PREVENTING A BAD TRIP: MARIJUANA RELATED INJURY IN THE ERA OF RETAIL POT
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Statement of purpose In January 2014, retail marijuana facilities opened for business in the state of Colorado. The medical qualities of marijuana make injury prevention efforts more complicated than those for tobacco and alcohol. This presentation will discuss the public health response by Colorado’s Violence and Injury Prevention Branch and its partners to potential injury concerns including youth poisoning/unintentional consumption and adult overconsumption, driving under the influence of marijuana, hash-oil explosions, and ski-related injury.

Methods/Approach Preliminary data collected show an approximate 50% rise in rates of both marijuana-related hospital admissions and emergency department visits comparing 2010–2013 rates to the first six months of 2014. Additionally, poison control centre calls increased approximately 50% following non-medicinal marijuana’s entrance into the retail market. In response, state public health engaged stakeholders in a variety of approaches, including surveillance quality improvement to identify potential causes of the rise in marijuana reporting in hospitals, policy changes, education campaigns and other strategies to prevent unintentional poisoning and injury resulting from retail marijuana use.

Results Some of the recent public health successes include regulatory changes to limit the edible dosage, changes to childproof packaging and labelling of edibles, identification of documented health effects of marijuana supported in research, and mass reach education campaigns on safe storage. Challenges continue, including marijuana-impaired driving data collection. Hash-oil extractions have been traced to 26 explosions and related injuries in the first six months of 2014. A pilot project with a hospital serving ski resorts is underway to assess marijuana-related ski injury.

Conclusions The data and community concern over the initial rise in injuries caused by unintentional marijuana consumption and related impairment in youth and adults spurred the need for a public health response. State public health facilitates cooperative relationships across state and industry partners allowing responsive and effective change to state policy and supporting mass reach media campaigns to address public concern.

KEEPING OUR HEADS UP: EVOLVING LAW AND THE FUTURE OF POLICYMAKING TO ADDRESS TRAUMATIC BRAIN INJURY IN YOUTH SPORTS
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Statement of purpose The potential impact of traumatic brain injury (TBI) in youth sports on child/adolescent health is significant and nationwide. Participation in high school sports exceeded an estimated 7.7 million in 2012–2013. Sports are the leading cause of TBI in young people. Since 2009, all 50 states and D. C. passed legislation addressing youth sports TBIs. Legislatures are now revising and revising them in response to evolving knowledge and experience. This presentation explores the current legislative landscape related to youth sports TBI, amendments to state laws since initial passage, recent litigation, and implications for implementation of youth sports TBI laws and future policymaking.

Methods/Approach I performed the legislative and legal analyses that form the basis of this discussion using established legal research methodologies. I developed a Boolean search string and used a commercial legal database to capture all relevant state statutes, administrative regulations, enacted bills, and adopted rules related to youth sports TBI effective as of December 31, 2014. I recorded legal citation, specific provisions, and enactment and effective date. (An earlier version of this research is available on the Network for Public Health Law Web site at https://www.networkforphl.org/_asset/n7bm5m/Sports-Concussion-Table.pdf.)

Results Initially, the laws contained similar provisions with little policy experimentation, modelled after Washington’s Lystedt Law: parent/student athlete education, mandatory removal from play, and medical clearance to return to play. All of the laws focus on secondary prevention to mitigate the downstream effects of concussions. Twenty states have made substantive changes to their original laws – six more than once – and more states are likely to follow suit. These changes have centred around three major themes: expansion of applicability (7 states); streamlining/new provisions based on lessons learned from implementation, best practices, or evolving knowledge (19 states); and primary prevention/early detection (3 states).

Conclusions TBI policymaking will likely continue along this trajectory, with increasing efforts in primary prevention (e.g., full-contact limits), better/earlier detection (e.g., baseline testing or helmet sensors), and addressing needs of concussed student-athletes (e.g., “return-to-learn” protocols). Bukal v. IHSA, the first lawsuit brought by a class of former athletes against a state high school association for allegedly inadequate concussion protocols, raises interesting legal questions and implications for implementers. Does existence of statutory provisions protect high school associations from liability? Does a comprehensive law become impracticable and, therefore, less effective (e.g., requiring medical personnel on the sidelines of all high school football games)?

Significance and contribution to the field Youth sports TBI has emerged as a major public health issue in the U.S. All 50 states and D.C. have passed legislation to address the problem. While others have described TBI legislation as initially passed, the laws are still evolving as new research, lessons from implementation, and best practices emerge. Monitoring changes and developments in youth sports TBI statutes, regulations, and case law will: provide crucial information to injury policy researchers and evaluators for identifying which provisions are having the desired impact; inform future policymaking; and guide the increasing state government oversight of youth sports.