



# News From *The* NATION'S HEALTH

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## Protecting Public Health as Marijuana Legalization Grows

As recreational marijuana use becomes legal in more states, policymakers are adapting longtime tools for preventing substance misuse to safeguard public health, including protecting youths from harmful effects.

In June, Illinois joined 10 states and the District of Columbia in legalizing the recreational use of marijuana. Among its many measures, the new Illinois law sets taxes for marijuana sales, earmarking 20% of proceeds to mental health services and substance abuse programs and 2% to public education and safety campaigns. Health advocates have long supported using proceeds from sales of substances such as tobacco and alcohol to benefit public health, as well as regulations on additives, limits on potency, and advertising restrictions—all of which are used in Colorado, one of the first states to legalize recreational marijuana use.

As part of the legislation that legalized marijuana in the state, officials mandated that the Colorado Department of Public Health and Environment monitor changes in drug use patterns. As a result, the department publishes a monitoring report every 2 years, with its third report released in January 2019. Findings from the monitoring report shape education and outreach to Colorado residents.

In May 2018, the state launched its Responsibility Grows Here campaigns, which share information about potential risks for adolescents and pregnant and breastfeeding women and call on marijuana users to consume it responsibly. The campaigns also provide guidance for adults talking to adolescents about marijuana. Research shows that adolescents who do not have a trusted adult to talk to about problems are more likely to experiment with drugs and alcohol.

Other states that have legalized recreational marijuana are also working to deter youths' use. Washington's You Can campaign pairs helpful information about marijuana

and why adolescents should abstain with general life tips, such as how to organize a school locker. California's Let's Talk Cannabis campaign targets adults and high-priority populations, such as youths and pregnant and breastfeeding women.

Several states address equity and other social issues through their marijuana sales policies. Half of marijuana tax revenue in Alaska goes to programs designed to reduce repeat legal offenders. San Francisco, California, prioritizes giving dispensary licenses to those who have previous arrests related to minor marijuana incidents or have otherwise been affected by the war on drugs. And in Illinois, the state is expunging criminal records of some people convicted for marijuana offenses.

—Aaron Warnick

Read the full article in *The Nation's Health* at <http://thenationshealth.aphapublications.org/content/49/6/1.1>

## Maternal Death Rates High for Black Women

In general, the United States is doing poorly on maternal mortality, with a rate that has steadily risen in the past 2 decades and resulted in the worst maternal death rate in the industrialized world. Meanwhile, rates in other wealthy nations inch downward. According to the Centers for Disease Control and Prevention (CDC), about 700 US women die every year from pregnancy-related complications; nearly 60% of maternal deaths are preventable and most happen within 42 days of the woman giving birth.

The picture, however, is much worse for Black women, who experience maternal death rates that are 3 to 4 times higher than rates of White women. Recent CDC data show that the rate of pregnancy-related deaths among Black women is nearly 43 per 100,000 live births, versus 13 such deaths among White women. Black women's babies also have a mortality rate more than twice as high as that of White infants. Other women of color, especially American Indian and Alaska Native women, also experience seri-



Health advocates work to address maternal deaths and ensure that Black women have healthy lives with their babies.

Photo by Kate\_Sept2004, courtesy iStockphoto.

ous maternal death disparities, but the Black-White gap is the largest.

Over the past few years, the Black maternal death crisis has rightfully received more attention, support, and media coverage. Groups such as the Black Mamas Matter Alliance and its annual Black Maternal Health Week campaign, now in its second year, are raising public awareness and mobilizing cross-sector, grassroots action nationwide.

Many hospitals and health care systems are adopting new patient safety protocols to reduce the risk of maternal complications. Earlier this year, Congress formed the first Black Maternal Health Caucus, and last year lawmakers passed the Preventing Maternal Deaths Act, which directs more federal resources to collecting data on maternal death. But closing the maternal death gap is uniquely challenging, as research increasingly shows that the disparity is less an outcome of clinical practices than systemic racism and bias.

—Kim Krisberg

Read the full article in *The Nation's Health* at <http://thenationshealth.aphapublications.org/content/49/6/1.3-0>

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