KENTUCKY INJURY PREVENTION AND RESEARCH CENTER

Emergency Department Encounters and Inpatient Hospitalizations with Cannabis-Related Diagnoses among Kentucky Residents, 2018–2025

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Executive Summary

- Cannabis-related emergency department encounters, including outpatient Emergency Department records and inpatient hospitalizations admitted through the ED, reached **23,909** in 2025 (a rate of **544.9 per 100,000 residents**), the highest annual number of the reporting period. Encounters increased **1.3%** from 2024 and **32.7%** from 2018.
  - The percentage of cannabis-related encounters classified as inpatient hospitalizations admitted through the ED decreased from **45.7%** in 2018 to **33.7%** in 2025.

- Cannabis hyperemesis syndrome (CHS), a condition associated with long-term cannabis use and characterized by recurring nausea and vomiting, accounted for **1.9%** of cannabis-related encounters in 2018 and **7.9%** in 2024. In 2025, CHS accounted for **11%** of encounters.

- From 2024 to 2025, selected cannabis-related emergency department encounter indicators showed the following changes:
  - Cannabis poisoning encounters decreased **6.3%**;
  - Adverse effect of cannabis encounters decreased **18.3%**;
  - Cannabis withdrawal-related encounters increased **66.7%**;
  - Cannabis with other and unspecified cannabis-induced disorders increased **15.8%**.

- Residents aged **25 and older** accounted for the largest number of cannabis-related encounters in 2025 (**17,666**; **73.9%** of all encounters).
  - Among all cannabis-related encounters in 2025, **male** residents accounted for **54.9%** of encounters by sex and **non-Hispanic White** residents accounted for **76.3%** of encounters by race and ethnicity.

- Among Kentucky residents aged 0–17 years, **1,964** cannabis-related encounters were identified in 2025.
  - Residents aged 13–17 years accounted for **88.3%** of pediatric cannabis-related encounters, while children aged 0–12 years accounted for **11.7%**.
  - There were **195** cannabis poisoning encounters among residents aged 0–17 years in 2025.

- **Whitley County** had the highest county-level age-adjusted rate of cannabis-related encounters in 2025 (**1,541.2 per 100,000**), followed by **McCracken County** (**1,150.1 per 100,000**).

Table 1. Statewide Counts and Age-Adjusted Rates of Cannabis-Related Emergency Department Encounters among Kentucky Residents, 2018–2025

Indicator	Year	Count	Age-adjusted rate per 100,000
Any cannabis-related encounter †	2018	18,016	424.5
	2019	19,350	455.7
	2020	19,627	461.8
	2021	21,648	508.7
	2022	21,914	509.5
	2023	23,233	536.7
	2024	23,599	538.0
	2025	23,909	544.9
Cannabis abuse, dependence, and unspecified use with intoxication	2018	568	13.7
	2019	397	9.5
	2020	552	13.2
	2021	494	11.8
	2022	522	12.3
	2023	769	18.0
	2024	840	19.4
	2025	762	17.5
Cannabis poisoning	2018	377	9.2
	2019	352	8.4
	2020	333	8.0
	2021	326	7.9
	2022	263	6.2
	2023	411	9.8
	2024	528	12.5
	2025	495	11.7
Synthetic cannabis poisoning ‡	2021	*	**
	2022	43	1.0
	2023	64	1.5
	2024	70	1.7
	2025	57	1.3
Adverse effect of cannabis	2018	96	2.2
	2019	109	2.6
	2020	88	2.1
	2021	108	2.5
	2022	151	3.5
	2023	273	6.2
	2024	317	7.2
	2025	259	5.8

Table 1 (Cont'd). Statewide Counts and Age-Adjusted Rates of Cannabis-Related Emergency Department Encounters among Kentucky Residents, 2018–2025

Indicator	Year	Count	Age-adjusted rate per 100,000
Cannabis with psychotic disorder	2018	153	3.8
	2019	138	3.3
	2020	179	4.4
	2021	157	3.8
	2022	141	3.4
	2023	127	3.1
	2024	184	4.4
	2025	164	3.9
Cannabis with other and unspecified cannabis-induced disorders	2018	686	16.6
	2019	633	15.4
	2020	613	14.6
	2021	475	11.3
	2022	552	13.1
	2023	592	13.8
	2024	822	19.0
	2025	952	22.0
Cannabis withdrawal-related encounter	2018	*	**
	2019	15	0.4^
	2020	24	0.6
	2021	37	0.8
	2022	27	0.7
	2023	45	1.0
	2024	36	0.8
	2025	60	1.4
Cannabis hyperemesis syndrome §	2018	338	8.0
	2019	386	9.4
	2020	734	17.6
	2021	1,166	27.7
	2022	1,212	28.7
	2023	1,437	33.7
	2024	1,876	43.7
	2025	2,622	61.0

**Counts greater than zero but less than or equal to 10 are suppressed in accordance with Kentucky state data management policy.*

***Rates based on counts less than or equal to 10 are suppressed.*

^Rates based on counts less than 20 are unstable and should be interpreted with caution.

† Cannabis-related encounters include emergency department encounters and inpatient hospitalizations admitted through the emergency department with any F12 diagnosis, a qualifying T40.7 diagnosis, or a diagnosis meeting the cannabis hyperemesis syndrome definition. These diagnoses show that cannabis use or a cannabis-related condition was documented. They do not show that cannabis caused the visit. From 2018 to 2025, 7.5% of these encounters had a cannabis-related principal diagnosis, while 92.5% had another principal diagnosis. This indicator is best used to follow trends over time, not to estimate the absolute burden of cannabis-related harm.

‡ The first full calendar year for which the ICD-10-CM code for synthetic cannabis poisoning was available was 2021.

§ ICD-10-CM code R11.16 is specific to cannabis hyperemesis syndrome and is included when present in any diagnosis position.

Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. Data sources: Kentucky Outpatient Services Database Files and Inpatient Hospitalization Claims Files, Office of Data Analytics, Cabinet for Health and Family Services. Data extracted October 2026. Data are provisional and subject to change.

Table 2. Emergency Department (ED) Encounters and Inpatient Hospitalizations Admitted Through the ED for Selected Cannabis-Related Indicators among Kentucky Residents, 2018–2025

Indicator	Year	ED encounters	Inpatient hospitalizations	Percent inpatient (%)
Any cannabis-related encounter †	2018	9,791	8,225	45.7
	2019	11,509	7,841	40.5
	2020	11,029	8,598	43.8
	2021	12,402	9,246	42.7
	2022	13,788	8,126	37.1
	2023	15,720	7,513	32.3
	2024	15,517	8,082	34.2
	2025	15,841	8,068	33.7
Cannabis abuse, dependence, and unspecified use with intoxication	2018	468	100	17.6
	2019	341	56	14.1
	2020	478	74	13.4
	2021	435	59	11.9
	2022	471	51	9.8
	2023	692	77	10.0
	2024	769	71	8.5
	2025	693	69	9.1
Cannabis poisoning	2018	277	100	26.5
	2019	233	119	33.8
	2020	219	114	34.2
	2021	254	72	22.1
	2022	210	53	20.2
	2023	326	85	20.7
	2024	435	93	17.6
	2025	395	100	20.2
Cannabis hyperemesis syndrome §	2018	303	35	10.4
	2019	351	35	9.1
	2020	669	65	8.9
	2021	1,076	90	7.7
	2022	1,135	77	6.4
	2023	1,356	81	5.6
	2024	1,783	93	5.0
	2025	2,426	196	7.5

This table separates included encounters into outpatient ED records and inpatient hospitalizations admitted through the ED. Percent inpatient is the percentage of all included encounters classified as inpatient hospitalizations admitted through the ED.

† Cannabis-related encounters include emergency department encounters and inpatient hospitalizations admitted through the emergency department with any F12 diagnosis, a qualifying T40.7 diagnosis, or a diagnosis meeting the cannabis hyperemesis syndrome definition. These diagnoses show that cannabis use or a cannabis-related condition was documented. They do not show that cannabis caused the visit. From 2018 to 2025, 7.5% of these encounters had a cannabis-related principal diagnosis, while 92.5% had another principal diagnosis. This indicator is best used to follow trends over time, not to estimate the absolute burden of cannabis-related harm.

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Table 3. Kentucky Counties with the Highest Age-Adjusted Rates of Any Cannabis-Related Emergency Department Encounters†, 2025

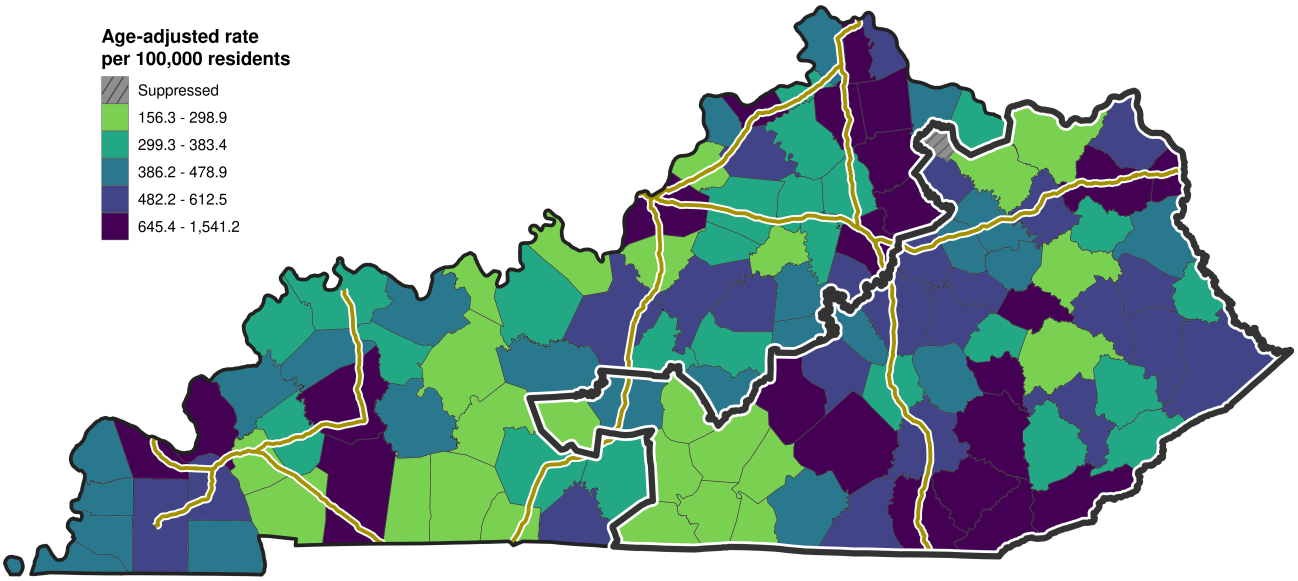
Rank	Kentucky county	Number of encounters	Age-adjusted rate per 100,000 residents
1	Whitley	535	1,541.2
2	McCracken	698	1,150.1
3	Boyd	493	1,070.1
4	Bourbon	182	998.1
5	Knox	239	904.4
6	Casey	126	879.0
7	Harlan	188	859.3
8	Clay	159	858.4
9	Carroll	87	849.4
10	Livingston	64	827.2

† *Cannabis-related encounters include emergency department encounters and inpatient hospitalizations admitted through the emergency department with any F12 diagnosis, a qualifying T40.7 diagnosis, or a diagnosis meeting the cannabis hyperemesis syndrome definition. These diagnoses show that cannabis use or a cannabis-related condition was documented. They do not show that cannabis caused the visit. From 2018 to 2025, 7.5% of these encounters had a cannabis-related principal diagnosis, while 92.5% had another principal diagnosis. This indicator is best used to follow trends over time, not to estimate the absolute burden of cannabis-related harm.*

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Figure 1. County-Level Age-Adjusted Rate of Any Cannabis-Related Emergency Department Encounter among Kentucky Residents, 2025

Dark outlined boundary denotes Appalachian Region
Gold lines with white border denote major Interstate corridors



Counts and rates greater than zero but less than or equal to 10 are suppressed. Rates based on counts less than 20 are unstable and should be interpreted with caution. Major Interstate corridors shown: I-24, I-64, I-65, I-69, I-71, and I-75. Produced by the Kentucky Injury Prevention and Research Center as bona fide agent for the Kentucky Department for Public Health. Data sources: Kentucky Outpatient Services Database Files and Inpatient Hospitalization Claims Files, Office of Data Analytics, Cabinet for Health and Family Services. Data extracted September 2026. Data are provisional and subject to change.

Table 4. Count of Cannabis-Related Emergency Department Encounters among Kentucky Residents by Age Group, Sex, and Race, 2018–2025

Indicator		Age Group		
	Year	<18	18–24	25+
Any cannabis-related encounter †	2018	896	3,384	13,736
	2019	1,122	3,533	14,695
	2020	948	3,686	14,993
	2021	1,207	4,081	16,360
	2022	1,482	4,076	16,356
	2023	1,928	4,314	16,991
	2024	1,960	4,275	17,364
	2025	1,964	4,279	17,666
		Sex		
	Year	Female	Male	
	2018	6,974	11,042	
	2019	7,591	11,759	
	2020	7,580	12,047	
	2021	8,757	12,887	
	2022	9,214	12,699	
	2023	9,926	13,301	
	2024	10,409	13,187	
	2025	10,787	13,120	
		Race		
	Year	Non-Hispanic Black	Non-Hispanic White	Hispanic	Other
	2018	3,915	13,702	224	175
	2019	4,284	14,631	274	161
	2020	4,329	14,802	300	196
	2021	4,874	16,165	360	249
	2022	4,536	16,696	441	241
	2023	4,899	17,440	614	280
	2024	4,672	18,047	600	280
	2025	4,719	18,249	654	287

Indicator		Age Group		
	Year	<18	18–24	25+
Cannabis abuse, dependence, and unspecified use with intoxication	2018	53	114	401
	2019	71	78	248
	2020	77	131	344
	2021	111	100	283
	2022	125	111	286
	2023	199	137	433
	2024	180	160	500
	2025	158	157	447
		Sex		
	Year	Female	Male	
	2018	185	383	
	2019	142	255	
	2020	205	347	
	2021	206	288	
	2022	242	280	
	2023	355	414	
	2024	351	489	
	2025	353	409	
		Race		
	Year	Non-Hispanic Black	Non-Hispanic White	Hispanic	Other
	2018	169	386	*	*
	2019	100	284	*	*
	2020	149	382	*	*
	2021	99	366	16	13
	2022	113	388	*	*
	2023	152	559	33	25
	2024	170	604	53	13
	2025	157	558	34	13

Table 4 (Cont'd). Count of Cannabis-Related Emergency Department Encounters among Kentucky Residents by Age Group, Sex, and Race, 2018–2025

Indicator		Age Group		
	Year	<18	18–24	25+
Cannabis poisoning	2018	37	65	275
	2019	42	84	226
	2020	41	74	218
	2021	86	72	168
	2022	89	42	132
	2023	148	58	205
	2024	212	62	254
	2025	195	59	241
		Sex		
	Year	Female	Male	
	2018	119	258	
	2019	136	216	
	2020	144	189	
	2021	150	176	
	2022	113	150	
	2023	177	233	
	2024	227	301	
	2025	243	252	
		Race			
	Year	Non-Hispanic Black	Non-Hispanic White	Hispanic	Other
	2018	108	257	*	*
	2019	70	263	*	*
	2020	83	237	*	*
	2021	73	233	*	*
	2022	45	199	*	*
	2023	74	307	*	*
	2024	108	360	45	15
	2025	85	375	22	13

Indicator		Age Group		
	Year	<18	18–24	25+
Synthetic cannabis poisoning ‡	2021	*	*	*
	2022	*	*	24
	2023	*	*	39
	2024	23	13	34
	2025	*	*	38
		Sex		
	Year	Female	Male	
	2021	*	*	
	2022	18	25	
	2023	16	48	
	2024	25	45	
	2025	19	38	
		Race			
	Year	Non-Hispanic Black	Non-Hispanic White	Hispanic	Other
	2021	*	*	0	0
	2022	12	31	0	0
	2023	14	43	*	*
	2024	20	45	*	*
	2025	*	45	*	0

Table 4 (Cont'd). Count of Cannabis-Related Emergency Department Encounters among Kentucky Residents by Age Group, Sex, and Race, 2018–2025

Indicator		Age Group		
	Year	<18	18–24	25+
Adverse effect of cannabis	2018	*	*	63
	2019	18	23	68
	2020	*	*	60
	2021	17	27	64
	2022	29	31	91
	2023	54	47	172
	2024	57	51	209
	2025	45	54	160
		Sex		
	Year	Female	Male	
	2018	39	57	
	2019	47	62	
	2020	42	46	
	2021	50	58	
	2022	75	76	
	2023	152	121	
	2024	174	143	
	2025	114	145	
		Race			
	Year	Non-Hispanic Black	Non-Hispanic White	Hispanic	Other
	2018	16	76	*	*
	2019	28	75	*	*
	2020	23	61	*	*
	2021	16	86	*	*
	2022	16	123	*	*
	2023	38	216	*	*
	2024	57	238	*	*
	2025	51	191	*	*

Indicator		Age Group		
	Year	<18	18–24	25+
Cannabis with psychotic disorder	2018	*	*	108
	2019	*	*	101
	2020	*	*	131
	2021	*	*	125
	2022	*	*	108
	2023	14	25	88
	2024	13	31	140
	2025	12	30	122
		Sex		
	Year	Female	Male	
	2018	54	99	
	2019	41	97	
	2020	63	116	
	2021	59	97	
	2022	62	79	
	2023	48	79	
	2024	61	123	
	2025	58	106	
		Race			
	Year	Non-Hispanic Black	Non-Hispanic White	Hispanic	Other
	2018	28	120	*	*
	2019	23	111	*	*
	2020	33	141	*	*
	2021	41	111	*	*
	2022	30	107	*	*
	2023	23	100	*	*
	2024	40	132	*	*
	2025	42	112	*	*

Table 4 (Cont'd). Count of Cannabis-Related Emergency Department Encounters among Kentucky Residents by Age Group, Sex, and Race, 2018–2025

Indicator		Age Group		
	Year	<18	18–24	25+
Cannabis with other and unspecified cannabis-induced disorders	2018	16	180	490
	2019	38	174	421
	2020	33	182	398
	2021	19	121	335
	2022	55	145	352
	2023	67	161	364
	2024	93	180	549
	2025	86	215	651
		Sex		
	Year	Female	Male	
	2018	277	409	
	2019	273	360	
	2020	275	338	
	2021	210	265	
	2022	303	249	
	2023	296	296	
	2024	392	430	
	2025	496	456	
		Race			
	Year	Non-Hispanic Black	Non-Hispanic White	Hispanic	Other
	2018	122	554	*	*
	2019	155	457	*	*
	2020	166	435	*	*
	2021	101	362	*	*
	2022	116	409	*	*
	2023	119	447	*	*
	2024	159	633	12	18
	2025	199	726	*	*

Indicator		Age Group		
	Year	<18	18–24	25+
Cannabis withdrawal-related encounter	2018	0	0	*
	2019	*	*	12
	2020	*	*	21
	2021	*	*	31
	2022	*	*	22
	2023	*	*	34
	2024	*	*	27
	2025	*	*	46
		Sex		
	Year	Female	Male	
	2018	*	*	
	2019	*	*	
	2020	13	11	
	2021	18	19	
	2022	*	22	
	2023	20	25	
	2024	17	19	
	2025	20	40	
		Race			
	Year	Non-Hispanic Black	Non-Hispanic White	Hispanic	Other
	2018	*	*	0	0
	2019	*	11	*	0
	2020	*	*	0	0
	2021	*	28	*	0
	2022	*	18	*	0
	2023	*	*	0	0
	2024	*	29	0	*
	2025	*	49	*	0

Table 4 (Cont'd). Count of Cannabis-Related Emergency Department Encounters among Kentucky Residents by Age Group, Sex, and Race, 2018–2025

Indicator		Age Group		
	Year	<18	18–24	25+
Cannabis hyperemesis syndrome §	2018	16	112	210
	2019	27	107	252
	2020	22	234	478
	2021	67	419	680
	2022	104	366	742
	2023	111	525	801
	2024	150	624	1,102
	2025	240	894	1,488
		Sex		
	Year	Female	Male	
	2018	163	175	
	2019	176	210	
	2020	347	387	
	2021	646	520	
	2022	646	565	
	2023	797	640	
	2024	1,094	782	
	2025	1,635	986	
		Race			
	Year	Non-Hispanic Black	Non-Hispanic White	Hispanic	Other
	2018	88	242	*	*
	2019	98	273	*	*
	2020	217	505	*	*
	2021	310	814	24	18
	2022	309	872	20	11
	2023	347	1,030	43	17
	2024	369	1,435	51	21
	2025	540	1,967	83	32

**Counts greater than zero but less than or equal to 10 are suppressed in accordance with Kentucky state data management policy. Additional counts may be censored when necessary to protect suppressed values and prevent back-calculation across related tables.*

† Cannabis-related encounters include emergency department encounters and inpatient hospitalizations admitted through the emergency department with any F12 diagnosis, a qualifying T40.7 diagnosis, or a diagnosis meeting the cannabis hyperemesis syndrome definition. These diagnoses show that cannabis use or a cannabis-related condition was documented. They do not show that cannabis caused the visit. From 2018 to 2025, 7.5% of these encounters had a cannabis-related principal diagnosis, while 92.5% had another principal diagnosis. This indicator is best used to follow trends over time, not to estimate the absolute burden of cannabis-related harm.

‡ The first full calendar year for which the ICD-10-CM code for synthetic cannabis poisoning was available was 2021.

§ ICD-10-CM code R11.16 is specific to cannabis hyperemesis syndrome and is included when present in any diagnosis position.

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Table 5. Count of Pediatric Cannabis-Related Emergency Department Encounters among Kentucky Residents by Age Group, 2018–2025

Indicator		Age Group		
	Year	0–5	6–12	13–17
Any cannabis-related encounter †	2018	*	*	880
	2019	*	*	1,091
	2020	22	23	903
	2021	49	37	1,121
	2022	64	38	1,380
	2023	108	85	1,735
	2024	157	109	1,694
	2025	134	95	1,735
Cannabis abuse, dependence, and unspecified use with intoxication	2018	*	*	51
	2019	*	*	67
	2020	*	*	68
	2021	*	*	95
	2022	*	*	105
	2023	18	16	165
	2024	15	14	151
	2025	13	18	127
Cannabis poisoning	2018	*	0	*
	2019	*	*	34
	2020	*	*	22
	2021	*	*	40
	2022	*	*	40
	2023	69	23	56
	2024	117	37	58
	2025	107	32	56

**Counts greater than zero but less than or equal to 10 are suppressed in accordance with Kentucky state data management policy. Additional counts may be censored when necessary to protect suppressed values and prevent back-calculation across related tables.*

† Cannabis-related encounters include emergency department encounters and inpatient hospitalizations admitted through the emergency department with any F12 diagnosis, a qualifying T40.7 diagnosis, or a diagnosis meeting the cannabis hyperemesis syndrome definition. These diagnoses show that cannabis use or a cannabis-related condition was documented. They do not show that cannabis caused the visit. From 2018 to 2025, 7.5% of these encounters had a cannabis-related principal diagnosis, while 92.5% had another principal diagnosis. This indicator is best used to follow trends over time, not to estimate the absolute burden of cannabis-related harm.

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Table 6. Fatalities with Cannabis Poisoning-Related Injury as a Contributing Cause¶ among Kentucky Residents by Age Group, Sex, and Race, 2018–2025

Indicator		Age Group		
	Year	<18	18–24	25+
Fatalities with cannabis poisoning as a contributing cause	2018	*	*	75
	2019	0	7	77
	2020	0	14	72
	2021	*	*	97
	2022	*	*	102
	2023	*	*	79
	2024	0	*	*
	2025	0	*	*
		Sex		
	Year	Female	Male	
	2018	22	65	
	2019	30	54	
	2020	16	70	
	2021	36	75	
	2022	44	78	
	2023	26	67	
	2024	22	54	
	2025	20	60	
		Race			
	Year	Non-Hispanic Black	Non-Hispanic White	Hispanic	Other
	2018	*	78	*	0
	2019	15	69	0	0
	2020	*	75	*	0
	2021	18	89	*	*
	2022	25	94	*	*
	2023	21	68	*	*
	2024	*	60	*	0
	2025	*	64	*	0

**Counts greater than zero but less than six are suppressed in accordance with state data management policy. Additional counts may be censored when necessary to protect suppressed values and prevent back-calculation across related tables.*

¶ Cannabis poisoning as a contributing cause of death was identified based on the presence of ICD-10 code T40.7 on the death certificate. Deaths identified in this manner likely involve other substances in addition to cannabis and may also include deaths induced by polysubstance overdose.

Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services. Data extracted October 2026. Data are provisional and subject to change.

Definitions

Fatalities with cannabis poisoning-related injury as a contributing cause include both drug overdose and non-overdose deaths.

Any cannabis-related encounter was defined as an emergency department encounter with any F12 diagnosis, an encounter meeting the cannabis hyperemesis syndrome definition, or a T40.7 diagnosis meeting the cannabis poisoning, synthetic cannabis poisoning, or adverse effect criteria listed below. This serves as a broad indicator of cannabis-related emergency department utilization. The specific cannabis-related indicators reported below are selected clinical subsets of this broad indicator and are not mutually exclusive or exhaustive. The cannabis abuse, dependence, and unspecified use with intoxication indicator was defined by the presence of ICD-10-CM codes F12.12, F12.22, or F12.92 using an any-mention approach. Cannabis poisoning was defined by the presence of ICD-10-CM code T40.7 with a 5th digit of X or 1, 6th digit of 1–4, and 7th digit of A or missing using an any-mention approach.

The presence of a cannabis-related diagnosis indicates that cannabis use or a cannabis-related condition was documented during the encounter. It does not establish that cannabis caused the visit. From 2018 to 2025, 7.5% of these encounters had a cannabis-related principal diagnosis, while 92.5% had another principal diagnosis. This broad indicator is therefore most useful for monitoring trends over time rather than estimating the absolute burden of cannabis-related harm.

The first full calendar year for which the ICD-10-CM code for synthetic cannabis poisoning was available was 2021. Cannabis hyperemesis syndrome was defined as either a principal diagnosis beginning with R11 together with any F12 or T40.7 code in the encounter, or an R11.16 diagnosis in any diagnosis position.

The specific cannabis-related indicators were identified using the following ICD-10 and ICD-10-CM code definitions, as applicable.

Indicator	ICD-10 / ICD-10-CM Code
Any cannabis-related encounter	Any F12 code; an encounter meeting the cannabis hyperemesis syndrome definition; or T40.7 meeting the cannabis poisoning, synthetic cannabis poisoning, or adverse effect criteria listed below
Cannabis abuse, dependence, and unspecified use with intoxication	F12.12, F12.22, or F12.92
Cannabis poisoning	T40.7 with a 5th digit of X or 1 and 6th digit of 1–4 and 7th digit of A or missing
Synthetic cannabis poisoning	T40.7 with a 5th digit of 2 and 6th digit of 1–4 and 7th digit of A or missing
Adverse effect of cannabis	T40.7 with a 6th digit of 5 and 7th digit of A or missing
Cannabis with psychotic disorder	F12 with a 5th digit of 5
Cannabis with other and unspecified cannabis-induced disorders	F12 with a 5th digit of 8 or 9
Cannabis withdrawal-related encounter	F12 with a 5th digit of 3
Cannabis hyperemesis syndrome	Principal diagnosis beginning with R11 plus any F12 or T40.7 code in the encounter; or R11.16 in any diagnosis position
Cannabis poisoning-related injury as a contributing cause of death	T40.7

Data Sources

Emergency department encounters: Kentucky Outpatient Services Database, Office of Data Analytics, Cabinet for Health and Family Services.

Inpatient hospitalization claims files: Kentucky Inpatient Services Database, Office of Data Analytics, Cabinet for Health and Family Services.

Deaths: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Population data: U.S. Census Bureau (2026). Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: April 1, 2020, to July 1, 2025.

Disclaimers

Data are provisional and subject to change. For nonfatal data, counts greater than zero but less than or equal to 10 are suppressed in accordance with Kentucky state data management policy. For mortality data, counts greater than zero but less than six are suppressed in accordance with state data management policy. Additional counts may be censored when necessary to protect suppressed values and prevent back-calculation across related tables.

Emergency department encounter counts include outpatient emergency department records and inpatient hospitalizations admitted through the emergency department. Counts represent encounters of care and may be greater than the number of individual patients treated.

The impact of the COVID-19 pandemic that started in 2020 should be considered when interpreting data and trend analyses.

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