The data presented here *does not prove any causation.* The Medical Examiner has never list marijuana as the cause for death. What is presented here are observed phenomena (violent deaths and accidental overdoses) that include marijuana usage with in the last 30 days, over the course of two years collecting death data. The best way to compare data from time period to time period is by rates because populations change from year to year.

In 2002, a new federal surveillance system called the National Violent Death Reporting System (NVDRS) was initiated by the Centers for Disease Control and Prevention (CDC). The states of Massachusetts, Maryland, New Jersey, Oregon, South Carolina and Virginia were chosen to begin collecting data for entry into this reporting system. NVDRS has expanded several times to include new states, most recently the Connecticut Department of Public Health (CTDPH) was awarded CDC funds for 2014 for a 5-year period to establish the Connecticut Violent Death Reporting System (CTVDRS). In 2015 CTDPH began collecting data on violent deaths. Currently, all 50 states, Puerto Rico and Washington DC participate in NVDRS.

According to the NVDRS specifications, the definition of a violent death is as follows: a death that results from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community. The person using the force or power need only to have intended to use force or power; they need not to have intended to produce the consequence that actually occurred. According to this definition, violent deaths include suicides, homicides, deaths from legal intervention, terrorism, deaths of undetermined intent, and accidental firearms deaths.

The major sources of violent death data for CTVDRS are the Office of the Chief Medical Examiner (OCME) (autopsy, investigator, and toxicology data), death certificates from the CTDPH Office of Vital Records, and law enforcement reports that include Supplementary Homicide Reports from the Department of Emergency Services and Public Protection (DESPP), and the Connecticut State Police. The data from these reports include the circumstances of suicides (e.g. depression, relationship problems) and homicides (e.g. committed during a crime such as a robbery or intimate partner violence). From this data, CTVDRS and key stakeholders develop violence prevention efforts statewide.

The most complete toxicological data for CTVDRS is available for 2015 to 2017.

The intake of marijuana, whether smoking or ingesting it, can lead to loss of inhibition, judgment and cognitive processes. In addition to cognitive impairment and judgment after usage, one may become anxious, afraid or panicked.

From 2015-2017, there were 340 homicides in Connecticut. Marijuana (**positive blood test indicating usage within the last 30 days)** was the most frequent drug found in people that died from homicide. 31% (71 cases) tested positive for marijuana. **(in which marijuana was the only drug detected**) The combination of smoking marijuana and ingesting alcohol further heightens the effects of alcohol. If we include the combination of positive marijuana tests and alcohol, there are an additional 29 homicide deaths were observed. The highest rates for positive marijuana blood tests results occurred in 18 to 24 year old age group. For that age group there were 3.1 deaths per 100,000 CT population, followed by the 25-44 year old age group, 2.2 deaths per 100,000 CT population.

From 2015-2017, there were 1,590 suicides in Connecticut. 7 % (79 cases) had detectable amounts of marijuana in their blood. Once again the highest rates for positive marijuana blood tests results occurred in 18 to 24 year old age group, 2.4 deaths per 100,000 CT population, followed by the 25-44 year old age group, 1.5 deaths per 100,000 CT population.

CTDPH also collects data on unintentional poisonings (accidental drug overdoses). From 2015-2017 there were 2,692 deaths from unintentional poisonings. 21 % (557 cases) tested positive for marijuana. Unlike homicides and suicides, the highest death rates for unintentional poisonings occurred in 25-44 year old age group, 11.6 deaths per 100,000 CT population, followed by the 18-24 year old age group, 9.2 deaths per 100,000 CT population.