Transforming Lives

Lessons Learned from Marijuana Legalization in Washington State

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St. George, UT

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Department of Social & Health Services
Division of Behavioral Health & Recovery

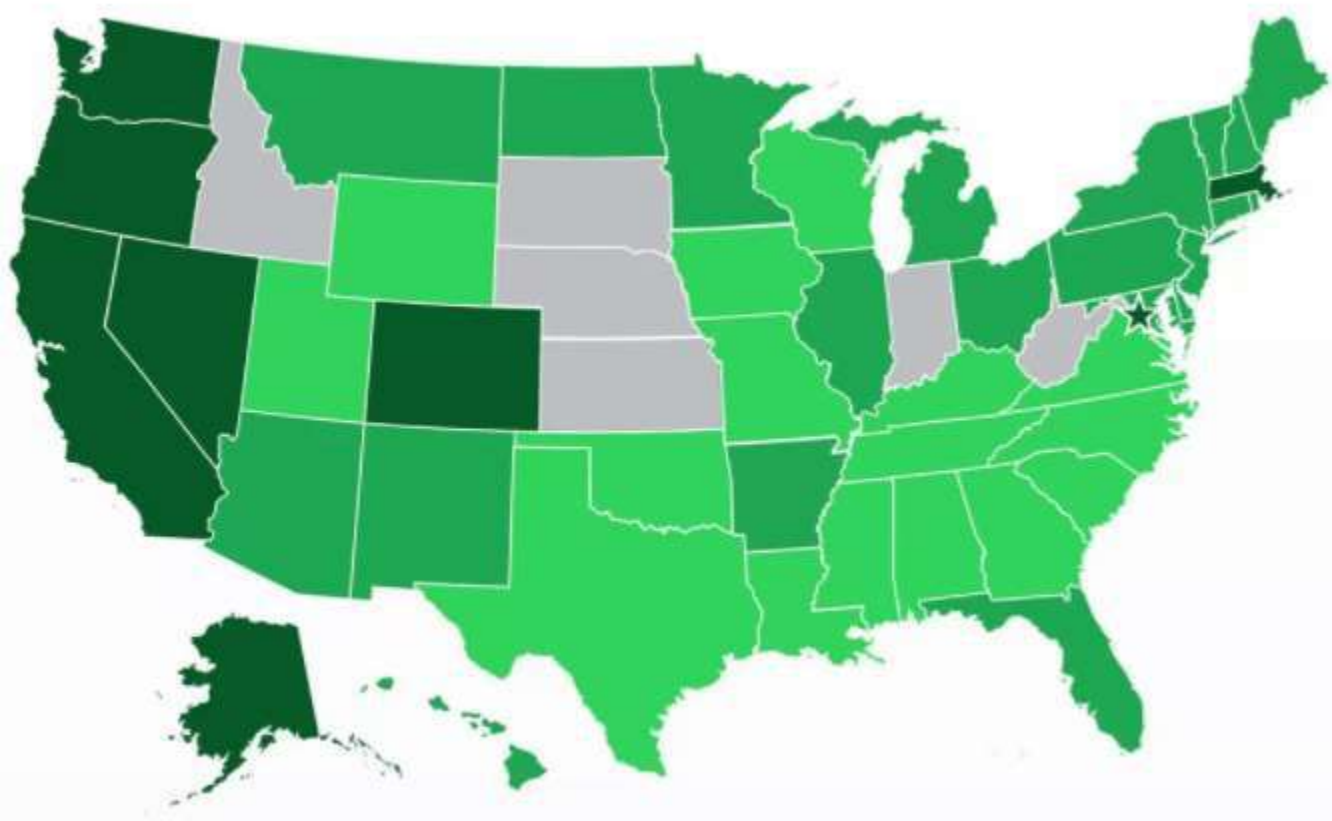
Washington State Department of Social & Health Services
Transforming lives

Marijuana Legalization

Outline

- Marijuana Legalization
- Washington's Laws and System
- Surveillance of Impacts
- Implementation of Prevention Strategies and Services
- Policies, Troubling Trends, Lessons Learned, and Successes

Marijuana Legalization by State



Recreational Marijuana

Alaska
California
Colorado
Massachusetts
Nevada
Oregon
Washington
Washington, D.C.

Medical Marijuana

Arizona
Arkansas
Connecticut
Delaware
Florida
Hawaii
Illinois
Maine
Maryland
Michigan
Minnesota
Montana
New Hampshire
New Jersey
New Mexico
New York
North Dakota
Ohio
Pennsylvania
Rhode Island
Vermont

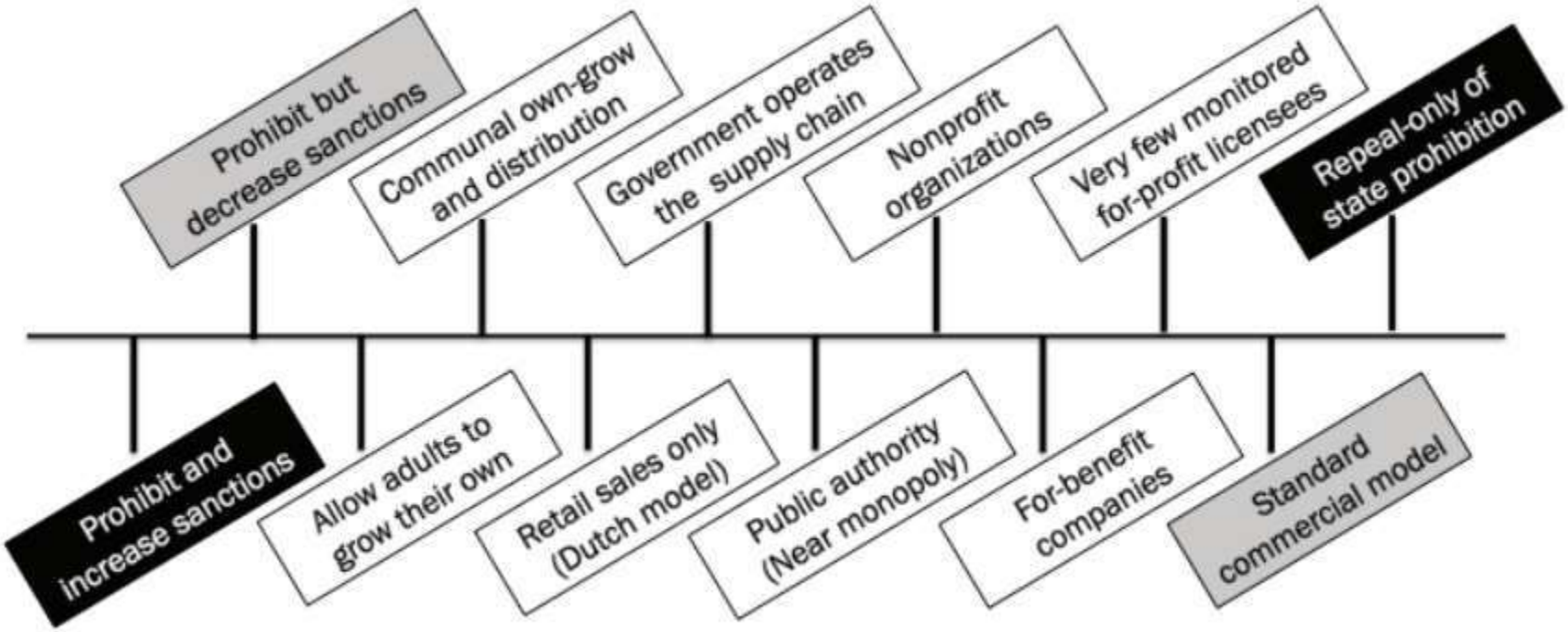
Limited Medical Marijuana*

Alabama
Georgia
Iowa
Kentucky
Louisiana
Mississippi
Missouri
North Carolina
South Carolina
Tennessee
Texas
Utah
Virginia
Wisconsin
Wyoming

 Source: National Conference of State Legislators. http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx

What is legalization?

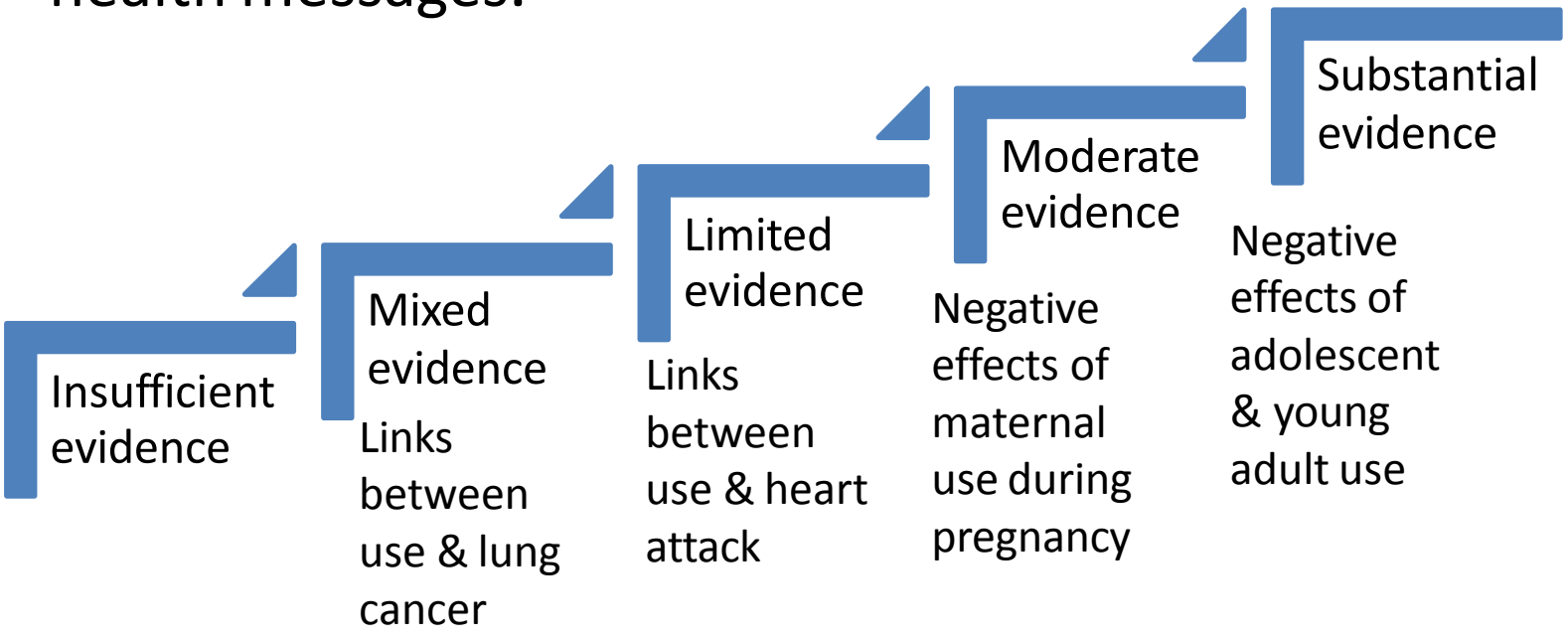
- Marijuana Legalization can refer to legalizing any or all of at least twelve different activities.



 Source: RAND Corp: Considering Marijuana Legalization in Vermont, Jonathan Caulkins PhD, January 16, 2015

Research: Level of Confidence in Adverse Effects of Marijuana

- Retail Marijuana Public Health Advisory Committee is responsible for reviewing scientific literature on health effects of marijuana → translating into public health messages.



www.colorado.gov/pacific/cdphe/retail-marijuana-public-health-advisory-committee

Washington State

- 7.1 million people
- 39 Counties
- 29 Federally Recognized Tribes
- Forest covers half of our land area
- Puget Sound islands are served by the largest ferry system in the United States
- Nation's largest apple and raspberry producer

Washington Marijuana Timeline

Nov. 1998 - Medical Use of Marijuana Act (I-692)	•Jul. 2011 - SB 5073 passed but partially vetoed
Nov. 2012 - Legalization of marijuana for recreational use(I-502)	•Jul. 2014 - Retail stores opened. Retail licenses issued –(508 as of 8/30/17) •Jul. 2015 – First distribution of funds •Sept. 2015 - Tribal Compacts
2015 Cannabis Patient Protection Act	•Jul. 2016 - Medical integration
Jul. 2017 – Advertising Laws Changed	•Allows for : Billboards with only name, location, logo, directions

TAXES AND FUNDING

Taxes

- Two taxes levied on all marijuana products:
  - 37% excise tax (highest in the country)
  - Sales tax between 8%-10%
  - Medical Compliant Products exempt from sales tax
  - $4.6 million in average daily sales as of April 2017

Forecasted MJ Tax Distribution

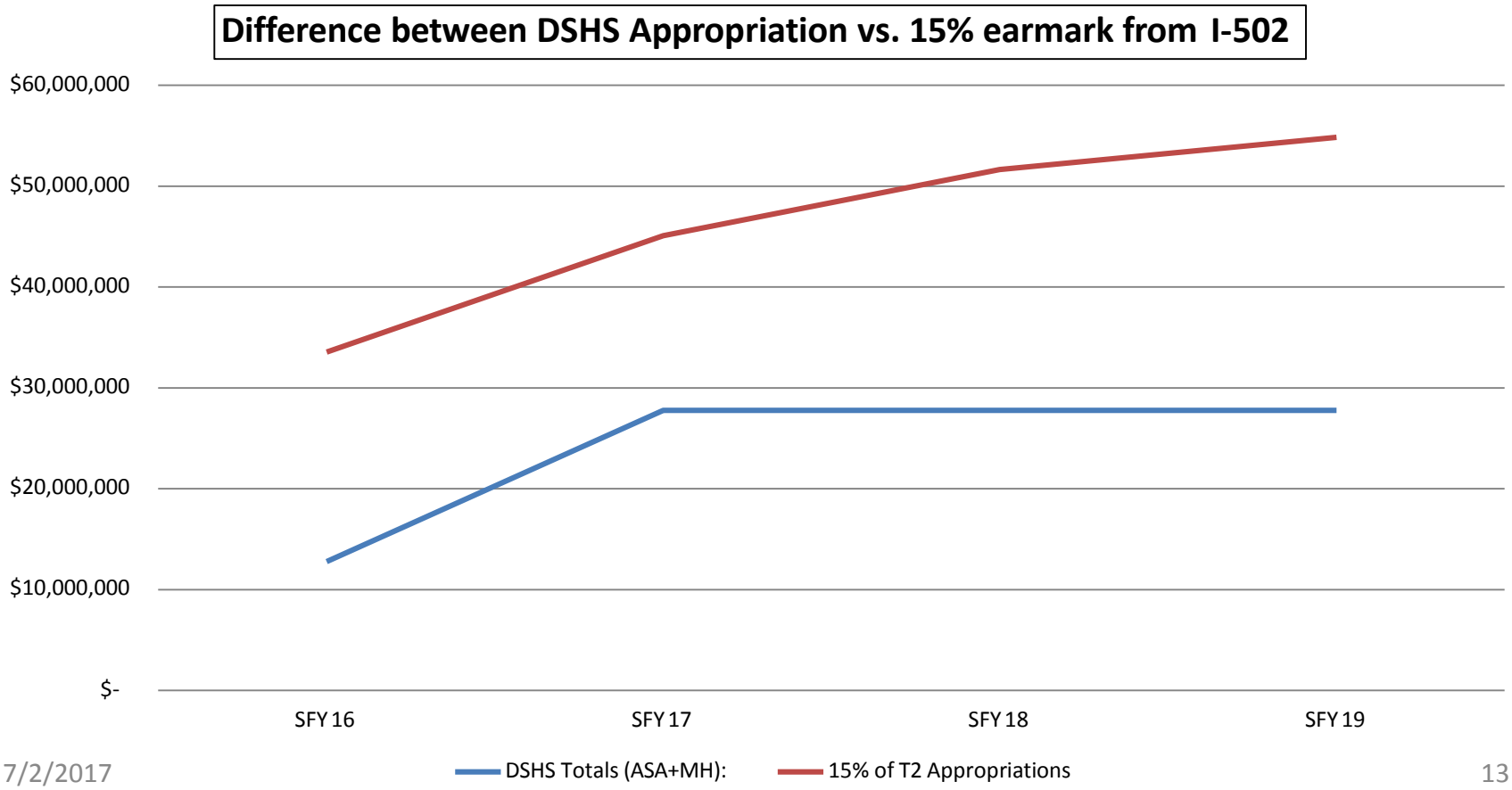
Table 3.18
Forecasted distribution of excise tax and license fees from cannabis sales
March 2017
Thousands of dollars

				Distribution of remaining funds						
Fiscal year	**Total of cannabis excise taxes plus license fees**	Administrative expenses and pre-distribution allotments	**Total to distribute**	DSHS substance abuse program	Dept. of Health cannabis education program	UW/WSU research	Basic Health Plan Trust Account	Health Care Authority community health centers	OSPI dropout prevention	**General Fund-State***
2015	**$67,486**	$22,074	**$45,412**	$5,166	$0	$0	$22,706	$2,271	$0	**$15,269**
2016	**$168,051**	$8,551	**$159,500**	$12,814	$7,500	$345	$79,750	$7,791	$251	**$51,049**
2017	**$291,861**	$9,201	**$282,660**	$27,786	$7,500	$345	$141,330	$12,979	$511	**$92,209**
2018	**$323,647**	$9,201	**$314,446**	$27,786	$9,750	$1,702	$157,223	$15,722	$511	**$101,752**
2019	**$350,132**	$9,201	**$340,931**	$27,786	$9,750	$1,702	$170,466	$17,047	$511	**$113,670**
2020	**$367,094**	$9,201	**$357,893**	$27,786	$9,750	$1,702	$178,947	$17,895	$511	**$121,303**
2021	**$380,774**	$9,201	**$371,573**	$27,786	$9,750	$1,702	$185,786	$18,579	$511	**$127,459**
Biennial totals										
2013-15	**$67,486**	$22,074	**$45,412**	$5,166	$0	$0	$22,706	$2,271	$0	**$15,269**
2015-17	**$459,911**	$17,752	**$442,159**	$40,600	$15,000	$690	$221,080	$20,770	$762	**$143,258**
2017-19	**$673,779**	$18,402	**$655,377**	$55,572	$19,500	$3,404	$327,688	$32,769	$1,022	**$215,422**
2019-21	**$747,868**	$18,402	**$729,466**	$55,572	$19,500	$3,404	$364,733	$36,473	$1,022	**$248,762**

*Before distributions to local governments

Funding Disbursements - DBHR

- Prevention appropriations have not kept up with I-502 earmarks.
- Of the funding DBHR receives, nearly 75% is supplanted



Funding Disbursements - DBHR

General

- HYS/Young Adult Survey
- Cost Benefit Analysis *(WA State Institute of Public Policy (WSIPP)*

SUD Services

- Tribal Prevention and Treatment Services
- Prevention and Treatment Evidence-Based Program/Practices (EBP) Training
- Youth Treatment Services
- JJRA Youth Treatment Services *(Juvenile Justice Rehabilitation Administration (JJRA)*
- Parent-Child Assistance Program
- Community Prevention Services - Community Prevention Wellness Incentive and Community Based Organizations
- Life Skills Training *(Office of Superintendent of Public Instruction (OSPI)*
- Home Visiting *(Dept. Early Learning (DEL)*

Other SUD and MH supplanting funds for services

Funding Disbursements - DBHR

2E2SHB 2136

- Up to Fifteen (15%) percent:
  - For development, implementation, maintenance, and evaluation of programs and practices aimed at the prevention or reduction of maladaptive substance use, substance-use disorder, substance abuse or substance dependence among middle school and high school age students.
    - Eighty-five percent (85%) of the funds must be directed to evidence-based or research-based programs and practices that produce objectively measurable result, and by September 1, 2020, are cost-beneficial.
    - Fifteen percent (15%) of the funds may be directed to proven and tested practices, emerging best practices or promising practices.

Funding Disbursements - DOH

$7.25 million of the dedicated marijuana account appropriation for fiscal years 2016 & 2017

"Provided solely for a marijuana education and public health program and for tobacco prevention activities that target youth and populations with a high incidence of tobacco use."

- **Media-based campaign-** General and Targeted Media Contracts
- **Marijuana Community Grants** – general population
- **Prioritized Population** Contractors
- **Helpline**

Washington State Department of Health

MEDICAL SYSTEM INTEGRATION

Medical System

- Unregulated medical marijuana from 1998 through 2016
- No licensure or permits
- Attempt to regulate in 2011 by Legislature. Governor vetoed most of the bill due to response from DOJ about prosecuting state workers.
- Sales taxes applied only after 2011 with loose enforcement
- No testing standards
- No registry
- Qualifying condition of “intractable pain”
- Could be authorized by any “health care professional” including “naturopaths”

2015 Cannabis Patient Protection Act

- SB 5052 Established:
  - Authorization from a Health Care Professional required for medical use
  - Registration database and recognition card
  - Medical Cooperatives
  - Medical Endorsement for Marijuana Retailers
  - Certified Consultant program
- 35% excise tax applies to all medical sales
- Authorization is required for all patients/providers
- Recognition Card is optional, but patients/provides benefit from:
  - No sales tax for recognition card (between 8%-10%)
  - May establish or become members of Cooperatives
  - Increased possession limits

ADVERTISING

Original Advertising

Prohibited:

- Images that might be appealing to children;
- Not within 1000ft of schools, parks, transit centers, etc.

– Allowed

- Depictions of products or plants
- Sign Spinners
- Inflatable Arm-Flailing Tubemen
- Any area not within 1000ft of restricted areas


CANNABIS FOR BEGINNERS
Safe, educational cannabis tours your Mother would enjoy. Experienced users also welcome! Tour includes visit to licensed grow site, rec shop visit, plus Cannabis 101 class & transportation.
$49
Call 206-566-8597 or visit EmeraldAmerica.com/edu for details & reservations.
No consumption on tour. 21+. Nov. Weekends


IM SO HIGH RIGHT MEOW
CLEARCHOICE CANNABIS


HERBAN LEGENDS
Legal Weed
DOWNTOWN SEATTLE
55 BELL ST
GRASSQUATCH SAYS:
$6 GRAMS AT HERBAN LEGENDS
206-849-5596


WASHINGTON
GOT WEED


$10 GRAMS
EVERY DAY!
421 LILLY


Summertime is Cinder Time
CINDER
Spokane
7011 N. Division
Spokane Valley
1421 N Mullan Road
SPOKANE'S PREMIER RECREATIONAL MARIJUANA RETAILER
LAMAR

New Advertising Restrictions:

Prohibits:

- Targeting to youth;
- Targeting to persons residing outside of Washington;
- Depictions that are likely to appeal to youth;
- Outdoors Ads that contain any depictions of marijuana plants, marijuana products, or
- In arenas, stadiums, shopping malls, fairs, farmers' markets, and video game
- No commercial mascots.

Allows for :

- **Billboards with only name, location, logo, directions**


GREEN STAR
CANNABIS™
1403 N. Division St.


the Herbery
PREMIUM CANNABIS
212 NE 164th Vancouver, WA


SMOKANE
SPOKANE, WA
MARIJUANA RETAILER
4 BLOCKS AHEAD
LEFT ON RALPH ST.
509.536.4000


KUSH MART
RECREATIONAL 21+


MARIJUANA!
WEST SEATTLE MARIJUANA
10825 Myers Way S
Seattle


RIGHT HERE!
dockside cannabis
MARIJUANA FOR EVERYONE 21+ | FREE PARKING

MARIJUANA EDIBLES

Requirements for Marijuana Edibles

- Childproof Packaging
- Preapproval for all edibles
- Warning symbols
- Warning messages
- Maximum dosage: 10mg THC per serving
- Products that are especially appealing to children are prohibited
- No gummies, cotton candy, lollipops, or bright colored products
- Warning Label applied to edibles (solid and liquid) became effective 2/14/17

Types of edibles not allowed in new system

What is allowed?

- All products must be out of reach of customers
- Childproof package with warning labels
- Dosage limits on packaging with test results
- Prior approval for all packaging and labeling

What is allowed?

- Muted colors and font characters
- No cartoons
- No gummies, cotton candy, Lolli pops

Still see lots of chocolate based products, mints, and some drinks.

Transforming Lives

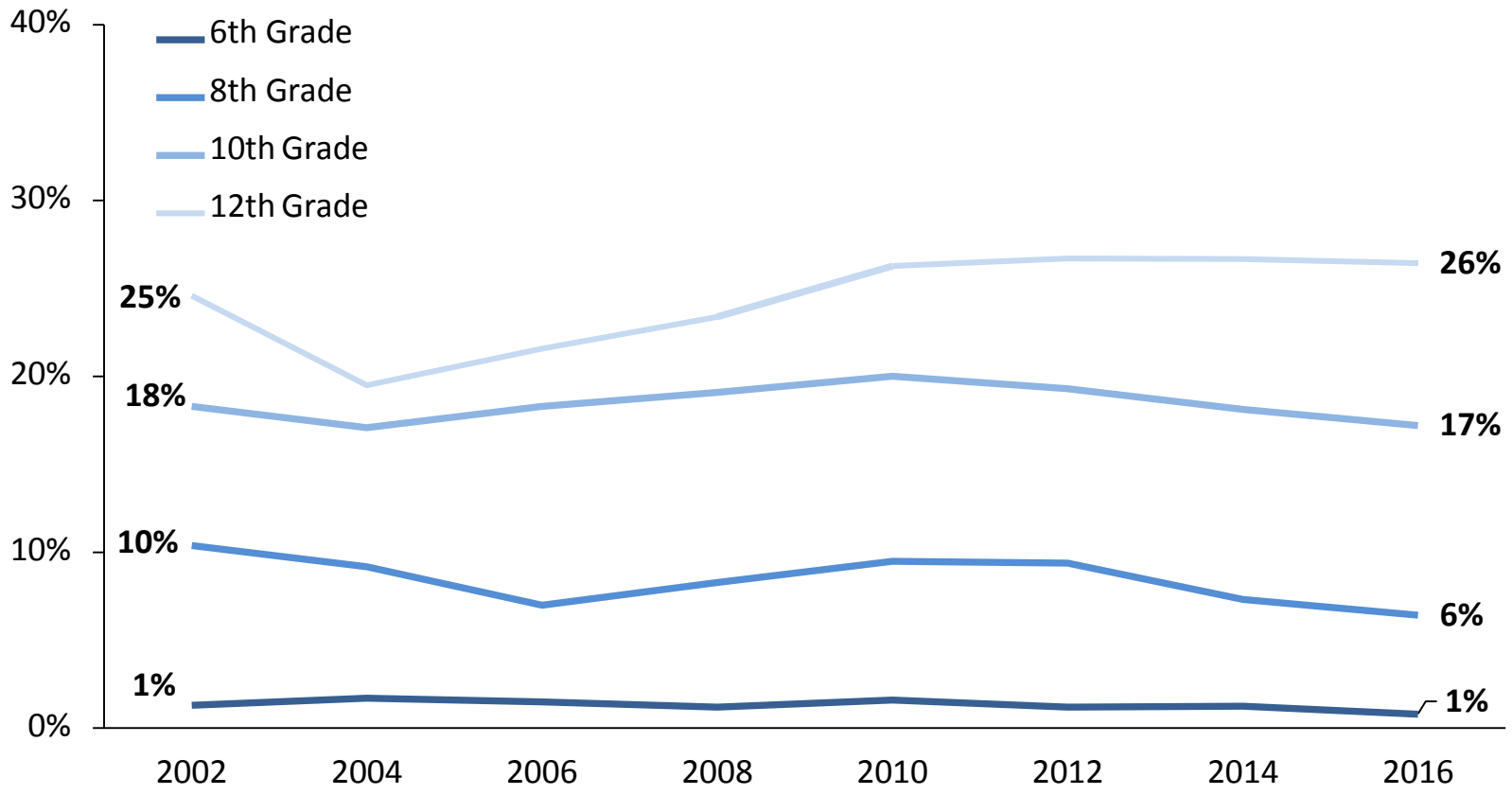
Surveillance Data

- Healthy Youth Survey – WA DSHS
- Young Adult Survey – Univ. of WA (CSHRB)
- Adult Survey - National Survey on Drug Use & Health
- Community Survey – WA DSHS
- WA Treatment – WA DSHS
- Traffic Fatalities – WA Traffic Safety Commission
- Poison Data - WA Poison Center

YOUTH, YOUNG ADULTS, AND ADULTS

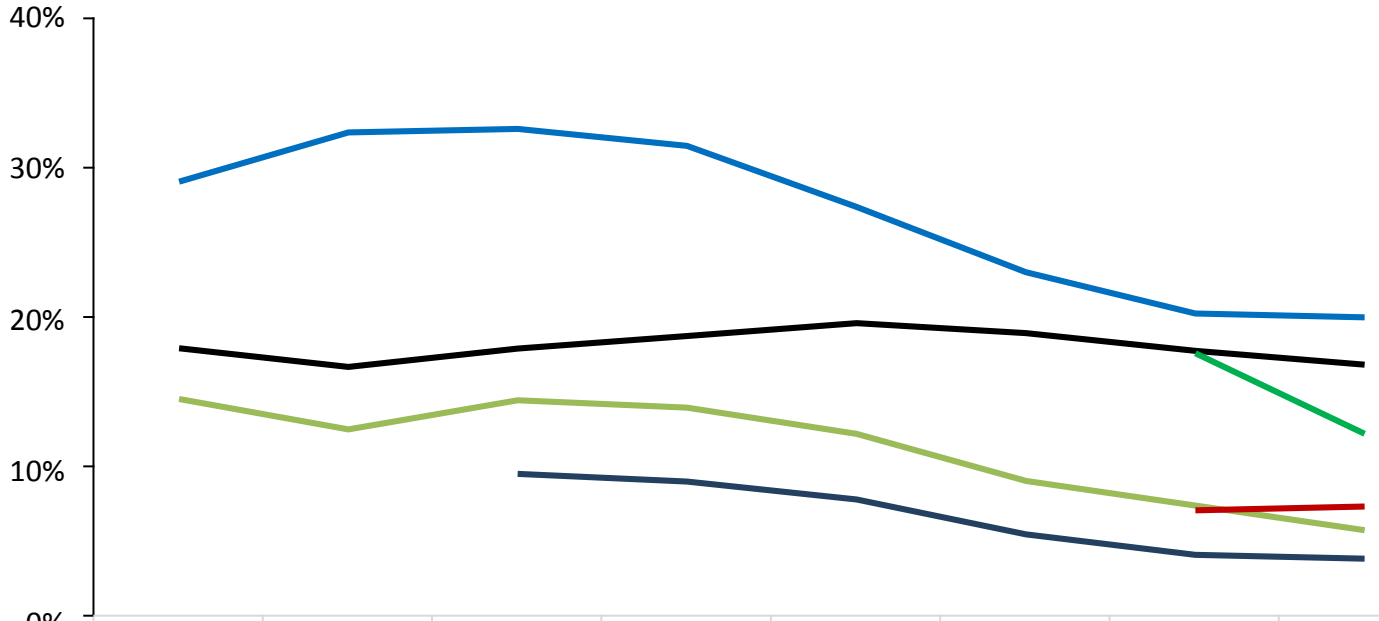
Marijuana Use: Youth, Past 30 Days

Used marijuana/hashish during the past 30 days?



Source: Washington Healthy Youth Survey - 2002, 2004, 2006, 2008, 2010, 2012, 2014, 2016.

Summary 30-Day Substance Use 10th Graders, 2002-2016

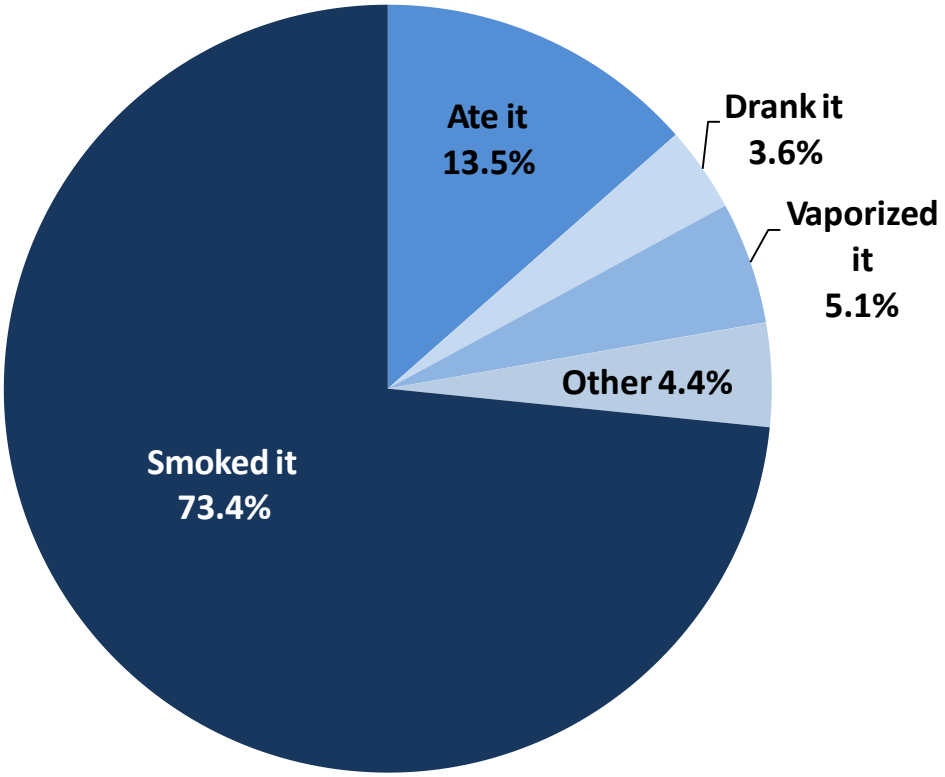


	2002	2004	2006	2008	2010	2012	2014	2016
Alcohol	29%	33%	33%	32%	28%	23%	21%	20%
Marijuana	18%	17%	18%	19%	20%	19%	18%	17%
Cigarettes	15%	13%	15%	14%	13%	10%	8%	6%
Pain Killer Use			10%	10%	8%	6%	5%	4%
E-Cigarettes							18%	13%
Rx Drug Misuse							8%	8%

Source: Washington State Healthy Youth Survey – 2016.

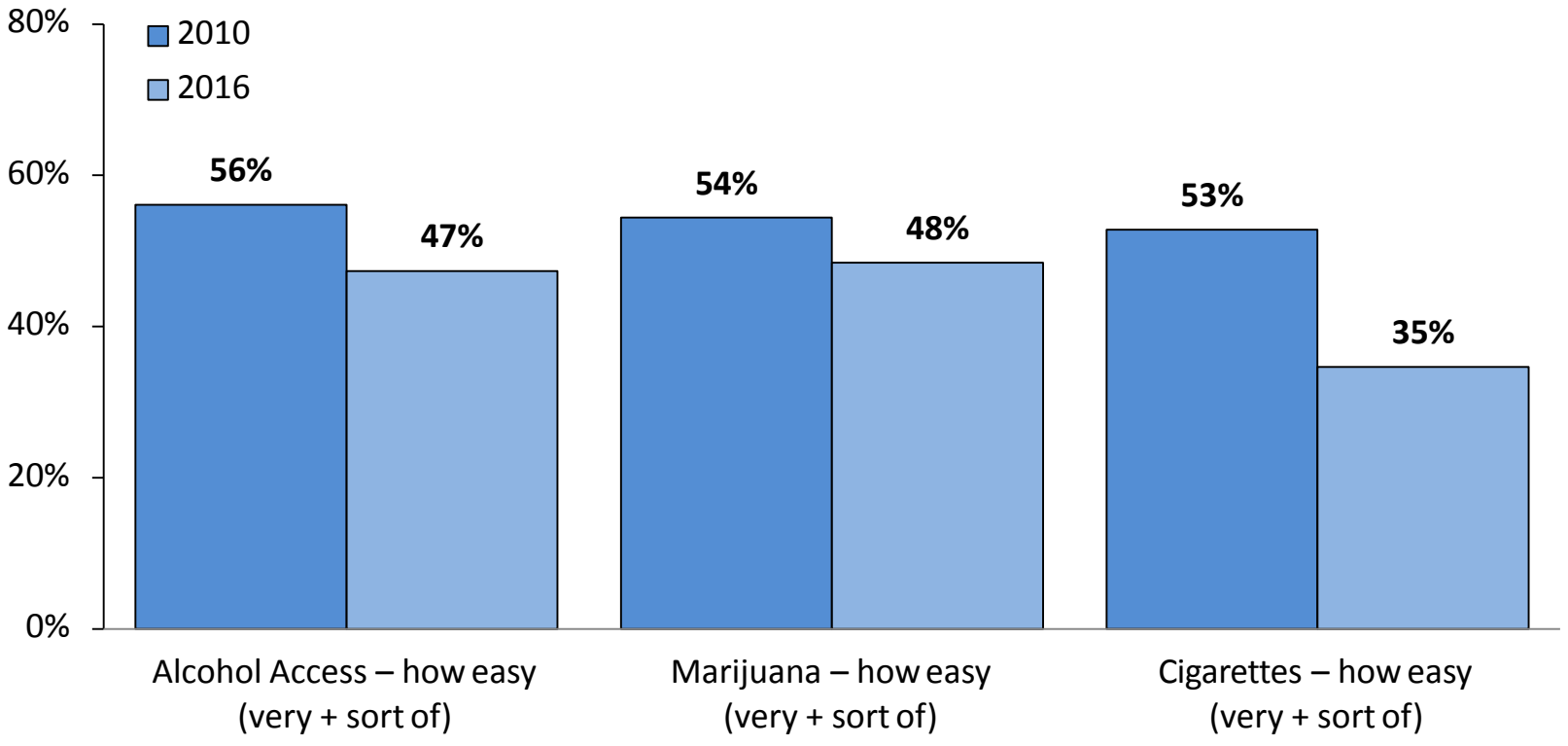
"During the past 30 days, if you used marijuana, how did you usually use it?"

10th Grade



Source: Washington Healthy Youth Survey - 2016.

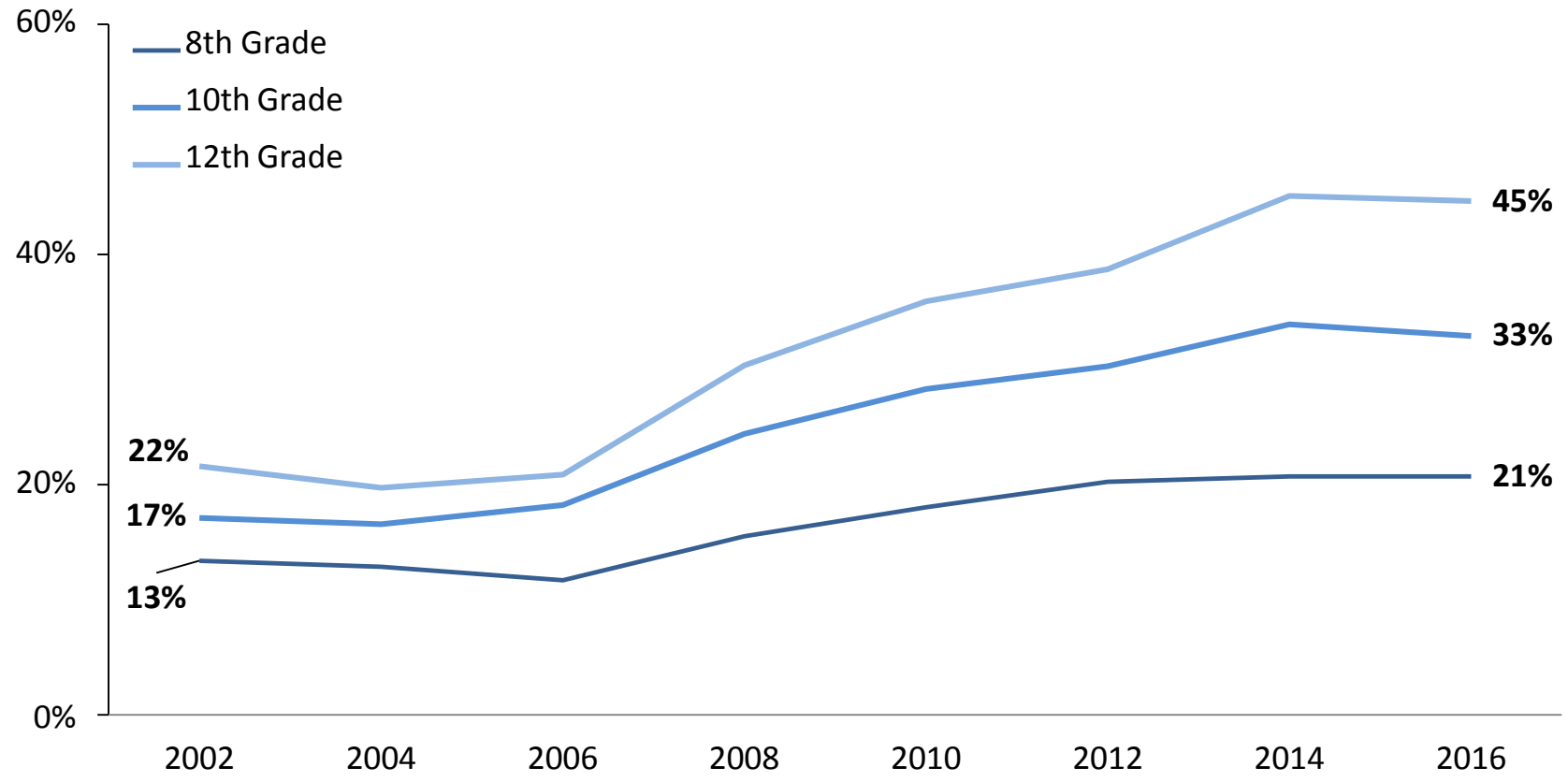
Youth Perceptions on Ease of Availability: 10th Graders (Very or Sort of Easy)



Source: Washington Healthy Youth Survey - 2010, 2016.

Risk of Harm from Marijuana Use

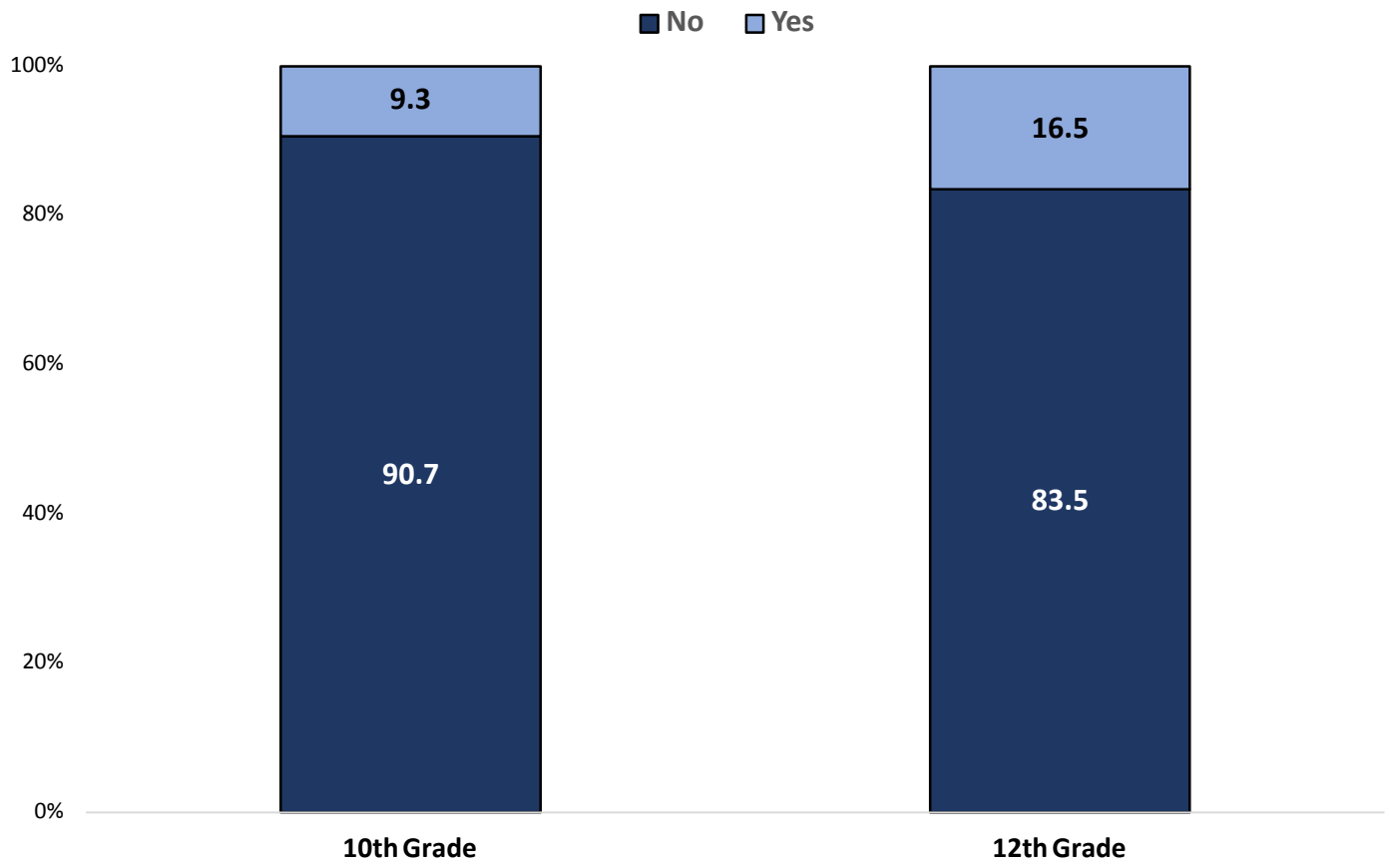
Regular use has "no risk" or "slight risk".



Note: Includes responses where using marijuana regularly has no risk or only a slight risk.

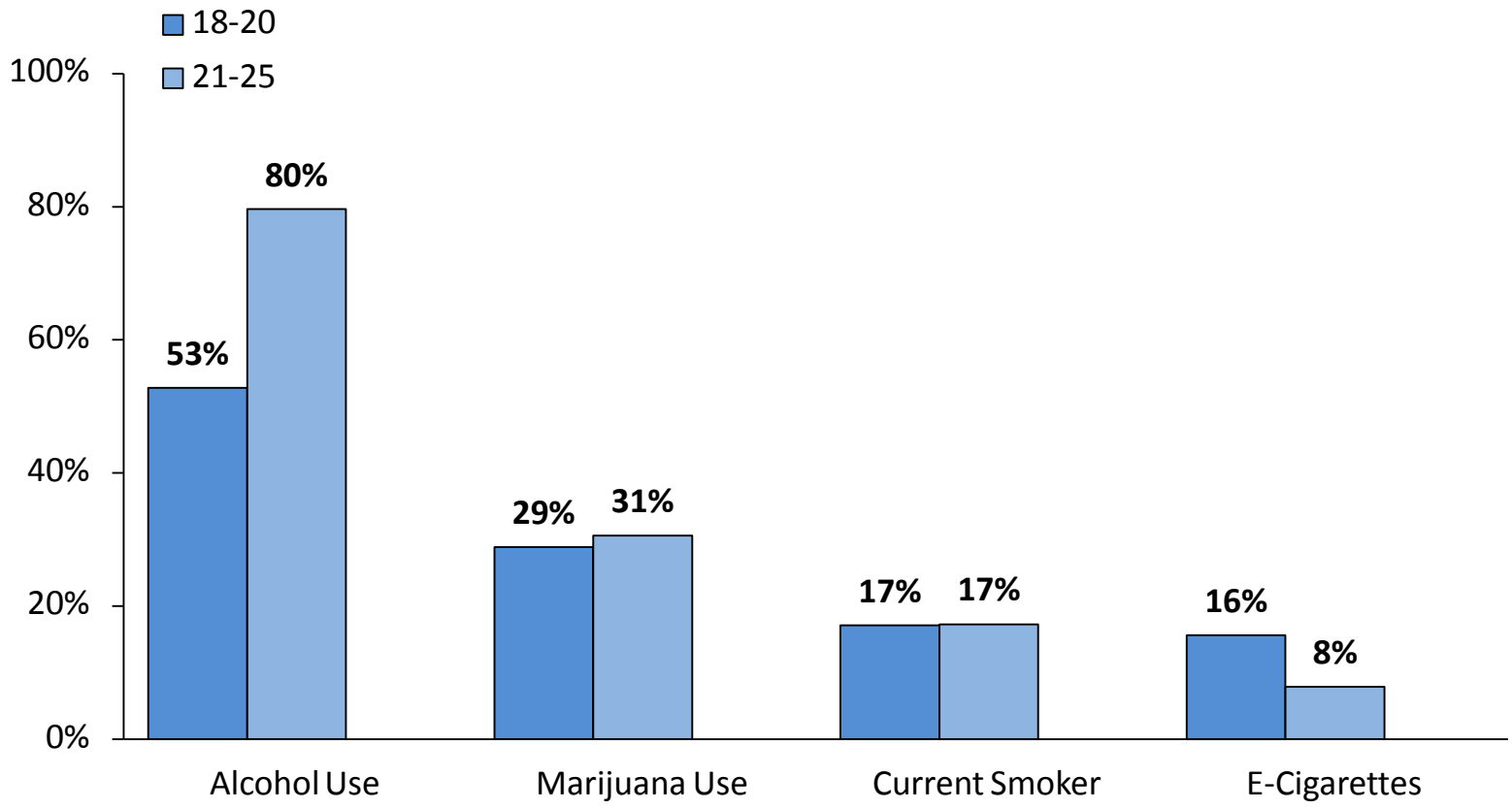
Source: Washington Healthy Youth Survey - 2002, 2004, 2006, 2008, 2010, 2012, 2014, 2016.

Driving within 3 Hours of Marijuana Use in the Past 30 Days: 10th and 12th Grades



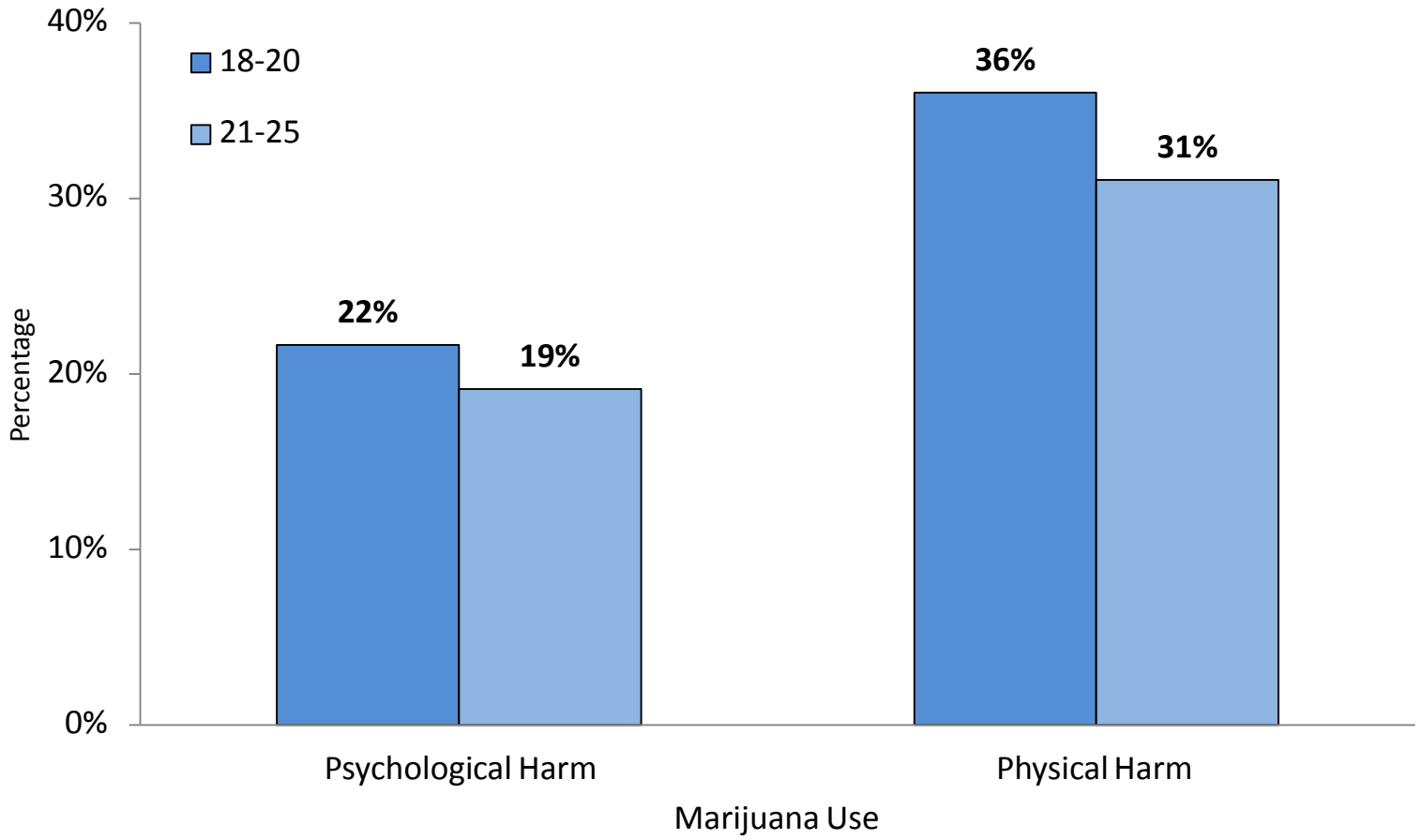
Source: Washington Healthy Youth Survey - 2016.

Young Adults by Age Group: 30-Day Drug Use



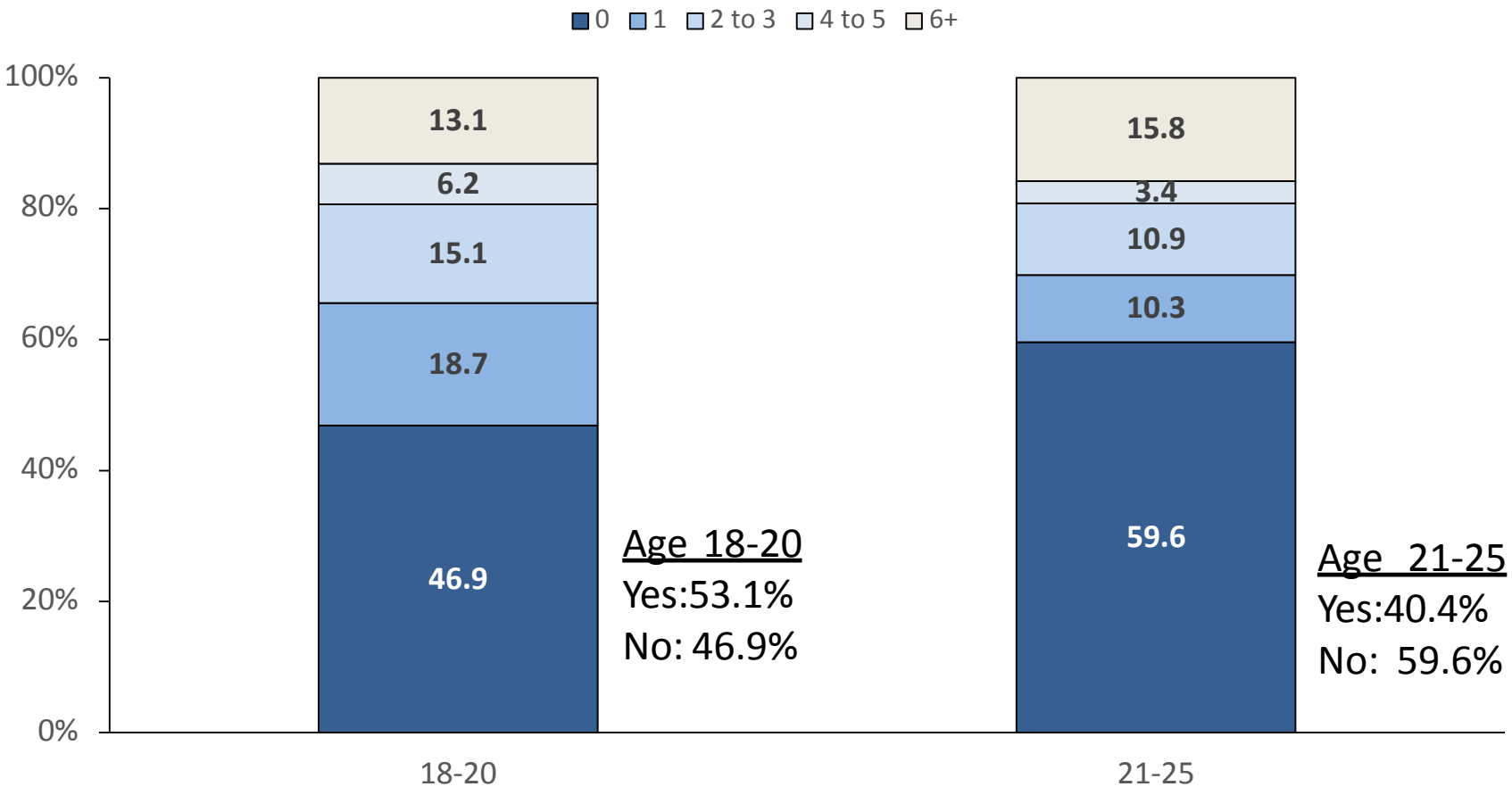
Source: Young Adult Health Survey - 2015

Risk of Harm from Marijuana/Cannabis Use: Young Adults



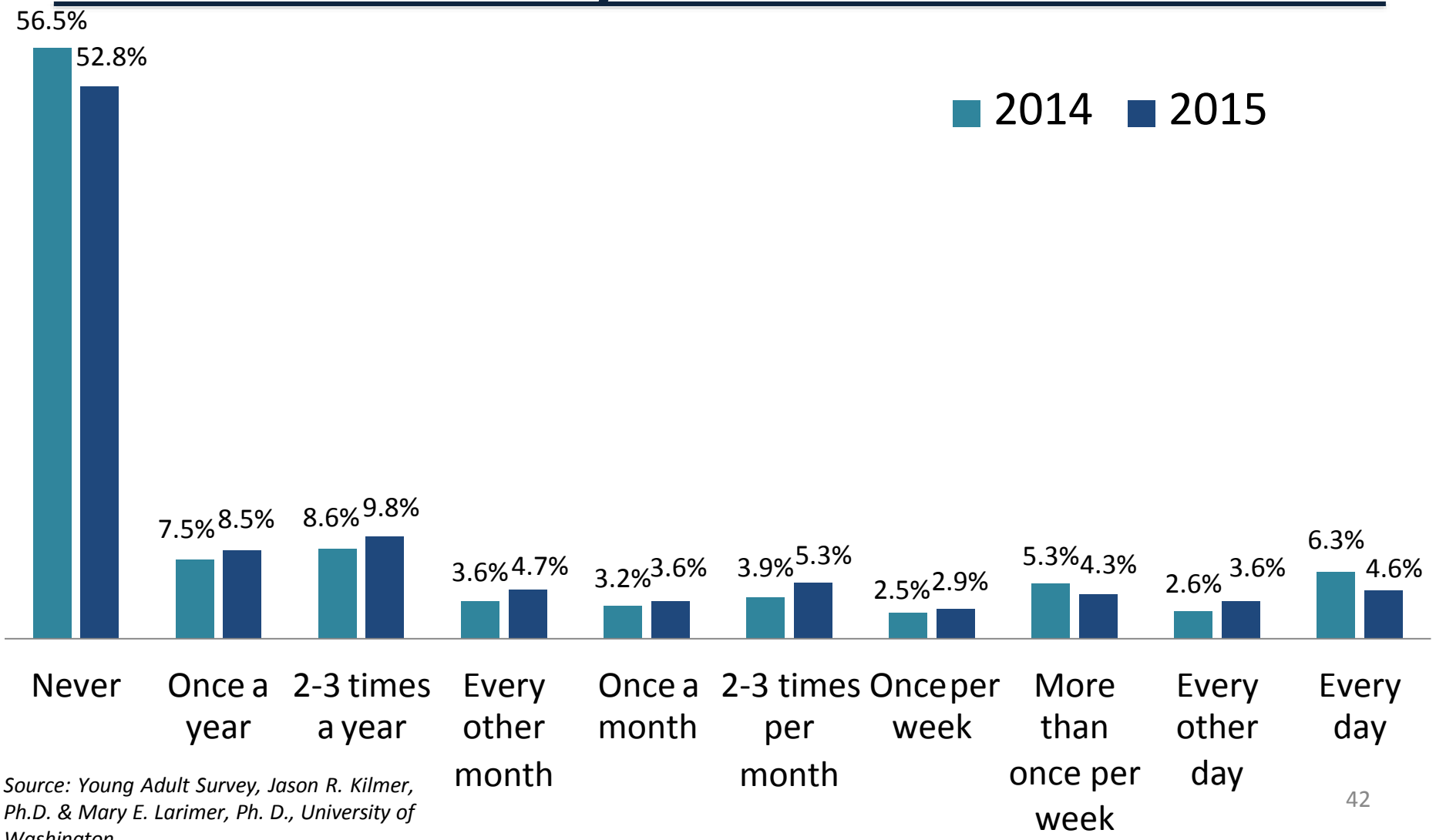
Source: Young Adult Health Survey 2015

Young Adults Driving within 3 Hours of Marijuana Use



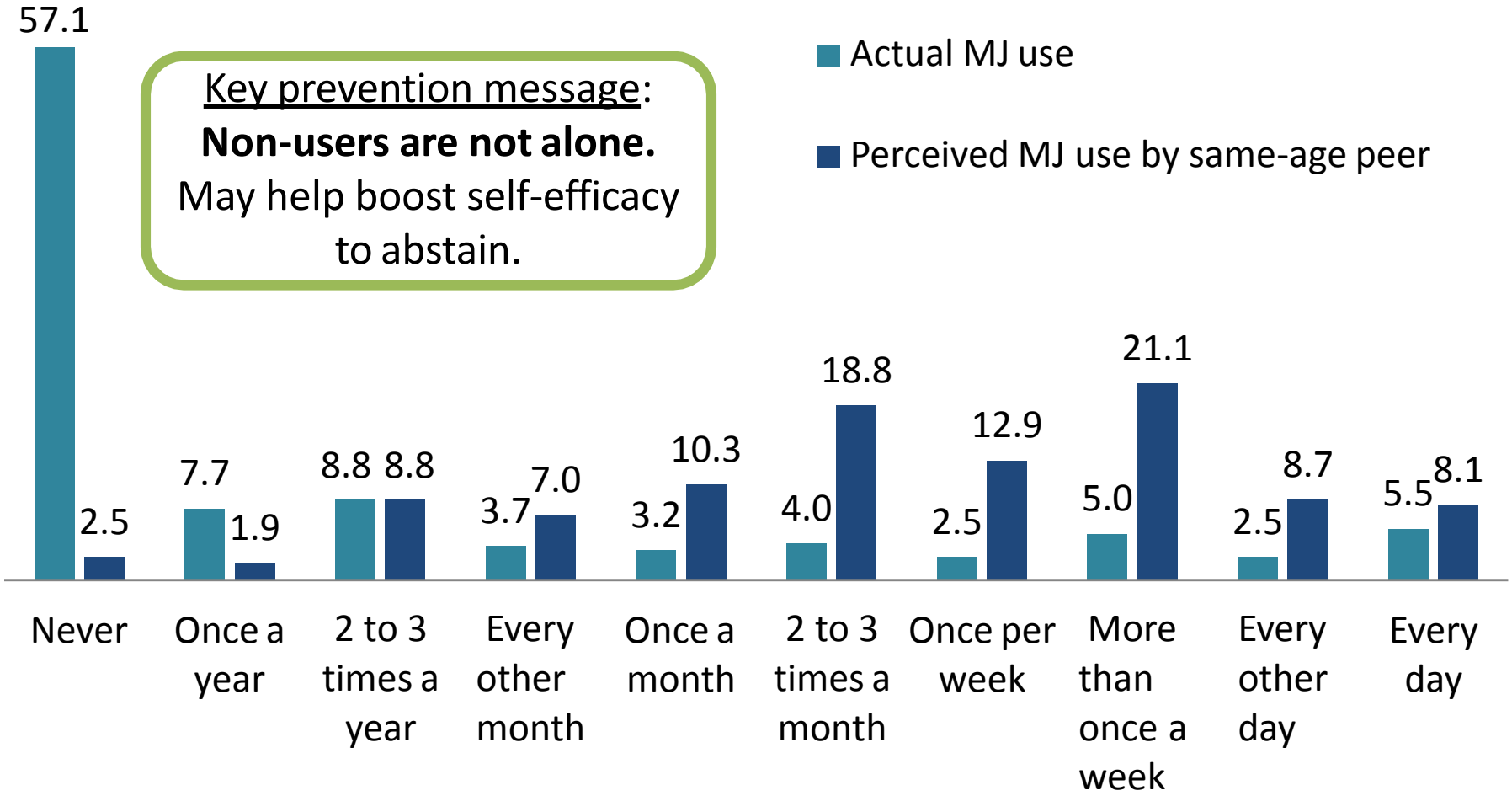
Source: Young Adult Health Survey -2015

Past year recreational marijuana use in 18-25 year olds



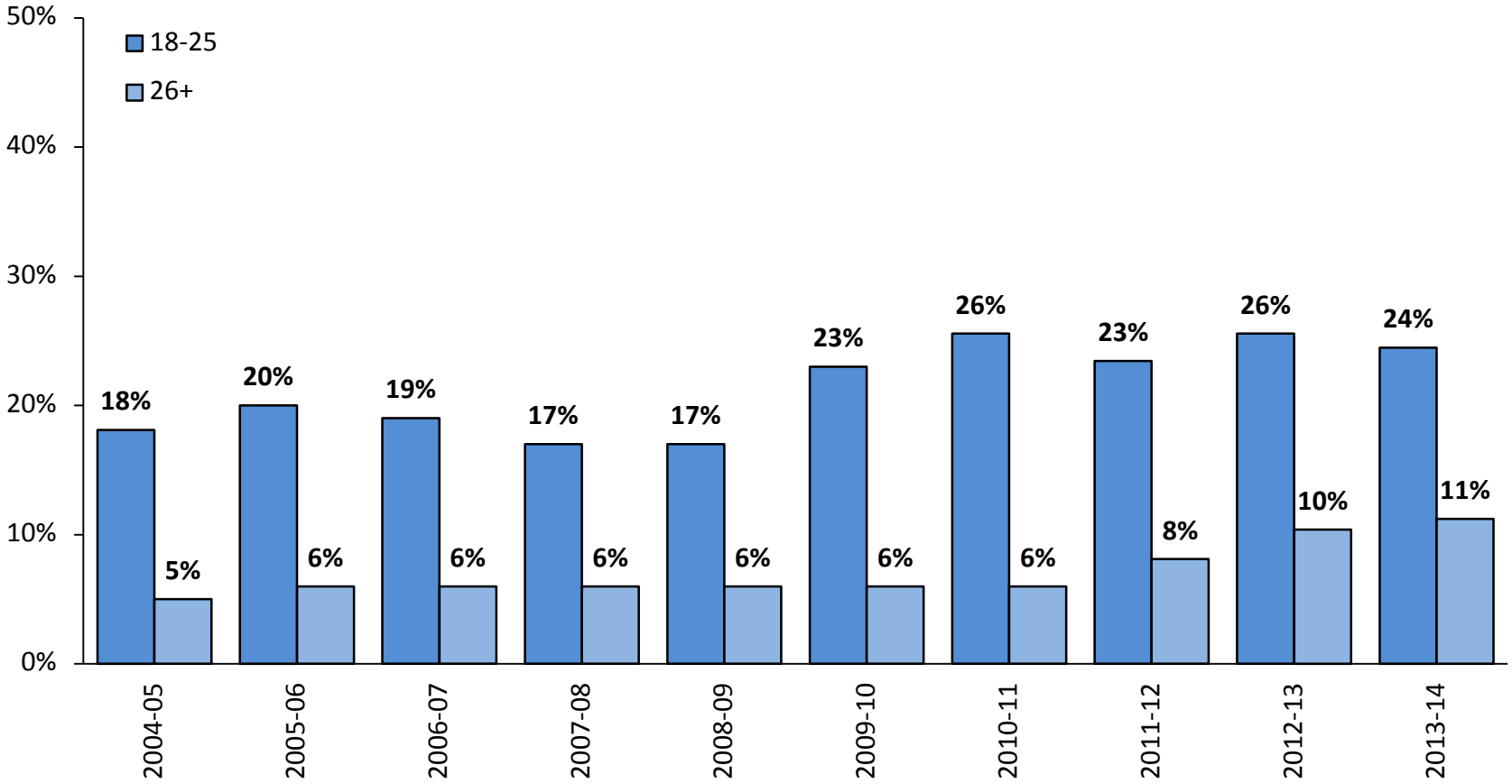
Source: Young Adult Survey, Jason R. Kilmer, Ph.D. & Mary E. Larimer, Ph. D., University of Washington

Frequency of recreational cannabis use vs. perceived norms in 18-25 year olds



Source: Underestimation of abstinence: see Kilmer et al. (2006); Overestimation of frequent use: see Wolfson (2000)

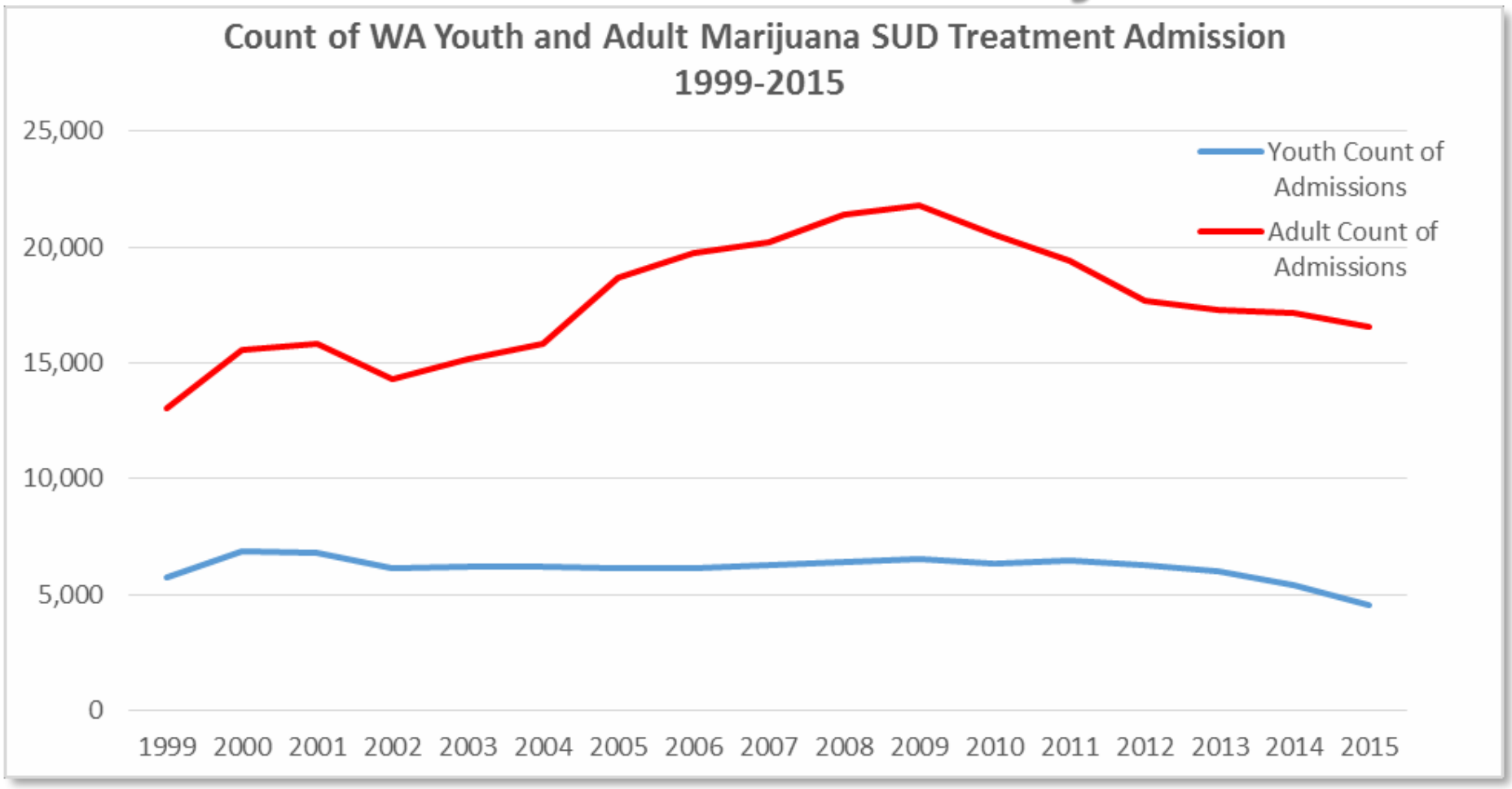
Marijuana Use: Adults, Past Month Washington State 2004-2014



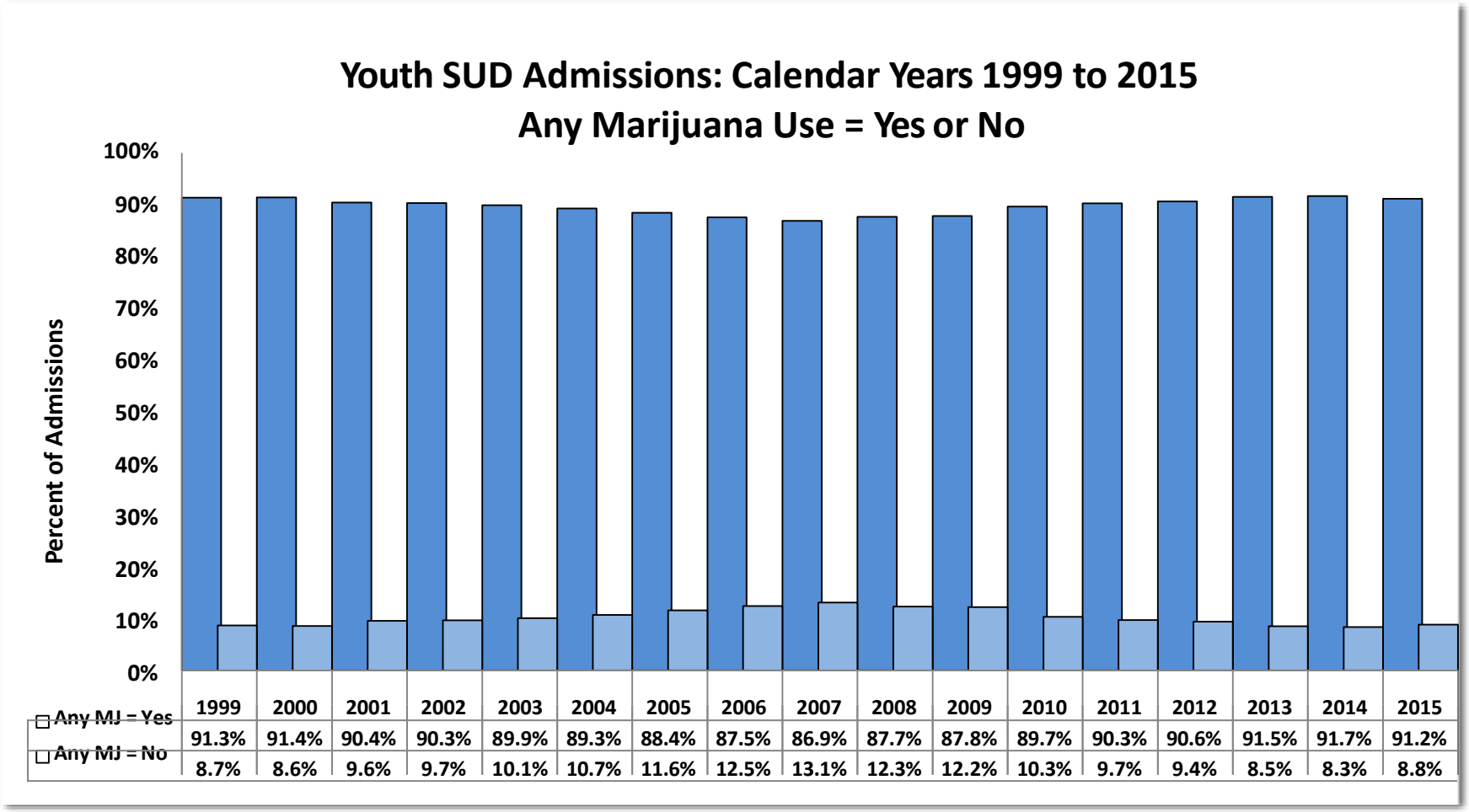
Source: National Survey on Drug Use and Health (NSDUH), 2004-2014.

TREATMENT

Treatment Rates for Marijuana

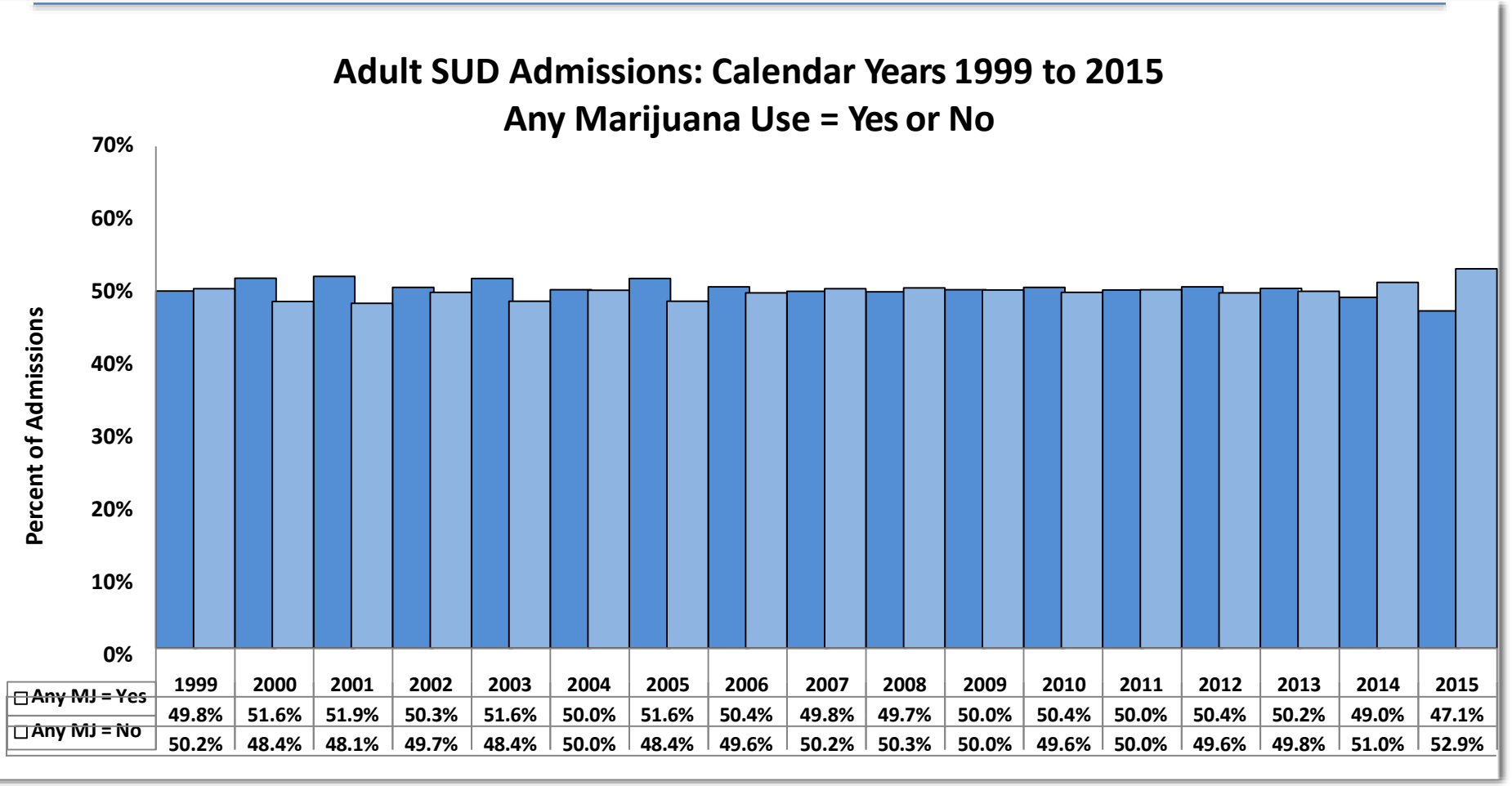


Count of youth admissions where marijuana is the primary, secondary, or tertiary substance from 1999-2015



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Any MJ = Yes	91.3%	91.4%	90.4%	90.3%	89.9%	89.3%	88.4%	87.5%	86.9%	87.7%	87.8%	89.7%	90.3%	90.6%	91.5%	91.7%	91.2%
Any MJ = No	8.7%	8.6%	9.6%	9.7%	10.1%	10.7%	11.6%	12.5%	13.1%	12.3%	12.2%	10.3%	9.7%	9.4%	8.5%	8.3%	8.8%

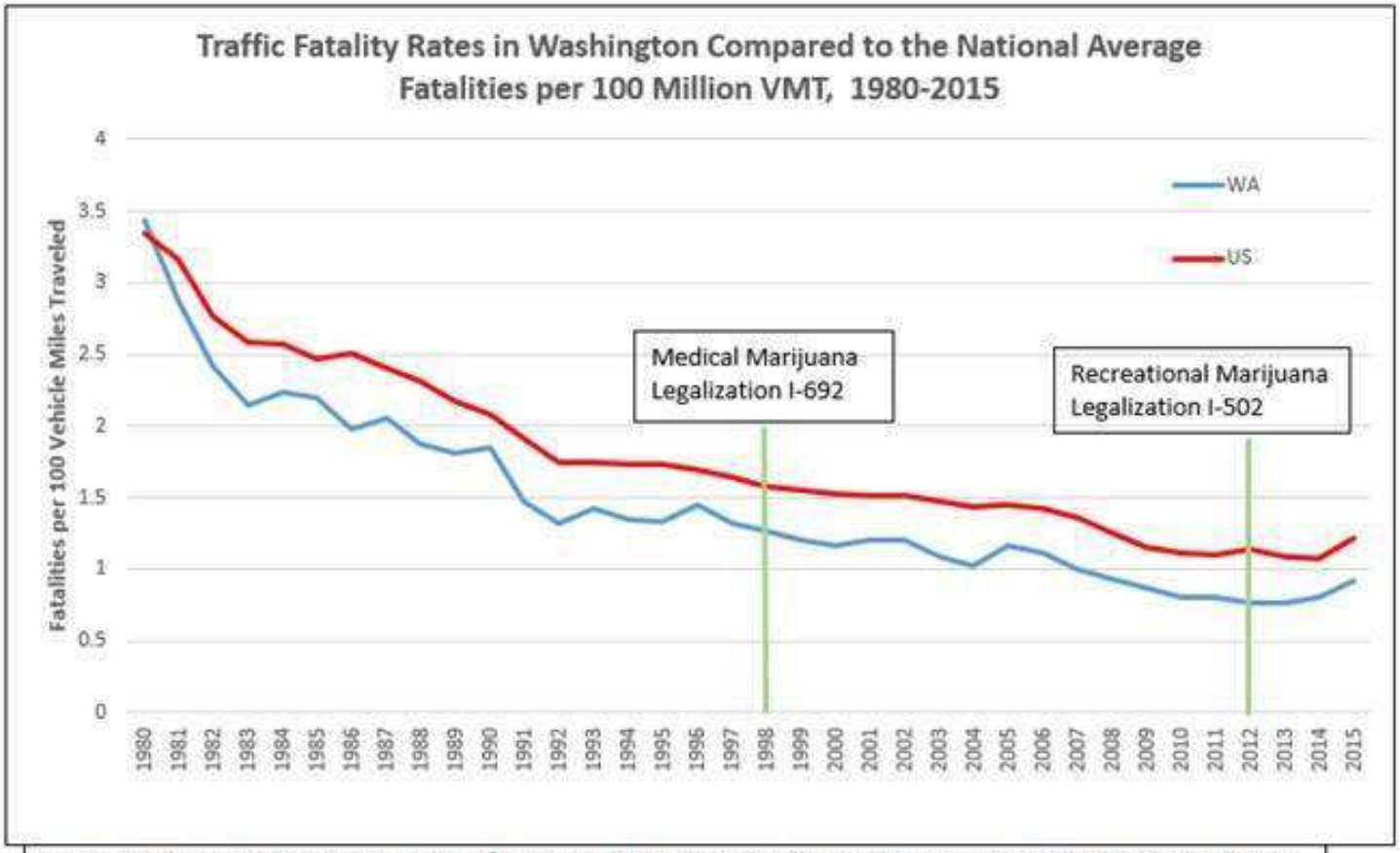
Count of adult admissions where marijuana as the primary, secondary, or tertiary substance from 1999-2015



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Any MJ = Yes	49.8%	51.6%	51.9%	50.3%	51.6%	50.0%	51.6%	50.4%	49.8%	49.7%	50.0%	50.4%	50.0%	50.4%	50.2%	49.0%	47.1%
Any MJ = No	50.2%	48.4%	48.1%	49.7%	48.4%	50.0%	48.4%	49.6%	50.2%	50.3%	50.0%	49.6%	50.0%	49.6%	49.8%	51.0%	52.9%

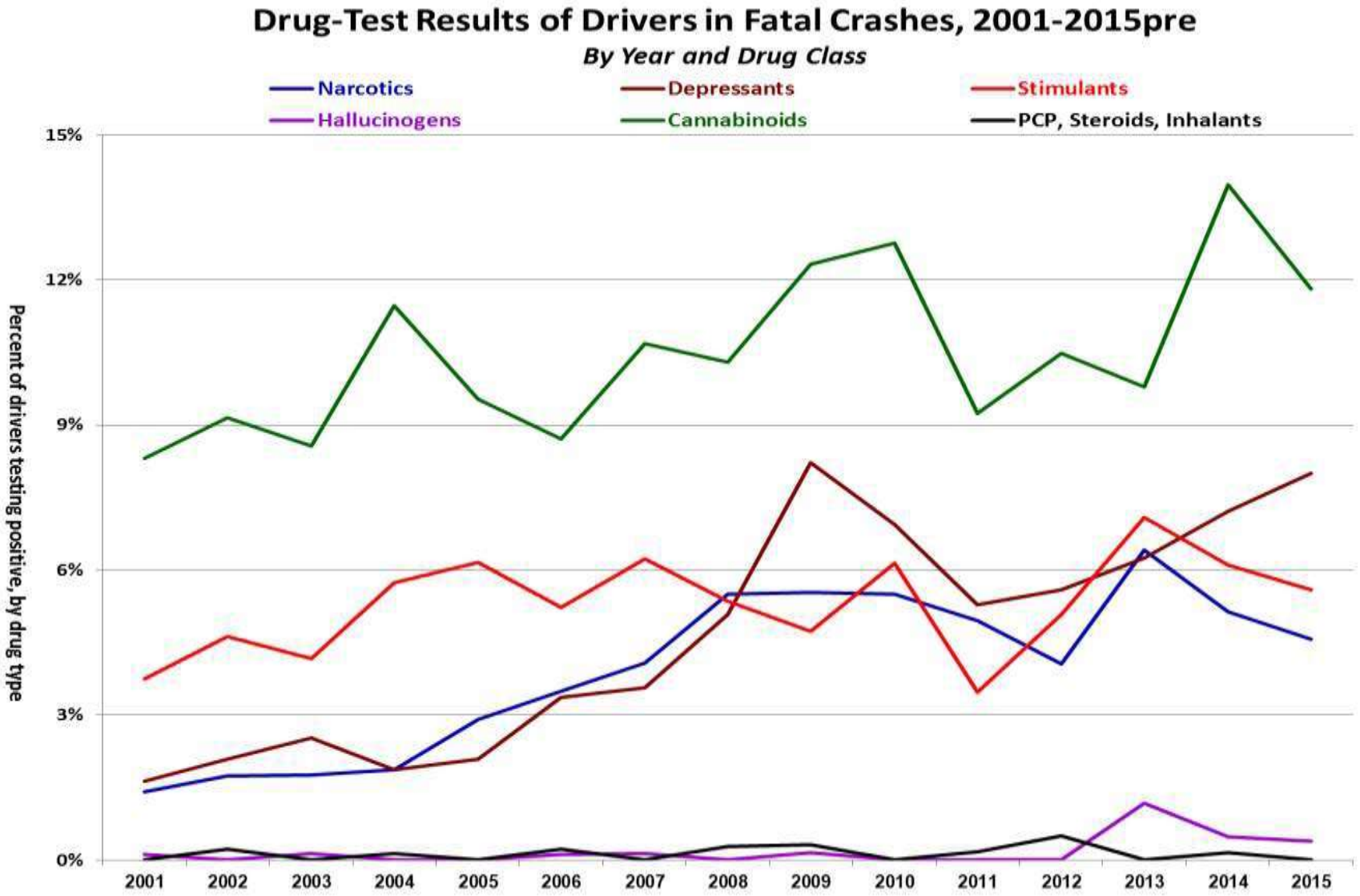
TRAFFIC FATALITIES

Traffic Fatalities

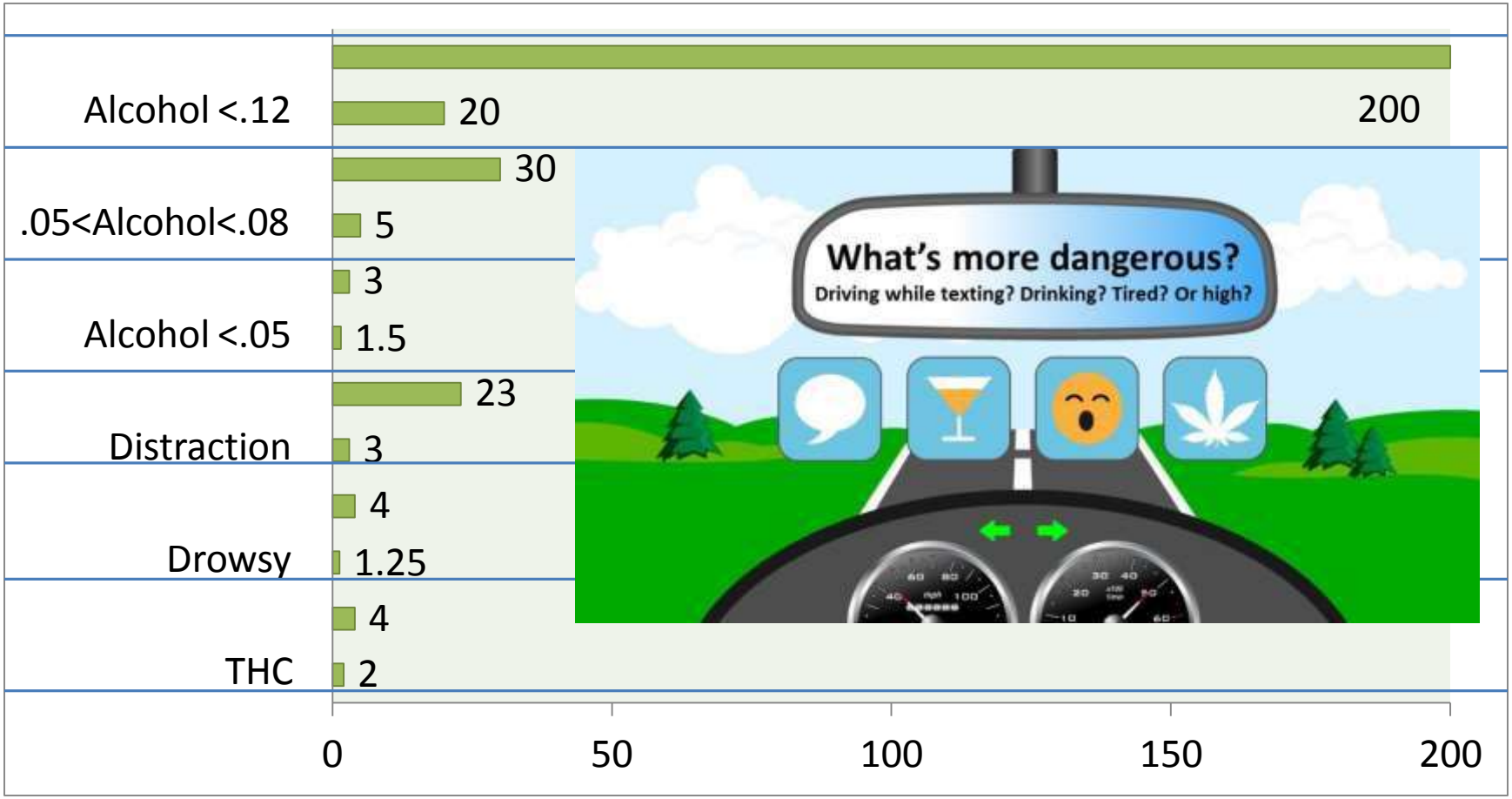


Source: Washington State Department of Transportation Annual Collision Data Summary Reports 2006 and 2015.
http://www.wsdot.wa.gov/mapsdata/crash/pdf/2006_Annual_Collision_Data_Summary_-_All_Roads.pdf.
http://wtsc.wa.gov/wp-content/uploads/2017/02/2015_Annual_Collision_Summary.pdf

Marijuana Has Always Been the Dominate Drug in Fatal Crashes

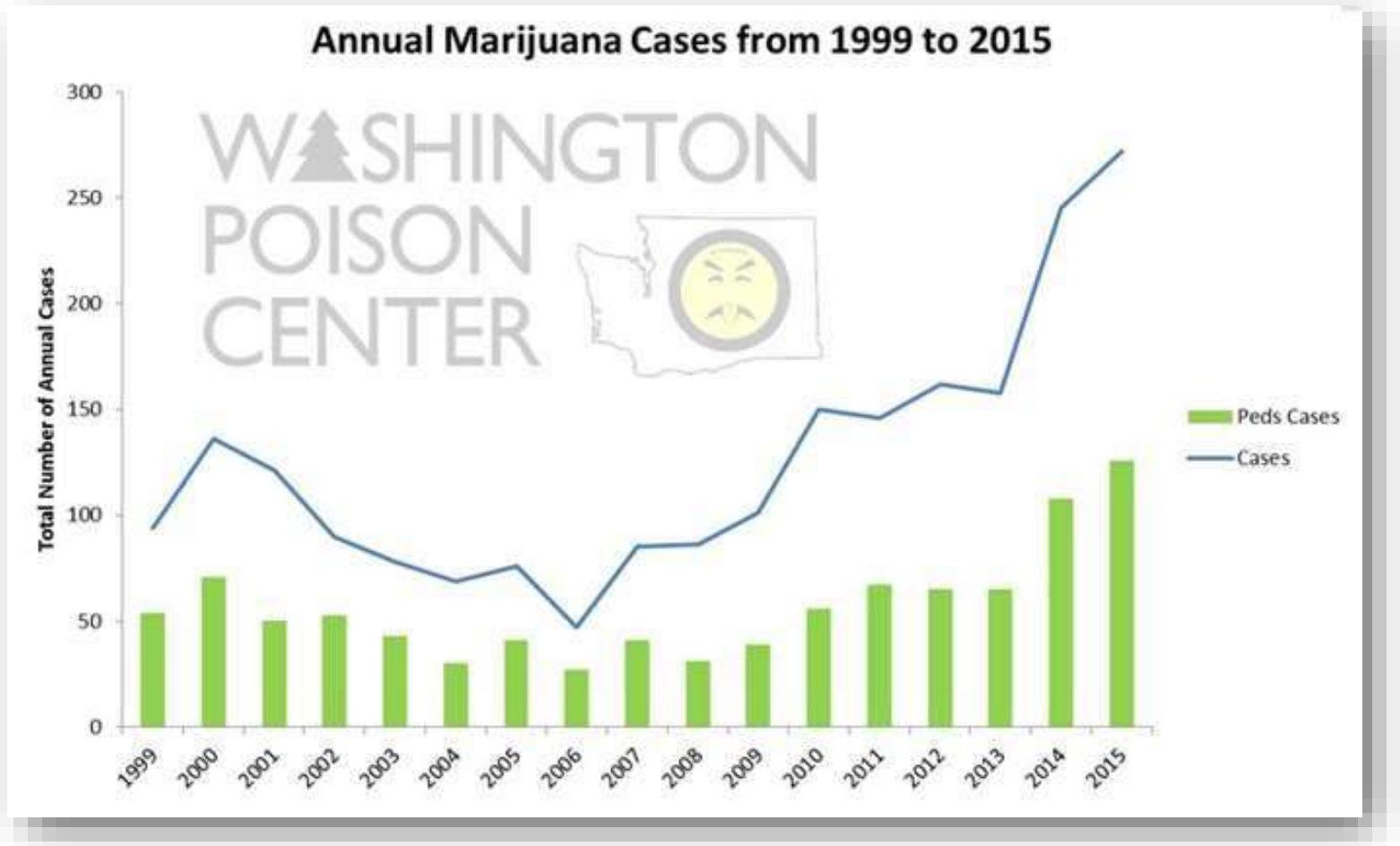


Does Marijuana Use Increase Crash Risk??

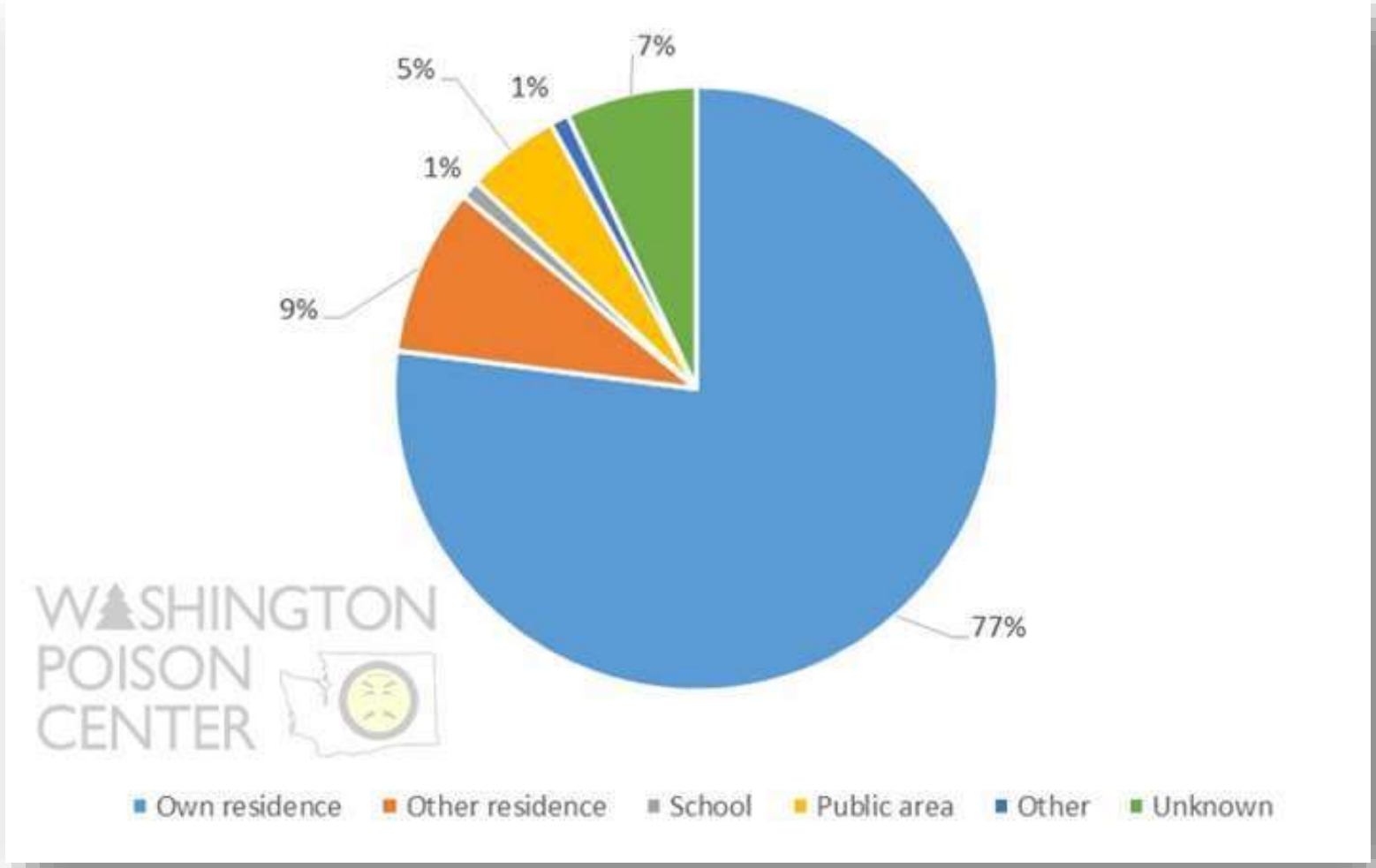


WA POISON CENTER

Increase in Marijuana Poison Center Calls



Where did people get exposed?

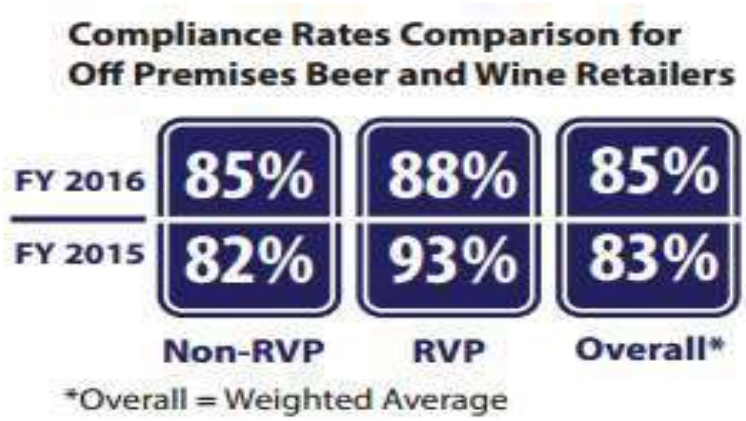


ENFORCEMENT AND ACCESS

Washington State Liquor and Cannabis Board

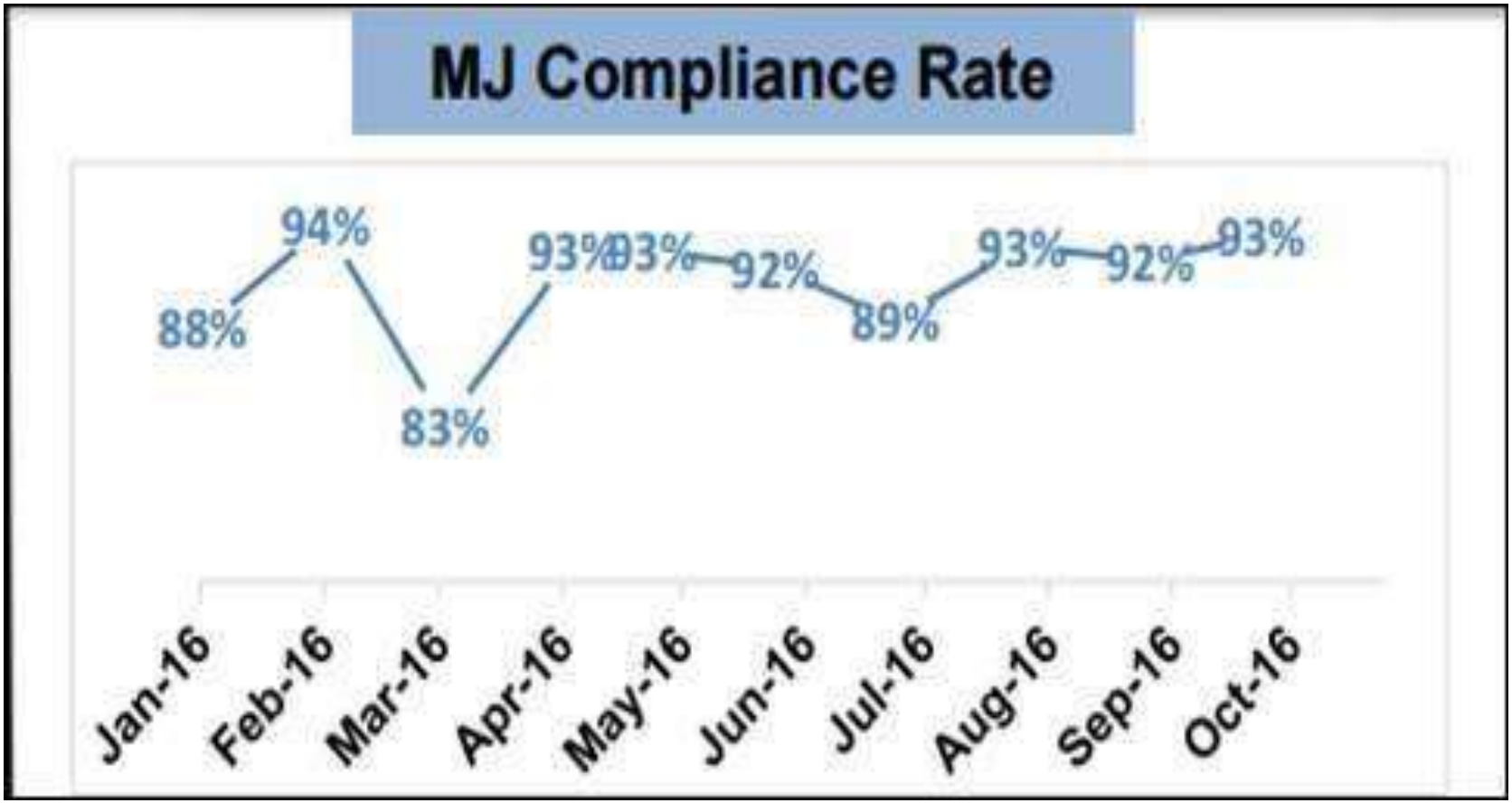
Alcohol Retail Compliance Checks 2014-2015

Comparisons between Responsible Vendor Program (VP) and Non Responsible Vendor Program participants.



Source: Liquor Cannabis Board, Annual Report 2016

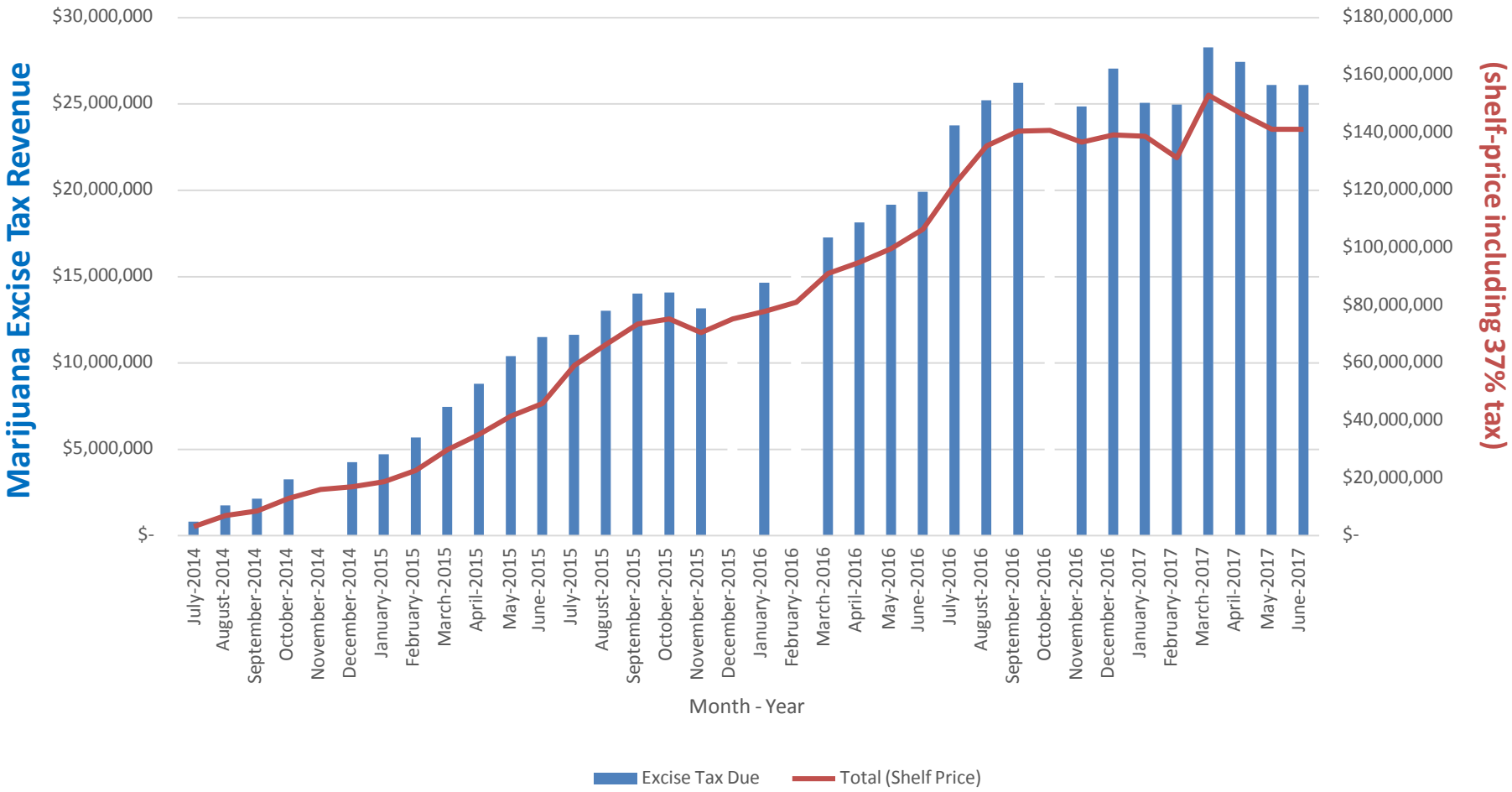
Marijuana Retail Underage Compliance Checks January 2016 – October 2016



Source: Liquor Cannabis Board, Presented to the Washington State Legislature December 2016

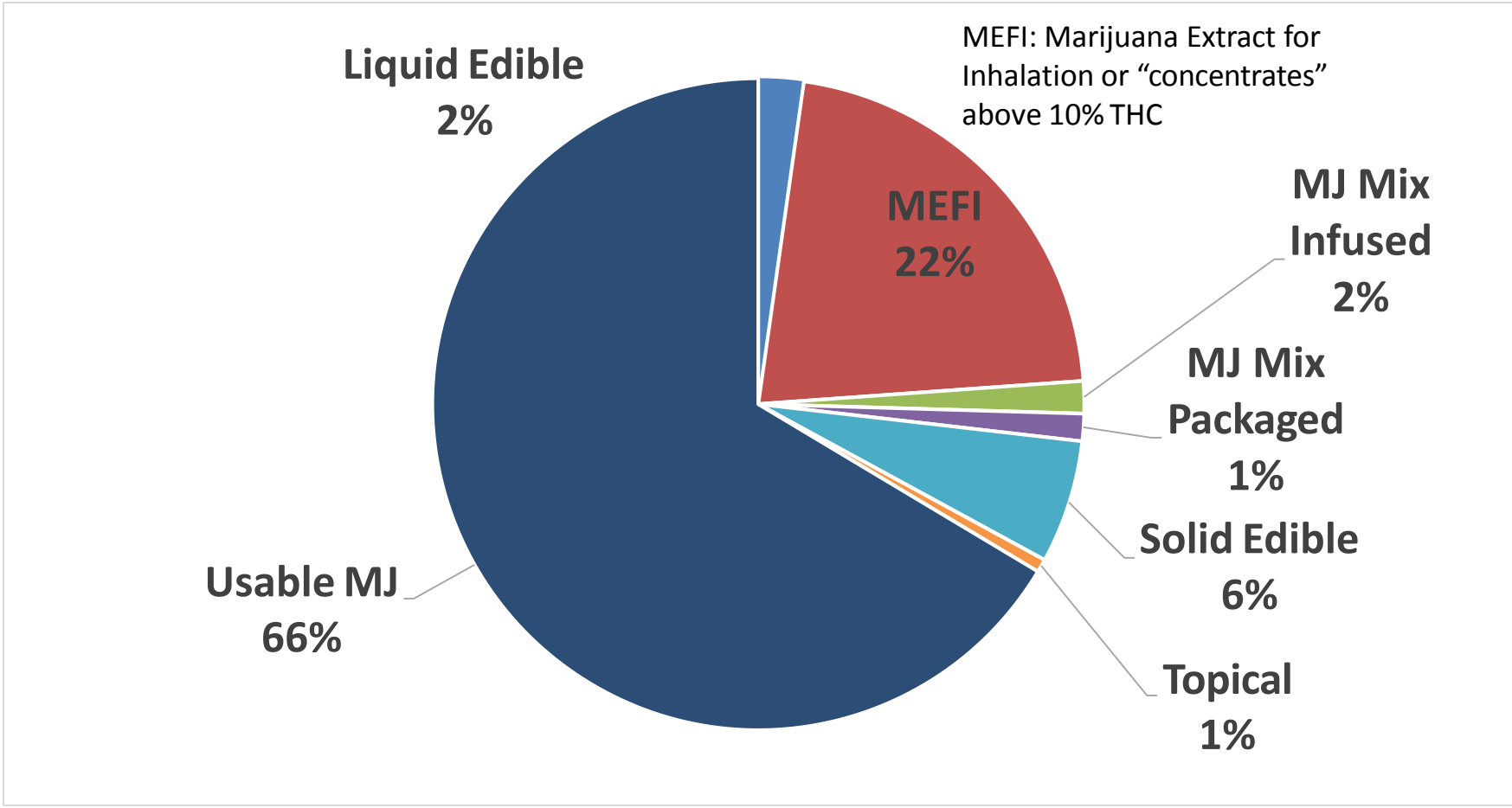
MARKET DATA

WA Marijuana Sales and Excise Taxes Collected



Source: WA State Liquor and Cannabis Board – Frequently Requested Lists
http://lcb.wa.gov/records/frequently-requested-lists

% of Recreational Sales for Nov. 2016



Source: WA State Liquor and Cannabis Board – Frequently Requested Lists
http://lcb.wa.gov/records/frequently-requested-lists

Market Impacts

- Highest tax rate in the country, but prices keep falling
- Heavy regulations are not preventing competition with the black market
- The data shows recreational and medical users purchase the same proportions of product types
- The market keeps growing

PUBLIC EDUCATION CAMPAIGNS

Consistent Messaging of Health Risks

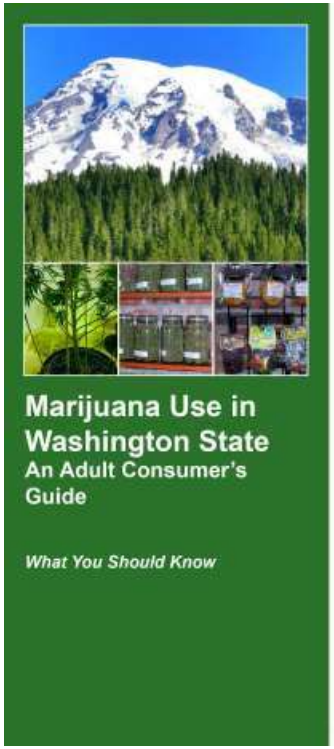
- Marijuana is addictive
  - Addiction in about 9% of users overall
    - 17% of those who begin use in adolescence
    - 25% to 50% of those who are daily users*.
- Increased risk of chronic psychosis disorders (including schizophrenia) in persons with a predisposition to such disorders.

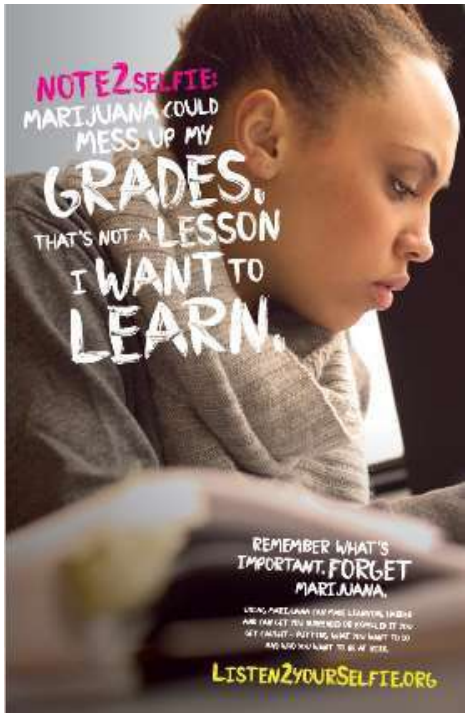
*The effect is strongly associated with initial marijuana use early in adolescence.

Public Education Campaigns

- Media-based educational campaigns
  - Parents and other adult influencers
  - Youth
  - Marijuana and Tobacco community grants
  - General population
  - Priority populations (African American, Latino/Hispanic, Asian/Pacific Islander, American Indian/Alaska Native, and LGBQT)
- Marijuana Hotline

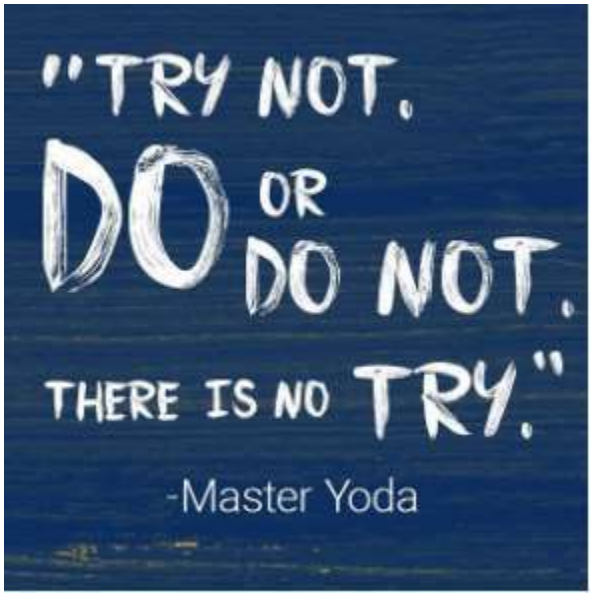
Education and Media Campaigns





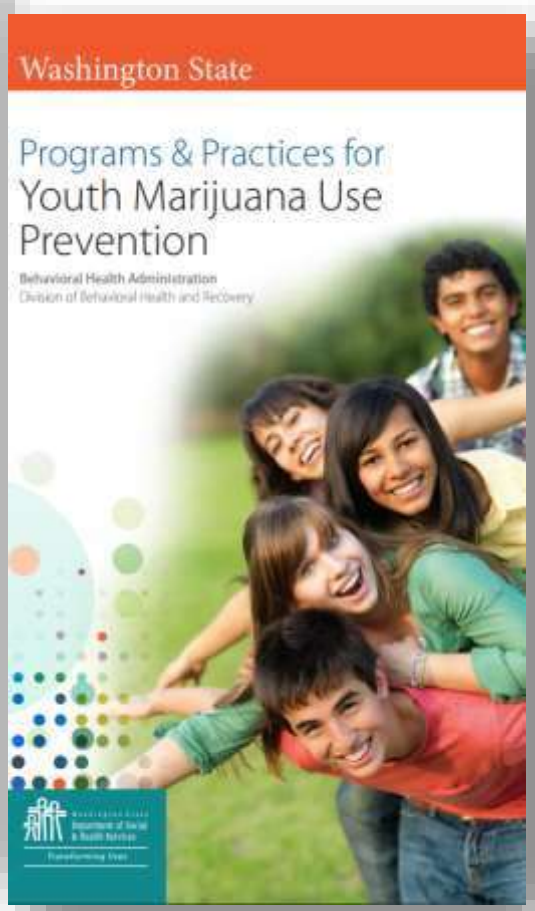
#Listen2YourSelfie

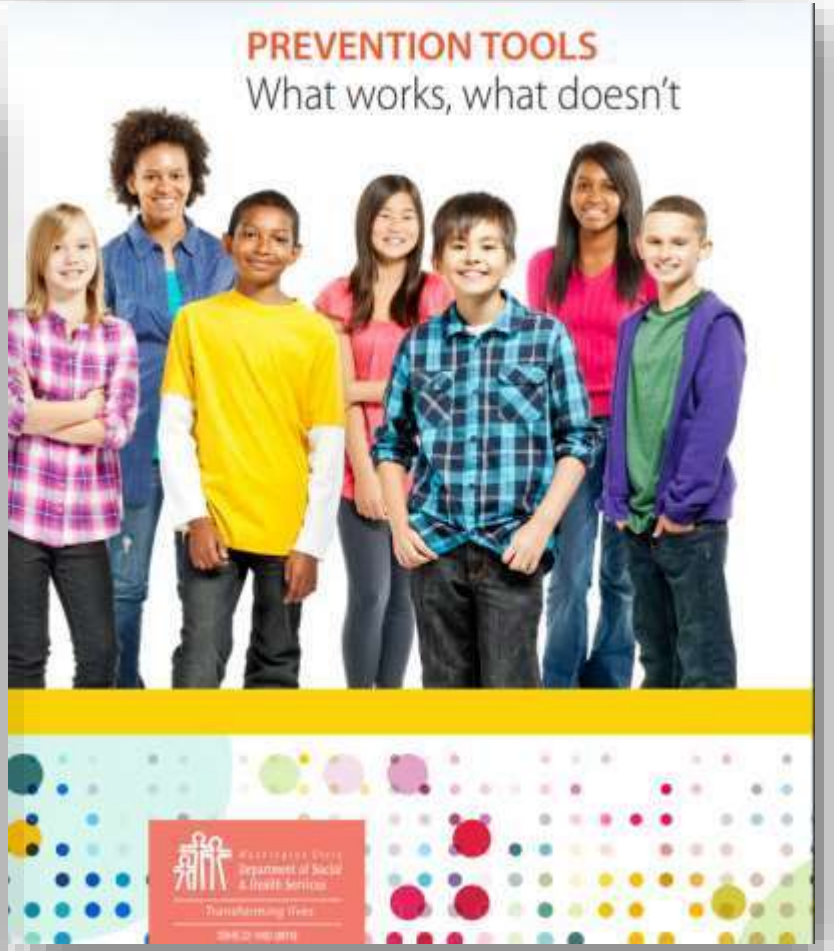
- Social Media Campaign from Dept. of Health
- Youth post images of what's important to them instead of getting high



Listen2YourSelfie Remember what's important and forget marijuana | Share your reason for not using marijuana with #Listen2YourSelfie

Prevention Toolkits





Toolkit can be found at: www.theathenaforum.org/best_practices_toolkit

EVIDENCE-BASED PROGRAMS

Evidence Based Programs/Practices

- Identify programs with outcomes in youth marijuana use prevention & reduction.
- Determine risk factors that most strongly related to youth marijuana use.
- Find programs that are shown to impact those risks and have cost-benefit when known.

EBP Partners

- University of Washington's Social Development Research Group
- Washington State University
- Washington State Institute for Public Policy
- Pacific Institute for Research and Evaluation
- Washington State Prevention Research Subcommittee
- Washington State DSHS Division of Behavioral Health and Recovery

Best Practice Program/Strategy List Process

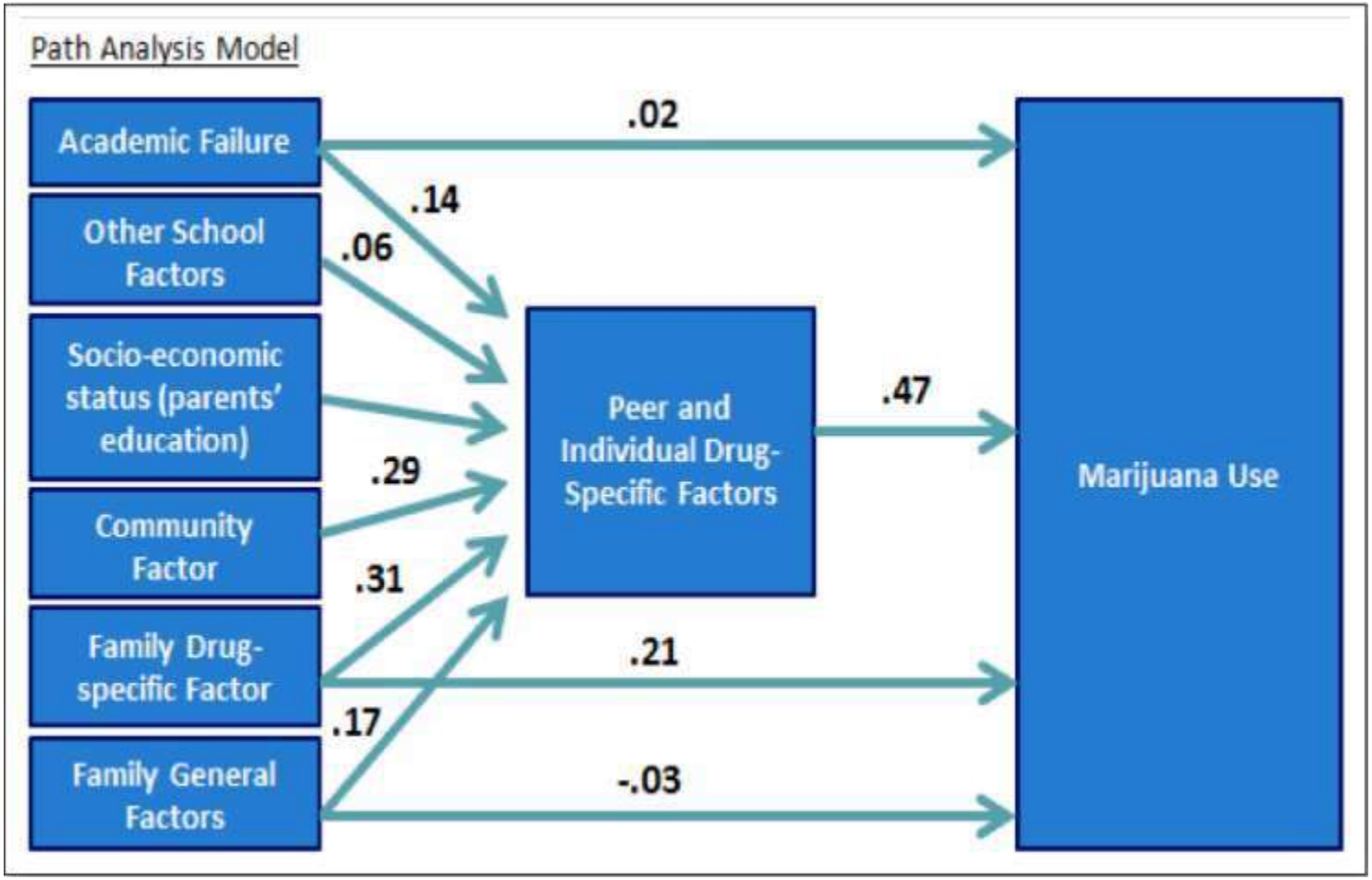
- Consult with UW and Western CAPT (SAMHSA/CSAP) to Identify the Evidence-based programs with outcomes in marijuana use prevention / reduction among 12-18 year olds. (Preliminary list – July 2013).
- WSIPP review of programs.
- Developed Path Analysis of the risk factors.
- Consult with UW and WSU on programs with impacts on risk factors associated with youth marijuana use.

Best Practice Program/Strategy List Process

Literature reviews for Evidence Based Programs

- Scientifically rigorous evaluations
- Sustained improvements in at least one outcome
- Cost-beneficial
- Tested on a diverse population

Path Analysis for Marijuana



Risk and Protective Factors

Risk and Protective Factors Identified for Youth Marijuana Use Prevention Program Search

As Identified by Path Analysis in Figure 3

- Individual/peer favorable attitudes toward drug use
- Individual/peer perceived risks for drug use
- Individual/peer intentions to use drugs
- Peer use of drugs
- Parental favorable attitudes toward drug use
- Family management
- Any substance use outcomes (added to the search later)

Best Practice Program/Strategy List Results

EBP/RBP

17 Evidence-based Programs (EBP) and Research Based Programs (RBP)

Promising Programs

8 Promising Programs (PP)

5 Promising Environmental Strategies

We found more programs!

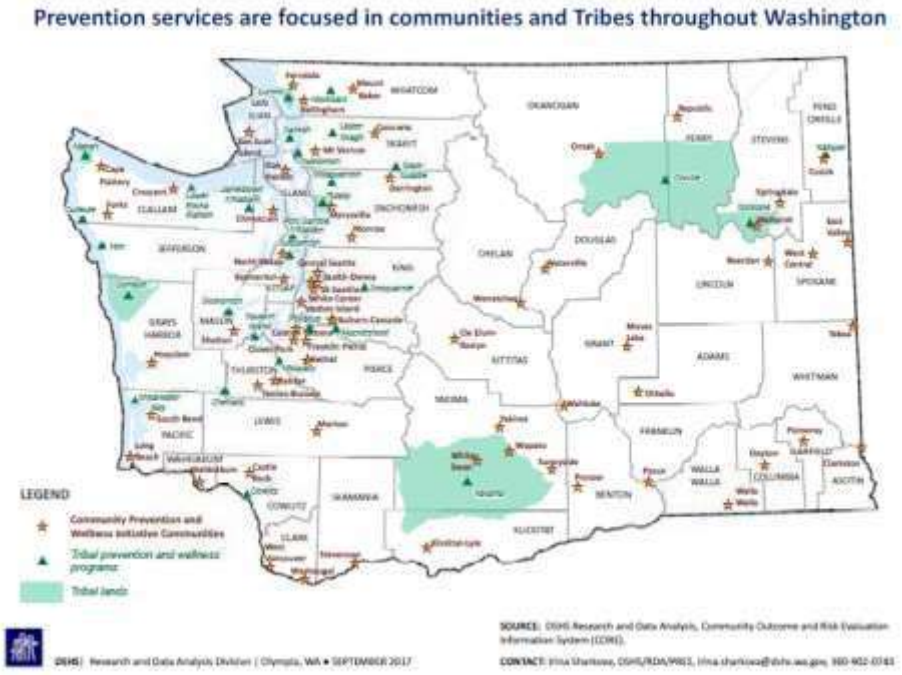
We identified a total of 30 programs

List is available at: www.theathenaforum.org/I502PreventionPlanImplementation

SUPPORTING LOCAL PREVENTION EFFORTS

Prevention Programs

- Community Prevention and Wellness Initiative (CPWI)
  - 59 community coalitions
  - Prevention Intervention Services in 75 schools
- Tribal Prevention and Wellness
  - 29 Tribal Governments for prevention and treatment services
- Community Based Organization Grants
- Statewide Projects

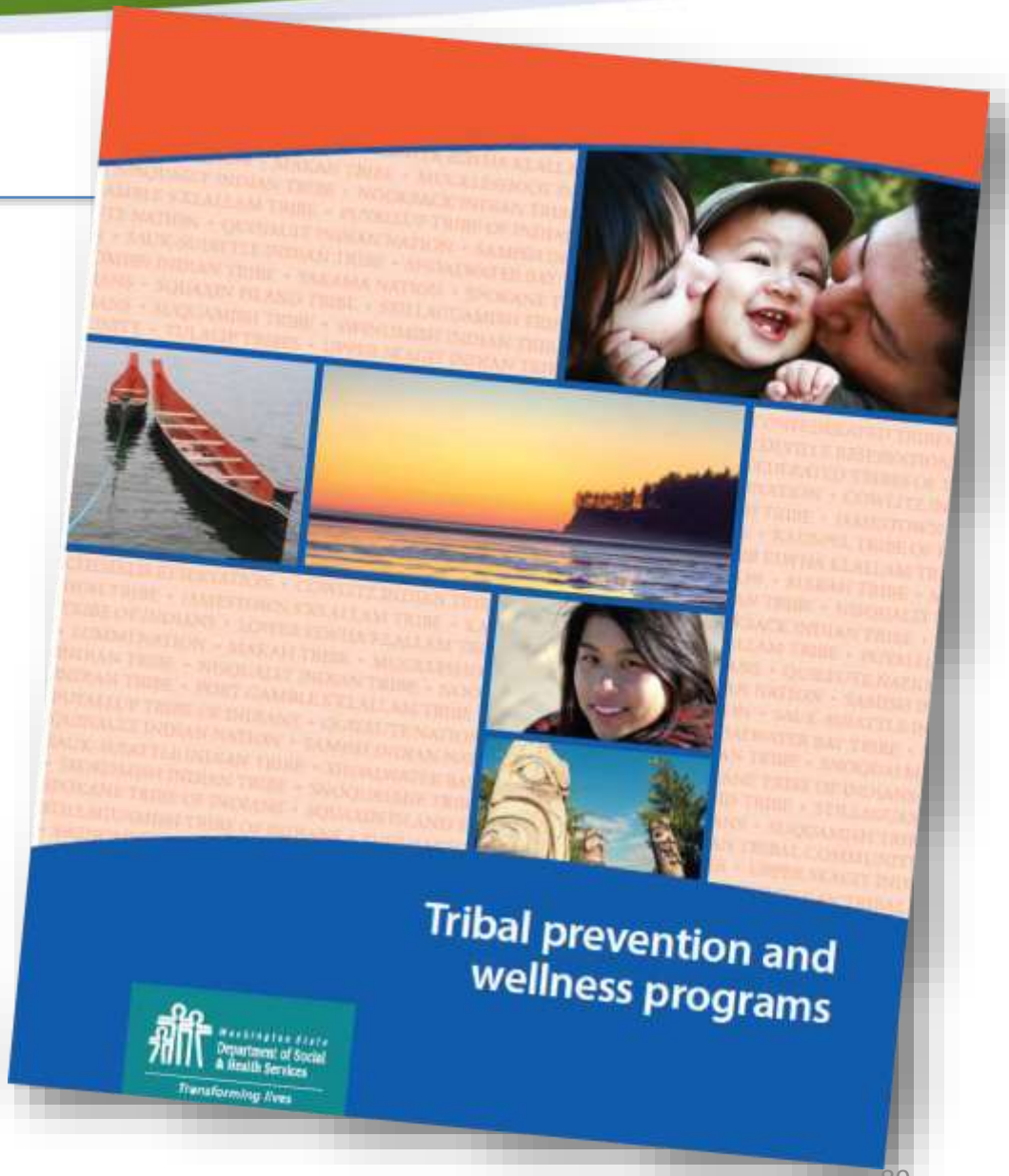


SUD Prevention Services

- Tribal Prevention Services
- Community Prevention Services - Community Prevention Wellness Incentive and Community Based Organizations
- Life Skills Training *(OSPI)*
- Home Visiting *(DEL)*
- Prevention EBP Training

Tribal Services

- $772k in grants for SFY 16-17 for 26 of 29 federally recognized tribes
- Prevention and Treatment services
- Training and Technical Assistance
- Tribal Prevention Gathering
- Culturally competent programs



The CPWI Model

- Community Prevention and Wellness Initiative
  - Partnership of state agencies, counties, schools, and prevention coalitions
  - Empower communities to make sustainable changes
  - Provide funding, training, and technical assistance
  - Better target and leverage limited public resources
  - Focus on high needs communities and priority populations

CPWI – DMA Expansion (Cohort 4)

Selection: Expansion to five Communities identified using 2015 Risk Rankings

- $869,000 in distributed funds to support program development, implementation, and maintenance
- Max $110,000/year for each site
- Encouraged to work with Community-based Orgnaizations
- Distribution coverage considerations include:
  - Size of Community
  - Urban/Rural
  - East/West
  - School Districts Like Us Clusters

CPWI – DMA Enhancement

Process: Increase current Communities funding:

- $1.8 million in distributed funds to 41 Communities to reach $110,000/year
- Support program development, implementation, and maintenance
- Direct and environmental services from list of Youth Marijuana Use Prevention Programs
- 4 additional FTE Prevention/Interventionist in schools
- LifeSkills training curricula enhancement

Prevention Grants for Community–based Services

- Utilize $300,000 of DMA funds for statewide competitive process RFA/RFP to provide services using the list of Youth Marijuana Use Prevention programs for eligible community-based organizations (CBO).
  - Single-site grants for up to $20,000
  - Multi-site grants for up to $100,000

- CBO proposals include:
  - Collaboration with other efforts in defined area (CPWI, DFC, other youth serving organizations);
  - Specific community service area boundaries including location of services;
  - Specific demographics of populations that will be the target of services;
  - Budget narrative and justification for requested funding amount; and
  - Plan for addressing health disparities.

I-502 Life Skills Training

Implementation in Middle Schools:

- Existing staff of health educators implement Life Skills curriculum (beginning January/Semester 2 of 2015-16 school year)
  - Up to 31 schools.
  - Funding for schools for student materials.
- Priority will be given to:
  - Current CPWI schools that would like to implement Life Skills as the prevention strategy for the Student Assistance Program.
  - Feeder middle schools (where the P/I is in the CPWI high school), if the P/I is in the middle school, serve other middle schools in the community.
  - Other indicated highest-need communities per risk ranking.

Home Visiting

- DBHR contracts with Department of Early Learning (DEL) for over $3 million in home visiting services in SFY 16-17.
  - 480 cumulative home visits
  - 154 funded families served
  - 106 cumulative families served

- Consideration to high-need communities (collaborate with CPWI as applicable).
- Home visiting services follow EBP/RBP/Promising requirements per statute.

Transforming Lives

Cost-Benefit Analysis

Washington State Institute for Public Policy (WSIPP)

I-502 Requires Cost Benefit Analysis

- Earmarked $200k/year in funds for CBA by WSIPP
- Requires WSIPP to examine outcomes for:
  - Public Health
  - Public Safety
  - Substance Use
  - Criminal Justice System
  - Economic Impacts
  - Administrative Costs and Revenues
- Reports to Legislature in 2015, 2017, 2022, and 2032
- First Two reports are available at: http://www.wsipp.wa.gov/Reports

Outcomes From CBA Reports

- 2015 Report
  - Preliminary
  - General overview of law and system
  - Reviewed licensing, sales, and regulatory data
  - No findings

Outcomes From CBA Reports

- 2017 Report had several findings
  - No evidence of effects of retail cannabis sales on any drug-related charge categories
  - No evidence that the amount of legal cannabis sales affected cannabis abuse treatment admissions.
  - No evidence that the amount of legal cannabis sales affected youth substance use or attitudes about cannabis or drug-related criminal convictions
  - Did find evidence that **higher levels of retail cannabis sales affected adult cannabis use** in certain subgroups. BRFSS respondents 21+ who lived in counties with higher levels of retail cannabis sales were **more likely to report 30 day use, and heavy use.**

Limitations from CBA Reports

- Sales and related data did not begin until July 2014, and the system ramped up slowly
- Unregulated medical system was combined with recreational in July 2016
- Lack of longitudinal data due to short time frame
- Within state analysis only, not cross sectional
- Constant law and regulatory changes since enactment of legalization
- Private liquor sales began 6 months prior to I-502

Transforming Lives

Policies, Troubling Trends, Lessons Learned, and Successes

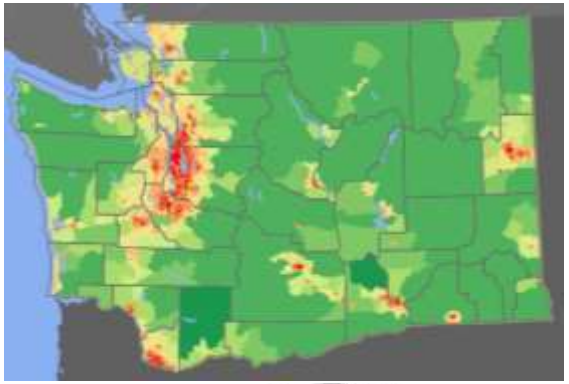
Washington State Department of Social & Health Services
Transforming lives

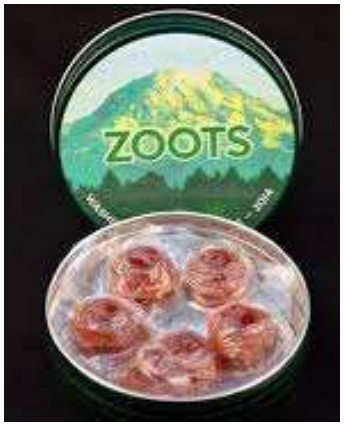
PO Box 45050, Olympia, WA 98504 | www.dshs.wa.gov

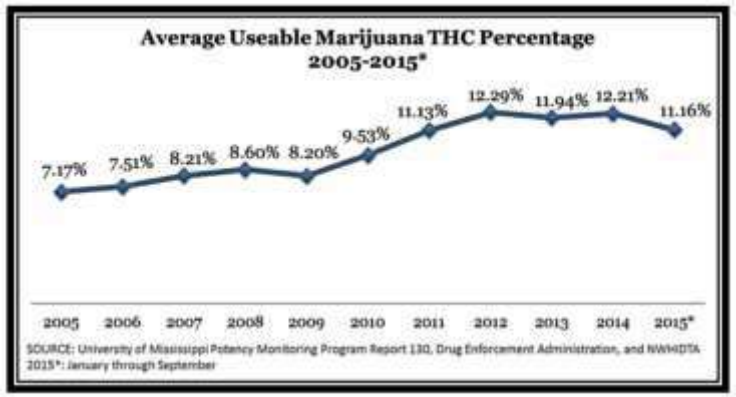
Policies in WA

- Earmarked funds for prevention, treatment, education
- No home grow allowed (only adult use state)
- Advertising Restrictions
- No Delivery allowed Public Use Prohibitions
- Preemption allowed - Local Zoning/Bans
- Edible required warning, childproofing, max dosage levels
- Tied House Laws - Three tiered system
- Taxes – highest in the country, but prices keep dropping
- Cash Business Changing – 10% fee levied for cash tax payments
- Cannot infuse with alcohol or tobacco

Major Lessons Learned







Troubling Trends

- Product Proliferation
- Poison Center calls increase
- Higher THC Concentrates and products
- Allowed Edibles are still attractive to children
- Advertising Everywhere and difficult to enforce
- Proportion of fatal crashes increase
- Admit to driving high or with high
- Continual decrease in prices even with high taxes
- Use During Pregnancy, or breastfeeding
- Increase need for home secure storage
- Marijuana at private events – infused food or “weed bar”

Successes

- 30 Day Use Rates are steady!
- Expand Prevention Services
- Increase Capacity (EBP, training, other)
- Advertising Restrictions
- Packaging Requirements (warning symbol)
- Edible dosage Limitations
- 10,000+ Marijuana Toolkits Distributed
- Support Research (Roadside, HYS, WSIPP)
- Most Youth Don’t Use Marijuana!!!

Resources

- Athena Forum - www.theathenaforum.org/marijuana
- DBHR - www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery
- Healthy Youth Survey - www.AskHYS.net
- Start Talking Now - www.starttalkingnow.org
- Liquor and Cannabis Board – http://lcb.wa.gov
- University of Washington Alcohol and Drug Abuse Institute – www.LearnAboutMarijuanaWA.org

Questions?

For more questions, contact:

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