

demographic factors. Pandemic experiences were assessed via the COVID-19 Exposure and Family Impact Survey (CEFIS) for AYA. The CEFIS exposure scale (range: 0–32) is the sum of COVID-19 related social and economic stressors, including direct COVID-19 experiences in family members. The CEFIS impact scale (range: 1–4) assesses the mean impact on personal, emotional and physical wellbeing and family interaction. Logistic regression was used to assess the association between past 12-month cannabis use and COVID-19 related exposure, impact, and distress, adjusting for age, sex, ethnicity, household composition, anxiety and depression. Analyses were performed on the total sample, and after stratifying the sample into general adolescent and subspecialty care groups given the potential for the pandemic to differentially affect AYA with underlying chronic conditions.

**Results:** Our sample was comprised of N=458 participants, including n=203 adolescents seen at an urban adolescent medicine clinic and n=255 youth with chronic medical conditions (YCMC), including type 1 diabetes, inflammatory bowel disease, and rheumatic disease, seen at specialty clinics. The mean score for CEFIS exposure was 9.2 (SD 3.9), CEFIS impact score was 2.9 (SD 0.6), and CEFIS distress score was 5.9 (SD 2.3). The average age of study participants was 19.3 years (SD: 1.6), 69% were female and 58.0% were white non-Hispanic. Compared to non-cannabis users, youth reporting past year cannabis use were older (19.7 vs 19.0,  $p < 0.001$ ), reported more past year alcohol use (90.7% vs 38.8%,  $p < 0.001$ ) and were more likely to screen positive for potential major depressive disorder (i.e. PHQ-2 score  $\geq 3$ ; 25.8% vs 12.7%,  $p < 0.001$ ) and anxiety disorder (i.e. GAD-2 score  $\geq 3$ ; 34.1% vs 21.7%,  $p = 0.003$ ). In unadjusted models, past 12-month cannabis use was significantly associated with the CEFIS impact (OR 1.75 95%CI: 1.25–2.46) and CEFIS Distress scale (OR 1.10 95%CI: 1.01–1.19) in the combined sample. When adjusting for covariates, the CEFIS scales were no longer significantly associated with past 12-month cannabis use. Past 12-month cannabis use was significantly associated with CEFIS impact among YCMC (adjusted OR 1.76 95%CI: 1.01–3.08), but not among AYA in the general adolescent medicine cohort (AOR 1.07 95%CI: 0.63–1.82).

**Conclusions:** Past year cannabis use was associated with the impact of the pandemic in YCMC but not in a general adolescent clinic population. Findings raise questions about whether the disruption in specialized treatment during the pandemic increased the potential for YCMC to use cannabis in an attempt to alleviate disease symptoms or side effects.

**Sources of Support:** Conrad N. Hilton Foundation, 18455.

## 190.

### WHAT DO YOU CONSIDER MARIJUANA USE? LIMITATIONS OF CURRENT SURVEILLANCE SYSTEMS TO MONITOR ADOLESCENT MARIJUANA USE

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**Purpose:** Adolescent health surveillance systems are critical for understanding patterns of marijuana use and generating data to evaluate changes in use following marijuana legalization and during the COVID-19 pandemic. The wording of survey questions may be misaligned with adolescents' language about marijuana use and the ways they consume it. Our objectives were to compare terminology

and prevalence of marijuana use between data from a local surveillance system and from a participatory research study.

**Methods:** To understand marijuana use trajectories over the course of adolescence/young adulthood, we conducted the "Model Building with Adolescents on Peers, Partners, and Substance Use" (MAPPS) study. MAPPS was IRB-approved and included participatory group model building (GMB) with youth in Baltimore City. MAPPS participants were recruited from a health clinic and through community partners. Participants' marijuana use was assessed with the eligibility screener, an enrollment survey, and through GMB exercises that were conducted over the course of four two-hour workshops. GMB exercises included structured activities with youth, including behavior over time graphs and documenting their mental models in real time. Two independent reviewers interpreted youths' graphed estimates of marijuana use. Lifetime and past 30-day marijuana use prevalence estimates from MAPPS were compared to estimates from the Baltimore Youth Risk Behavior Survey (YRBS), which is conducted in partnership with CDC's National YRBS program.

**Results:** MAPPS participants (n=20) had an average age of 18; 7 (35%) were male and 19 (95%) were Black. MAPPS participants almost exclusively used the terms weed and blunts for marijuana, whereas the Baltimore YRBS used the term marijuana, and mentioned that it was also called "pot, weed, or cannabis." Results from MAPPS revealed several discrepancies between different assessments of marijuana use; 100% reported lifetime use during GMB activities, whereas 50% (n=10) reported lifetime use on the eligibility screener and 60% (n=12) reported lifetime use on the enrollment survey. Collectively, MAPPS participants estimated that 86% of Baltimore 16-year-olds use marijuana, whereas data from the Baltimore YRBS indicate that 30.2% of eleventh graders report past 30-day use. MAPPS participants perceived that there was a high frequency of use among youth who use and explained that youth who "hit a blunt" off someone else, but who do not buy marijuana themselves, would be unlikely to self report as having used marijuana.

**Conclusions:** Our participatory research with urban, Black youth suggests that the terminology they use for marijuana (i.e., weed, blunt) differs from terms used in local surveillance (e.g., marijuana, pot). We also found that they would consider prevalence estimates from surveillance studies to be underestimated because youth who consume peers' blunts would not characterize themselves as having used marijuana. Therefore, surveillance questionnaires may be misestimating marijuana use due to discrepancies in terminology in questions versus in spoken language, and because collective use is not considered. Misestimations of use limit effective prevention programming, and bias studies that quantify changes in marijuana use following policy changes or during the pandemic. A more comprehensive understanding of patterns of marijuana use is an important step for improving surveillance, evaluation, and clinical assessment.

**Sources of Support:** NIH K01DA035387.

## 191.

### IMPACT OF COVID-19 RISK MITIGATION INTERVENTIONS ON DRUG OVERDOSE IN THE EMERGENCY DEPARTMENT AMONG ADOLESCENTS AND YOUNG ADULTS IN ST. PETERSBURG, FLORIDA

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