannabis

Dot Plot of Adjusted Generalized Linear Model Results (ORs and 95% CIs)



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Public Health

Asked by a Health Care Worker if they were using Cannabis

Summary of Findings

Prevalence
71.9% (approximately 21,800 women in Connecticut) were asked by a health care worker if they were using cannabis.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest Hispanic (relative to NH other), 25-29-year maternal age group (relative to 35+ maternal age group), less than high school and high school educational attainment (relative to greater than high school education), and other marital status were associated with being asked about cannabis usage by a health care worker.

Generalized Linear Model
The model controlled for race and ethnicity, maternal age, insurance, education, federal poverty level, 3+ stressors, marital status, pre-pregnancy BMI, parity, depression, anxiety, smoking status, drinking status, pregnancy intention, and physical abuse. Adjusting for covariates, the generalized linear model reveals that greater than high school education was a negative predictor of being questioned about cannabis usage by a health care worker.

Limitations
Of 2,367 total respondents, there were 1,159 with responses to the outcome variable. 993 respondents had
responses to all relevant variables and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
Among women in Connecticut, being asked about cannabis usage by a health care worker was associated with race and ethnicity, maternal age, education, and marital status based on bivariate comparisons.

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Public Health

Prenatal Care Counseling

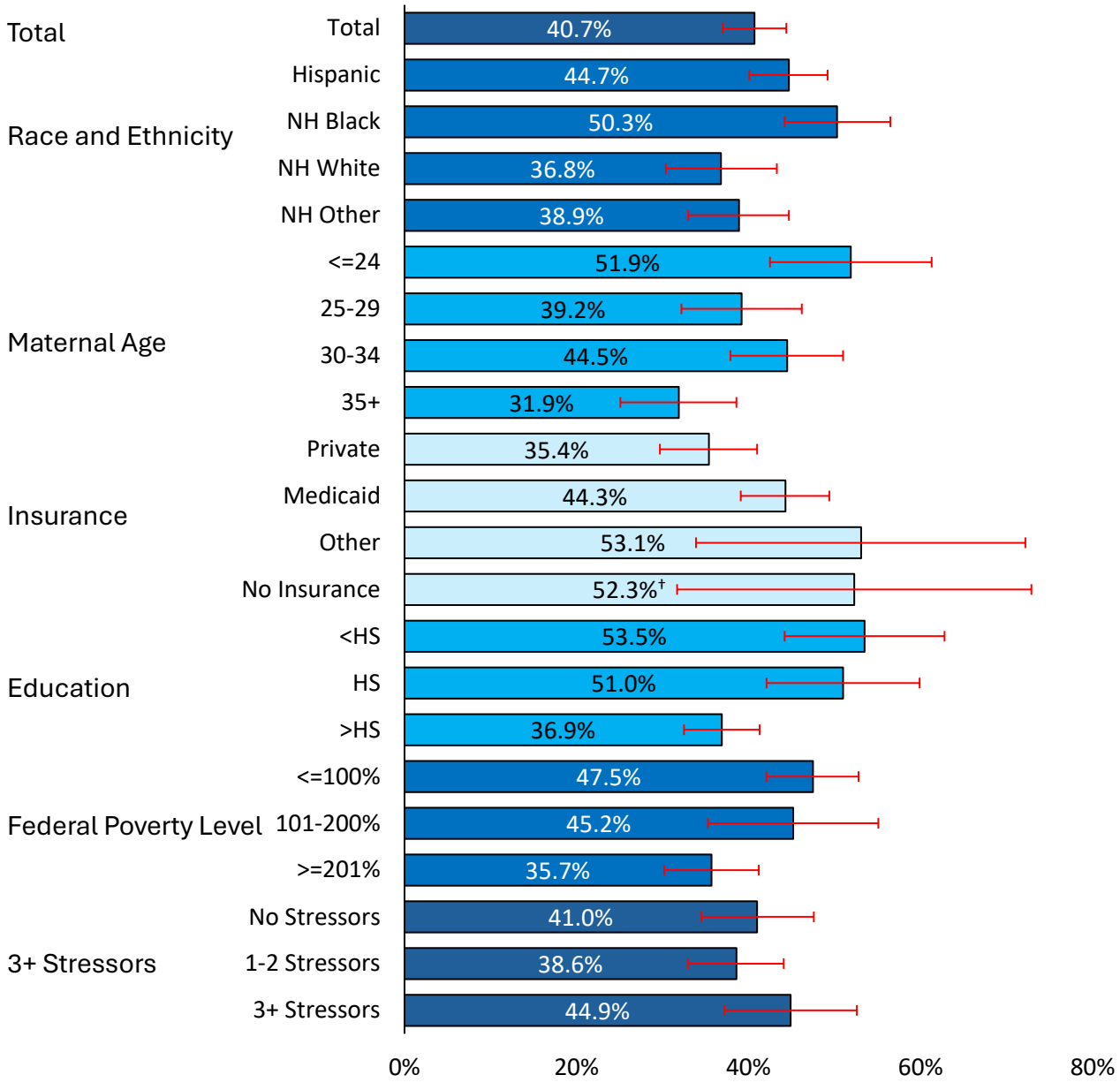
Health Care Worker advised them not to use Cannabis for any reason

Demographics		Percentage	95% CI		N	RSE
Total		40.7	37.0	44.4	12,200	4.6
Race and Ethnicity	Hispanic	44.7	40.1	49.2	3,800	5.2
	NH Black	50.3	44.2	56.5	1,700	6.2
	NH White	36.8	30.4	43.3	5,800	8.9
	NH Other	38.9	33.0	44.7	1,000	7.7
Maternal Age	<=24	51.9	42.5	61.3	1,800	9.2
	25-29	39.2	32.2	46.2	2,800	9.1
	30-34	44.5	37.9	51.0	5,100	7.5
	35+	31.9	25.1	38.6	2,500	10.8
Insurance	Private	35.4	29.7	41.0	5,500	8.1
	Medicaid	44.3	39.1	49.4	5,200	5.9
	Other	53.1	33.9	72.2	400	18.4
	No Insurance	52.3†	31.7	72.9	400	20.1
Education	<HS	53.5	44.2	62.8	1,400	8.9
	HS	51.0	42.1	59.9	2,600	8.9
	>HS	36.9	32.5	41.3	8,200	6.1
Federal Poverty Level	<=100%	47.5	42.1	52.8	4,700	5.7
	101-200%	45.2	35.3	55.1	1,700	11.1
	>=201%	35.7	30.2	41.2	5,900	7.9
3+ Stressors	No Stressors	41.0	34.5	47.6	4,300	8.2
	1-2 Stressors	38.6	33.0	44.1	5,000	7.3
	3+ Stressors	44.9	37.2	52.6	3,000	8.7
Marital Status	Married	36.2	31.3	41.1	6,700	6.9
	Other	48.2	42.7	53.7	5,500	5.8
Pre-Pregnancy BMI	Under Weight	51.4†	29.9	72.8	300	21.3
	Normal Weight	36.4	30.4	42.5	4,200	8.5
	Overweight	44.9	37.2	52.7	3,500	8.8
	Obese	39.1	32.4	45.8	3,300	8.7
Parity	0-2 births	40.3	36.4	44.2	11,200	4.9
	3-5 births	46.4	35.5	57.4	1,000	12.0
	6+ births	37.6††	2.4	72.7	<50	47.7
Depression	No	40.9	36.9	44.9	10,300	5.0
	Yes	39.7	29.7	49.7	1,800	12.9
Anxiety	No	41.2	37.0	45.3	9,300	5.2
	Yes	39.1	31.0	47.1	2,800	10.5
Smoking Status	No	40.3	36.5	44.0	11,700	4.7
	Yes	61.5†	34.5	88.4	500	22.3
Drinking Status	No	42.0	38.2	45.9	11,600	4.7

	Yes	26.7†	14.0	39.4	600	24.3
Pregnancy Intention	Intended	38.0	33.3	42.8	7,500	6.4
	Unintended	47.9	40.0	55.7	2,400	8.4
	Not sure	44.0	35.2	52.8	2,200	10.2
Physical Abuse	No	40.8	37.0	44.6	11,900	4.7
	Yes	42.8†	21.9	63.8	200	24.9

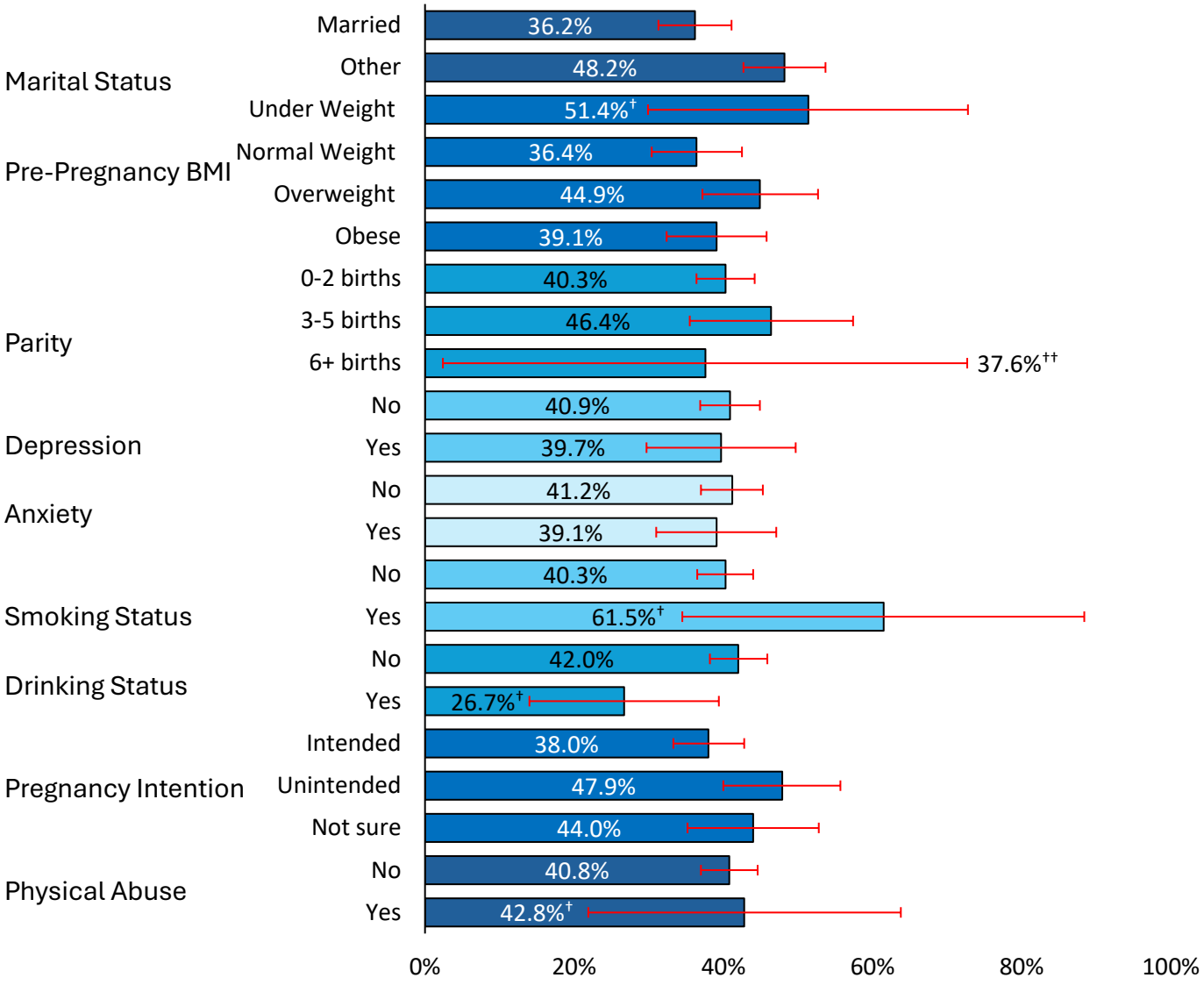
Bar Chart of Prevalence by Demographics

Health Care Worker advised them not to use Cannabis for any reason



Bar Chart of Prevalence by Demographics

Health Care Worker advised them not to use Cannabis for any reason



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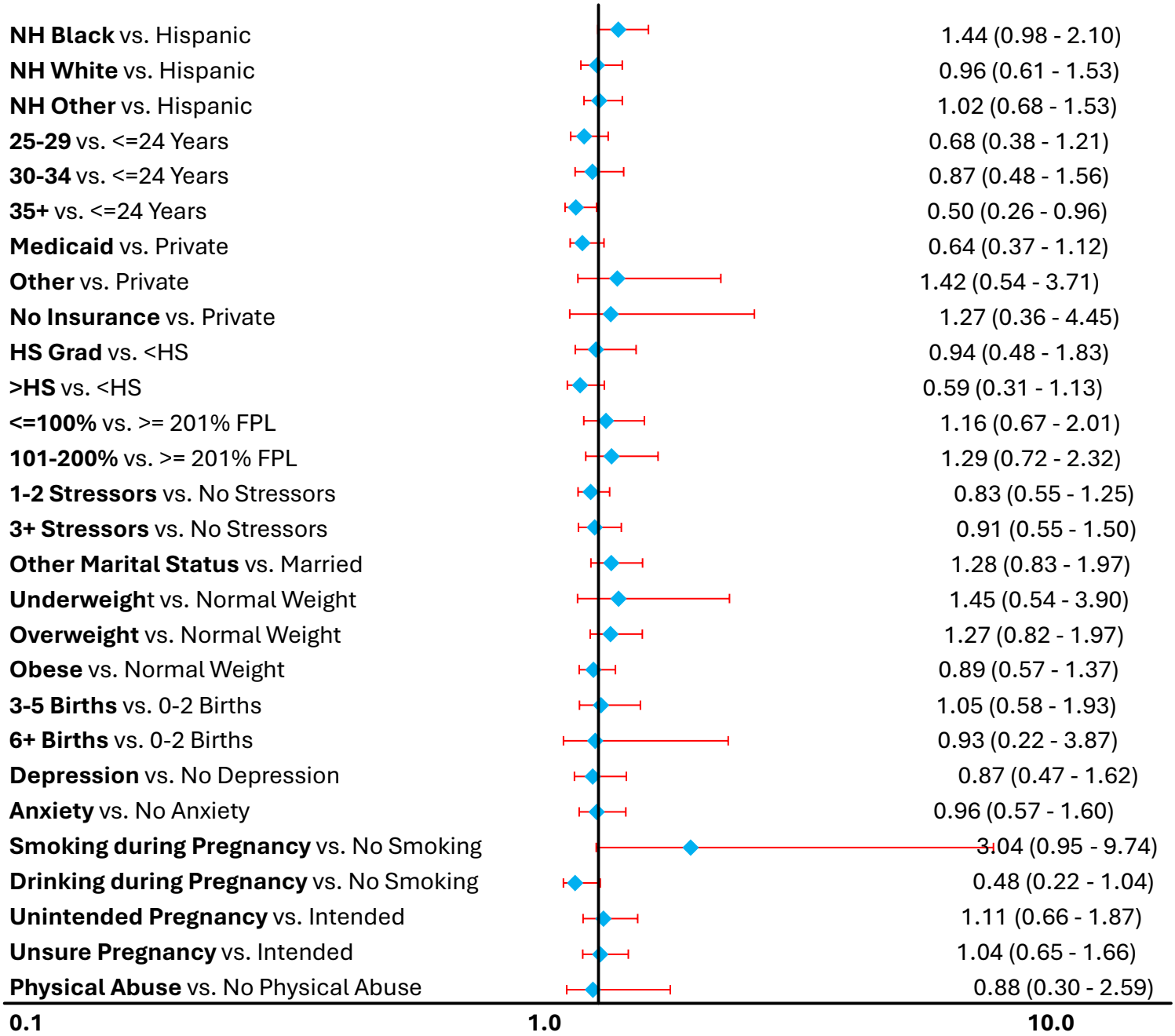
Health Care Worker advised them not to use Cannabis for any reason

Dot Plot of Adjusted Generalized Linear Model Results (ORs and 95% CIs)



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Health Care Worker advised them not to use Cannabis for any reason

Summary of Findings

Prevalence
40.7% (approximately 12,200 women in Connecticut) were advised by a health care worker not to use cannabis for any reason.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest NH Black (relative to NH White), 24 -year or lesser maternal age group (relative to 35+ maternal age group), less than high school and high school education (relative to greater than high school education), 100% or less federal poverty level (relative to 201% or more federal poverty level), and other marital status were associated with health care worker advise not to use cannabis for any reason.

Generalized Linear Model
The model controlled for race and ethnicity, maternal age, insurance, education, federal poverty level, 3+ stressors, marital status, pre-pregnancy BMI, parity, depression, anxiety, smoking status, drinking status, pregnancy intention, and physical abuse. Adjusting for covariates, the model reveals that 35+ maternal age group compared to 24 or younger was a negative predictor of health care workers advising women not to use cannabis for any reason.

Limitations
Of 2,367 total respondents, there were 1,149 with responses to the outcome variable. 988 respondents had responses to all relevant variables and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
Among women in Connecticut, health care worker advises not to use cannabis for any reason was associated with race and ethnicity, maternal age, education, federal poverty level, and marital status during pregnancy based on bivariate comparisons.

CONNECTICUT
Public Health

Prenatal Care Counseling

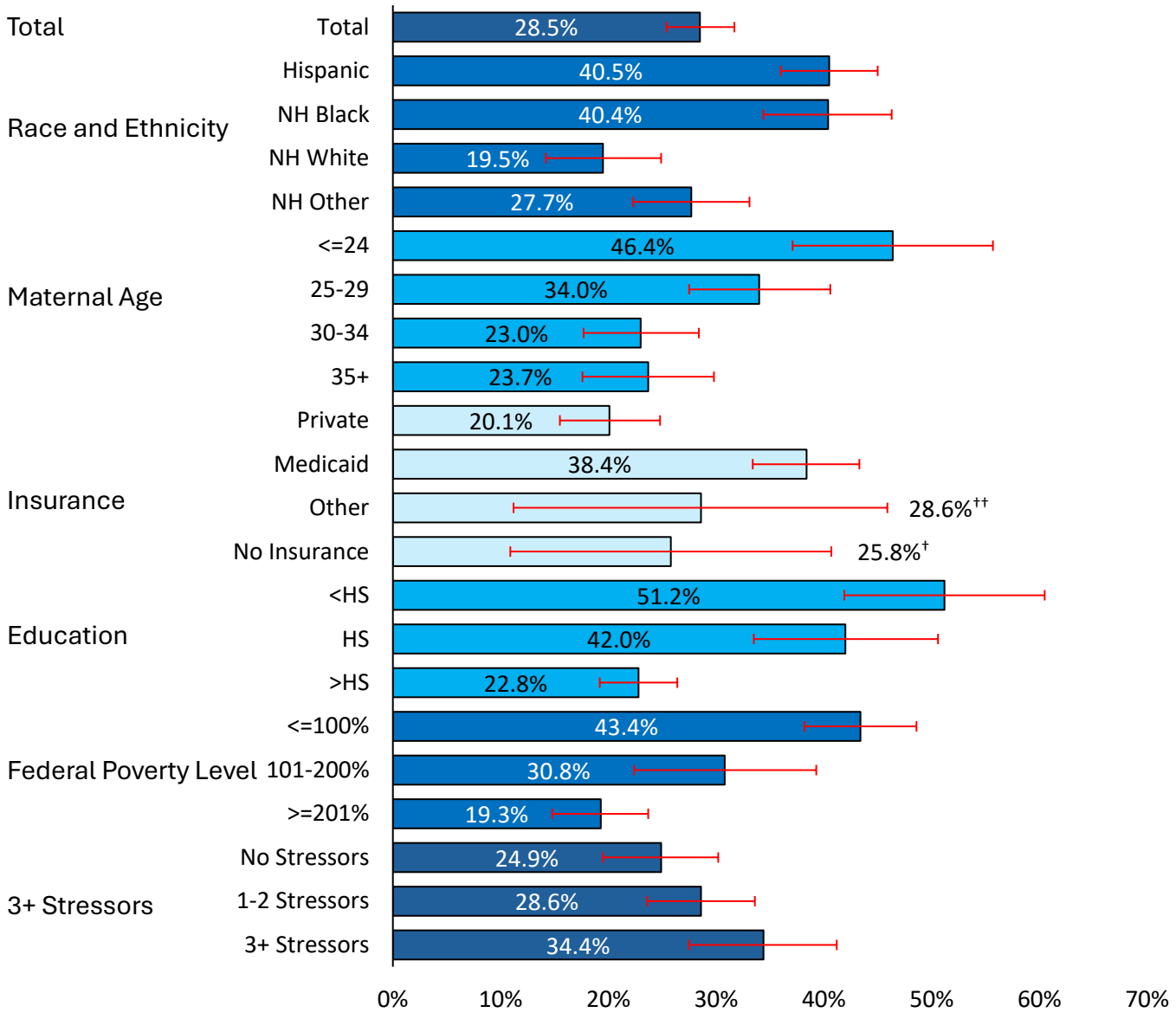
Health Care Worker advised them not to breastfeed while using Cannabis

Demographics		Percentage	95% CI		N	RSE
Total		28.5	25.4	31.7	8,500	5.7
Race and Ethnicity	Hispanic	40.5	36.0	45.0	3,500	5.7
	NH Black	40.4	34.4	46.3	1,400	7.5
	NH White	19.5	14.2	24.9	3,000	14.0
	NH Other	27.7	22.3	33.1	700	10.0
Maternal Age	<=24	46.4	37.1	55.7	1,600	10.2
	25-29	34.0	27.5	40.6	2,400	9.8
	30-34	23.0	17.7	28.4	2,600	11.7
	35+	23.7	17.6	29.8	1,900	13.1
Insurance	Private	20.1	15.5	24.8	3,100	11.7
	Medicaid	38.4	33.4	43.3	4,500	6.6
	Other	28.6††	11.2	45.9	200	30.9
	No Insurance	25.8†	10.9	40.7	200	29.4
Education	<HS	51.2	41.9	60.5	1,300	9.3
	HS	42.0	33.5	50.6	2,100	10.4
	>HS	22.8	19.2	26.4	5,100	8.1
Federal Poverty Level	<=100%	43.4	38.2	48.6	4,200	6.1
	101-200%	30.8	22.4	39.3	1,100	14.0
	>=201%	19.3	14.8	23.7	3,200	11.7
3+ Stressors	No Stressors	24.9	19.5	30.2	2,600	10.9
	1-2 Stressors	28.6	23.6	33.6	3,700	8.9
	3+ Stressors	34.4	27.5	41.2	2,200	10.1
Marital Status	Married	23.2	18.9	27.5	4,300	9.4
	Other	37.4	32.5	42.2	4,200	6.6
Pre-Pregnancy BMI	Under Weight	41.2†	20.3	62.1	300	25.8
	Normal Weight	23.0	18.0	28.1	2,700	11.2
	Overweight	30.7	23.9	37.6	2,400	11.4
	Obese	29.4	23.5	35.3	2,400	10.2
Parity	0-2 births	27.8	24.4	31.1	7,700	6.1
	3-5 births	39.5	29.2	49.9	800	13.4
	6+ births	*	*	*	*	87.3
Depression	No	27.2	23.9	30.6	6,900	6.2
	Yes	35.1	25.4	44.8	1,500	14.2
Anxiety	No	28.7	25.1	32.2	6,500	6.3
	Yes	27.5	20.4	34.7	1,900	13.3
Smoking Status	No	28.6	25.4	31.8	8,300	5.7
	Yes	29.1††	2.8	55.3	200	46.0
Drinking Status	No	29.4	26.0	32.8	8,100	5.8

	Yes	18.2†	8.4	27.9	400	27.3
Pregnancy Intention	Intended	25.3	21.2	29.3	5,000	8.2
	Unintended	36.1	29.2	42.9	1,800	9.7
	Not sure	32.9	24.8	40.9	1,600	12.5
Physical Abuse	No	28.1	24.9	31.4	8,200	5.8
	Yes	45.2†	23.7	66.7	300	24.3

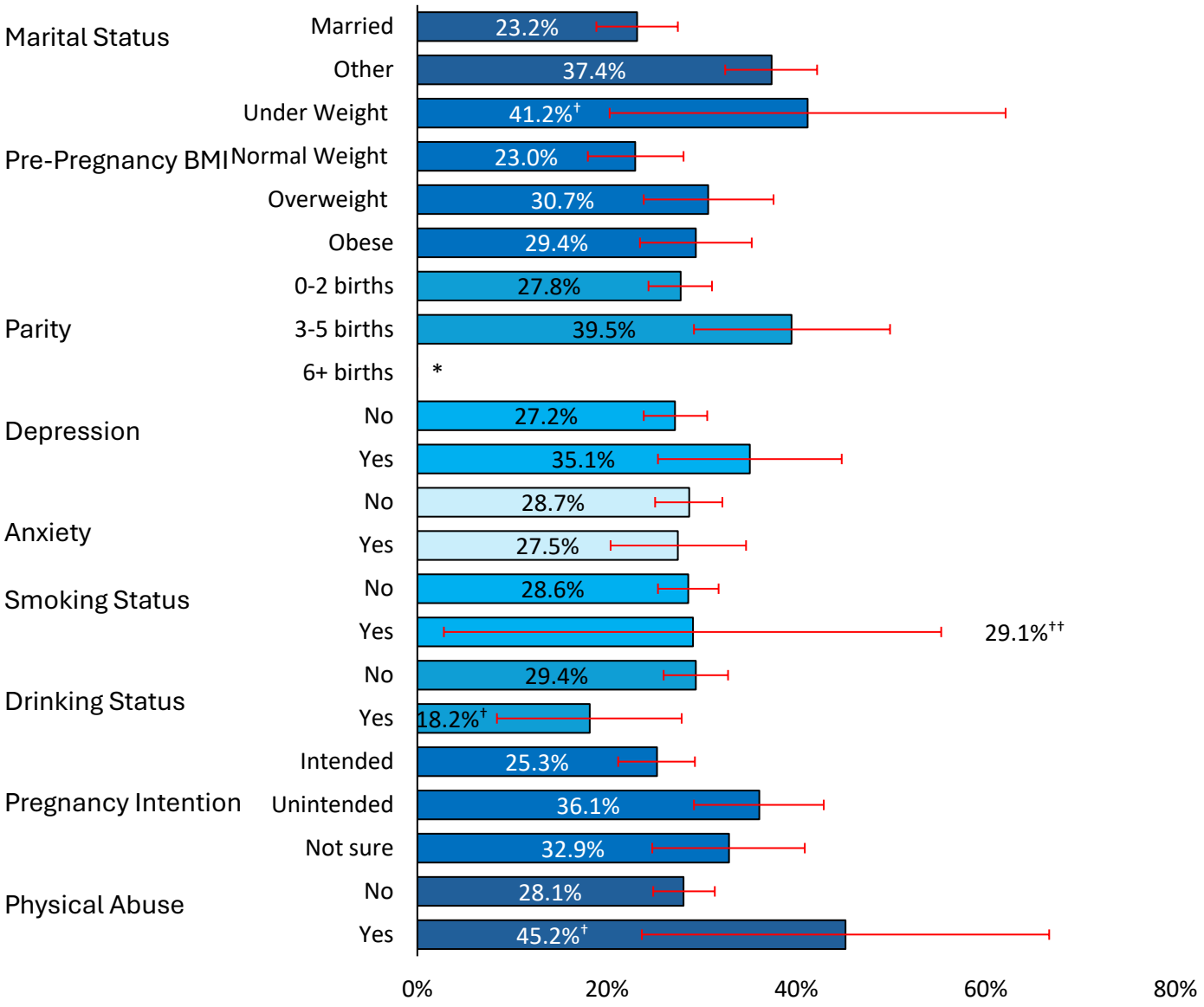
Bar Chart of Prevalence by Demographics

Health Care Worker advised them not to breastfeed while using Cannabis



Bar Chart of Prevalence by Demographics

Health Care Worker advised them not to breastfeed while using Cannabis



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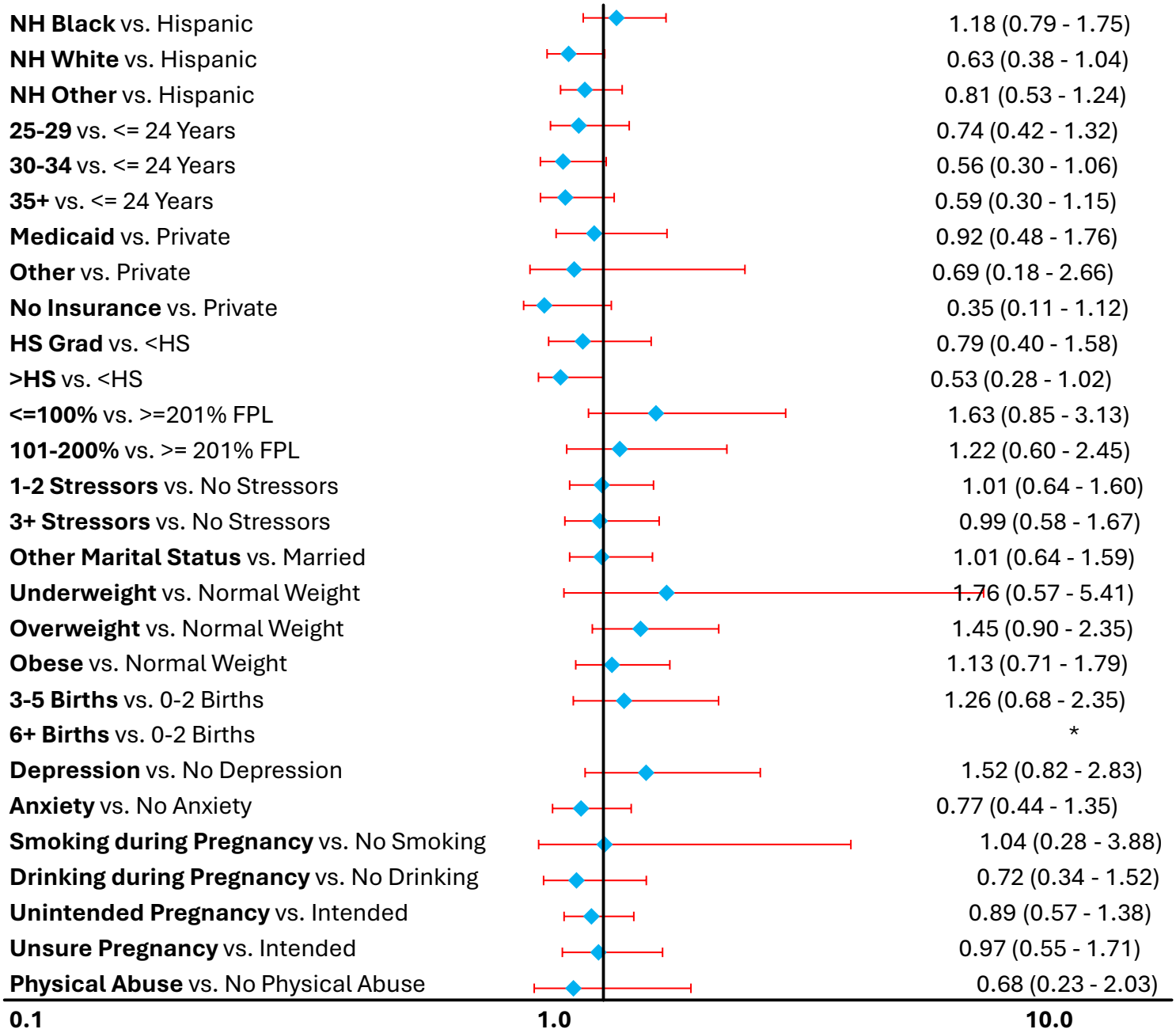
Health Care Worker advised them not to breastfeed while using Cannabis

Dot Plot of Adjusted Generalized Linear Model Results (ORs and 95% CIs)



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Health Care Worker advised them not to breastfeed while using Cannabis

Summary of Findings

Prevalence
28.5% (approximately 8,500 women in Connecticut) were advised by a health care worker not to breastfeed while using cannabis.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest Hispanic and NH Black (relative to NH White and NH other), 24-year or lesser maternal age group (relative to 30+ maternal age group), less than high school and high school education (relative to greater than high school education), Medicaid relative to private insurance, 100% or less federal poverty level (relative to 201% or more federal poverty level), and other marital status were associated with health care worker advise not to breastfeed while using cannabis.

Generalized Linear Model
The model controlled for race and ethnicity, maternal age, insurance, education, federal poverty level, 3+ stressors, marital status, pre-pregnancy BMI, parity, depression, anxiety, smoking status, drinking status, pregnancy intention, and physical abuse. Adjusting for covariates, the generalized linear model suggests no noticeable associations and no predictors.

Limitations
Of 2,367 total respondents, there were 1,151 with responses to the outcome variable. 990 respondents had
responses to all relevant variables and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

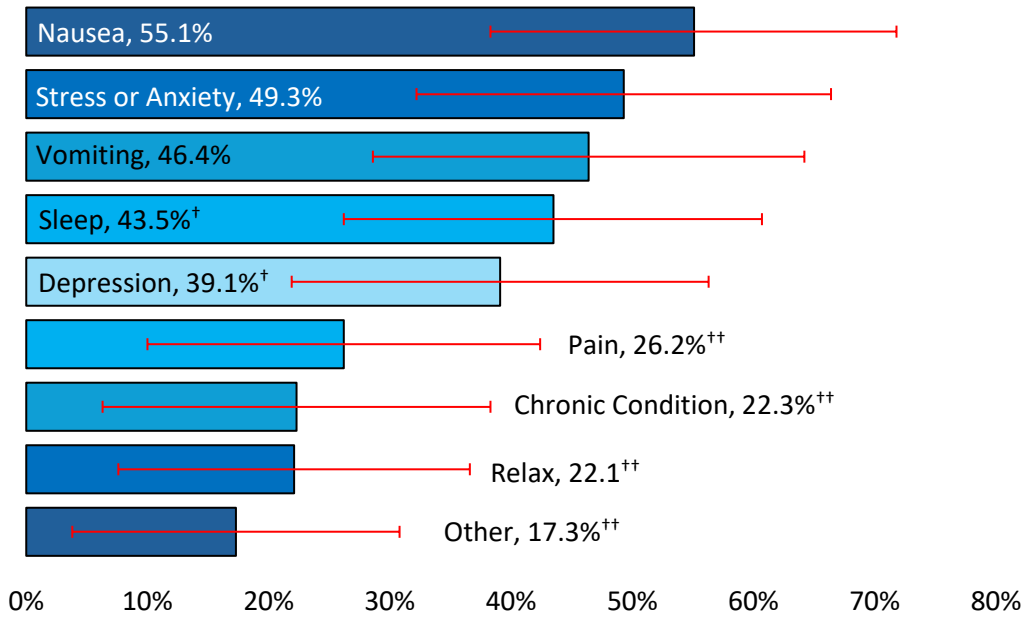
Conclusion
Among women in Connecticut, being advised by health care workers to not breastfeed while using cannabis was associated with race and ethnicity, maternal age, education, insurance, federal poverty level, and marital status based on bivariate comparisons.

Reason for Cannabis Use During Pregnancy

Reason	Percentage	95% CI		N	RSE
Nausea	55.1	38.3	71.8	800	15.5
Stress or Anxiety	49.3	32.2	66.4	750	17.6
Vomiting	46.4	28.6	64.2	700	19.6
Sleep	43.5†	26.2	60.7	700	20.2
Depression	39.1†	21.9	56.3	600	22.4
Pain	26.2††	10.0	42.4	400	31.5
Chronic Condition	22.3††	6.3	38.3	300	36.6
Relax	22.1††	7.6	36.6	300	33.5
Other	17.3††	3.8	30.8	300	39.9

Bar Chart of Prevalence by Demographics

Reason for Cannabis Use During Pregnancy



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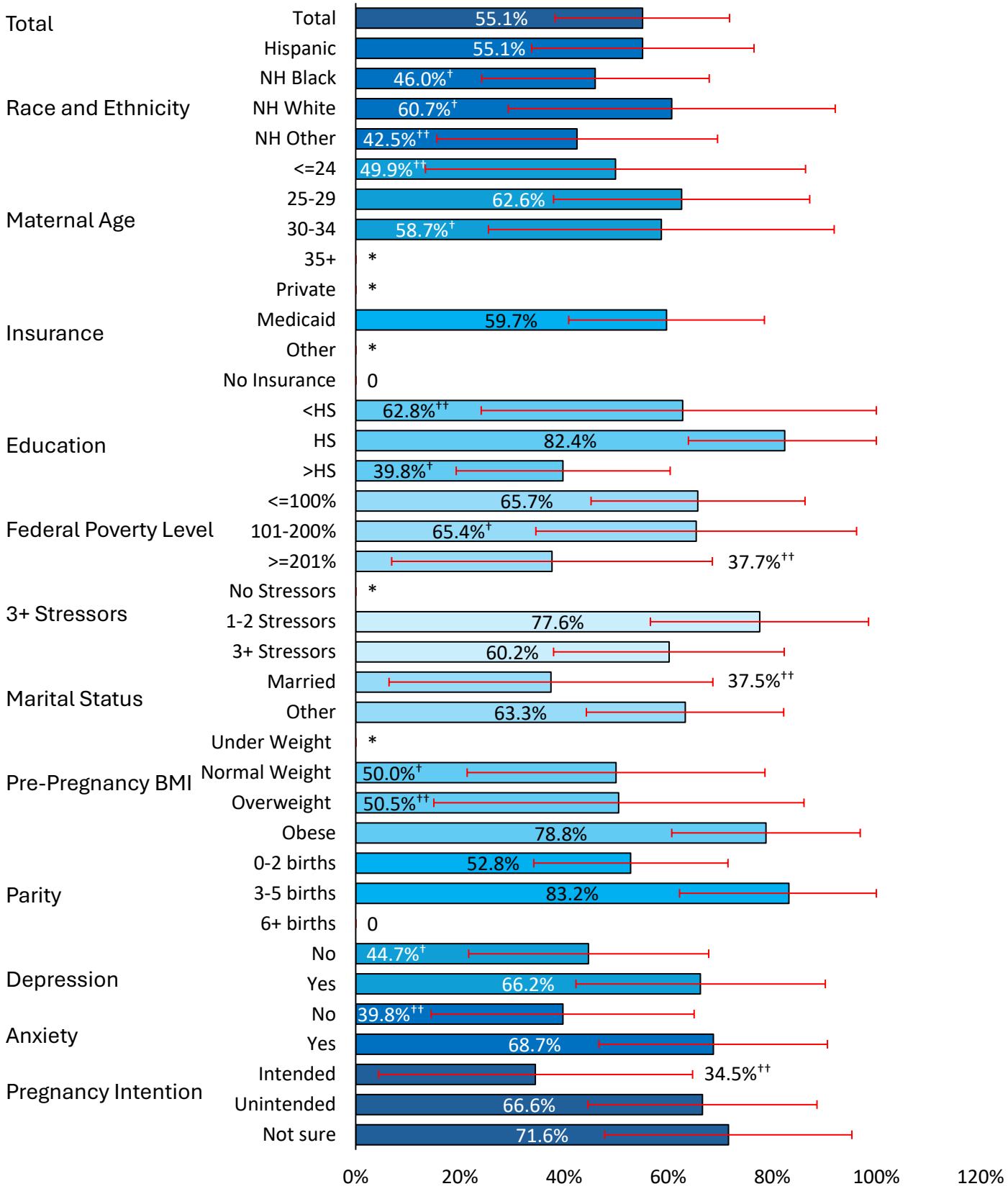
Reason for Cannabis Use During Pregnancy

Nausea as a reason for Cannabis Use During Pregnancy

Demographics		Percentage	95% CI		N	RSE
Total		55.1	38.3	71.8	800	15.5
Race and Ethnicity	Hispanic	55.1	33.8	76.5	200	19.7
	NH Black	46.0†	24.2	67.9	100	24.2
	NH White	60.7†	29.3	92.1	400	26.4
	NH Other	42.5††	15.6	69.5	100	32.3
Maternal Age	<=24	49.9††	13.4	86.4	200	37.2
	25-29	62.6	38.0	87.2	400	20.0
	30-34	58.7†	25.5	91.9	200	28.8
	35+	*	*	*	*	58.2
Insurance	Private	*	*	*	*	75.7
	Medicaid	59.7	40.9	78.5	700	16.1
	Other	*	*	*	*	52.2
	No Insurance	0	0	0	0	0
Education	<HS	62.8††	24.1	100.0	100	31.4
	HS	82.4	63.9	100.0	300	11.4
	>HS	39.8†	19.3	60.4	300	26.3
Federal Poverty Level	<=100%	65.7	45.2	86.3	500	15.9
	101-200%	65.4†	34.6	96.2	100	24.0
	>=201%	37.7††	6.9	68.5	200	41.7
3+ Stressors	No Stressors	*	*	*	*	79.8
	1-2 Stressors	77.6	56.6	98.5	300	13.8
	3+ Stressors	60.2	38.0	82.3	500	18.8
Marital Status	Married	37.5††	6.4	68.6	200	42.3
	Other	63.3	44.3	82.2	700	15.3
Pre-Pregnancy BMI	Under Weight	*	*	*	*	85.2
	Normal Weight	50.0†	21.4	78.6	300	29.2
	Overweight	50.5††	15.0	86.1	200	35.9
	Obese	78.8	60.7	96.9	300	11.7
Parity	0-2 births	52.8	34.2	71.5	700	18.0
	3-5 births	83.2	62.2	100.0	100	12.9
	6+ births	0	0	0	0	0
Depression	No	44.7†	21.7	67.8	300	26.3
	Yes	66.2	42.3	90.2	500	18.4
Anxiety	No	39.8††	14.5	65.0	300	32.4
	Yes	68.7	46.7	90.6	600	16.3
Pregnancy Intention	Intended	34.5††	4.4	64.7	200	44.5
	Unintended	66.6	44.6	88.6	200	16.9
	Not sure	71.6	47.8	95.3	400	16.9

Bar Chart of Prevalence by Demographics

Nausea as a reason for Cannabis Use During Pregnancy



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Nausea as a reason for Cannabis Use During Pregnancy

Summary of Findings

Prevalence
55.1% (approximately 800 women in Connecticut) had nausea as a reason for cannabis use during pregnancy.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest high school education (relative to greater than high school education) was associated with nausea as the reason for cannabis use during pregnancy.

Generalized Linear Model
Due to extremely small or imbalanced group sizes in predictor variables, the statistical model was unable to produce valid estimates creating a "quasi-complete separation", where the model struggles because one group has all or none of the outcomes". As a result, reliable odds ratios could not be calculated for those variables, and they were excluded from the final regression model.

Limitations
Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
Among women in Connecticut, nausea as a reason for cannabis use during pregnancy was associated with education based on bivariate comparisons.

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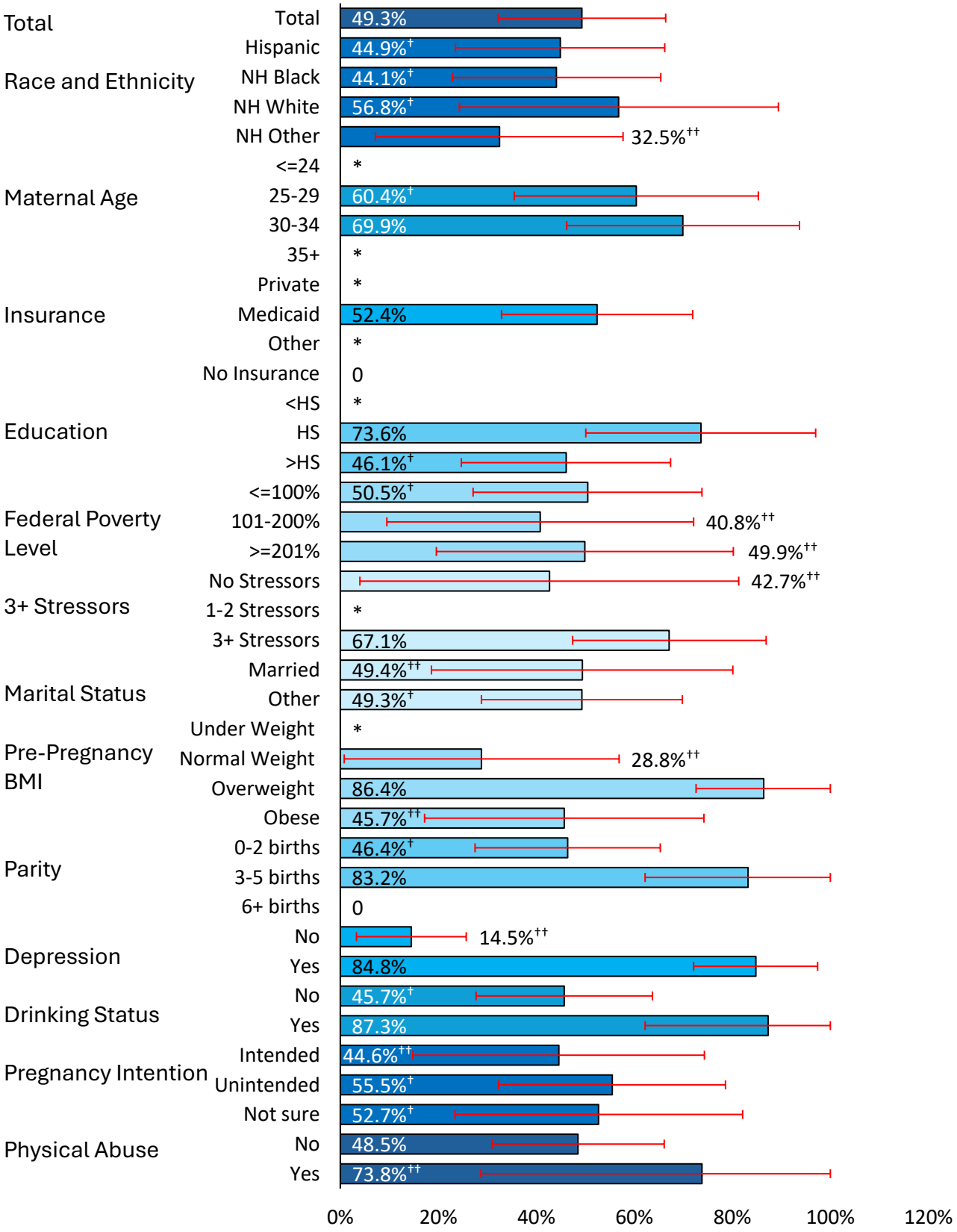
Reason for Cannabis Use During Pregnancy

Stress or Anxiety as a reason for Cannabis Use During Pregnancy

Demographics		Percentage	95% CI		N	RSE
Total		49.3	32.2	66.4	750	17.6
Race and Ethnicity	Hispanic	44.9†	23.5	66.2	200	24.2
	NH Black	44.1†	22.9	65.4	100	24.6
	NH White	56.8†	24.3	89.4	400	29.2
	NH Other	32.5††	7.2	57.7	<50	39.7
Maternal Age	<=24	*	*	*	*	65.3
	25-29	60.4†	35.5	85.3	350	21.0
	30-34	69.9	46.2	93.7	300	17.3
	35+	*	*	*	*	58.2
Insurance	Private	*	*	*	*	60.0
	Medicaid	52.4	32.9	71.9	600	18.9
	Other	*	*	*	*	52.2
	No Insurance	0	0	0	0	0
Education	<HS	*	*	*	*	64.5
	HS	73.6	50.1	97.0	300	16.2
	>HS	46.1†	24.7	67.4	400	23.6
Federal Poverty Level	<=100%	50.5†	27.1	73.8	400	23.6
	101-200%	40.8††	9.5	72.1	100	39.1
	>=201%	49.9††	19.6	80.2	300	31.0
3+ Stressors	No Stressors	42.7††	4.0	81.3	200	46.2
	1-2 Stressors	*	*	*	*	58.5
	3+ Stressors	67.1	47.4	86.9	500	15.0
Marital Status	Married	49.4††	18.6	80.1	200	31.8
	Other	49.3†	28.8	69.8	500	21.2
Pre-Pregnancy BMI	Under Weight	*	*	*	*	85.2
	Normal Weight	28.8††	0.8	56.9	200	49.6
	Overweight	86.4	72.6	100.0	400	8.2
	Obese	45.7††	17.2	74.2	200	31.8
Parity	0-2 births	46.4†	27.5	65.3	600	20.8
	3-5 births	83.2	62.2	100.0	100	12.9
	6+ births	0	0	0	0	0
Depression	No	14.5††	3.3	25.7	100	39.5
	Yes	84.8	72.1	97.4	600	7.6
Drinking Status	No	45.7†	27.7	63.7	600	20.1
	Yes	87.3	62.2	100.0	100	14.7
Pregnancy Intention	Intended	44.6††	14.8	74.3	300	34.0
	Unintended	55.5†	32.3	78.6	200	21.3
	Not sure	52.7†	23.4	82.1	300	28.4
Physical Abuse	No	48.5	31.0	66.1	700	18.4
	Yes	73.8††	28.7	100.0	<50	31.2

Bar Chart of Prevalence by Demographics

Stress or Anxiety as a reason for Cannabis Use During Pregnancy



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Stress or anxiety as a reason for Cannabis Use During Pregnancy

Summary of Findings

Prevalence
49.3% (approximately 750 women in Connecticut) had stress or anxiety as a reason for cannabis use during pregnancy.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest overweight (relative to normal weight), and depression were associated with anxiety as the reason for cannabis use during pregnancy.

Generalized Linear Model
Due to extremely small or imbalanced group sizes in predictor variables, the statistical model was unable to produce valid estimates creating a "quasi-complete separation", "where the model struggles because one group has all or none of the outcomes". As a result, reliable odds ratios could not be calculated for those variables, and they were excluded from the final regression model.

Limitations
Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

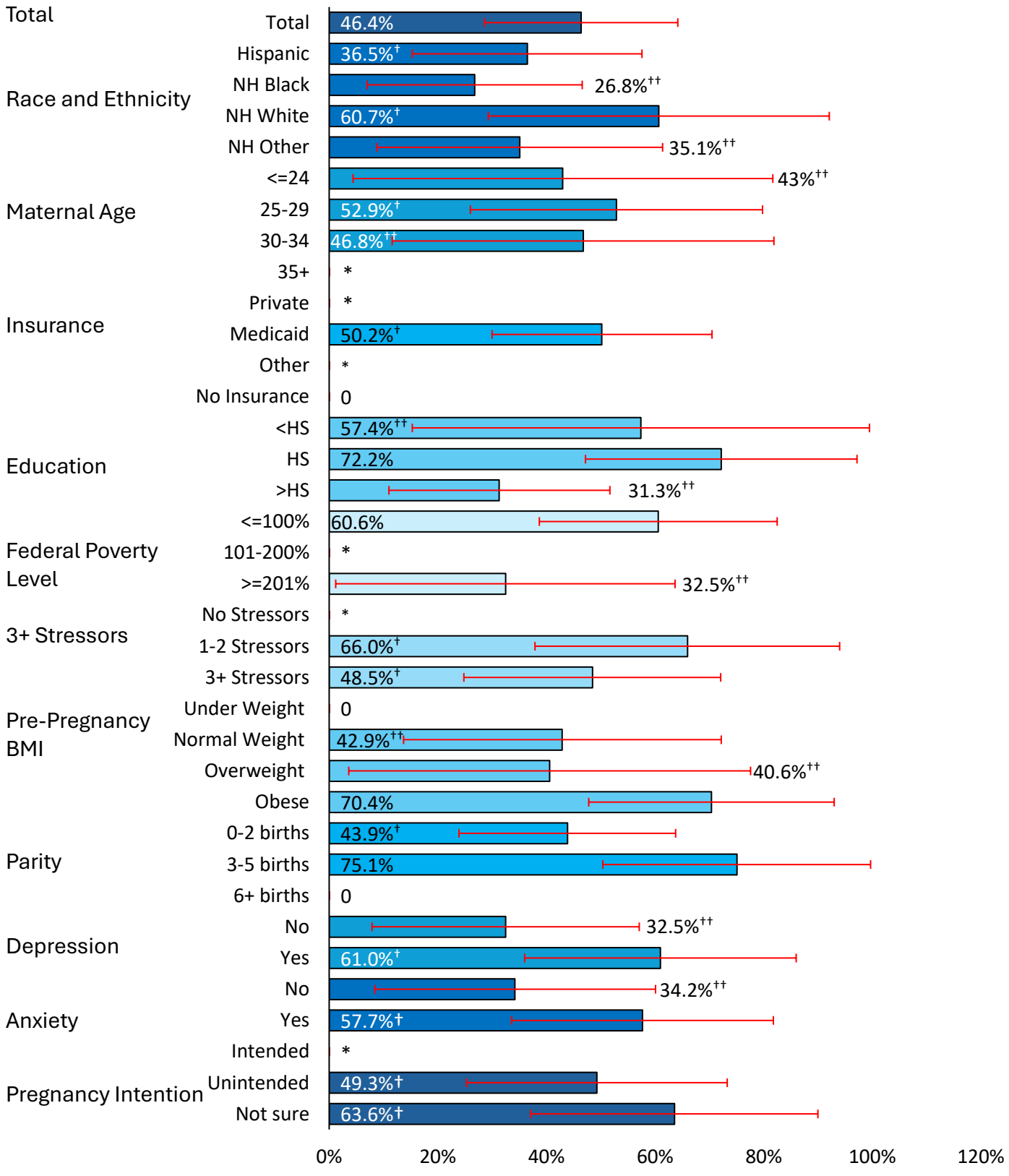
Conclusion
Among women in Connecticut, anxiety as a reason for cannabis use during pregnancy was associated with pre-pregnancy BMI and depression based on bivariate comparisons.

Vomiting as a reason for Cannabis Use During Pregnancy

Demographics		Percentage	95% CI		N	RSE
Total		46.4	28.6	64.2	700	19.6
Race and Ethnicity	Hispanic	36.5†	15.3	57.6	100	29.6
	NH Black	26.8††	7.0	46.6	100	37.7
	NH White	60.7†	29.3	92.1	400	26.4
	NH Other	35.1††	8.8	61.4	<50	38.2
Maternal Age	<=24	43.0††	4.4	81.7	200	45.8
	25-29	52.9†	26.0	79.8	300	25.9
	30-34	46.8††	11.6	81.9	200	38.3
	35+	*	*	*	*	58.2
Insurance	Private	*	*	*	*	75.7
	Medicaid	50.2†	30.0	70.5	600	20.5
	Other	*	*	*	*	52.2
	No Insurance	0	0	0	0	0
Education	<HS	57.4††	15.3	99.5	100	37.4
	HS	72.2	47.2	97.2	300	17.7
	>HS	31.3††	11.0	51.7	300	33.0
Federal Poverty Level	<=100%	60.6	38.7	82.5	500	18.5
	101-200%	*	*	*	*	60.9
	>=201%	32.5††	1.2	63.7	200	49.1
3+ Stressors	No Stressors	*	*	*	*	79.8
	1-2 Stressors	66.0†	37.9	94.0	200	21.7
	3+ Stressors	48.5†	24.8	72.1	400	24.9
Pre-Pregnancy BMI	Under Weight	0	0	0	0	0
	Normal Weight	42.9††	13.7	72.2	200	34.7
	Overweight	40.6††	3.6	77.6	200	46.5
	Obese	70.4	47.8	93.0	300	16.4
Parity	0-2 births	43.9†	23.9	63.8	600	23.2
	3-5 births	75.1	50.4	99.7	100	16.7
	6+ births	0	0	0	0	0
Depression	No	32.5††	7.9	57.1	200	38.6
	Yes	61.0†	36.0	86.0	400	20.9
Anxiety	No	34.2††	8.4	60.1	200	38.4
	Yes	57.7†	33.6	81.8	400	21.3
Pregnancy Intention	Intended	*	*	*	*	52.5
	Unintended	49.3†	25.3	73.3	100	24.8
	Not sure	63.6†	37.1	90.0	400	21.2

Bar Chart of Prevalence by Demographics

Vomiting as a reason for Cannabis Use During Pregnancy



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Vomiting as a reason for Cannabis Use During Pregnancy

Summary of Findings

Prevalence
46.4% (approximately 700 women in Connecticut) had vomiting as a reason for cannabis use during pregnancy.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest no noticeable associations.

Generalized Linear Model
Due to extremely small or imbalanced group sizes in predictor variables, the statistical model was unable to produce valid estimates creating a “Quasi-complete separation”, “where the model struggles because one group has all or none of the outcomes”. As a result, reliable odds ratios could not be calculated for those variables, and they were excluded from the final regression model.

Limitations
Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
Vomiting as a reason for cannabis use during pregnancy had no noticeable associations.

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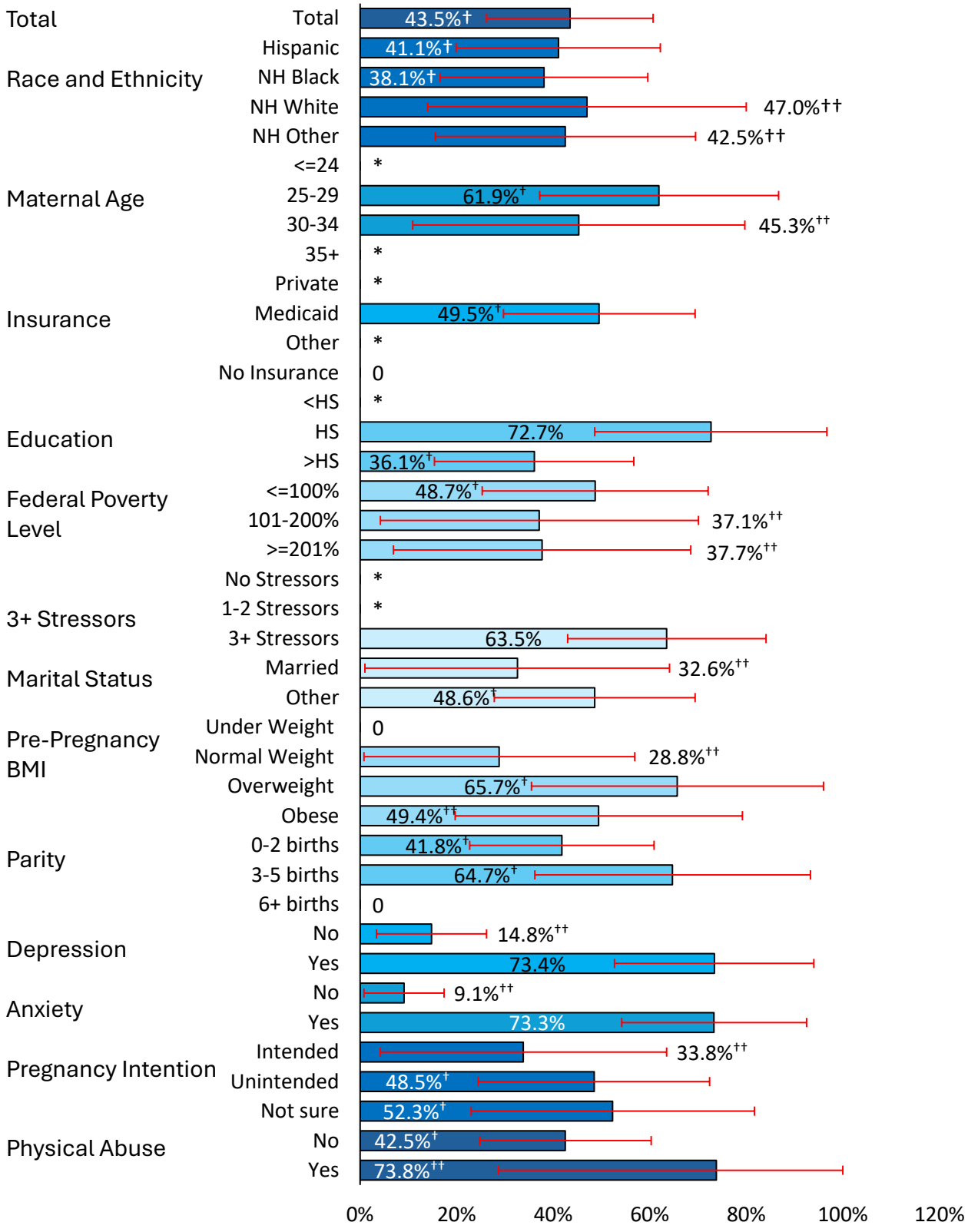
Reason for Cannabis Use During Pregnancy

Sleep as a reason for Cannabis Use During Pregnancy

Demographics		Percentage	95% CI		N	RSE
Total		43.5†	26.2	60.7	700	20.2
Race and Ethnicity	Hispanic	41.1†	19.9	62.2	200	26.3
	NH Black	38.1†	16.6	59.6	100	28.8
	NH White	47.0††	14.0	80.0	300	35.8
	NH Other	42.5††	15.6	69.5	100	32.3
Maternal Age	<=24	*	*	*	*	63.6
	25-29	61.9†	37.2	86.7	400	20.4
	30-34	45.3††	10.9	79.7	200	38.7
	35+	*	*	*	*	87.7
Insurance	Private	*	*	*	*	100.6
	Medicaid	49.5†	29.7	69.4	600	20.4
	Other	*	*	*	*	52.2
	No Insurance	0	0	0	0	0
Education	<HS	*	*	*	*	64.2
	HS	72.7	48.6	96.7	300	16.9
	>HS	36.1†	15.4	56.7	300	29.2
Federal Poverty Level	<=100%	48.7†	25.3	72.1	400	24.4
	101-200%	37.1††	4.2	70.1	100	45.3
	>=201%	37.7††	6.9	68.5	200	41.7
3+ Stressors	No Stressors	*	*	*	*	79.8
	1-2 Stressors	*	*	*	*	52.6
	3+ Stressors	63.5	43.0	84.1	500	16.5
Marital Status	Married	32.6††	1.0	64.1	200	49.3
	Other	48.6†	27.8	69.4	500	21.8
Pre-Pregnancy BMI	Under Weight	0	0	0	0	0
	Normal Weight	28.8††	0.8	56.9	200	49.6
	Overweight	65.7†	35.5	96.0	300	23.4
	Obese	49.4††	19.7	79.2	200	30.7
Parity	0-2 births	41.8†	22.7	60.9	600	23.3
	3-5 births	64.7†	36.2	93.3	100	22.5
	6+ births	0	0	0	0	0
Depression	No	14.8††	3.4	26.2	100	39.2
	Yes	73.4	52.7	94.0	500	14.4
Anxiety	No	9.1††	0.8	17.4	100	46.6
	Yes	73.3	54.2	92.5	600	13.3
Pregnancy Intention	Intended	33.8††	4.2	63.5	200	44.7
	Unintended	48.5†	24.5	72.4	100	25.2
	Not sure	52.3†	23.0	81.7	300	28.6
Physical Abuse	No	42.5†	24.8	60.3	600	21.2
	Yes	73.8††	28.7	100.0	<50	31.2

Bar Chart of Prevalence by Demographics

Sleep as a reason for Cannabis Use During Pregnancy



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Sleep as a reason for Cannabis Use During Pregnancy

Summary of Findings

Prevalence
43.5% (approximately 700 women in Connecticut) had sleep as a reason for cannabis use during pregnancy.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest depression and anxiety were associated with sleep as the reason for cannabis use during pregnancy.

Generalized Linear Model
Due to extremely small or imbalanced group sizes in predictor variables, the statistical model was unable to produce valid estimates creating a “quasi-complete separation”, “where the model struggles because one group has all or none of the outcomes”. As a result, reliable odds ratios could not be calculated for those variables, and they were excluded from the final regression model.

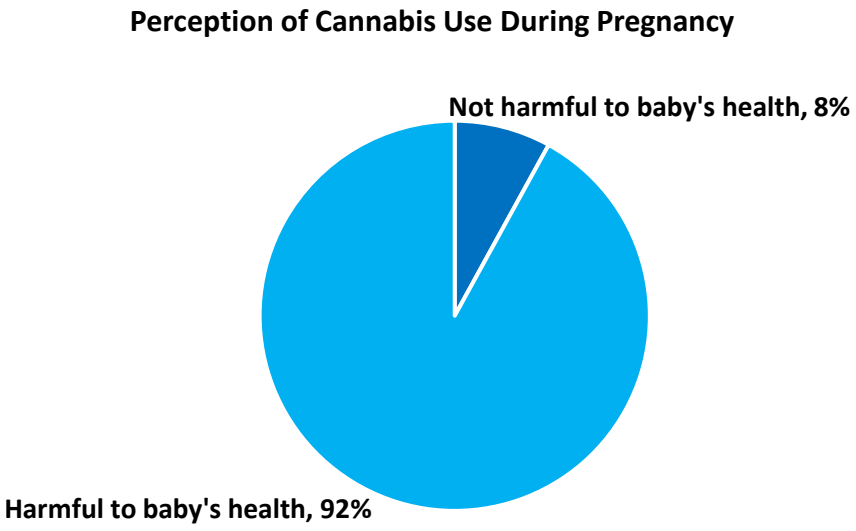
Limitations
Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
Among women in Connecticut, sleep as a reason for cannabis use during pregnancy was associated with depression and anxiety based on bivariate comparisons.

Perception of Cannabis Use During Pregnancy

Harmful to Baby's health	Percentage	95% CI		N	RSE
No	8.0	5.8	10.2	2,400	13.8
Yes	92.0	89.8	94.2	27,600	1.2

Bar Chart of Prevalence by Demographics



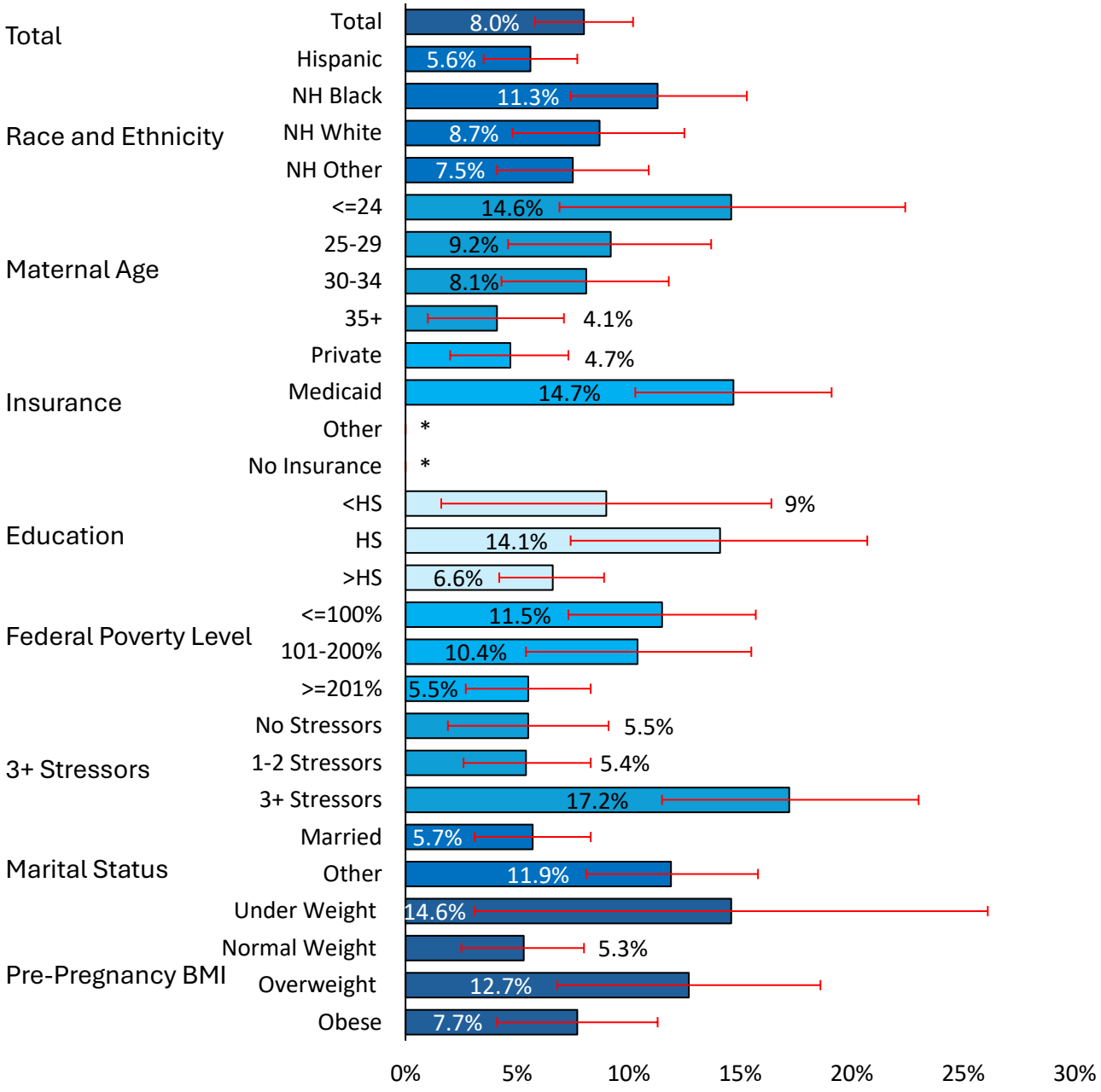
Perception that Cannabis Use was Not Harmful to Baby's Health During Pregnancy

Demographics		Percentage	95% CI		N	RSE
Total		8.0	5.8	10.2	2,400	13.8
Race and Ethnicity	Hispanic	5.6	3.5	7.7	500	19.4
	NH Black	11.3	7.4	15.3	400	17.7
	NH White	8.7†	4.8	12.5	1,400	22.6
	NH Other	7.5†	4.1	10.9	200	23.0
Maternal Age	<=24	14.6†	6.9	22.4	500	26.9
	25-29	9.2†	4.6	13.7	600	25.2
	30-34	8.1†	4.3	11.8	900	23.6
	35+	4.1††	1.0	7.1	300	38.3
Insurance	Private	4.7†	2.0	7.3	700	29.0
	Medicaid	14.7	10.3	19.1	1,600	15.2
	Other	*	*	*	*	57.6
	No Insurance	*	*	*	*	69.2
Education	<HS	9.0††	1.6	16.4	200	42.1
	HS	14.1†	7.4	20.7	700	24.1
	>HS	6.6	4.2	8.9	1,500	18.1
Federal Poverty Level	<=100%	11.5	7.3	15.7	1,100	18.7
	101-200%	10.4†	5.4	15.5	400	24.4
	>=201%	5.5†	2.7	8.3	900	26.1
3+ Stressors	No Stressors	5.5††	1.9	9.1	600	33.5
	1-2 Stressors	5.4†	2.6	8.3	700	26.5
	3+ Stressors	17.2	11.5	23.0	1,100	17.1
Marital Status	Married	5.7†	3.1	8.3	1,100	23.2
	Other	11.9	8.1	15.8	1,300	16.3
Pre-Pregnancy BMI	Under Weight	14.6††	3.1	26.1	100	40.3
	Normal Weight	5.3†	2.5	8.0	600	26.5
	Overweight	12.7†	6.8	18.6	1,000	23.6
	Obese	7.7†	4.1	11.3	600	24.0
Gestational Weight Gain	0-14 lbs.	9.8††	3.7	15.9	300	31.8
	15-24 lbs.	10.9†	5.2	16.5	800	26.4
	25-34 lbs.	2.9††	1.0	4.8	300	32.6
	35+ lbs.	10.1†	6.0	14.3	1,100	21.1
Parity	0-2 births	7.6	5.3	9.8	2,100	15.2
	3-5 births	12.3††	4.6	20.0	200	31.9
	6+ births	42.3††	1.5	83.1	0	49.1
Anxiety	No	6.1	3.9	8.3	1,400	18.3
	Yes	14.5†	8.6	20.4	1,000	20.6
_____	No	6.8	4.7	8.9	1,800	16.1

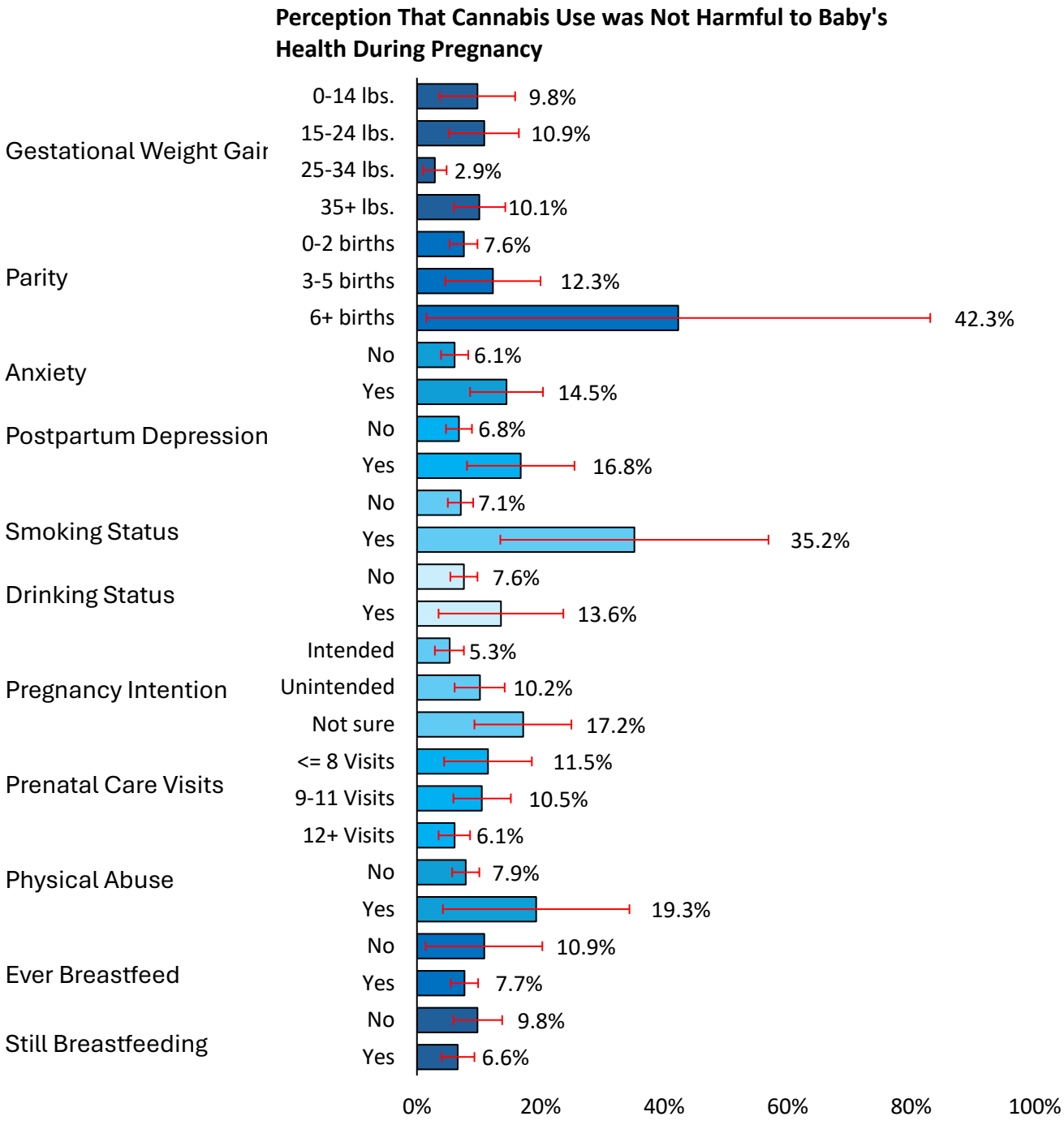
Postpartum Depression	Yes	16.8†	8.1	25.5	600	26.3
Smoking Status	No	7.1	5.0	9.1	2,000	14.9
	Yes	35.2††	13.5	56.9	400	31.4
Drinking Status	No	7.6	5.4	9.8	2,100	14.8
	Yes	13.6††	3.5	23.7	300	38.0
Pregnancy Intention	Intended	5.3†	2.9	7.6	1,000	23.1
	Unintended	10.2†	6.1	14.2	500	20.4
	Not sure	17.2†	9.3	25.0	800	23.3
Prenatal Care Visits	<= 8 Visits	11.5††	4.4	18.6	400	31.4
	9-11 Visits	10.5†	5.9	15.2	900	22.5
	12+ Visits	6.1†	3.5	8.6	1,100	21.1
Physical Abuse	No	7.9	5.7	10.1	2,300	14.3
	Yes	19.3††	4.2	34.4	100	40.0
Ever Breastfeed	No	10.9††	1.4	20.3	300	44.4
	Yes	7.7	5.5	9.9	2,100	14.7
Still Breastfeeding	No	9.8†	5.9	13.8	900	20.6
	Yes	6.6†	4.0	9.3	1,200	20.4

Bar Chart of Prevalence by Demographics

Perception That Cannabis Use was Not Harmful to Baby's Health During Pregnancy



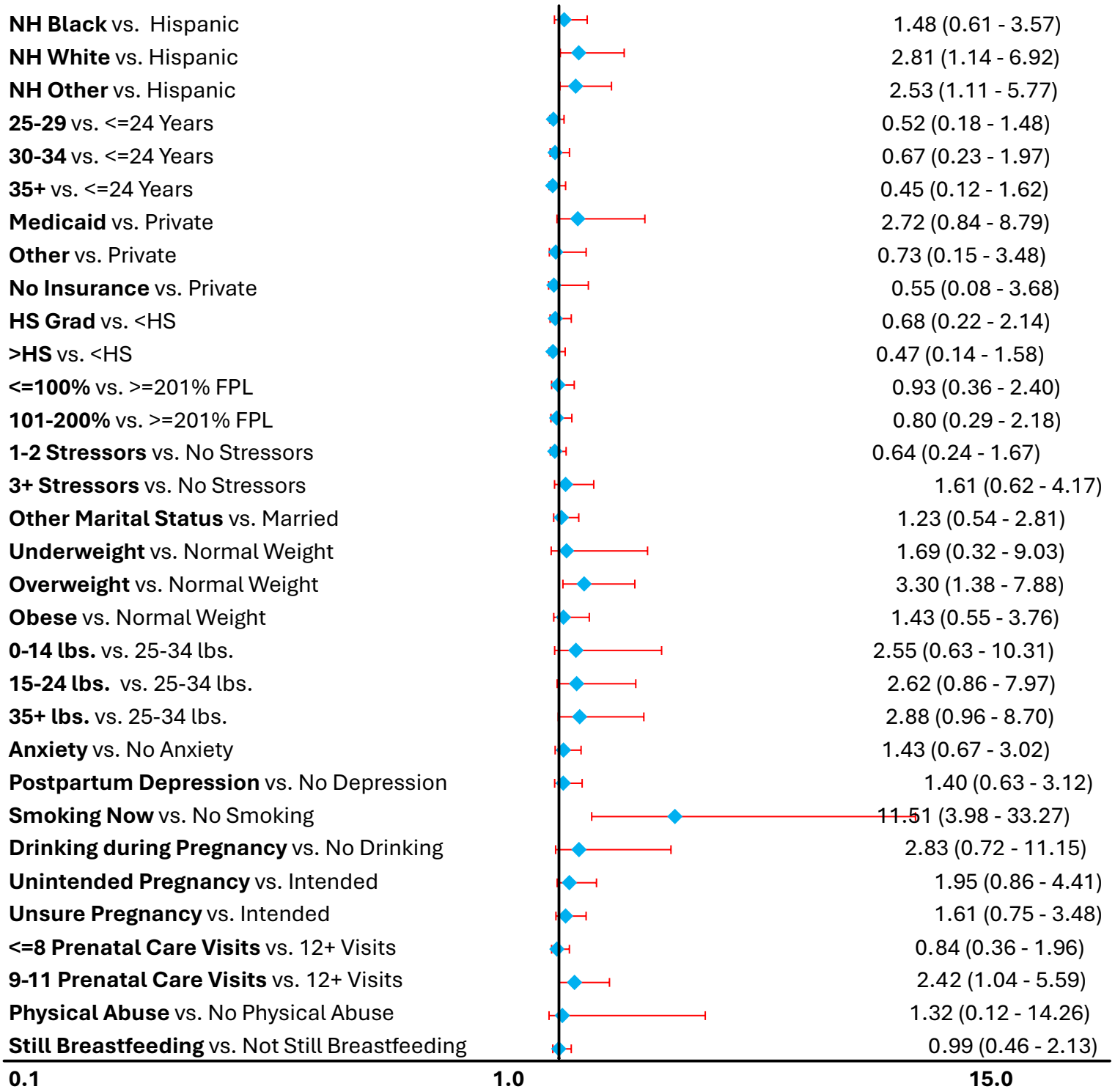
Bar Chart of Prevalence by Demographics



CONNECTICUT
Public Health

Perception That Cannabis Use was Not Harmful to Baby's Health During Pregnancy

Dot Plot of Adjusted Generalized Linear Model Results (ORs and 95% CIs)



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Public Health

Perception That Cannabis Use was Not Harmful to Baby's Health During Pregnancy

Summary of Findings

Prevalence
8% (approximately 2,400 women in Connecticut) had the perception that cannabis use was not harmful to baby's health during pregnancy.

Bivariate/Unadjusted Comparisons
Bivariate analyses suggest Medicaid insurance (relative to private insurance), 3+ stressors (relative to zero stressors, and 1-2 stressors), 15 – 24 lbs. and 35+ lbs. (relative to 25-34 lbs.), anxiety, smoking status, and unsure pregnancy intention (relative to intended pregnancy) were all associated with the perception that cannabis use was not harmful to baby's health during pregnancy.

Generalized Linear Model
The model controlled for race and ethnicity, maternal age, insurance, education, federal poverty level, 3+ stressors, marital status, pre-pregnancy BMI, gestational weight gain, anxiety, postpartum depression, smoking status, drinking status, pregnancy intention, prenatal care visits, physical abuse, and still breastfeeding. Adjusting for covariates, the model reveals that NH White, NH Other, pre-pregnancy overweight BMI, smoking behavior after pregnancy, and 9 to 11 prenatal care visits were strong positive predictors of the perception that cannabis use was not harmful to baby's health during pregnancy.

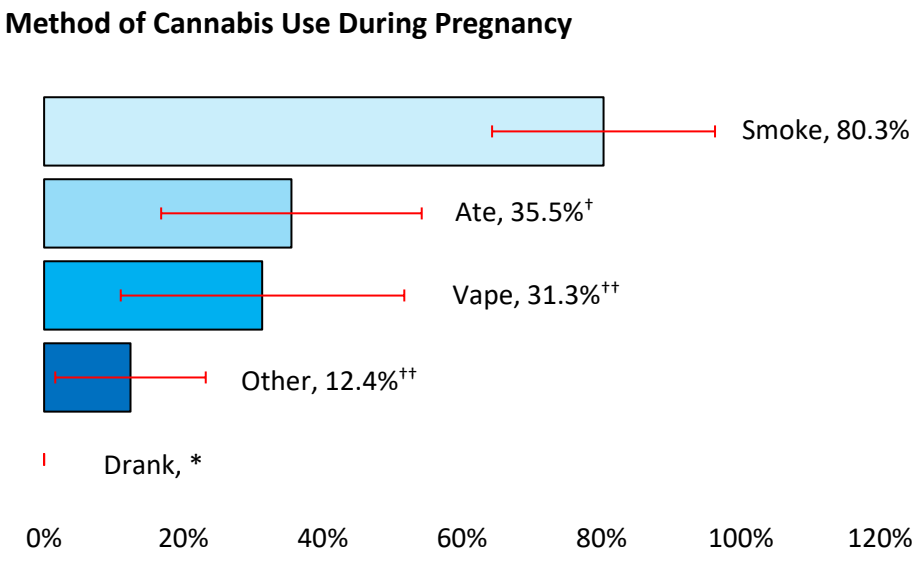
Limitations
Of 2,367 total respondents, there were 1,145 with responses to the outcome variable. 923 respondents had
responses to all relevant variables and were included in the model. Missing responses may increase the size of confidence intervals around estimates obtained from the data, which may limit the ability to detect differences between subgroups. Missingness may or may not be at random and any bias introduced by respondents skipping certain questions may affect the results of the analysis.

Conclusion
Among women in Connecticut, perception that cannabis use was not harmful to baby's health during pregnancy was associated with race, and ethnicity, pre-pregnancy BMI, smoking behavior after pregnancy, and prenatal care visits.

Method of Cannabis Use During Pregnancy

Method	Percentage	95% CI		N	RSE
Smoke	80.3	64.3	96.3	1,100	10.2
Ate	35.5†	16.8	54.2	500	26.9
Vape	31.3††	11.0	51.7	400	33.2
Other	12.4††	1.6	23.2	200	44.4
Drank	*	*	*	*	58.8

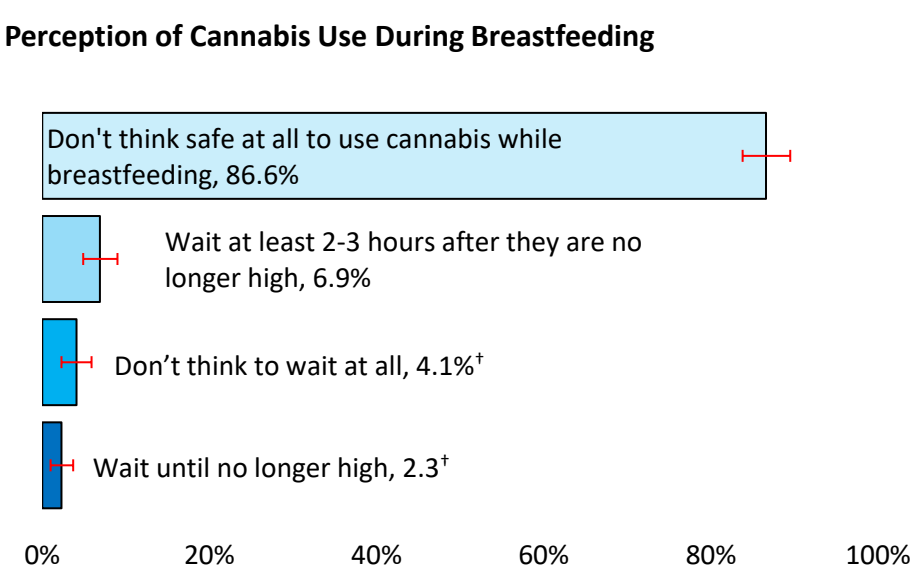
Bar Chart of Prevalence by Demographics



Perception of Cannabis Use During Breastfeeding

Perception	Percentage	95% CI		N	RSE
Don't think safe at all to use cannabis while breastfeeding	86.6	83.8	89.5	25,400	1.7
Wait at least 2-3 hours after they are no longer high	6.9	4.9	9.0	2,000	14.9
Don't think to wait at all	4.1†	2.3	5.9	1,200	22.3
Wait until no longer high	2.3†	1.0	3.7	700	29.1

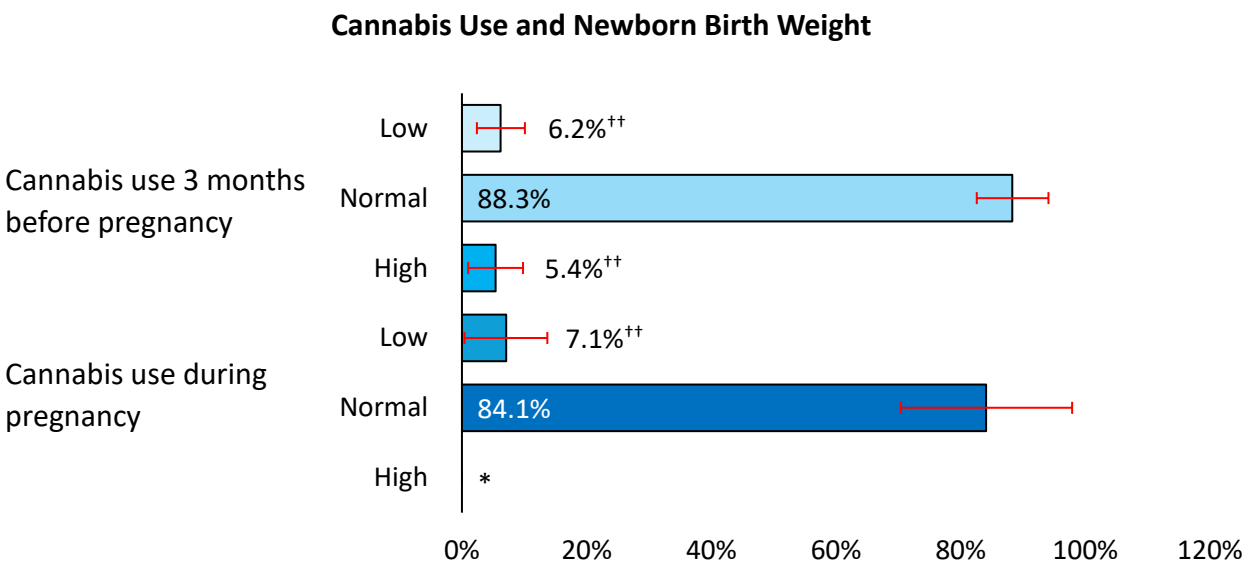
Bar Chart of Prevalence by Demographics



Cannabis Use and Newborn Birth Weight

Cannabis Use	Birth Weight	Percentage	95% CI		N	RSE
Cannabis use 3 months before pregnancy	Low	6.2††	2.4	10.1	300	31.4
	Normal	88.3	82.6	94.1	4,200	3.3
	High	5.4††	1.0	9.8	300	41.5
Cannabis use during pregnancy	Low	7.1††	0.4	13.7	100	47.8
	Normal	84.1	70.4	97.9	1,000	8.3
	High	*	*	*	*	70.8

Bar Chart of Prevalence by Demographics



Appendix A: Survey Questions

Topic	Question Text
Cannabis use around pregnancy	During any of the following time periods, did you use cannabis in any form? Please do not include CBD-only (Cannabidiol).
Before pregnancy	During the 3 months before I got pregnant
During pregnancy	During my most recent pregnancy
After pregnancy	Since my new baby was born
Prenatal care counselling questions	During any of your prenatal care visits, did a doctor, nurse, or other health care worker do any of the following things?
Asked about cannabis use	Ask me if I was using cannabis
Recommended cannabis use	Recommend that I use cannabis for any reason
Advised not to use cannabis	Advise me not to use cannabis
Advised not to breastfeed while using cannabis	Advise me not to breastfeed my baby while using cannabis
Reason for cannabis use during pregnancy	Why did you use cannabis during pregnancy?
Nausea	To relieve nausea
Vomiting	To relieve vomiting
Stress or anxiety	To relieve stress or anxiety
Depression	To relieve depression
Sleep	To help me sleep
Chronic condition	To relieve symptoms of a chronic condition
Pain	To relieve pain
Relax	For fun or to relax
Method of cannabis use	During your most recent pregnancy, how did you use cannabis?
Smoke	Smoked it
Ate	Ate it
Drank	Drank it
Vape	Vaporized it
Dab	Dabbed it
Other	Other
Perception of cannabis use during breastfeeding	How long do you think it is necessary for a person to wait after using cannabis before breastfeeding or pumping milk for their baby?
Don’t wait at all	I don’t think they need to wait at all
Wait until no longer high	I think it is best to wait until they are no longer high
Wait at least 2-3 hours after they are no longer high	I think it is best to wait at least 2-3 hours after they are no longer high
Don't think safe at all to use cannabis while breastfeeding	I don’t think it is safe to use cannabis at all while breastfeeding or pumping breast milk
Perception of cannabis use during pregnancy	Do you think using cannabis during pregnancy could be harmful to a baby’s health?
Not harmful to baby’s health	No
Harmful to baby’s health	Yes

Appendix B: Statistical Methods

Software:	SAS Enterprise Guide version 7.15 (7.100.5.585), connected to a SAS 9.4 (Maintenance 5) platform
Percentage	proc surveyfreq
CV	proc surveyfreq
95% CI	proc surveyfreq
N	proc surveyfreq (rounded to nearest 100)
Model	proc surveylogistic