

Lessons Learned from Marijuana Legalization in Washington State a Deeper Dive

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State College, PA

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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

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
 - Total sales and excise taxes since from July 2014 through April 2016:
 - **Sales: \$2.5 billion** (shelf price including excise tax)
 - **Excise Tax: \$481.7 million**
 - \$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

Fiscal year	Total of cannabis excise taxes plus license fees	Administrative expenses and pre-distribution allotments	Total to distribute	Distribution of remaining funds						
				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**

Estimated Net to Distribute			\$155,882,285	\$260,209,170
Agency	For	I-502*	FY 16	FY 17
Dept. of Social and Health Services	Prevention and reduction of substance abuse	15 %	\$12,814,000 (8.2%)	\$27,786,000 (10.7%)
Dept. of Health	Marijuana education and public health program	10 %	\$7,500,000 (4.8%)	\$7,500,000 (2.9%)
Univ. of Washington	Research on short- and long-term effects	.6 %	\$207,000 (.13%)	\$207,000 (.08%)
Washington State Univ.	Research on short- and long-term effects	.4 %	\$138,000 (.09%)	\$138,000 (.05%)
Health Care Authority	Basic Health Trust Fund Account	50 %	\$77,941,000 (50%)	\$130,105,000 (50%)
	Contracts with community health centers	5 %	\$5,351,000 (3.4%)	\$12,520,000 (4.8%)
Office of Superintendent of Public Instruction	Drop-out prevention	0.3 %	\$251,000 (.16%)	\$511,000 (.2%)
General Fund		18.7 %	\$51,680,285 (33%)	\$81,442,170 (31%)

After initial allocations for implementation, surveys, evaluation and a website.

***Modified by Legislature in 2015, 2E2SSB2136

Source: Analysis by LCB May 2, 2016.

Funding Disbursements - DBHR

General

- HYS/Young Adult Survey
- Cost Benefit Analysis (*WSIPP*)

SUD Services

- Tribal Prevention and Treatment Services
- Prevention and Treatment EBP Training

- Youth Treatment Services
- JJRA Youth Treatment Services (*JJRA*)
- Parent-Child Assistance Program (*PCAP*)

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

Other 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**

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

MEDICAL SYSTEM INTEGRATION

Medical Data

- Qualifying conditions in database as of fall 2016:
 - Pain: 76%
 - Cancer: 7%
 - Nausea, vomiting, wasting: 5%
 - PTSD: 4%
 - Epilepsy: 3%
 - All others: >1% each

Medical Data

New patient database is providing data for the first time.

- Gender
 - Male 69%
 - Female 31%
- Authorizing healthcare practitioners
 - Naturopath: 51%
 - Medical Doctor (MD): 34%
 - Advanced registered nurse practitioner: 7%
 - Physician assistant: 4%
 - Osteopathic physician: 1%
 - Osteopathic physician assistant: 3%

YOUTH, YOUNG ADULTS, AND ADULTS

Healthy Youth Survey

The Healthy Youth Survey is a statewide school survey administered every 2 years since 1988. The current version has been implemented since 2002.

The HYS collects data on health risk behaviors that contribute to morbidity, mortality, and social problems among youth.

Respondents: 6th, 8th, 10th, and 12th grade students.

Schools: 1,000 public schools

Participants: 230,00 students

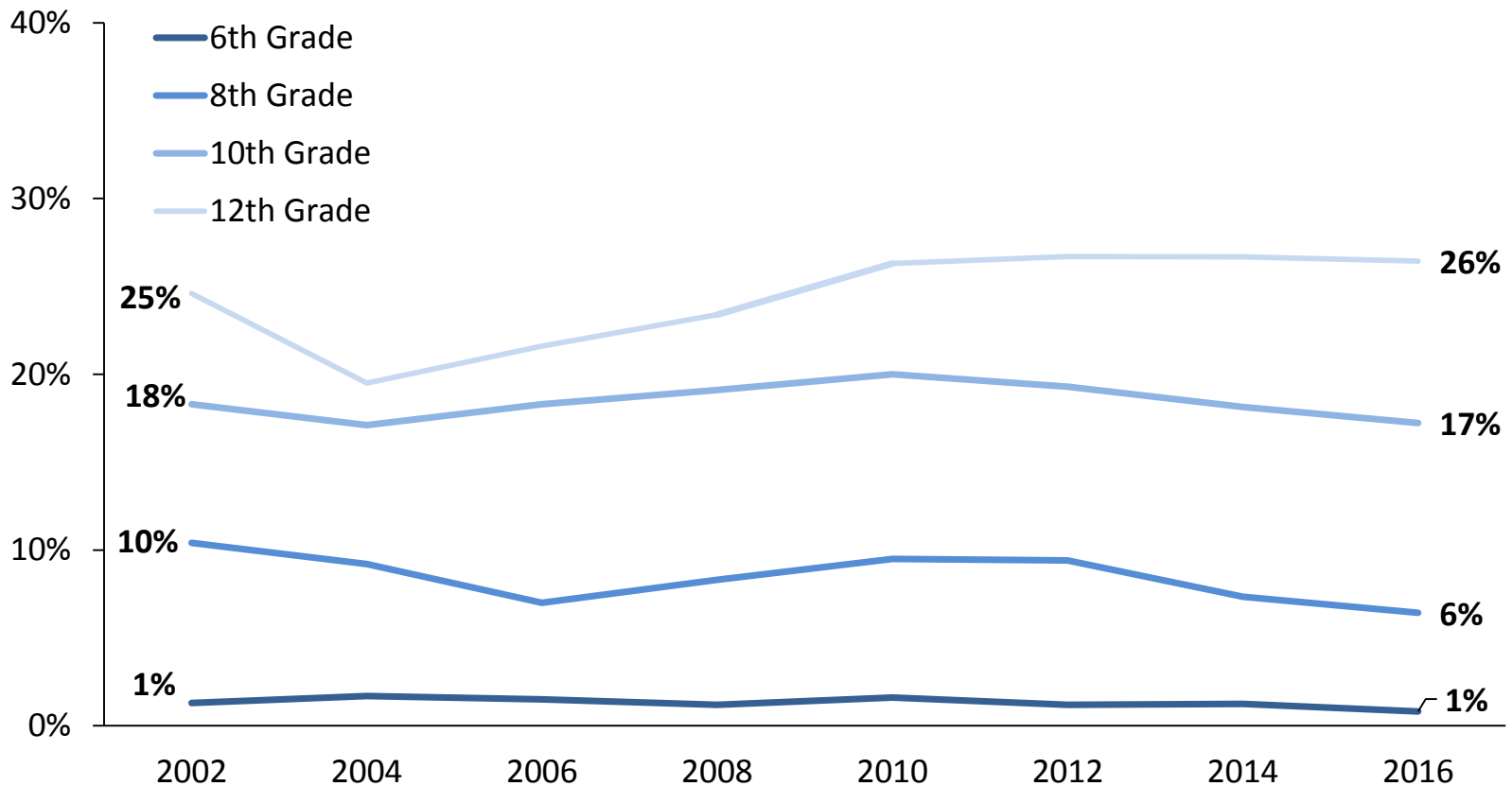
State Sample: 38,000 students

State Sample 10th Grade: 11,000 students



Marijuana Use: Youth, Past 30 Days

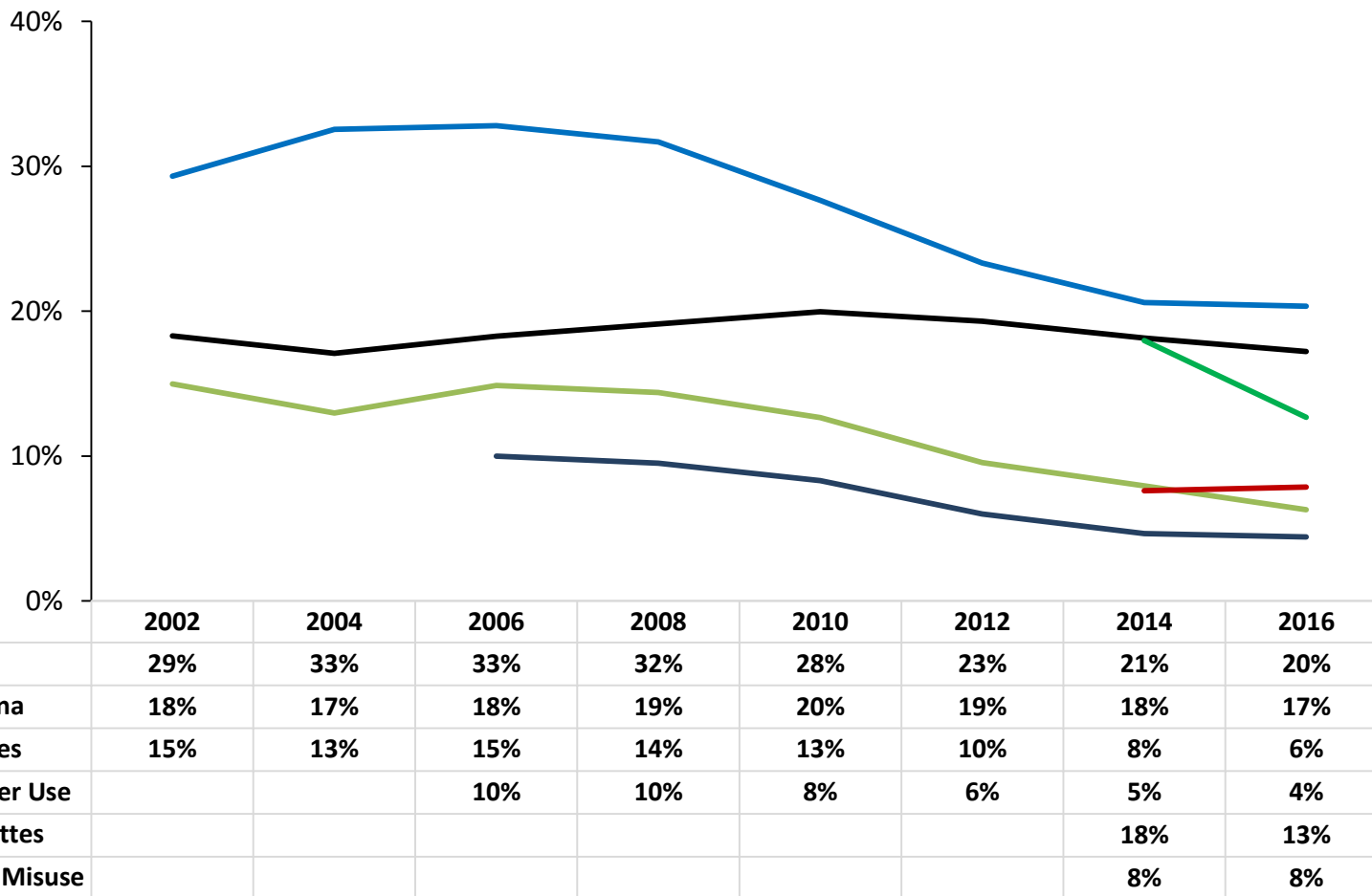
Used marijuana/hashish during the past 30 days?



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

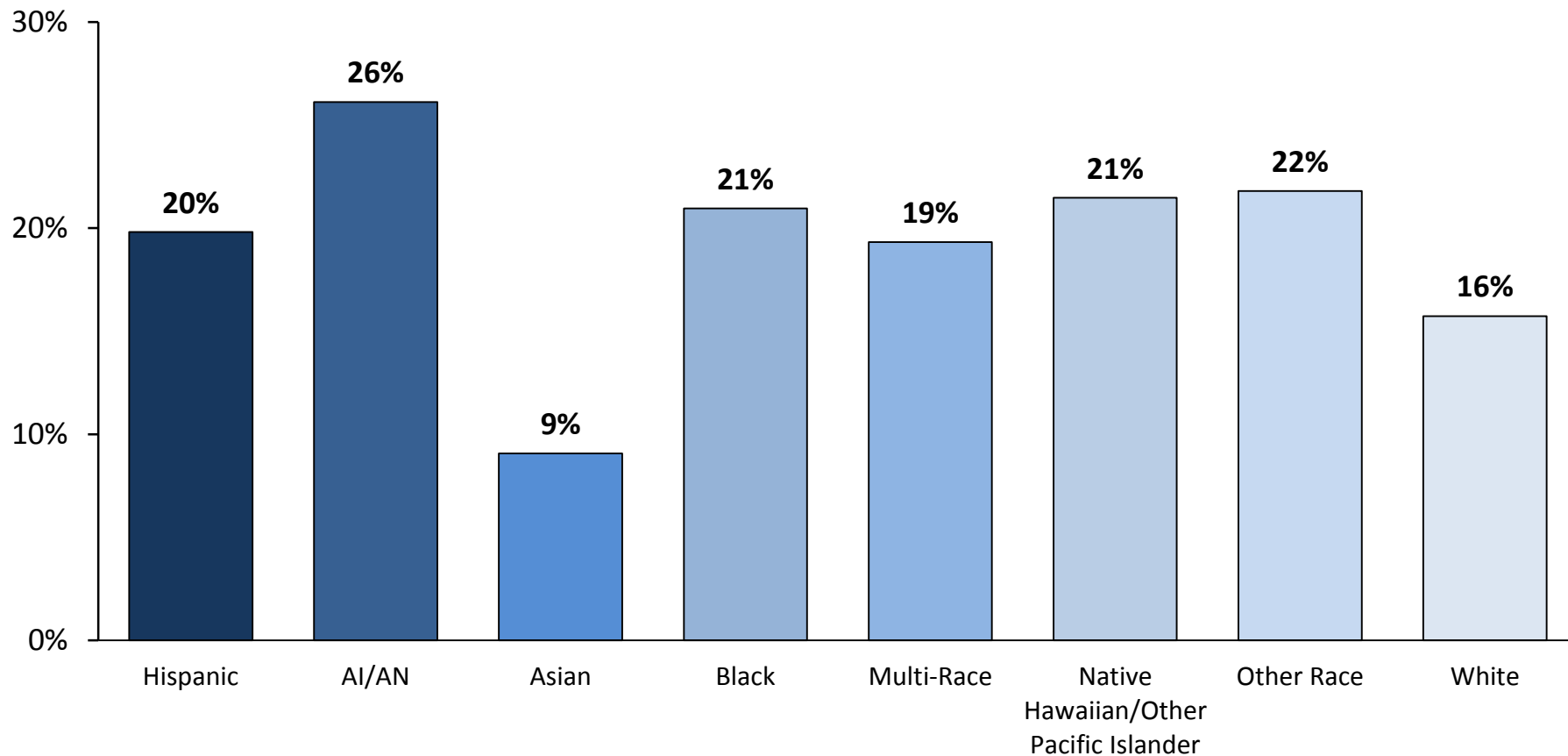


Summary 30-Day Substance Use 10th Graders, 2002-2016





Marijuana Use, Past 30 Days 10th Graders by Race and Ethnicity

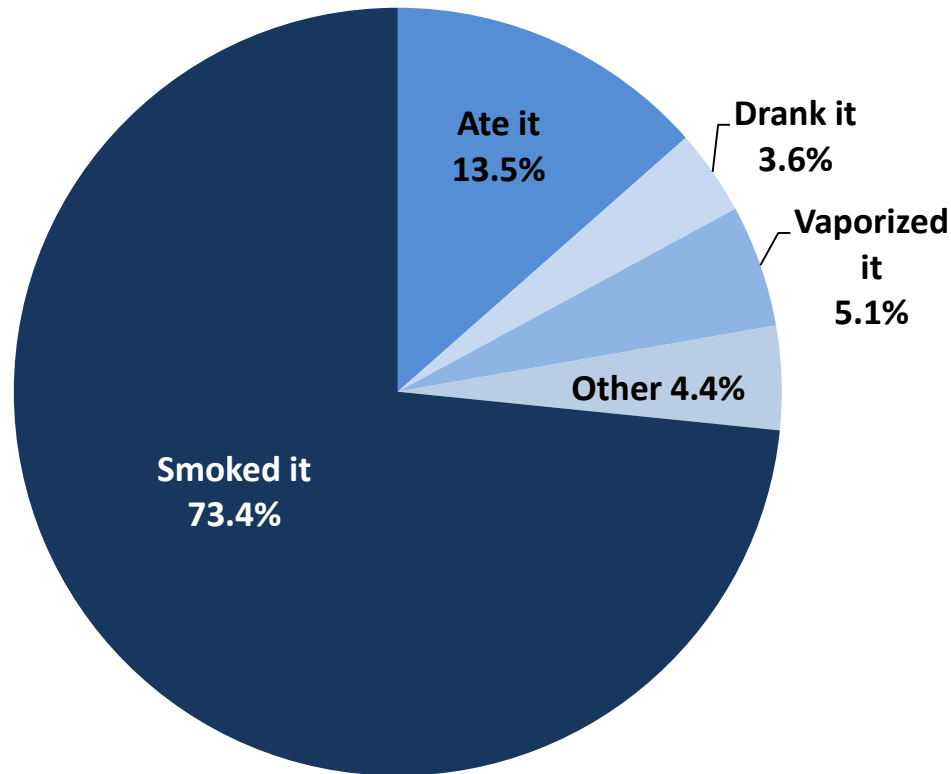


Source: Washington State Healthy Youth Survey – 2016.



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

10th
Grade

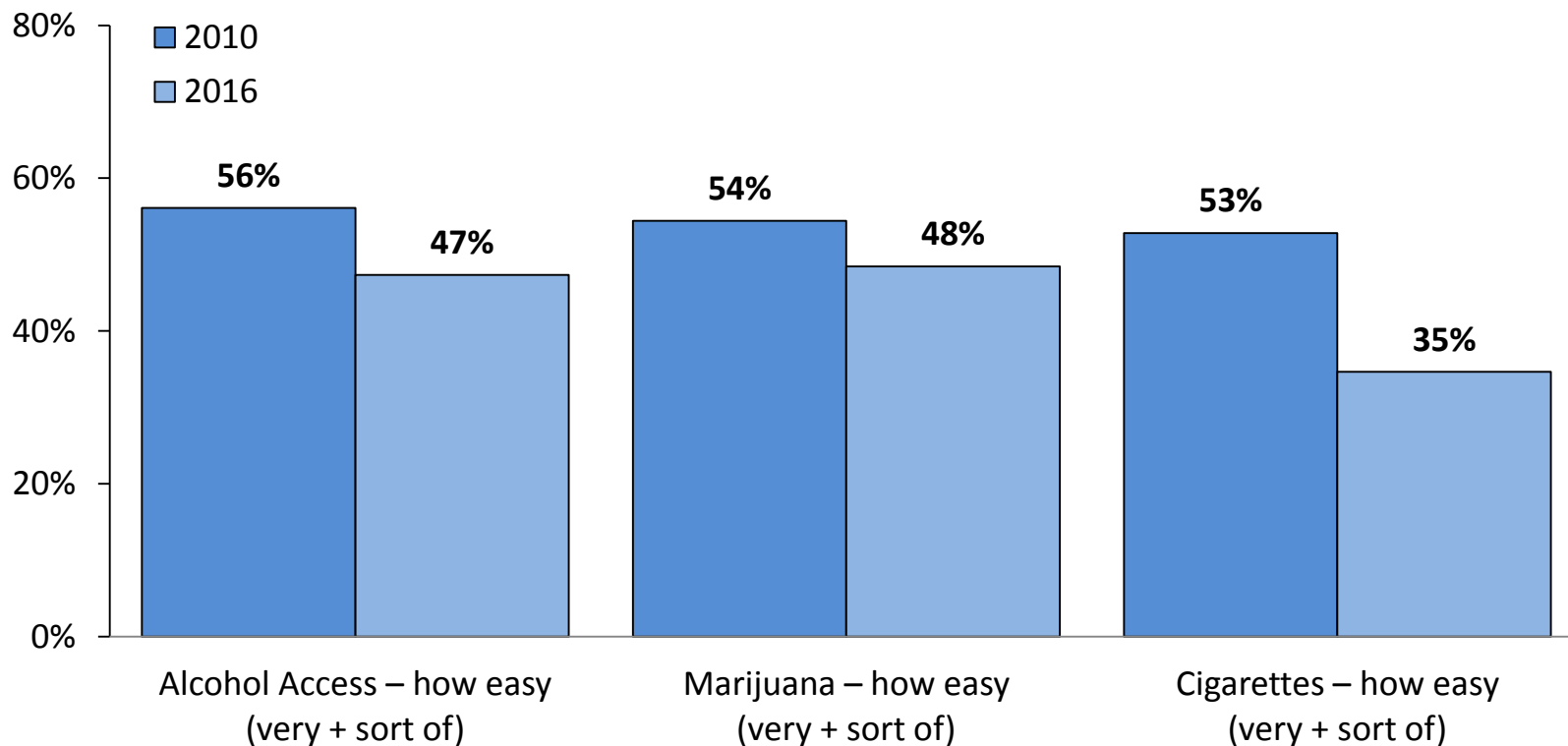


Source: Washington Healthy Youth Survey - 2016.

7/2/2017



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

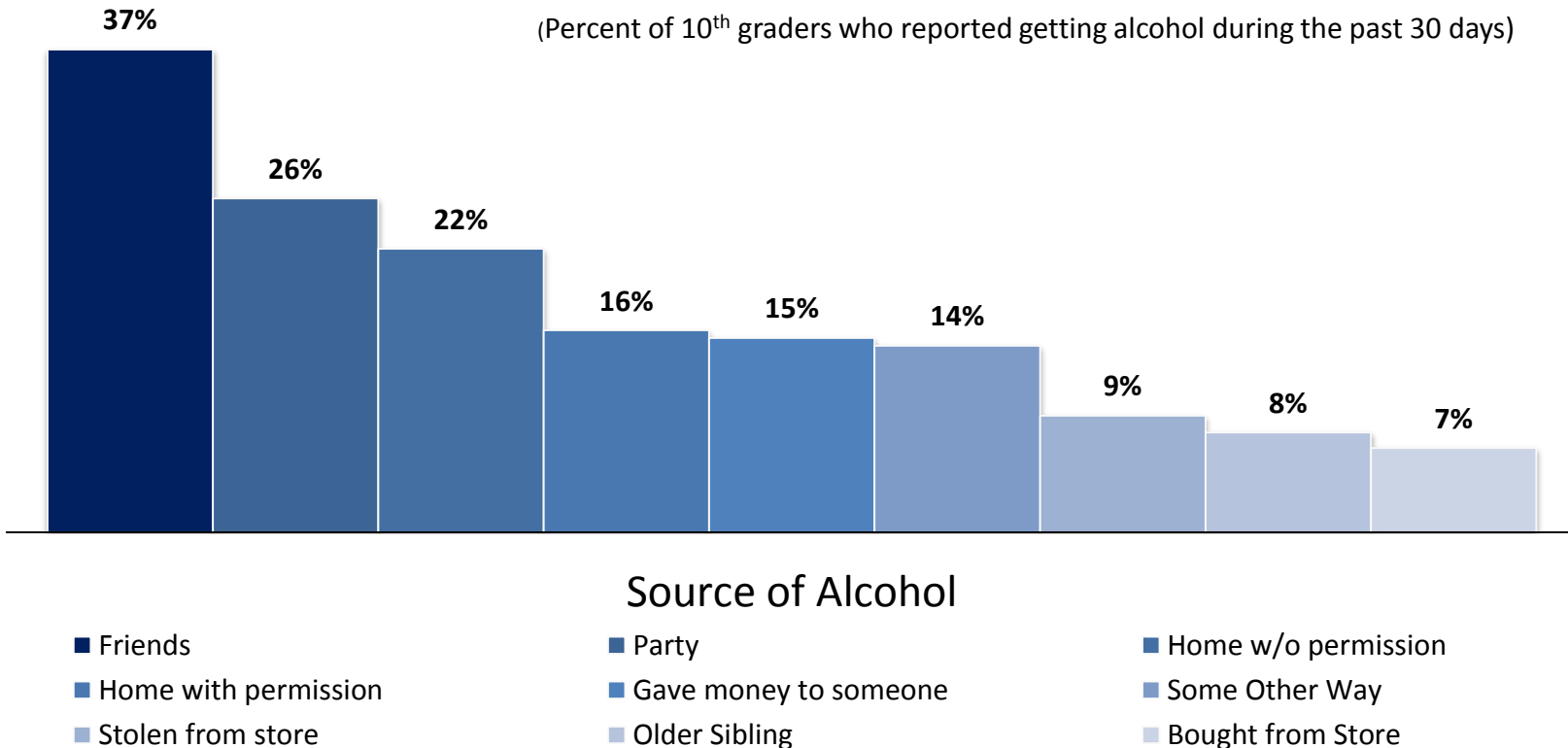


Source: Washington Healthy Youth Survey - 2010, 2016.



Youth Alcohol Access

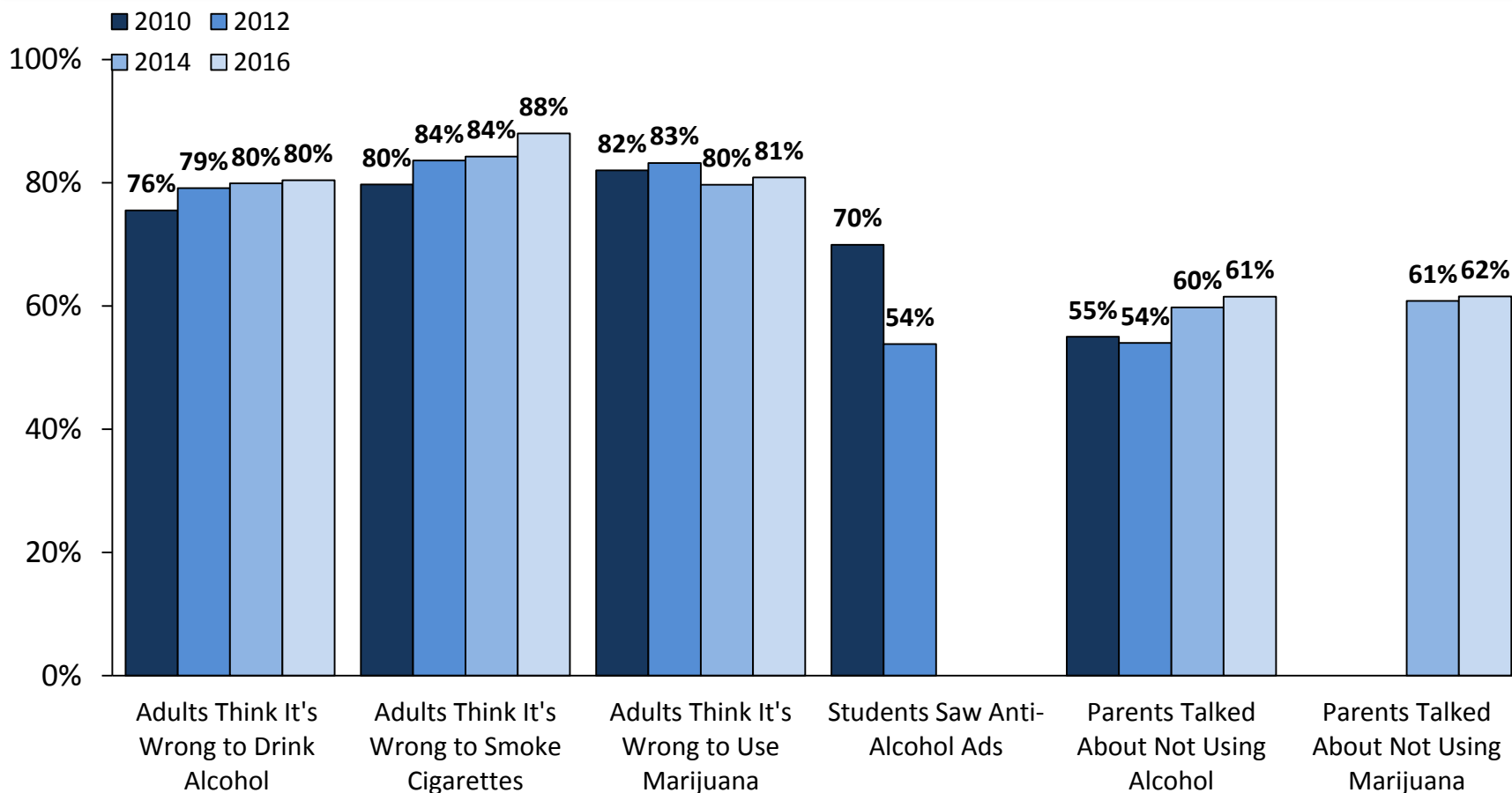
Where did you get alcohol in the past 30 days?



Source: Washington Healthy Youth Survey - 2016.



Community Protection and Prevention



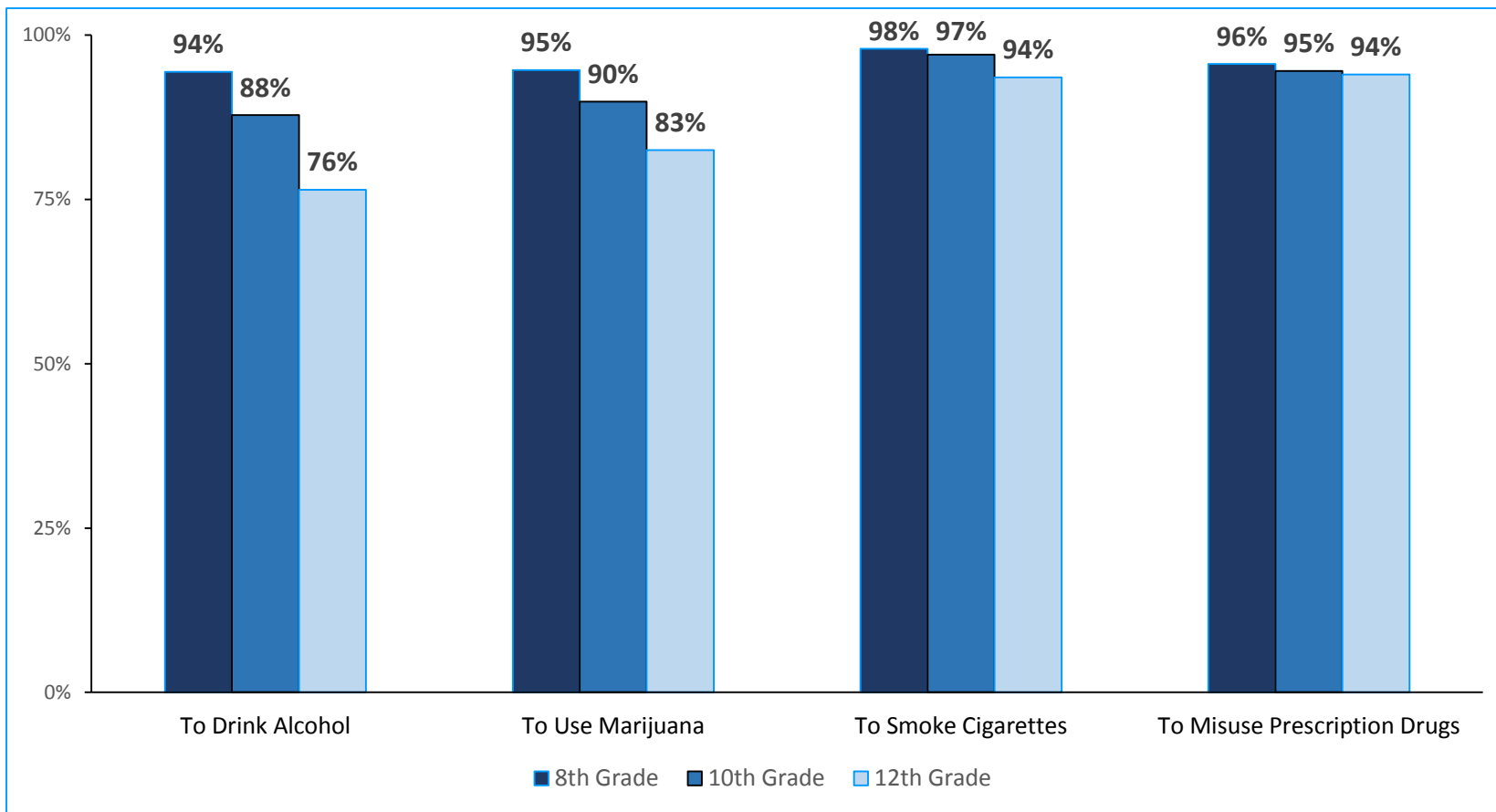
Source: Washington Healthy Youth Survey - 2010, 2012, 2014, 2016.

7/2/2017



2016 Parent Perceptions on Drug Use

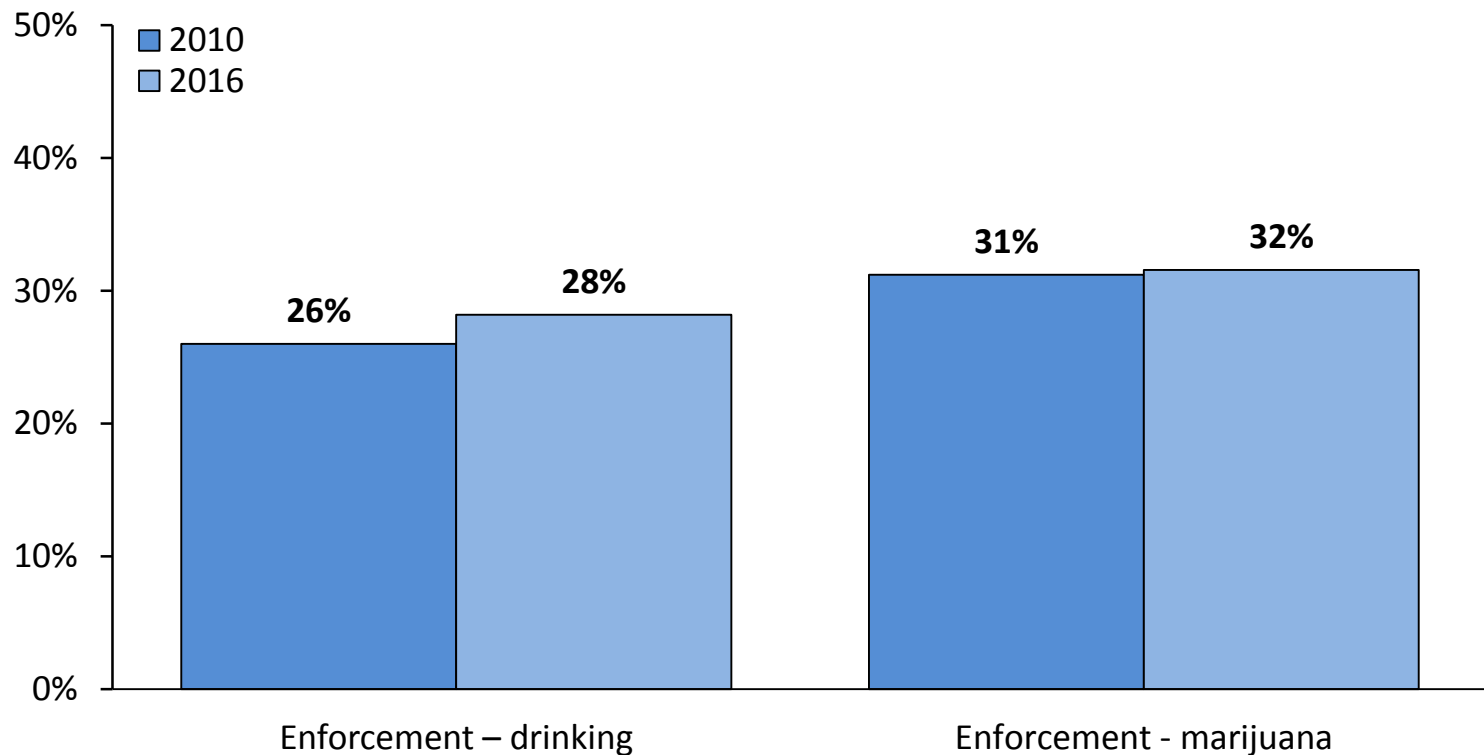
Use by youth is “wrong” or “very wrong.”



Source: Washington Healthy Youth Survey - 2016.



Youth Attitudes about Substance Use and Enforcement: 10th Graders

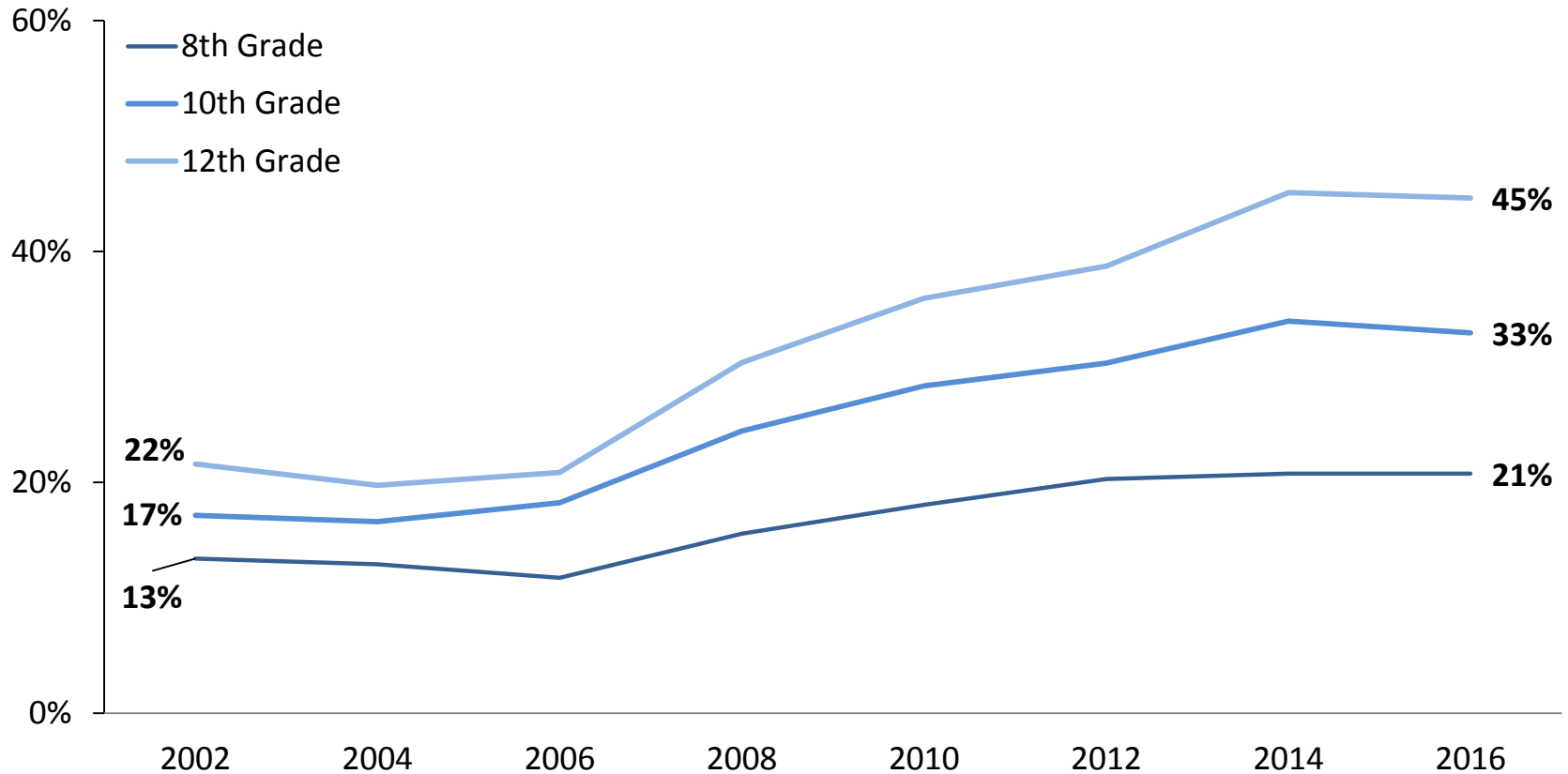


Note: Percentages account for responses of 'yes' and 'YES!'
Source: Washington Healthy Youth Survey - 2010, 2014, 2016.



Risk of Harm from Marijuana Use

Regular use has “no risk” or “slight risk”.



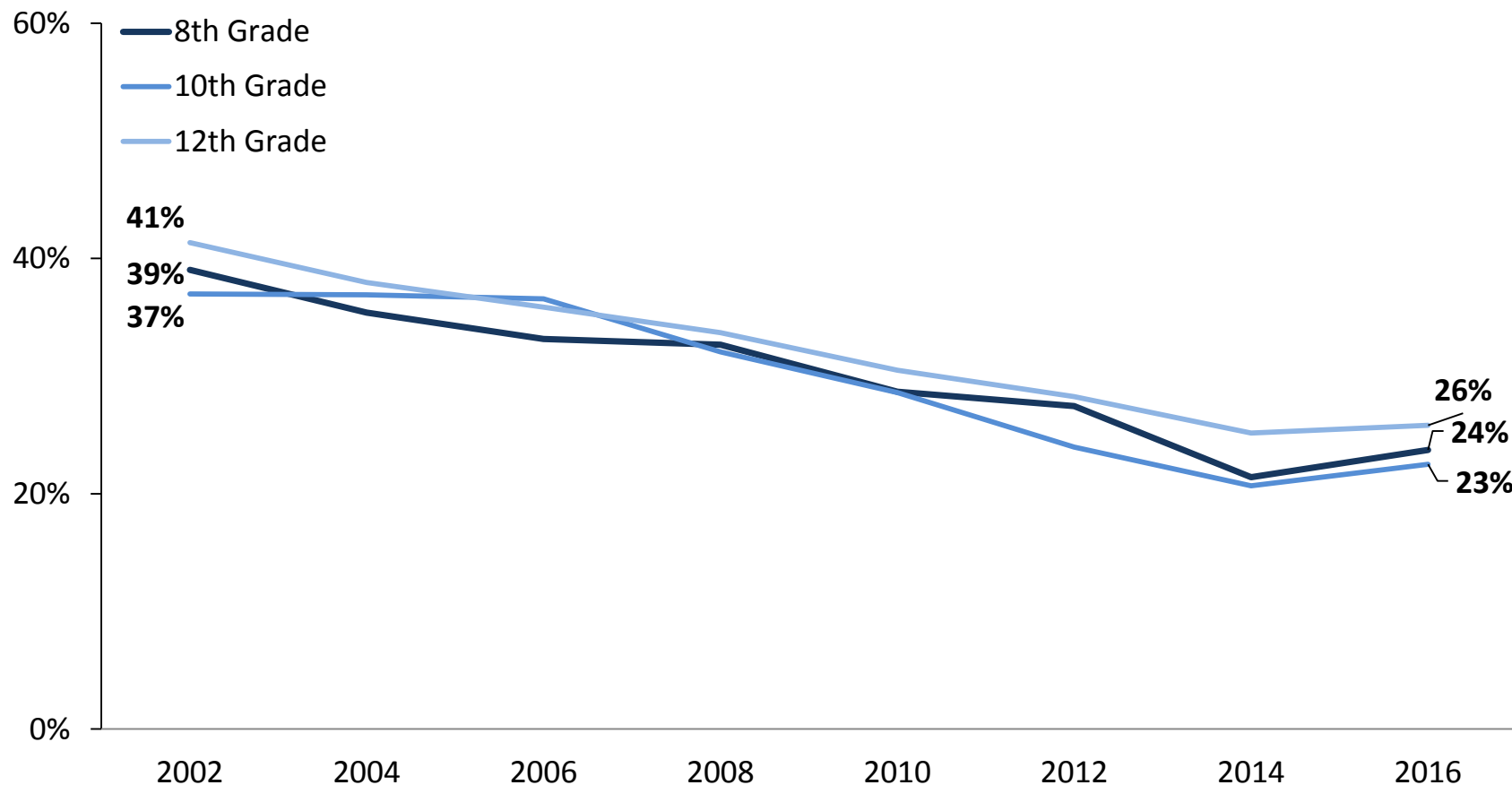
Note: Includes responses where using marijuana regularly has no risk or only a slight risk.

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



Risk of Harm from Alcohol Use

Drinking once or twice a day has “no risk” or “slight risk”.



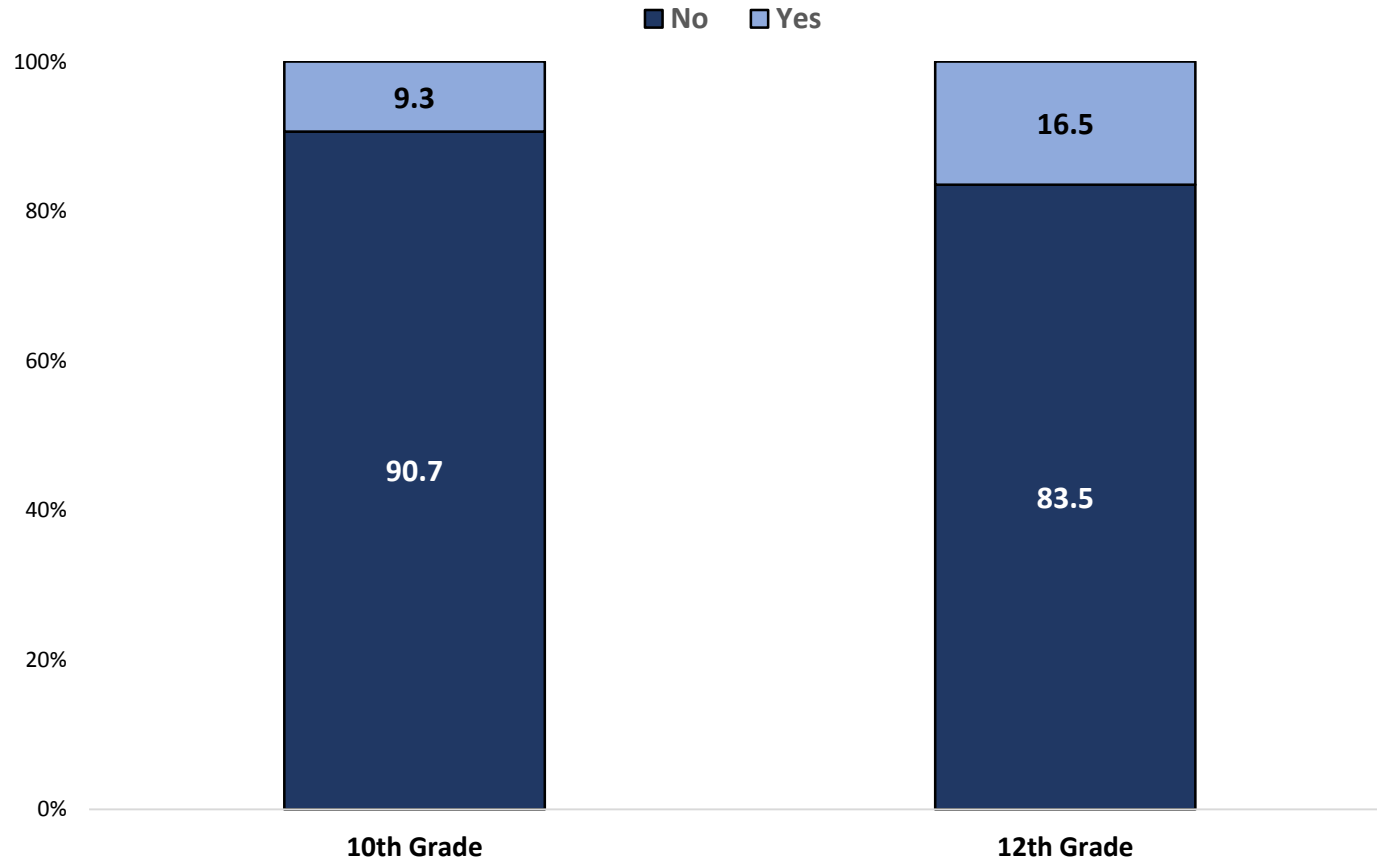
Note: Includes responses where using alcohol regularly has no risk or only a slight risk.

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

7/2/2017



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

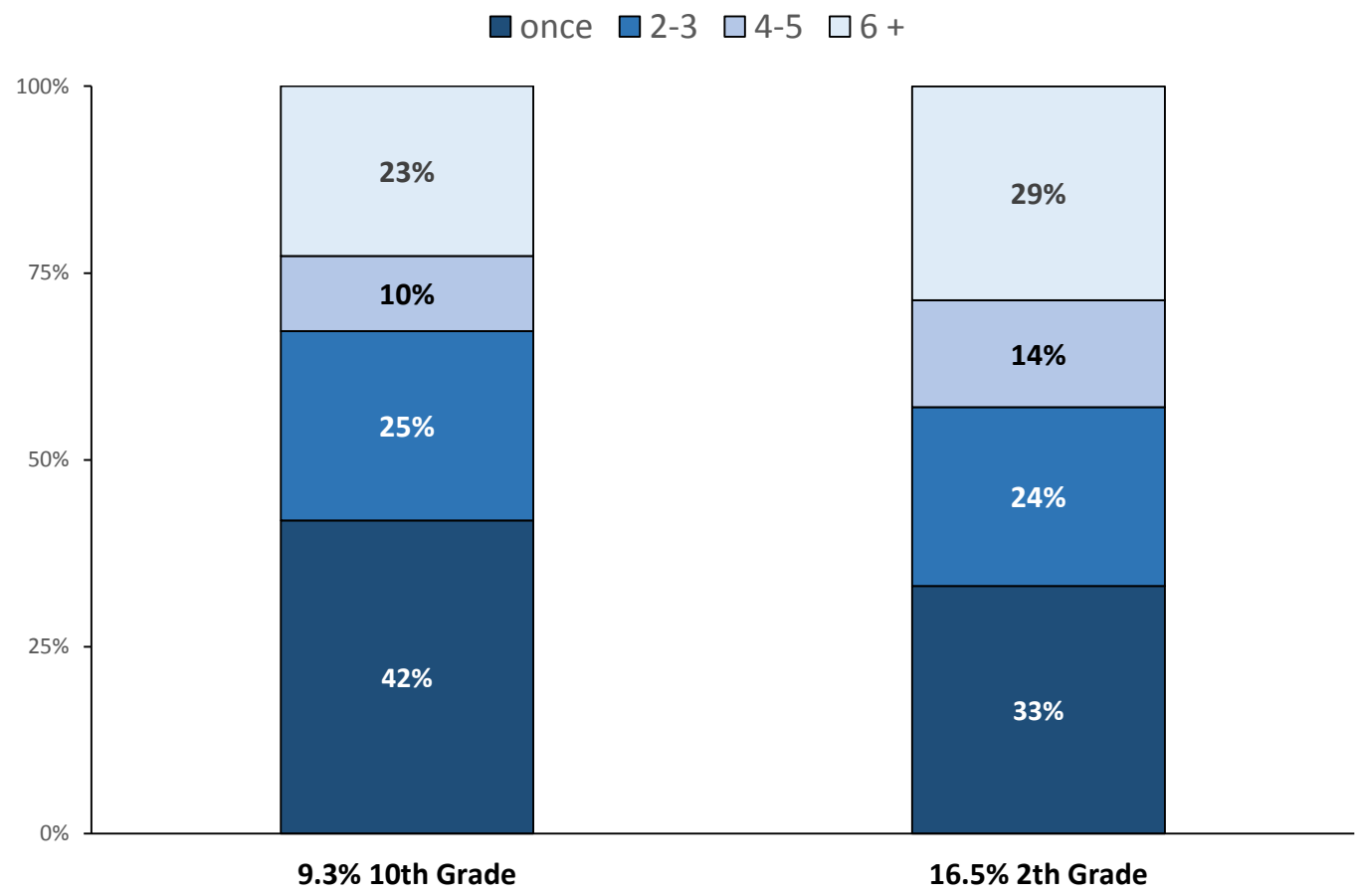


Source: Washington Healthy Youth Survey - 2016.

7/2/2017



Frequency of Driving within 3 Hours of Marijuana Use in the Past 30 Days among 10th and 12th Graders who responded “Yes.”



Source: Washington Healthy Youth Survey - 2016.

7/2/2017

Young Adult Health Survey

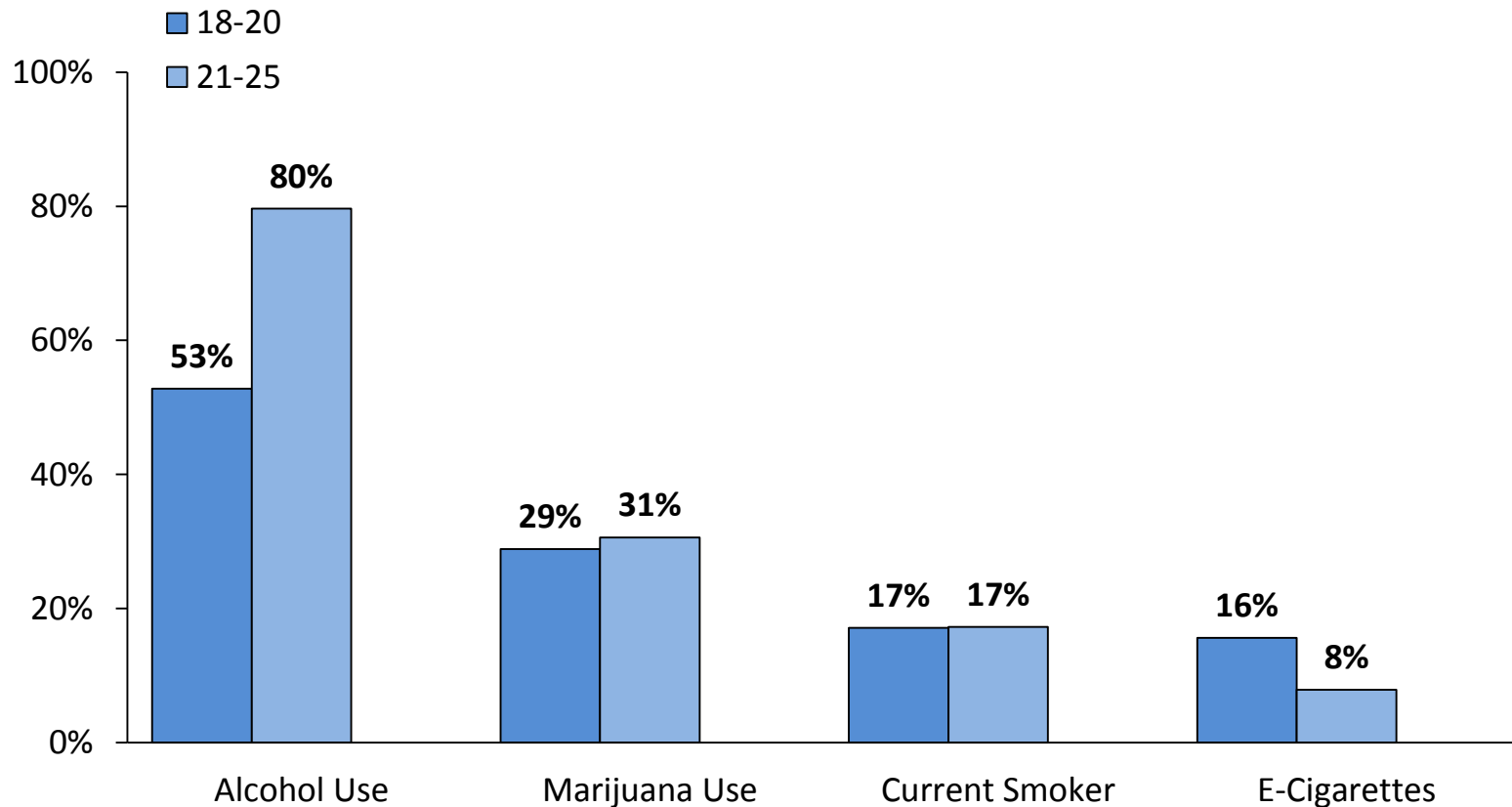
The Washington State Young Adult Health Survey (YAHS) is an annual online survey that measures marijuana and other substance use, risk factors, and perceptions of risk and consequences among young adults aged 18 to 25 residing in Washington State.

Participation 2015: 1,700

Non-Random Sample (convenience survey)

On-line survey strategy

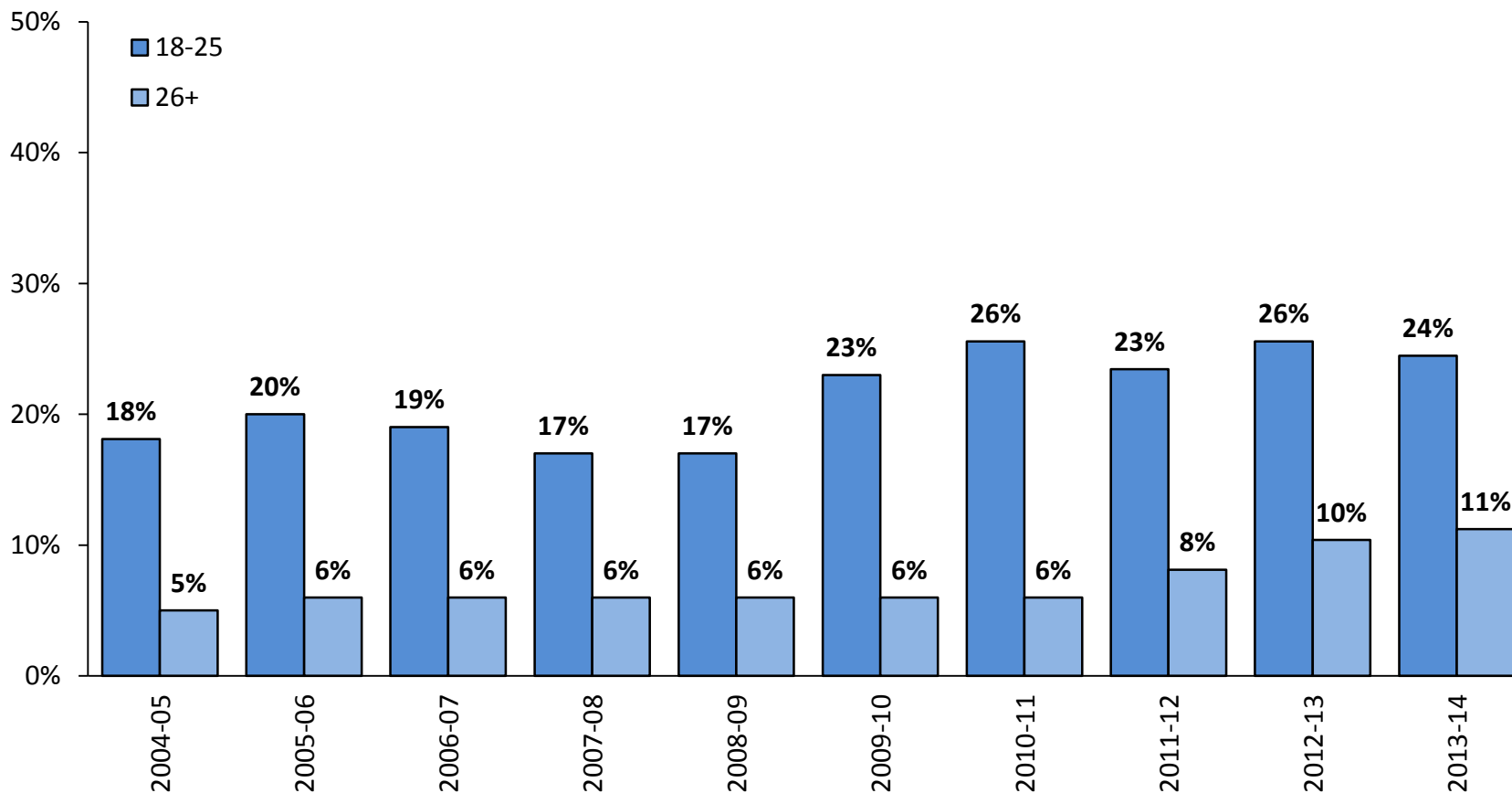
Young Adults by Age Group: 30-Day Drug Use



Source: Young Adult Health Survey - 2015

7/2/2017

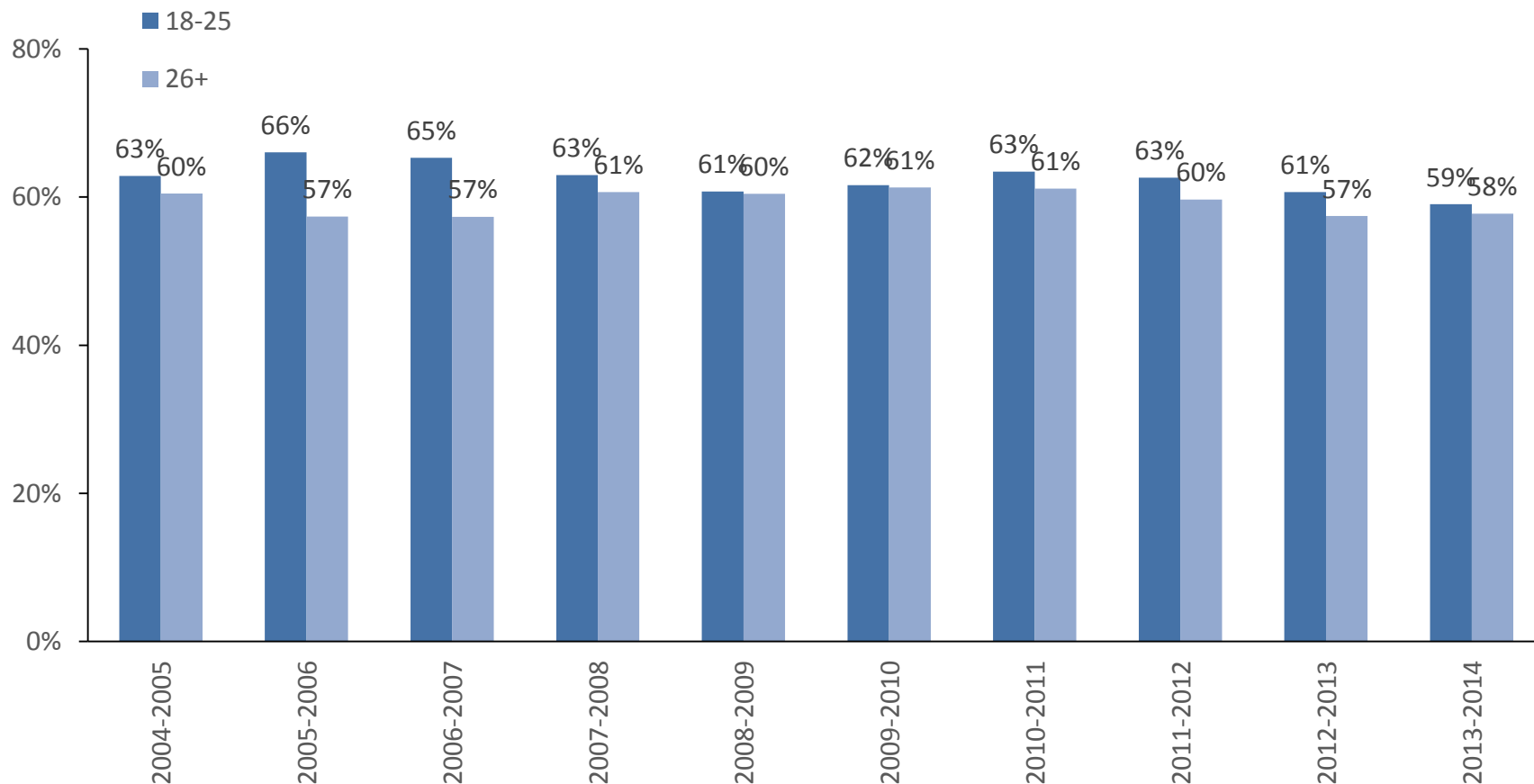
Marijuana Use: Adults, Past Month Washington State 2004-2014



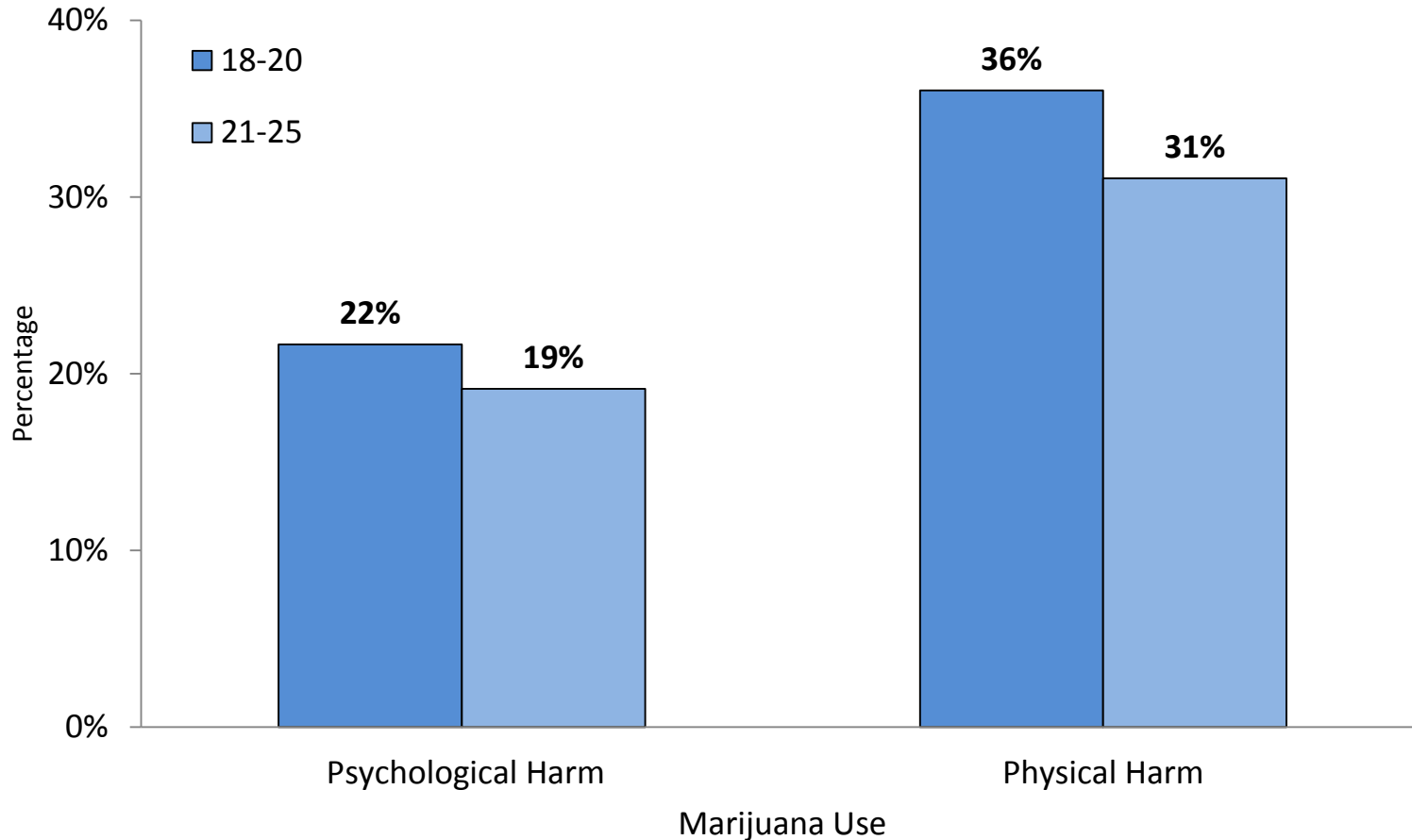
Source: National Survey on Drug Use and Health (NSDUH), 2004-2014.

7/2/2017

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



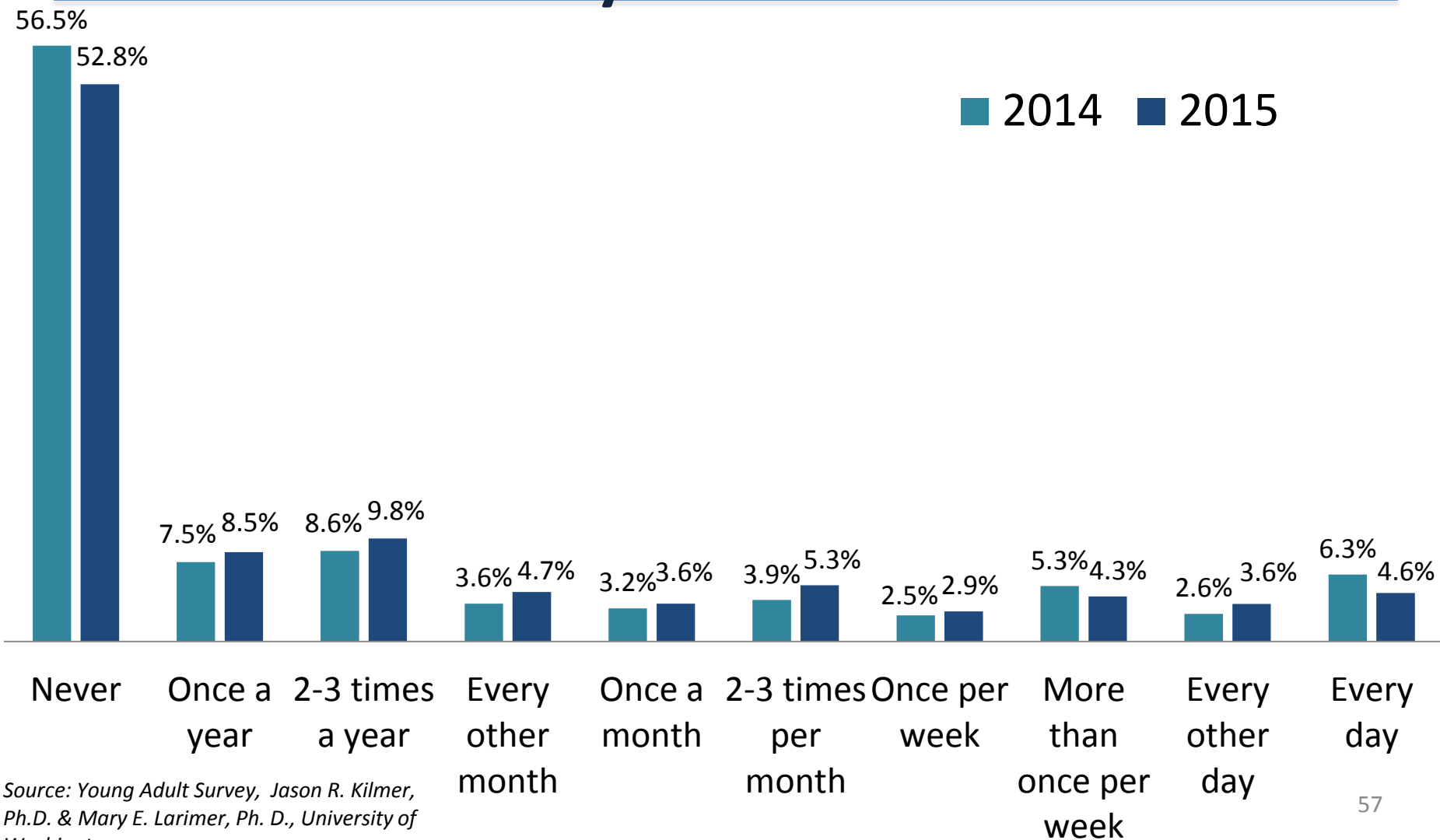
Risk of Harm from Marijuana/Cannabis Use: Young Adults



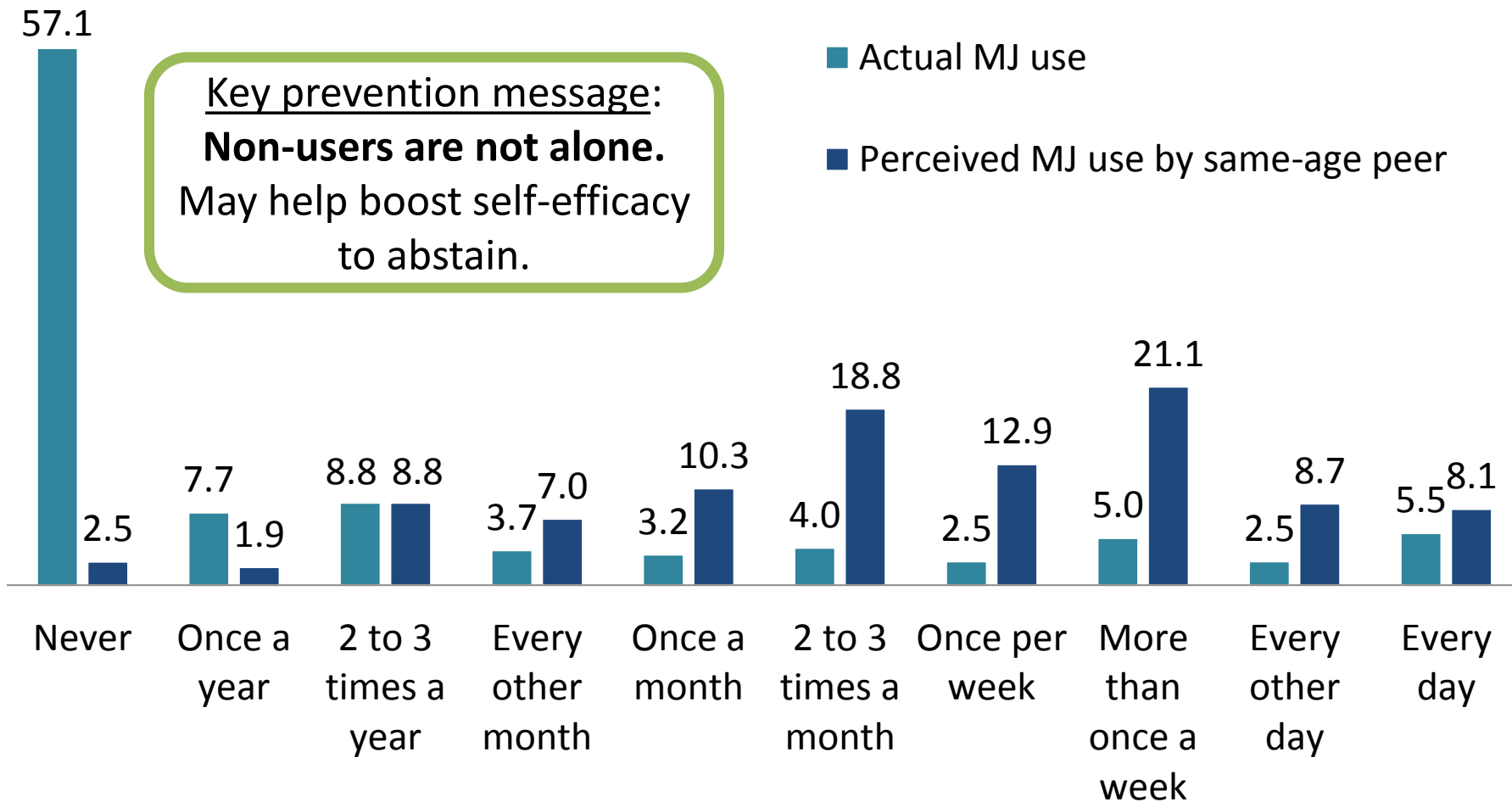
Source: Young Adult Health Survey 2015

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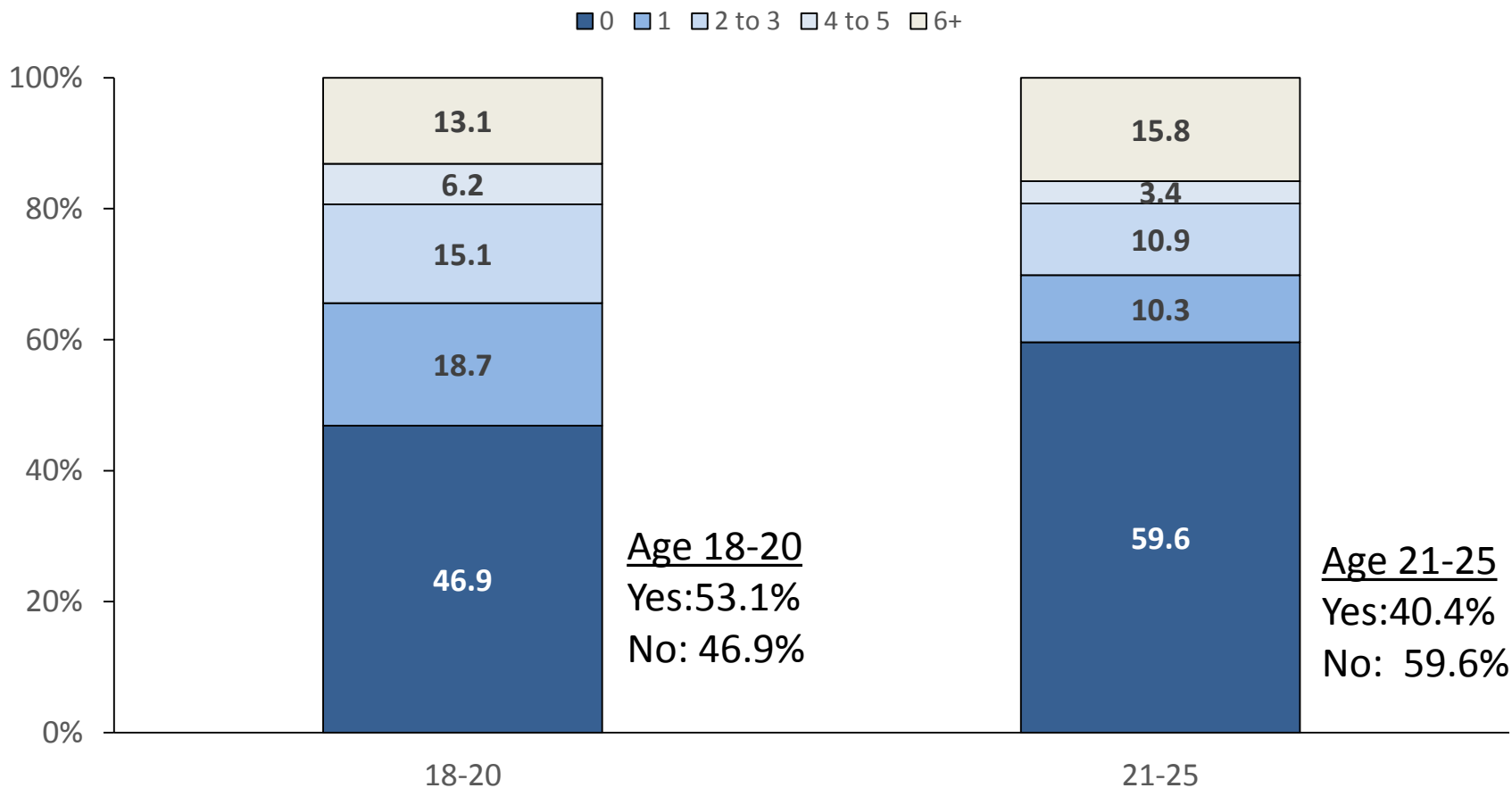
Past year recreational marijuana use in 18-25 year olds



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



Young Adults Driving within 3 Hours of Marijuana Use



Source: Young Adult Health Survey -2015

7/2/2017

Community Survey

- Yearly survey administered by community coalitions
- Started in 2011 with 12 communities
- Captures local attitudes about teen alcohol & drug use and prevention programming
- Data informs coalition's prevention strategies

Community Survey

Fielding the survey in 2016



59
coalitions

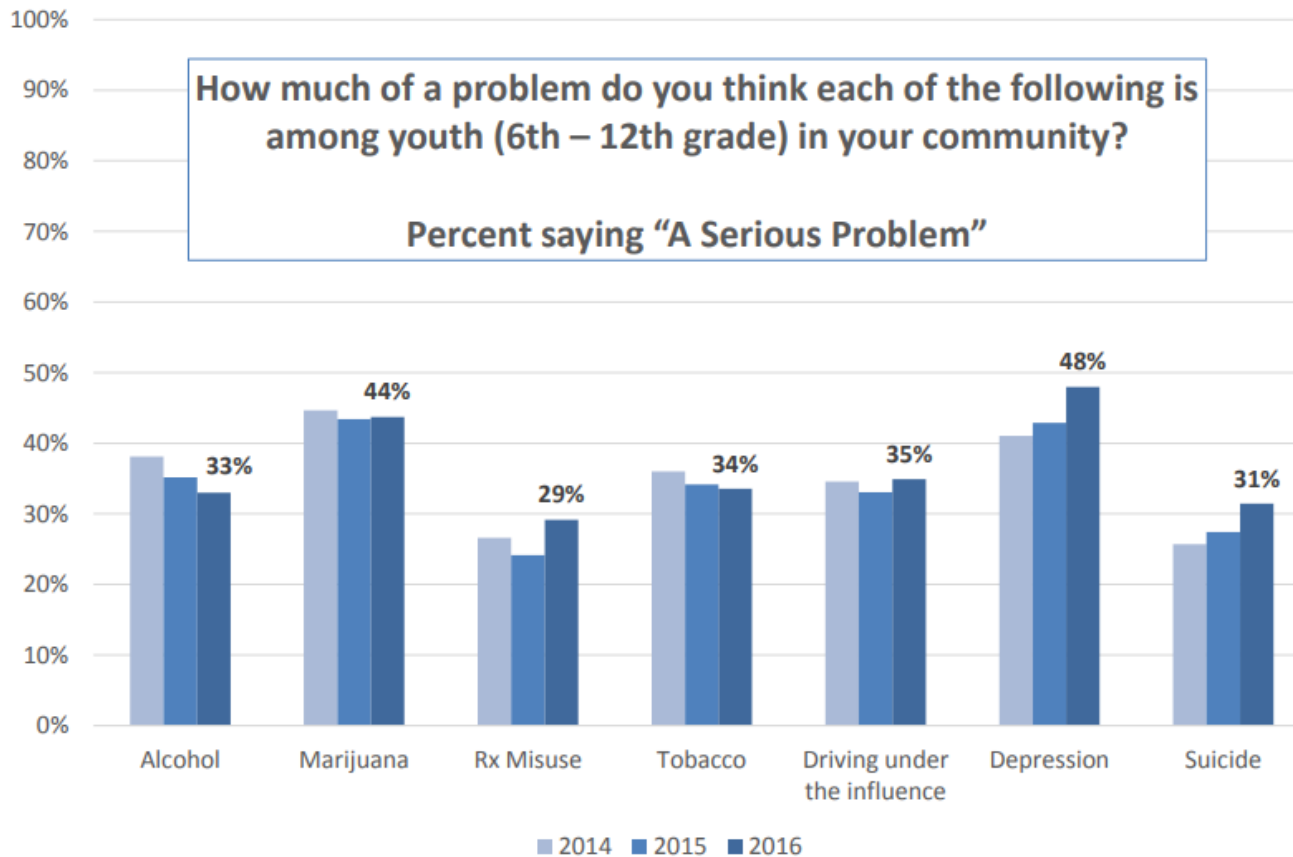
Administration Type	
Data Entry	36% (4,859)
English Online	63% (8,546)
Spanish Online	1% (151)



13,556
Total
respondents

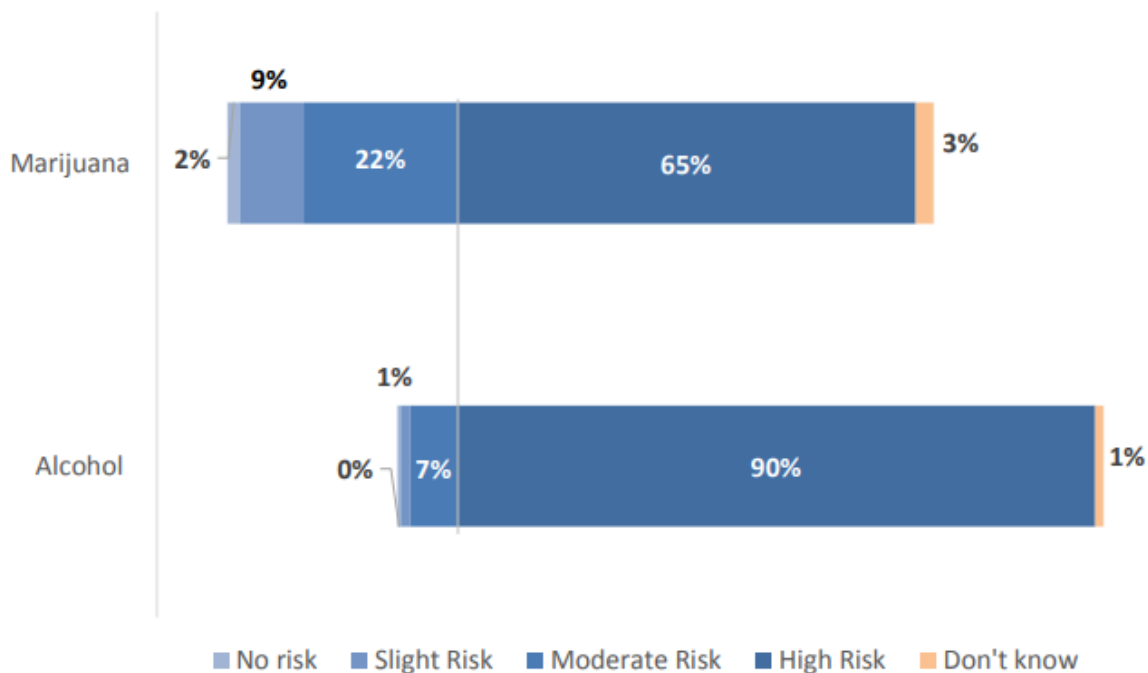
- Coalitions had a target minimum number of surveys to administer, based on population - vast majority met target

Community Survey

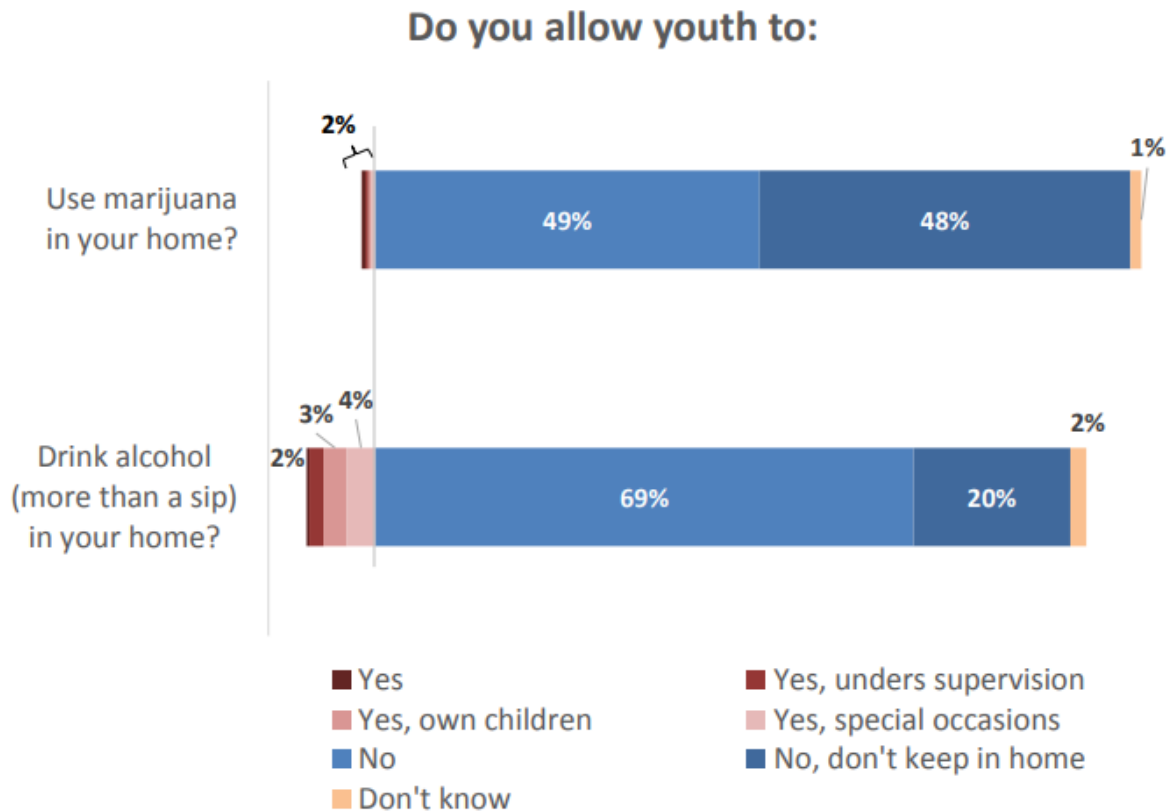


Community Survey

How much do you think people risk harming themselves and others when they drive under the influence?



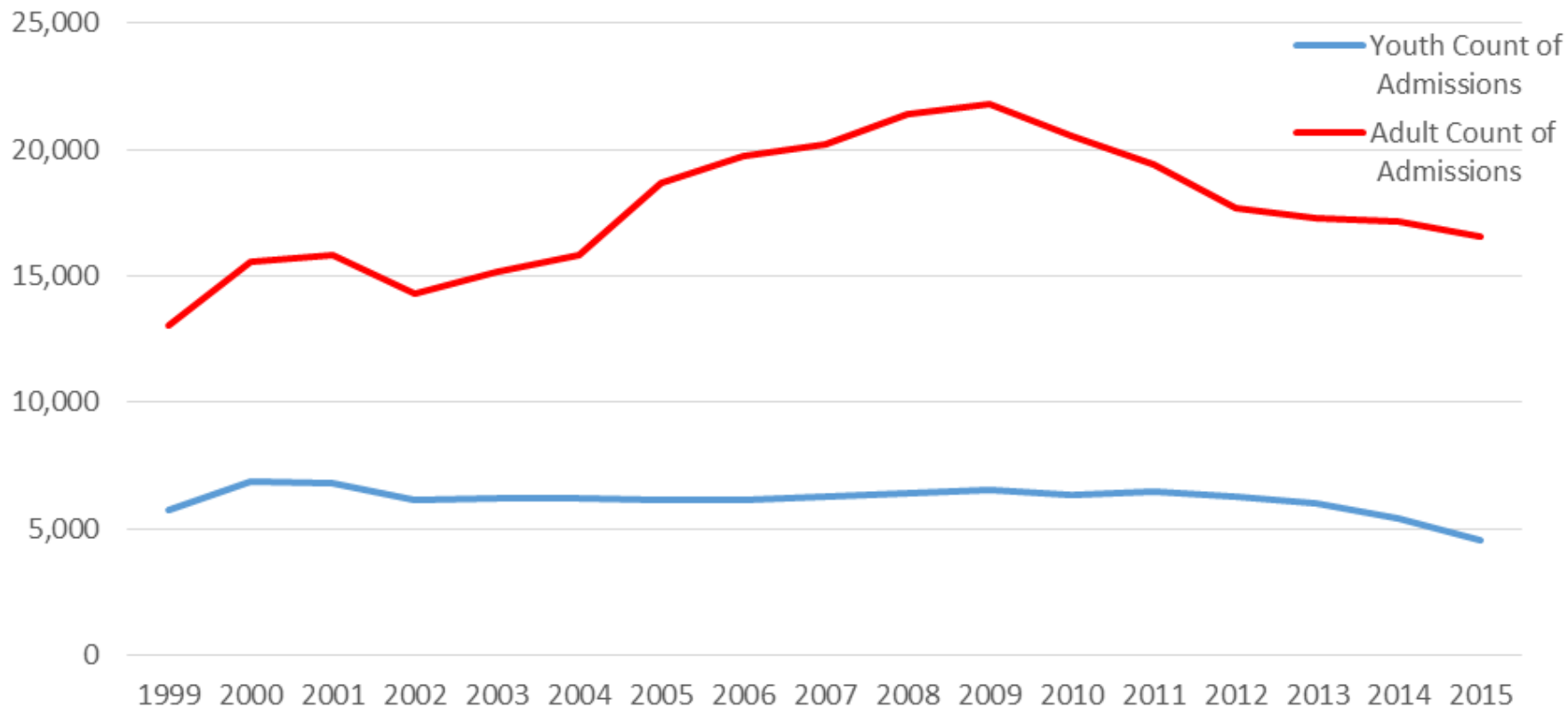
Community Survey



TREATMENT

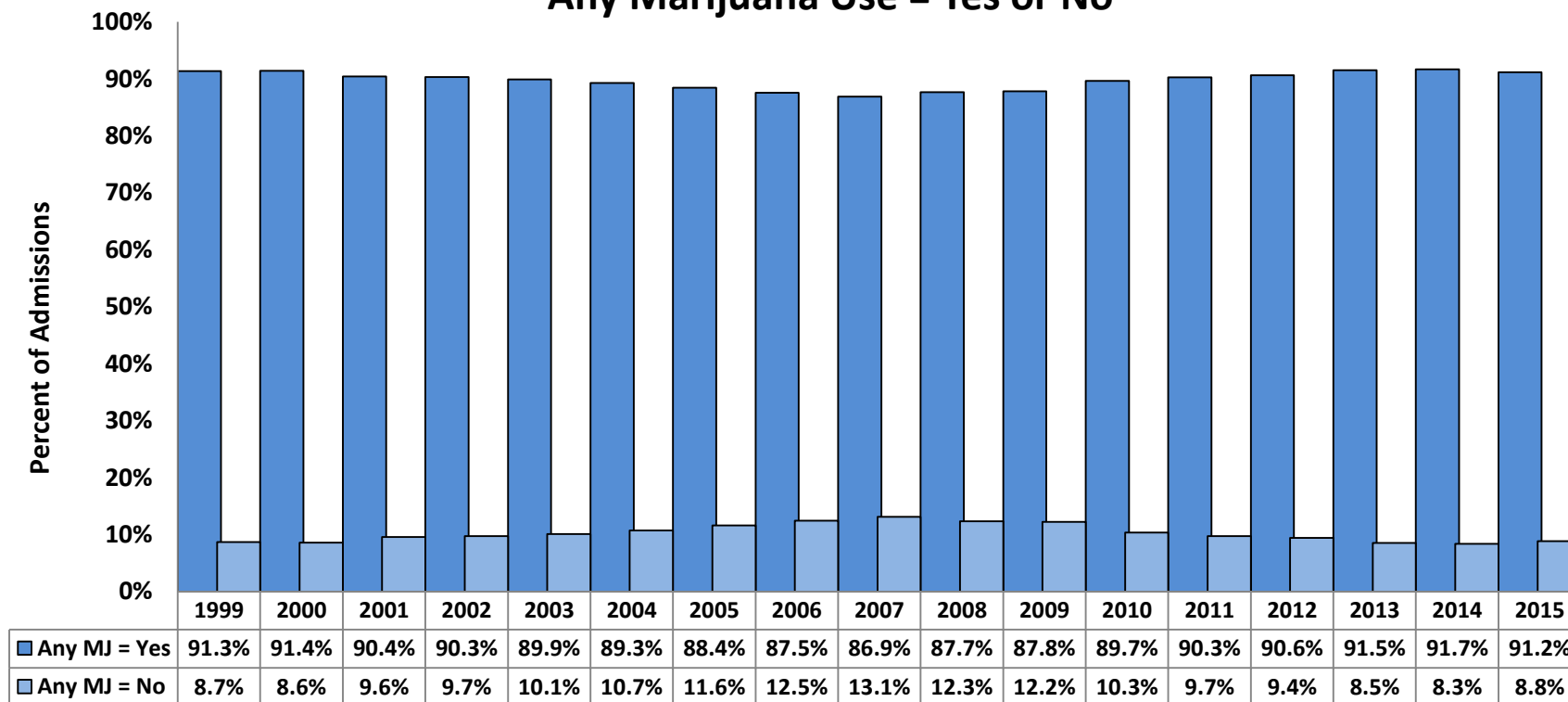
Treatment Rates for Marijuana

Count of WA Youth and Adult Marijuana SUD Treatment Admission
1999-2015



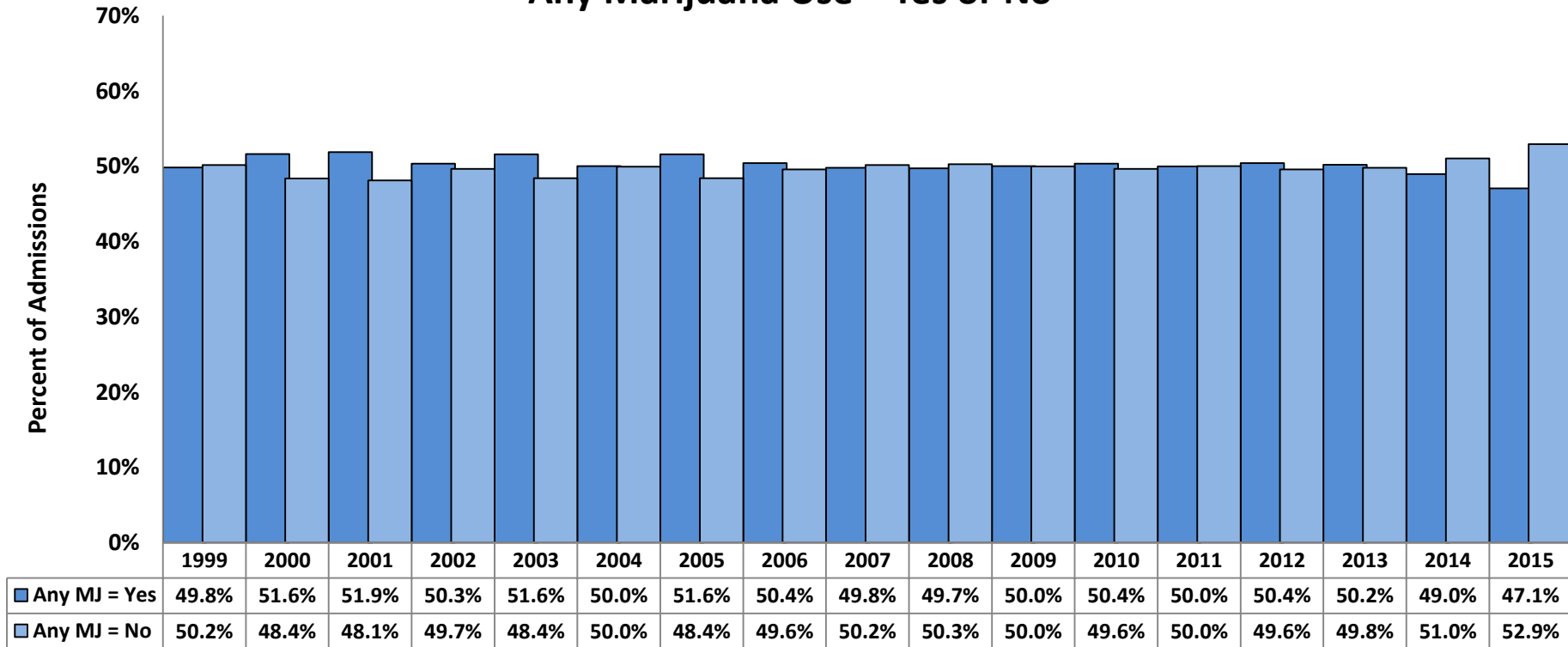
Count of youth admissions where marijuana is the primary, secondary, or tertiary substance from 1999-2015

Youth SUD Admissions: Calendar Years 1999 to 2015
Any Marijuana Use = Yes or No



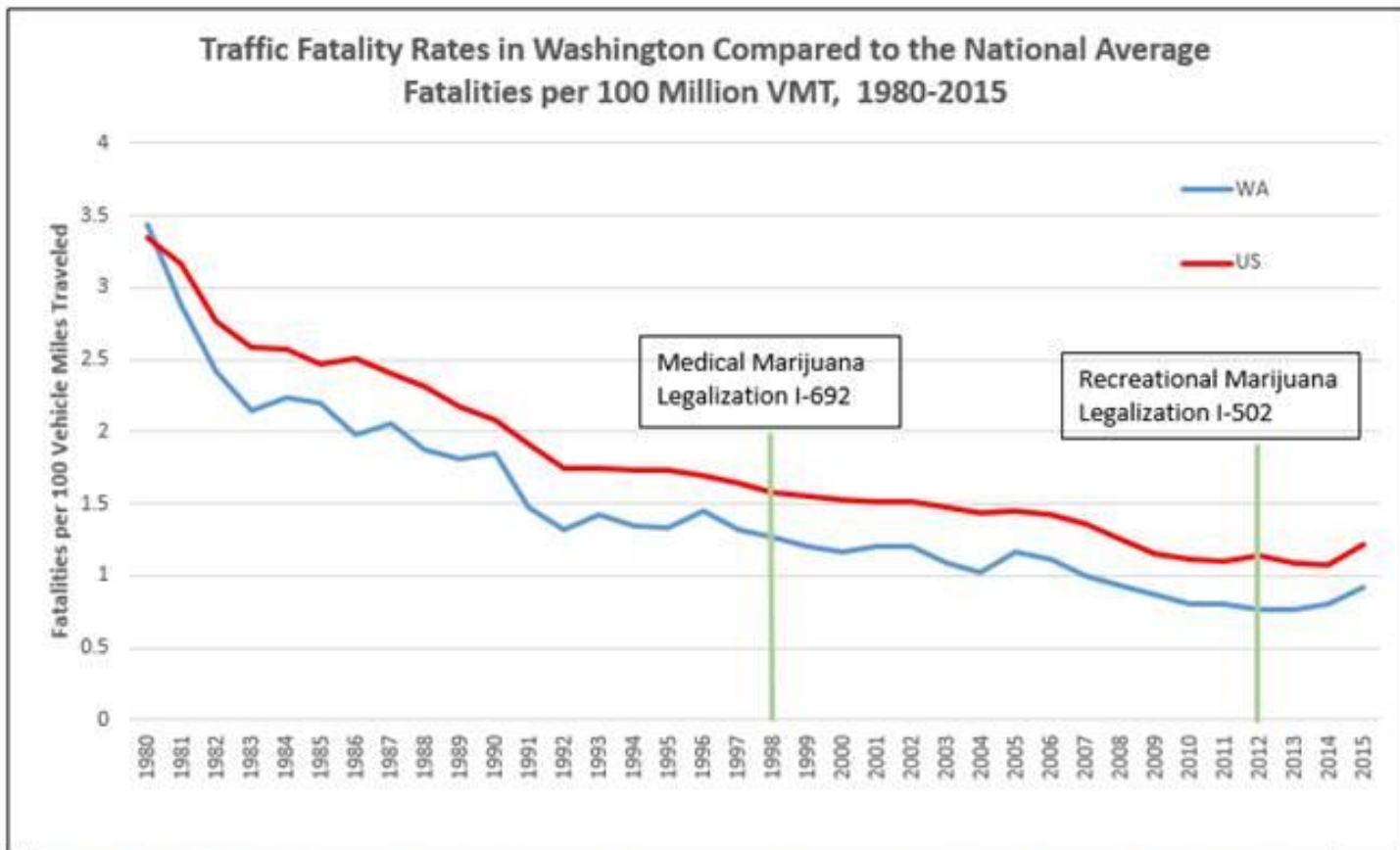
Count of adult admissions where marijuana as the primary, secondary, or tertiary substance from 1999-2015

Adult SUD Admissions: Calendar Years 1999 to 2015
Any Marijuana Use = Yes or No



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 and Driving: Early Experiences from Washington State

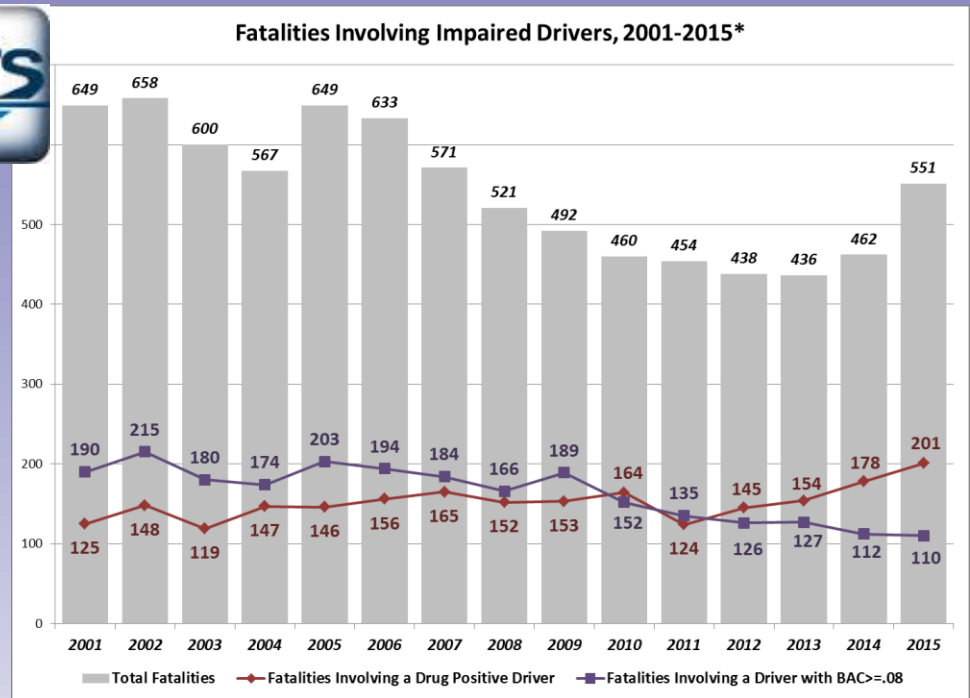


Staci Hoff, Ph.D.
Research Director



Washington's State Highway Safety Office – WTSC

- WTSC manages the Fatality Analysis Reporting System
- Target Zero – zero fatalities and serious injuries by 2030
- Impaired Driving is a priority 1 – drugged driving is on the increase and is more prevalent than alcohol



The Research and Data Division (RADD) – Promoting Traffic Safety Through Data



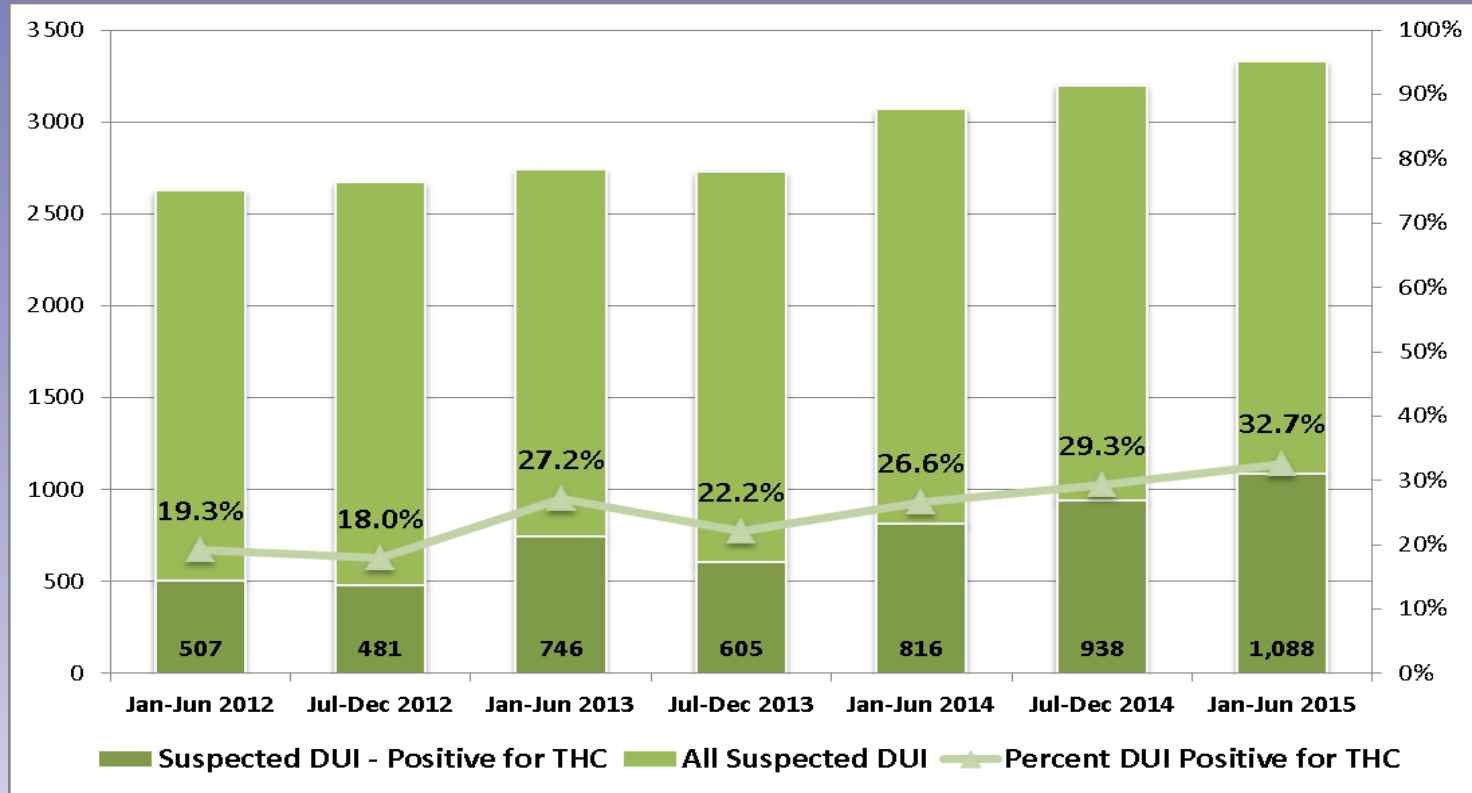
WASHINGTON
Traffic Safety
COMMISSION

Some Common Language

- **Cannabinoids:** A class of chemical compounds contained in marijuana, includes THC (psychoactive) AND the metabolites (inactive)
- **THC:** The main psychoactive substance found in marijuana; a/k/a delta-9 tetrahydrocannabinol (Δ^9 -THC), dronabinol (Marinol-FDA)
- **Hydroxy-THC:** The main psychoactive metabolite of THC formed in the body after marijuana consumption; a/k/a 11-Hydroxy-THC or 11-OH-THC; quickly metabolizes to THC-COOH
- **Carboxy-THC:** The main secondary metabolite of THC; formed in the body after marijuana is consumed. It is NOT active; indicative only of recent use; not useful for per se violations; a/k/a 11-or-9-Carboxy THC or THC-COOH
- **“Per Se” law:** A statutory assignment of a blood concentration (5 nanograms/mL) above which it is an offense to drive



Blood Evidence (warrant) for DUI Increased after I-502



RCW 42.56.065 – all persons killed within 4 hours of crash will have blood tested for intoxicants.



Percentage of Washington Drivers THC-positive Before and After Recreational Marijuana Sales

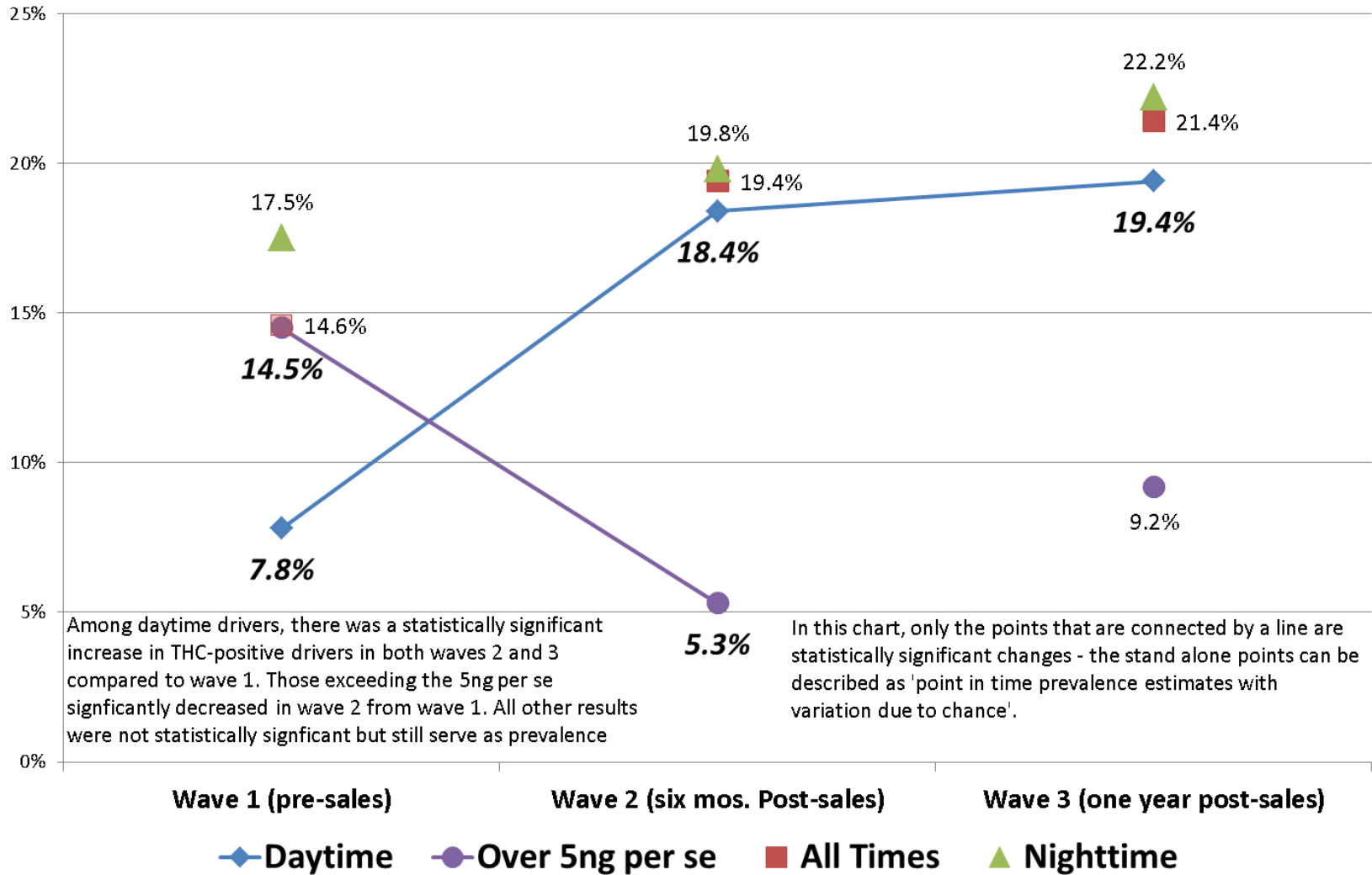
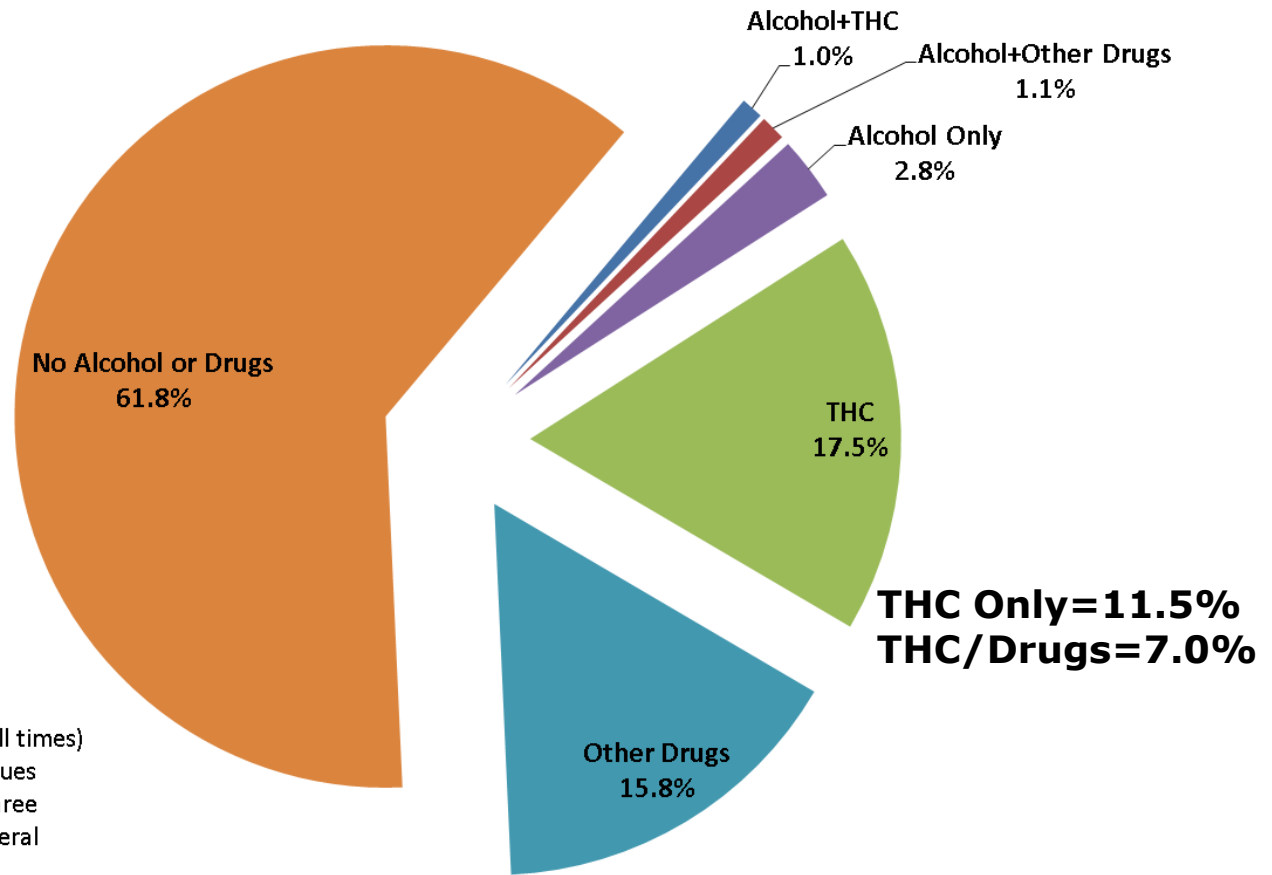


Image developed from information presented in Ramirez, et. al (2016, July). Marijuana, other drugs, and alcohol use by drivers in Washington State (Report No. DOT HS 812 299). Washington, DC: National Highway Traffic Safety Administration.



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Traffic Safety
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Alcohol and Drug-Positive Drivers in Washington State (Average Prevalence Estimates Wave1 - Wave3)

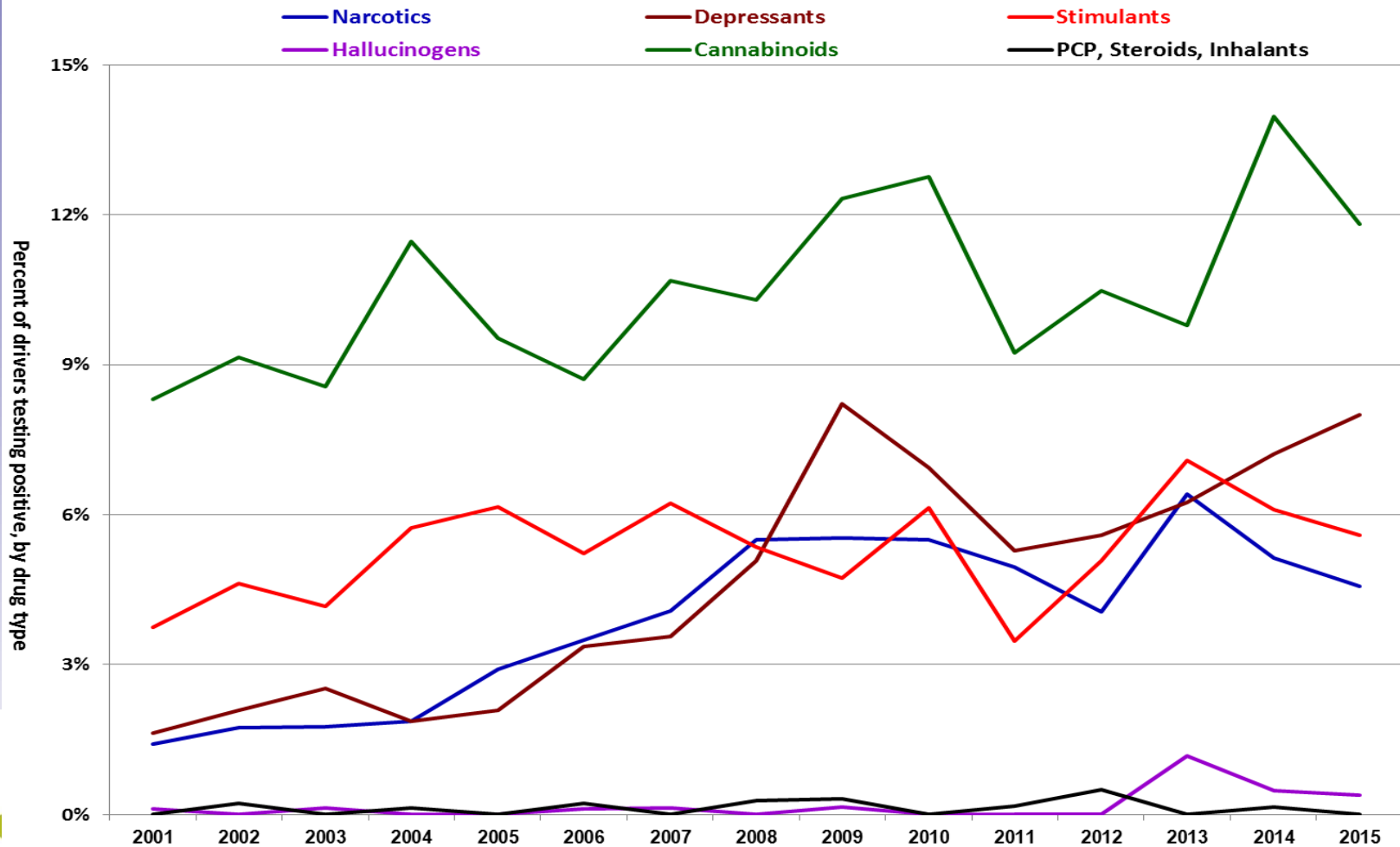


Differences between waves (all times) were not significant. These values represent an average of the three different values to display general prevalence for drugs.

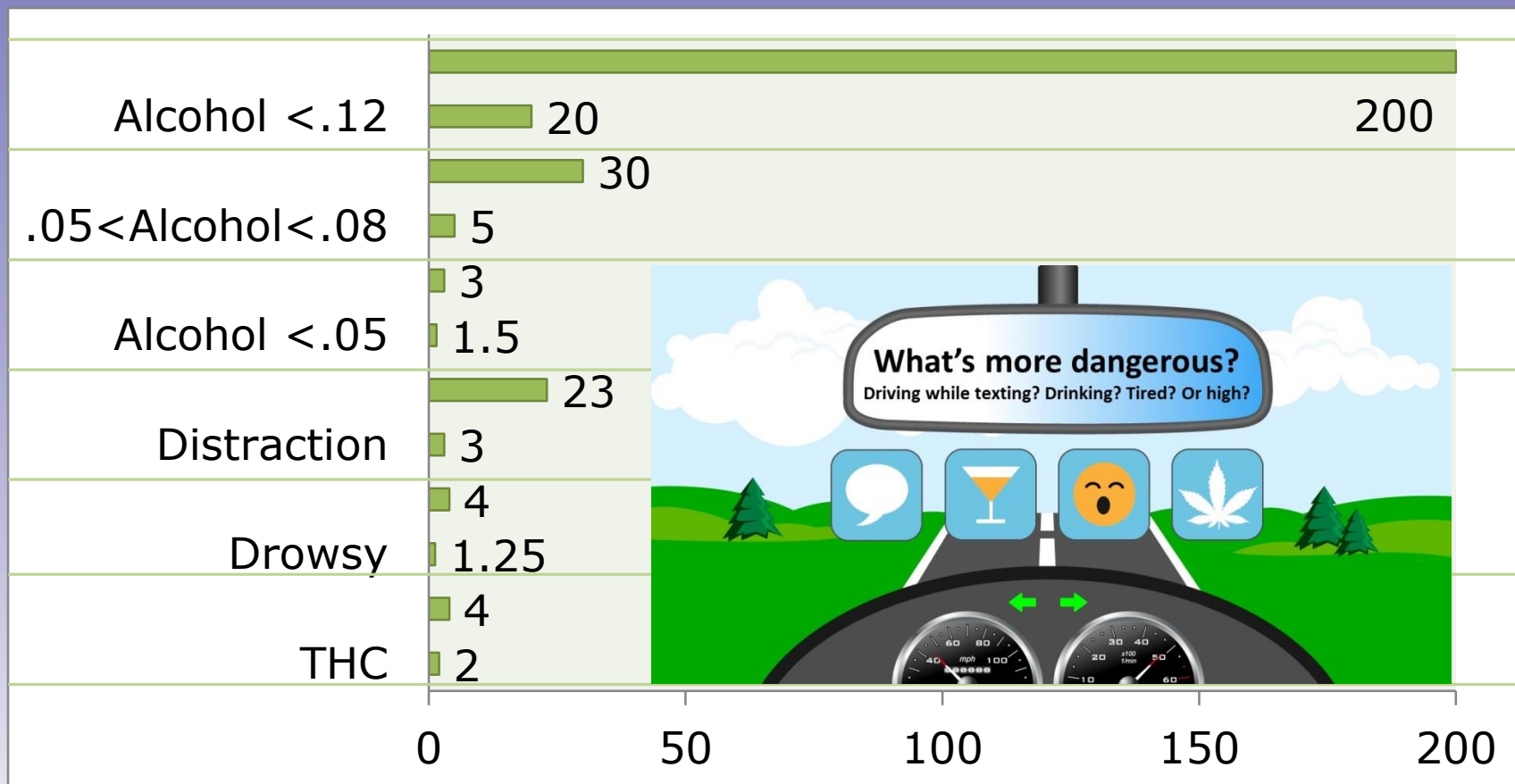
Marijuana Has Always Been the Dominate Drug in Fatal Crashes

Drug-Test Results of Drivers in Fatal Crashes, 2001-2015pre

By Year and Drug Class



Does Marijuana Use Increase Crash Risk??



BUT...driving after recent use is increasing in fatal crashes

Cannabinoids in Fatal Crash-Involved Drivers, 2010-2015

Washington State

	2010	2011	2012	2013	2014	2015	TOTAL
Total Drivers in fatal crashes	619	606	591	592	623	767	3798
Drivers who were tested for drugs	378	344	346	373	342	396	2179
Drivers who were NOT tested for drugs	217	222	222	210	277	368	1516
Driver drug testing unknown	24	40	23	9	4	3	103
Percent of Drivers Tested for Drugs	61.1%	56.8%	58.5%	63.0%	54.9%	51.6%	57.4%
Any Cannabinoids in blood sample	81	56	63	59	89	92	348
Percent of Tested Drivers who are Cannabis-Positive	21.4%	16.3%	18.2%	15.8%	26.0%	23.2%	16.0%
Percent of Total Drivers who are Cannabis-Positive	13.1%	9.2%	10.7%	10.0%	14.3%	12.0%	9.2%
TOTAL Delta-9 THC-positive	36	32	36	38	75	82	299
Percent Delta-9THC-positive^	44.4%	57.1%	57.1%	64.4%	84.3%	89.1%	85.9%
Delta-9 THC under <5ng/ml	12	13	12	18	37	36	128
Delta-9 THC over >5ng/ml	24	19	23	19	38	42	165
Delta-9 THC level unknown	0	0	1	1	0	4	6
Delta-9 THC & Alcohol \geq .08	18	21	14	19	29	37	138
Percent Delta-9 THC WITH Alcohol \geq .08	50.0%	65.6%	38.9%	50.0%	38.7%	45.1%	46.2%

Toxicology testing of drivers in fatal crashes declined in 2014 and 2015.

The higher proportion of cannabinoid-positive drivers with delta-9 THC indicates an increase in recent marijuana use prior to driving.

HOW is driving affected?

- Critical tracking, visual processing – up to 7 hours
- Lane weaving, reduced vehicle control
- Increased headway variability (longer distance between car in front)
- Concentrated attention – 8-10 hours
- Degraded divided-attention tasks
- Balance and coordination – body sway
- Short-term memory and recall
- Multi-function complex tasks
- Slowed reaction time
- Speed variability

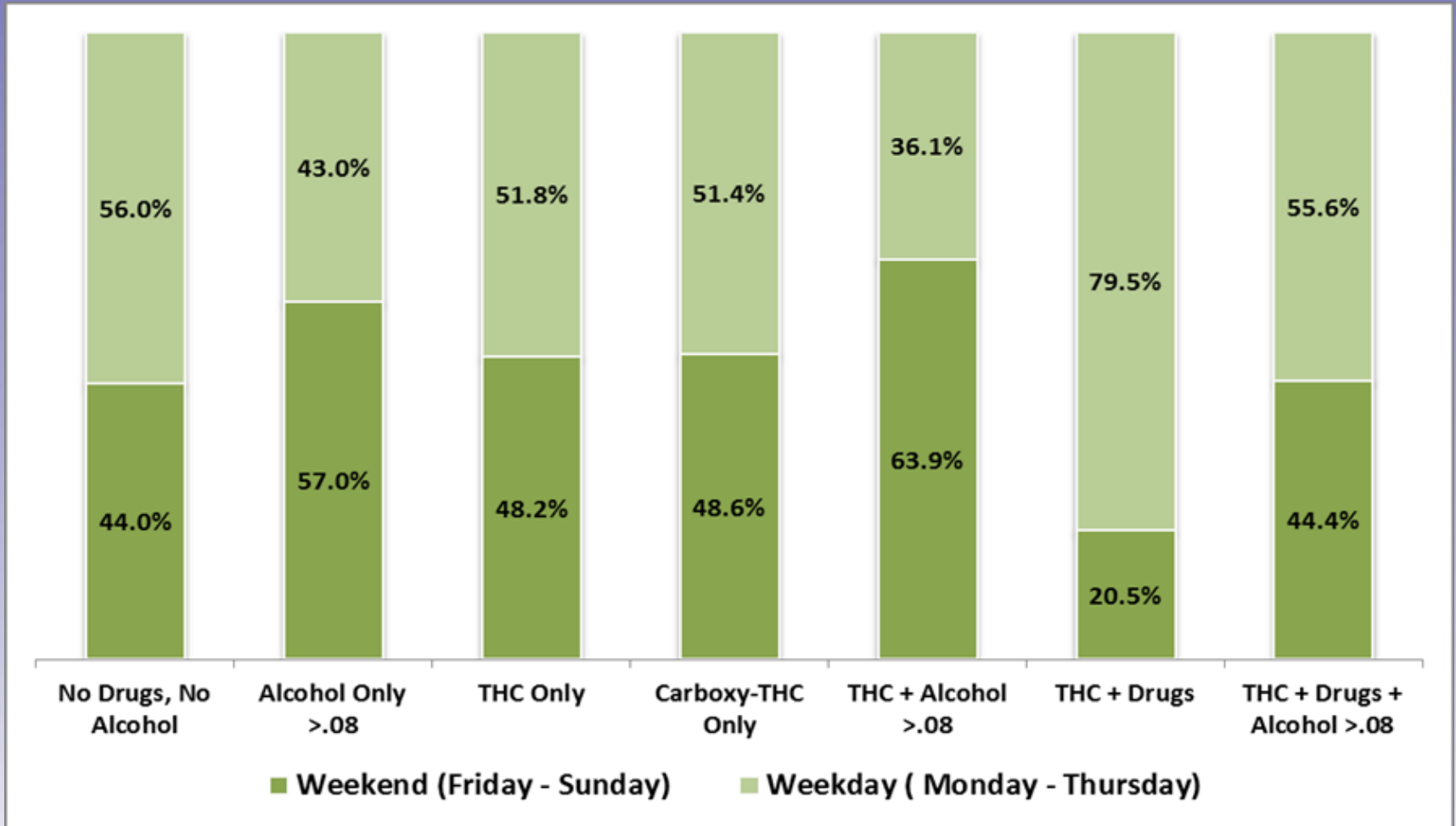


Marijuana in Fatal Crashes

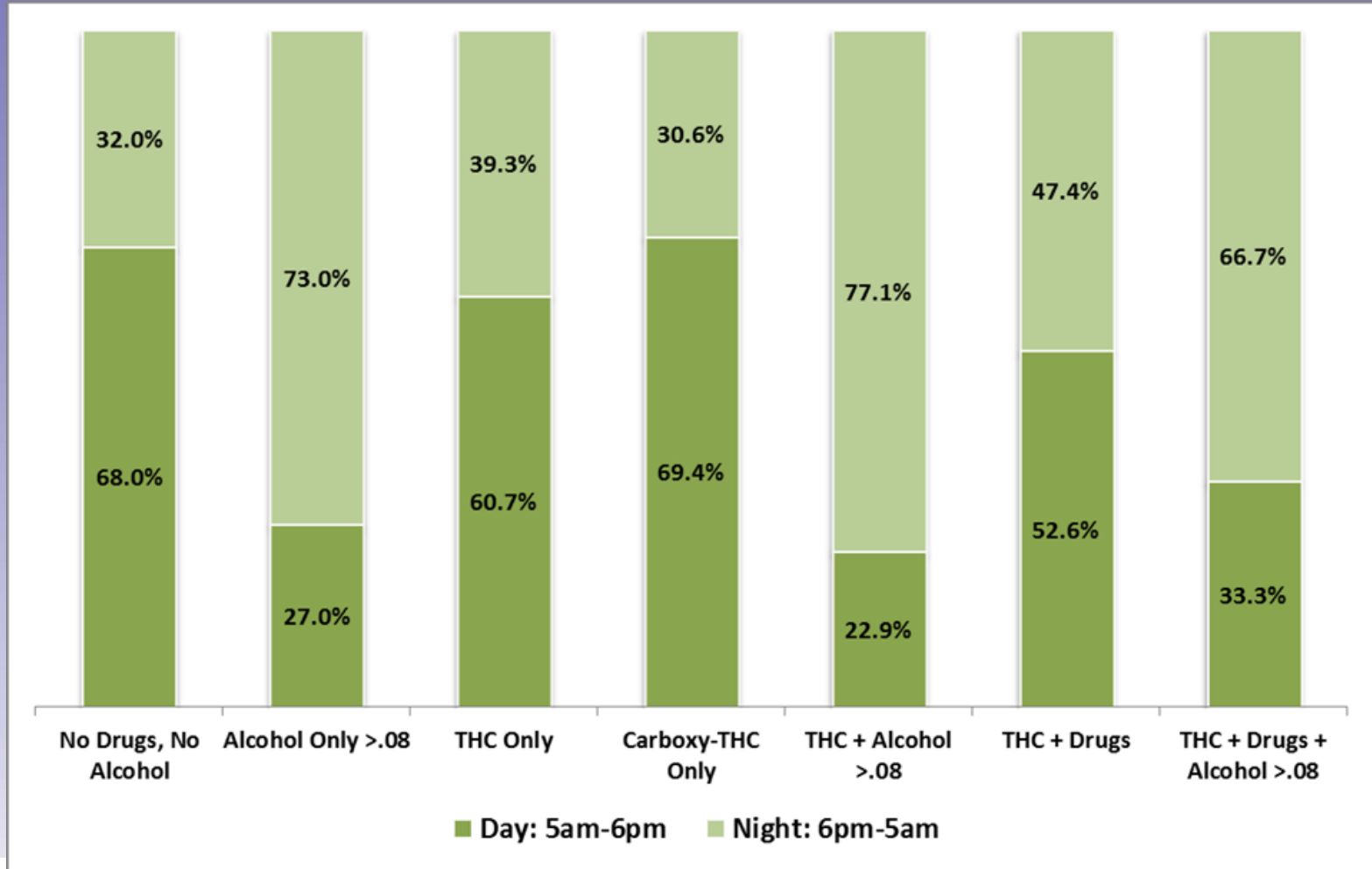
- Drivers involved in fatal crashes show a high frequency of combining marijuana & alcohol = synergistic effect
- Drivers in fatal crashes with only THC do not have the same crash characteristics as other drivers impaired by alcohol or other drugs



Weekend/Weekday Fatal Crashes



Daytime/Nighttime Fatal Crashes



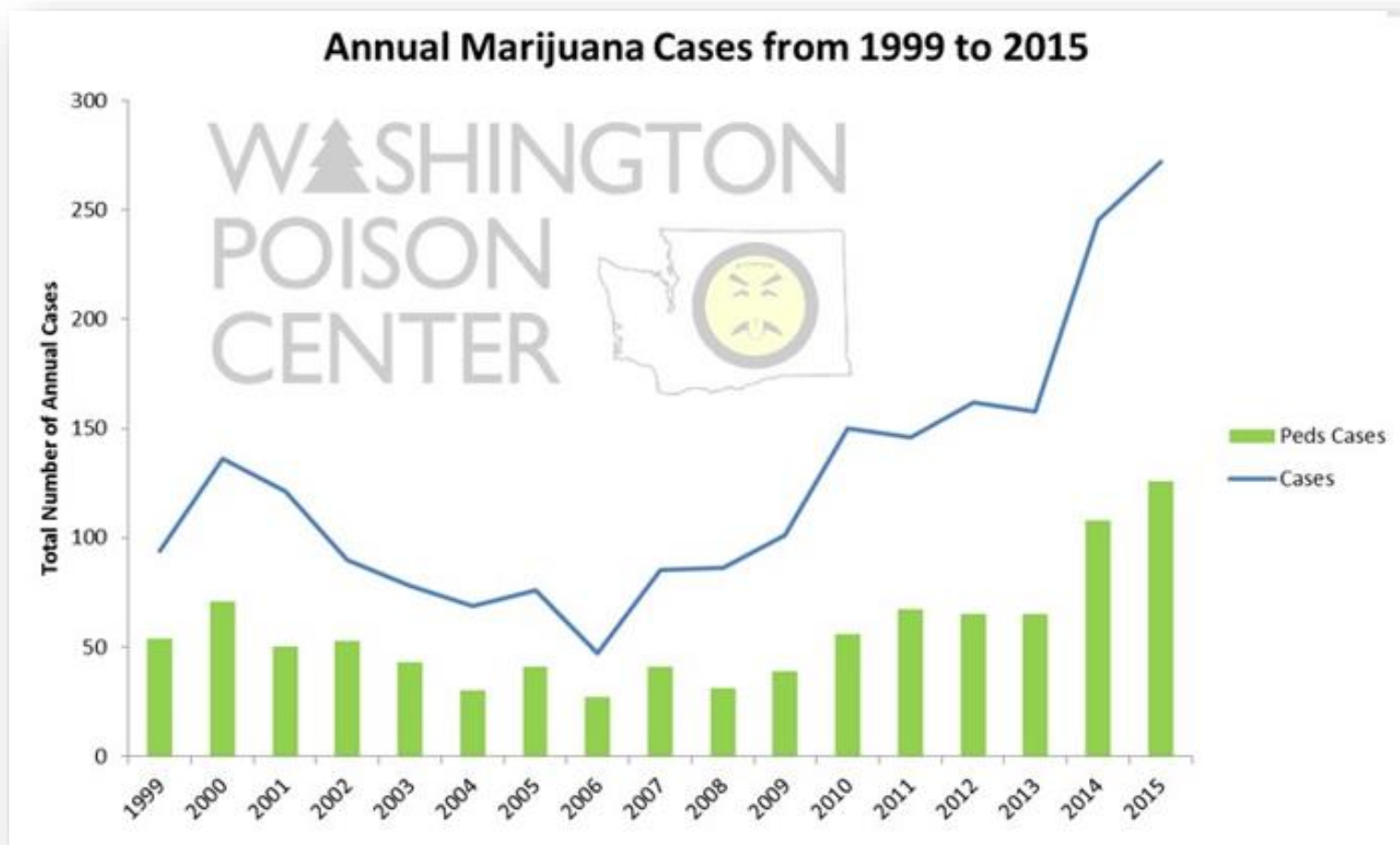
Summary from Study

- Marijuana use will immediately impair your driving and doubles crash risk.
- The impairing influence of THC is very different from alcohol.
- Drivers combining THC and alcohol are the most high risk group of drivers involved in fatal crashes.
- Fatal crashes affect everyone, the only goal is ZERO for you and your family!

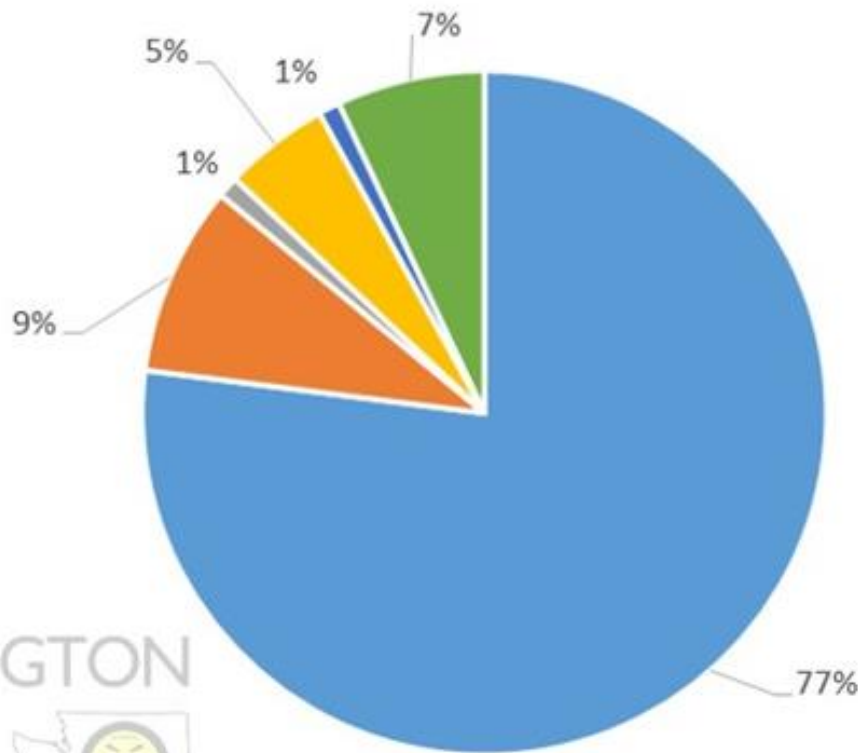


WA POISON CENTER

Increase in Marijuana Poison Center Calls

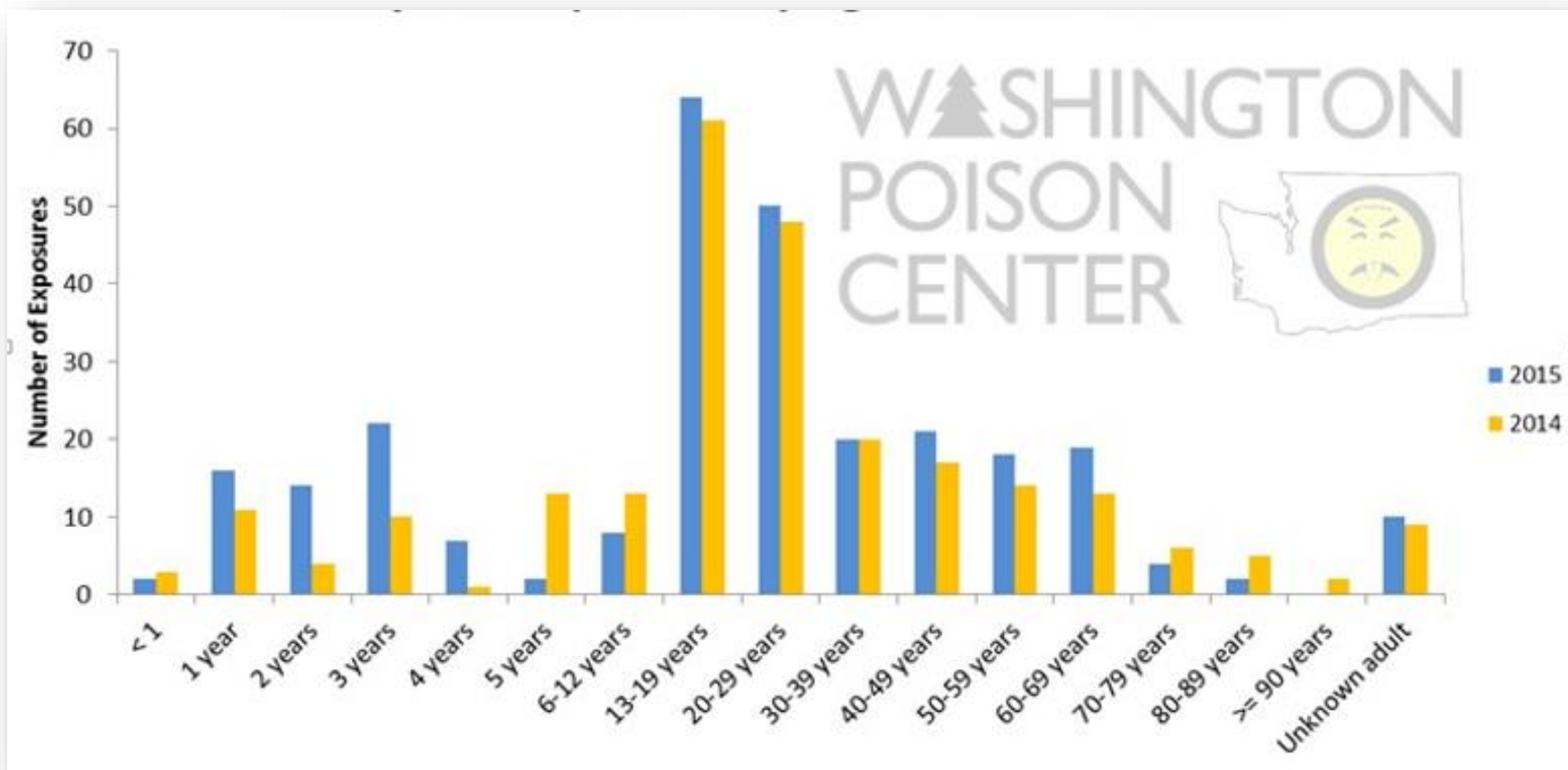


Where did people get exposed?



■ Own residence ■ Other residence ■ School ■ Public area ■ Other ■ Unknown

Marijuana Exposure by Age 2014-2015



Top 10 Marijuana Clinical Effects

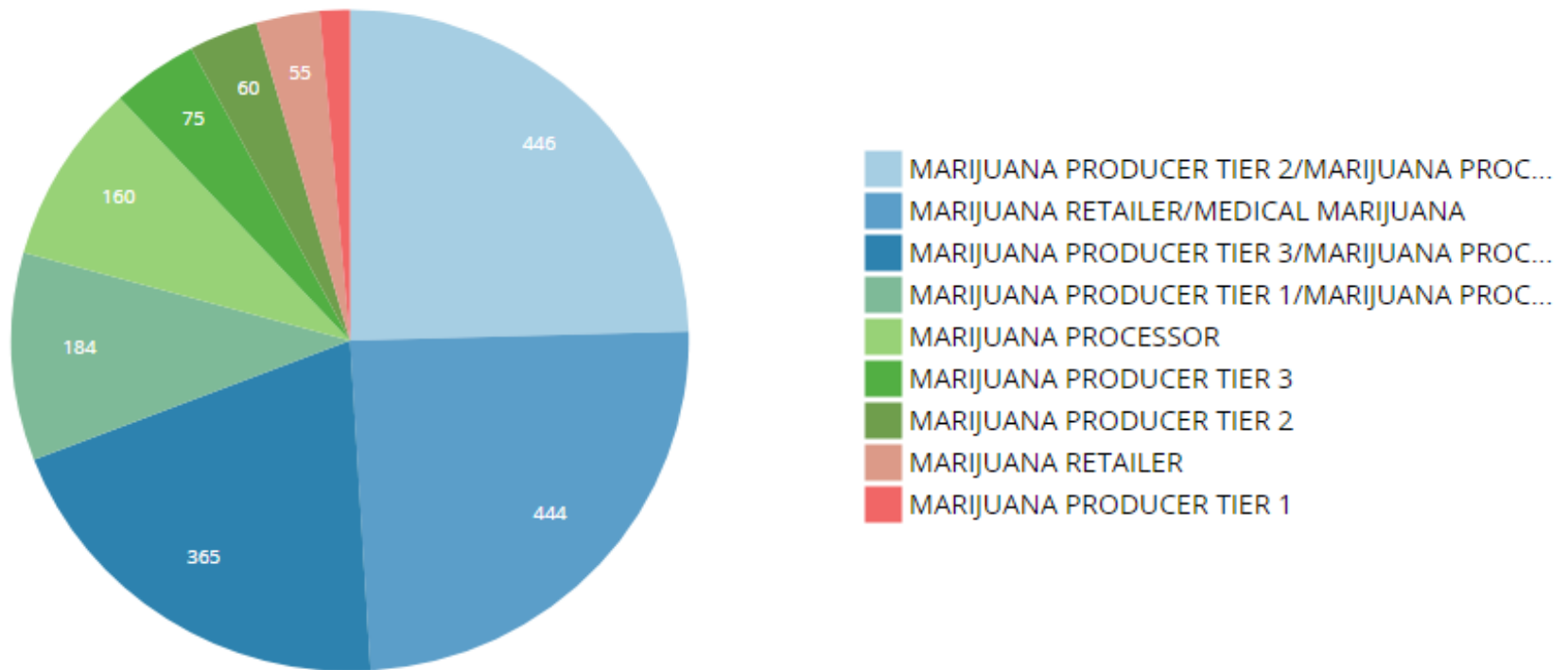


ENFORCEMENT AND ACCESS



Current Marijuana Licensees

- Total Retail: **500**
- Total Producers and Processors: **1,310**



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

Alcohol Retail Compliance Checks 2014-2015

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

Compliance Rates Comparison for Off Premises Beer and Wine Retailers

FY 2016	85%	88%	85%
FY 2015	82%	93%	83%
	Non-RVP	RVP	Overall*

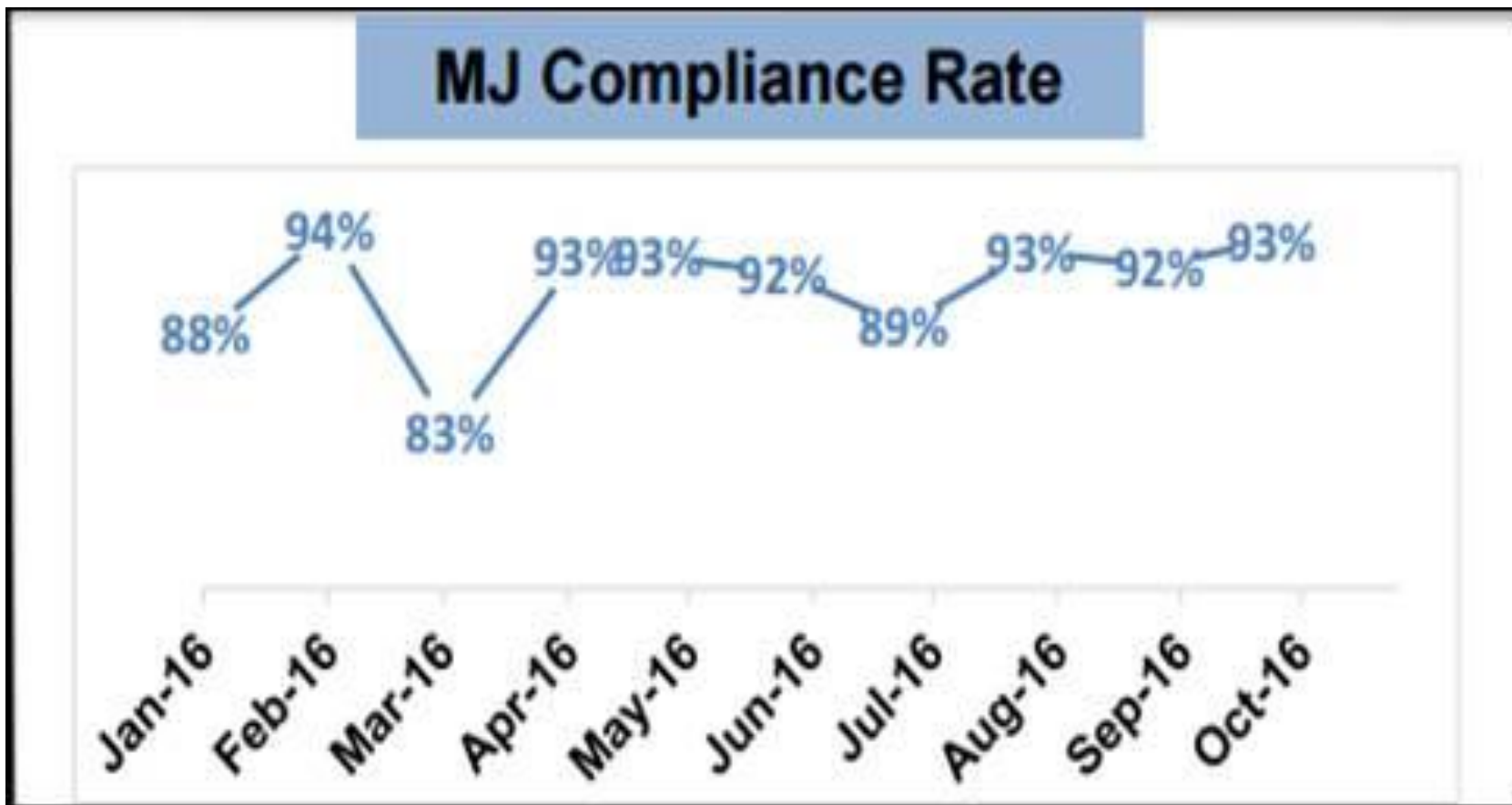
*Overall = Weighted Average

Compliance Rates Comparison for Off Premises Spirits Retailers

FY 2016	90%	94%	92%
FY 2015	93%	95%	94%
	Non-RVP	RVP	Overall*

*Overall = Weighted Average

Marijuana Retail Underage Compliance Checks January 2016 – October 2016



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

MARKET DATA

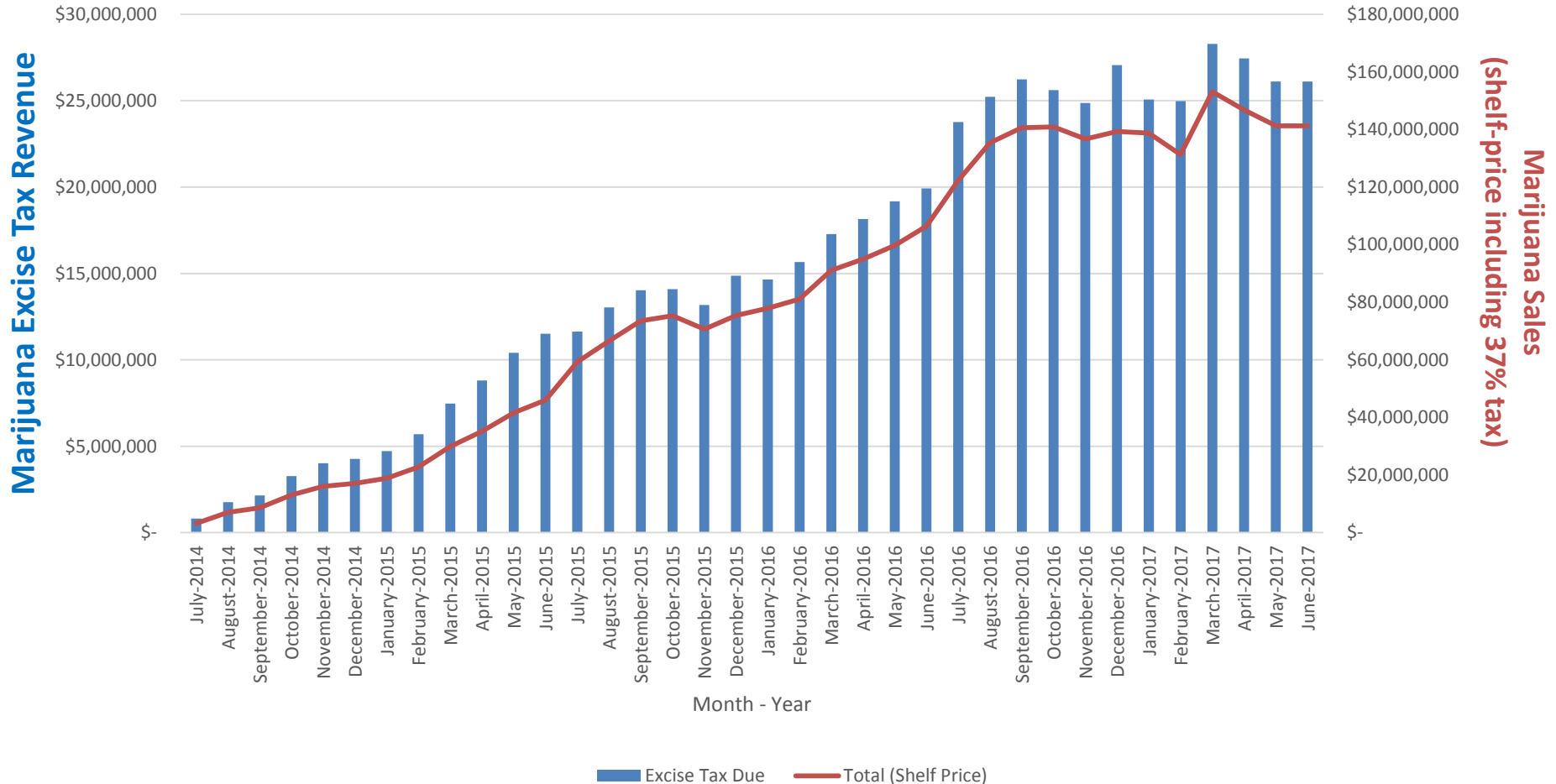
Marijuana Prices 2014-2016

Average Price per Gram Sold

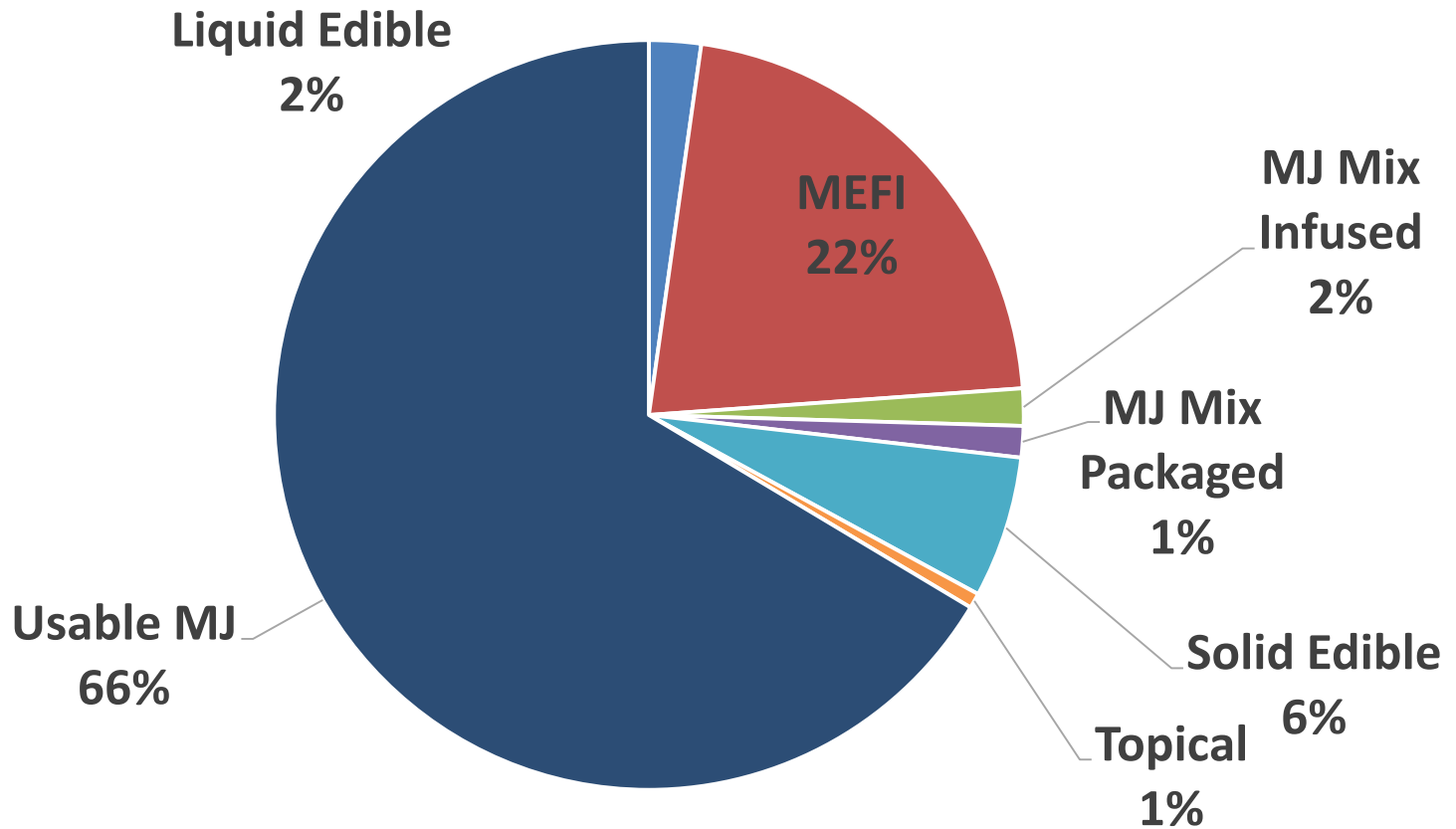


Source: Liquor Cannabis Board, Presented to the Washington State Legislature December 2016

WA Marijuana Sales and Excise Taxes Collected

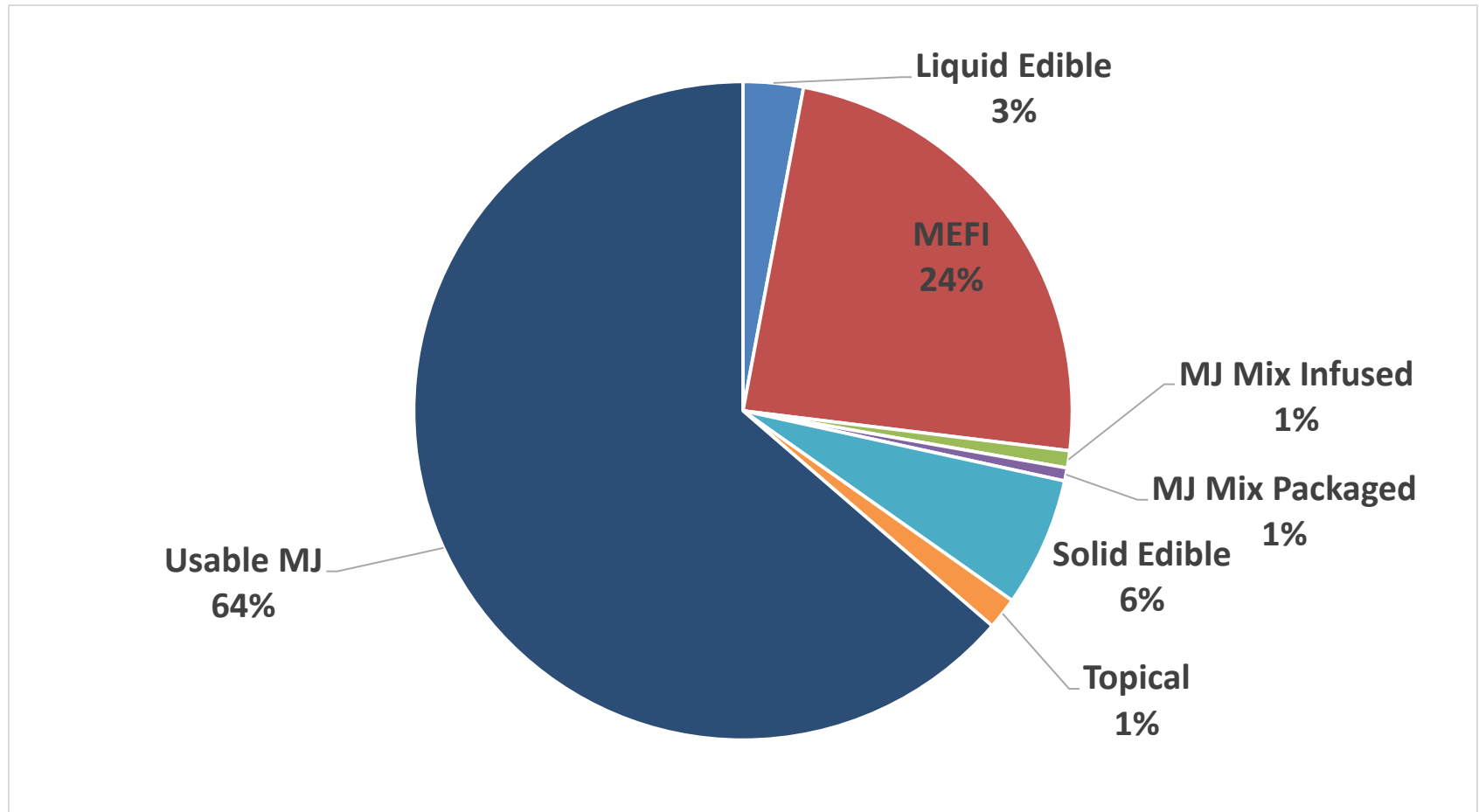


% of Recreational Sales for Nov. 2016



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

% of Medical Sales for November 2016



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

Implementation of Prevention Strategies and Services

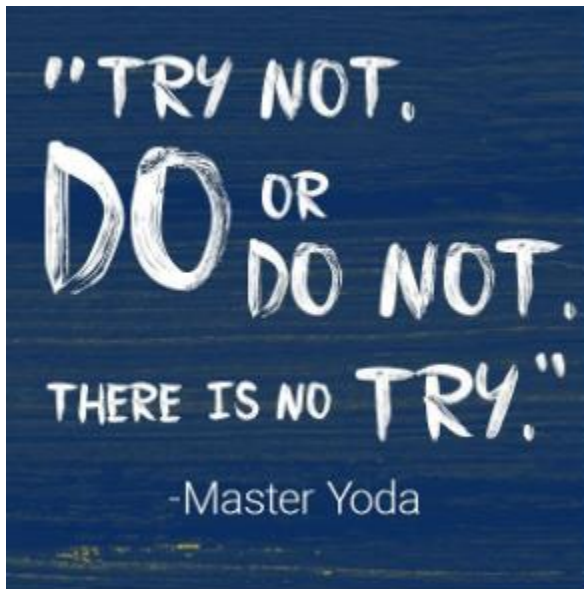
PUBLIC EDUCATION CAMPAIGNS

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 LGBTQ)
- Marijuana Hotline

#Listen2YourSelfie

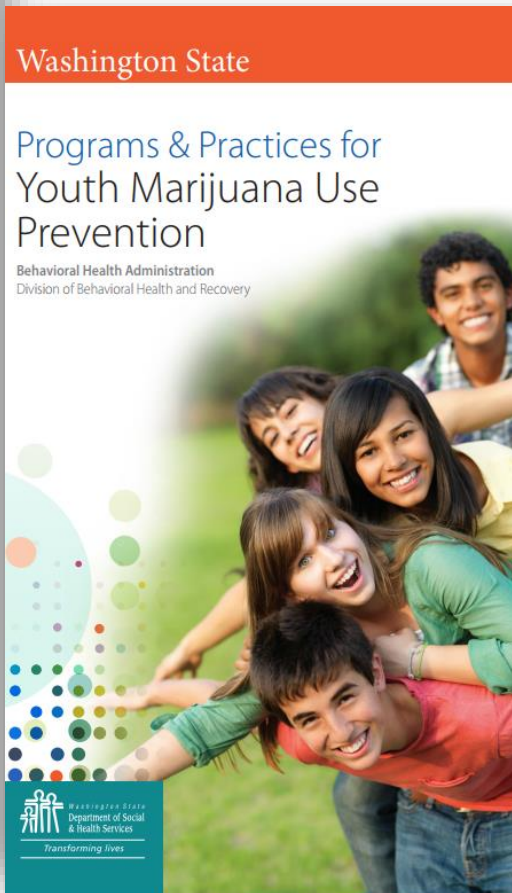
- Social Media Campaign from Dept. of Health
- Youth post images of what's important to them instead of getting high



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

Prevention Toolkits

A parent's guide to raising drug-free kids



PREVENTION TOOLS

What works, what doesn't



EVIDENCE-BASED PROGRAMS

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

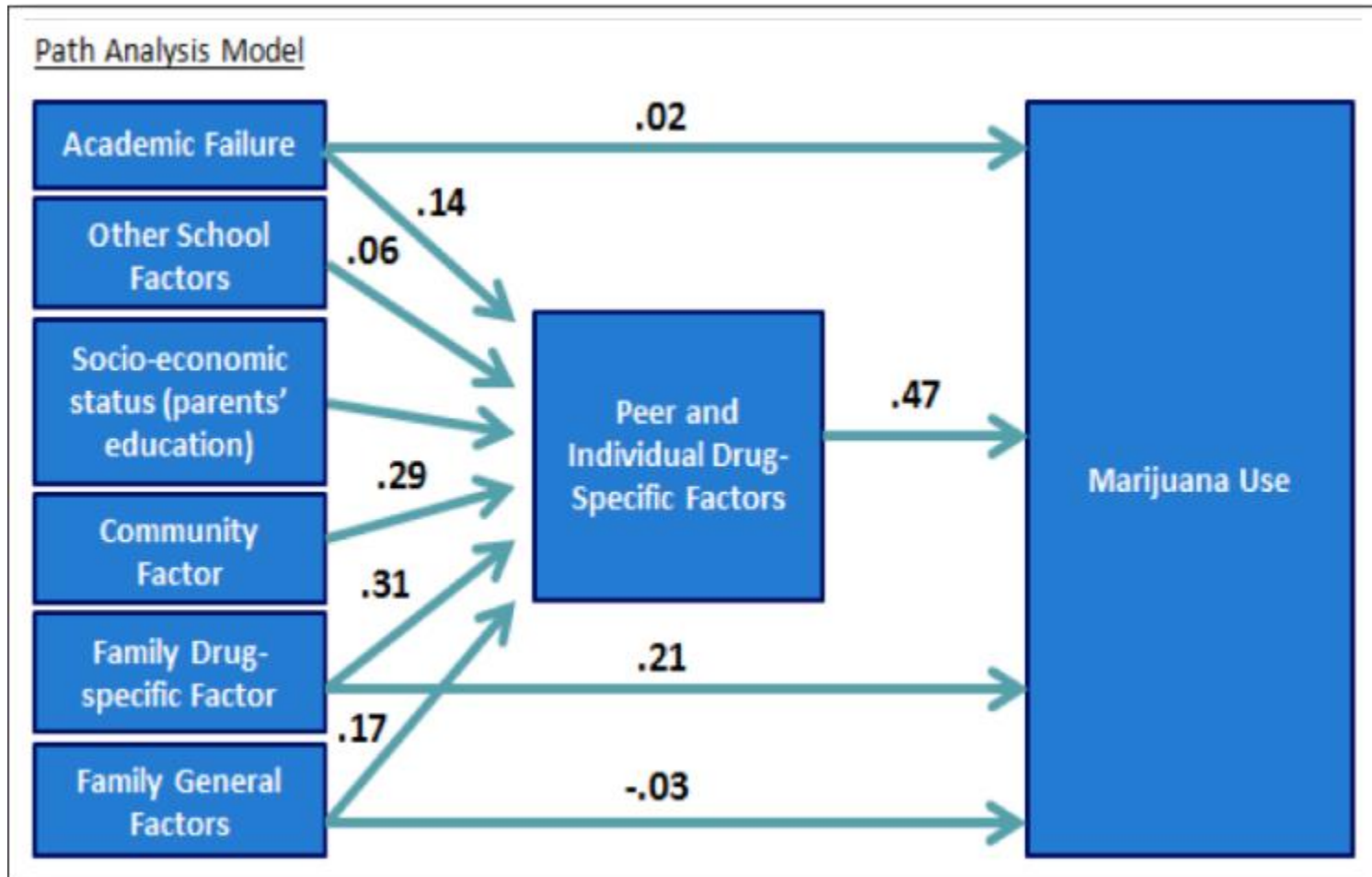
- Consult with UW and Western CAPT (SAMHSA/CSAP) to Identify the Evidence-based programs with outcomes in marijuana use prevention / reduction among 12-18 year olds. (Preliminary list – July 2013).
- WSIPP review of programs.
- Developed Path Analysis of the risk factors.
- Consult with UW and WSU on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

Evidence and Research Based

- Communities That Care
- Community-based Mentoring Family Matters – (adapted for marijuana)
- Good Behavior Game (GBG)*
- Guiding Good Choices*
- Incredible Years*
- Life Skills Training - Middle School (Botvin Version; Grades 6, 7, and 8)
- Lions Quest Skills for Adolescence*
- Nurse Family Partnership (NFP)*
- Positive Action*
- Project Northland (Class Action may be done as booster)
- Project STAR
- Project Towards No Drug Abuse
- Project Towards No Tobacco Use – (adapted for marijuana)
- PROSPER
- SPORT Prevention Plus Wellness
- Strengthening Families Program: For Parents and Youth 10-14 (Iowa Version) *
- Strong African American Families – (Ages 5-11 and Teen version)

Promising Programs

- Athletes Training & Learning to Avoid Steroids
- Familias Unidas
- Keep Safe
- Keepin' it REAL
- Raising Healthy Children (using SSDP model)
- Alcohol Literacy Challenge (ALC)
- Parent Management Training
- Protecting You/Protecting Me

Environmental Programs

- Community Trials Intervention to Reduce High-Risk Drinking – (adapted for marijuana)
- Policy Review and Development
- Purchase Surveys coupled with Reward and Reminder
- Restrictions at Community Events
- Social Norms Marketing

Tribal Specific Programs

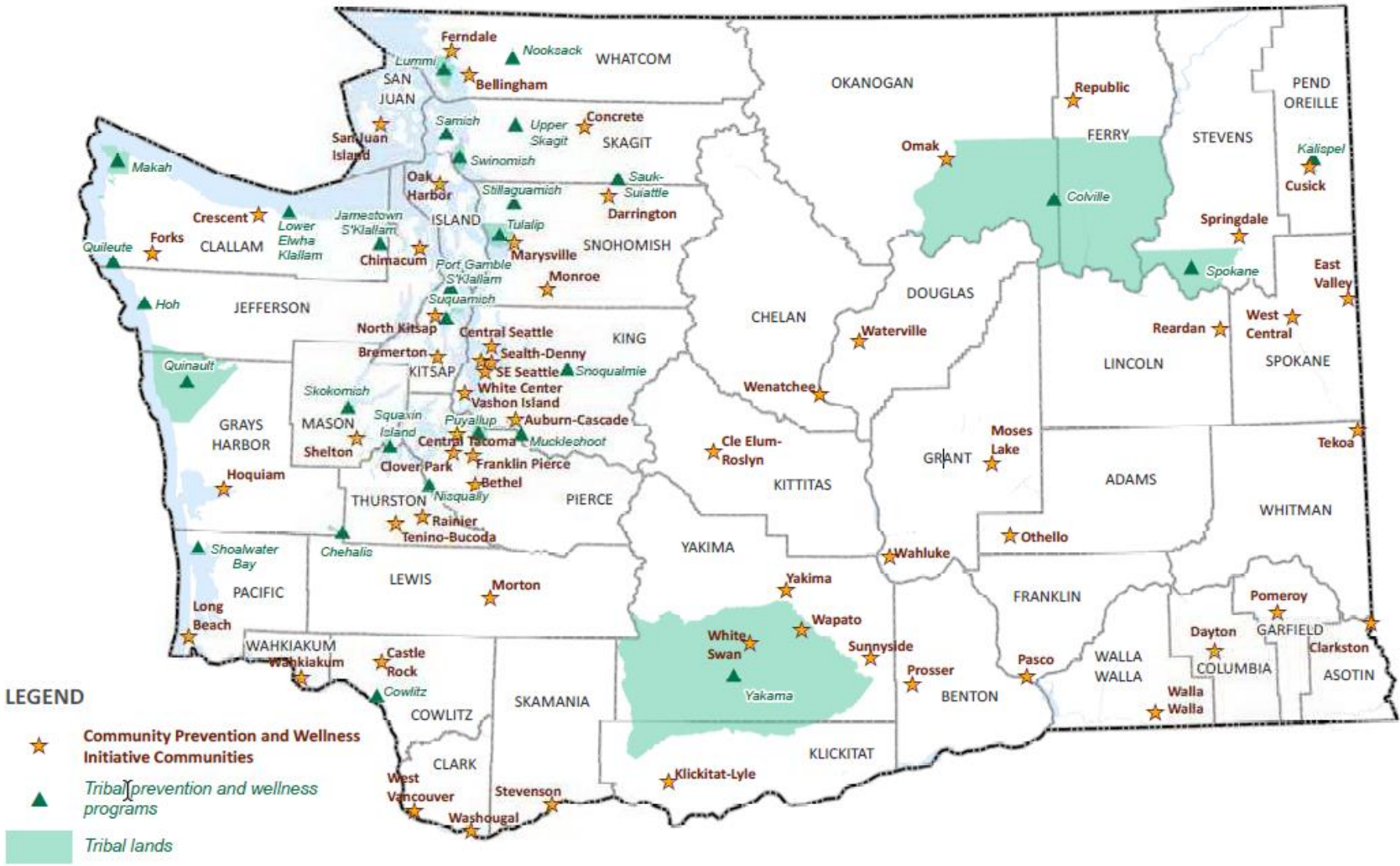
- Family Spirit
- Gathering of Native Americans
- Healing of the Canoe
- Positive Indian Parenting
- Project Venture
- Red Cliff Wellness School Curriculum
- State-wide Indian Drug Prevention
- Storytelling for Empowerment

Home Visiting

- Child-Parent Psychotherapy
- Early Head Start (EHS) Home-Based
- Family Spirit
- Nurse-Family Partnership (NFP)
- Parent-Child Home Program (PCHP)
- Parents as Teachers (PAT)

SUPPORTING LOCAL PREVENTION EFFORTS

Prevention services are focused in communities and Tribes throughout Washington



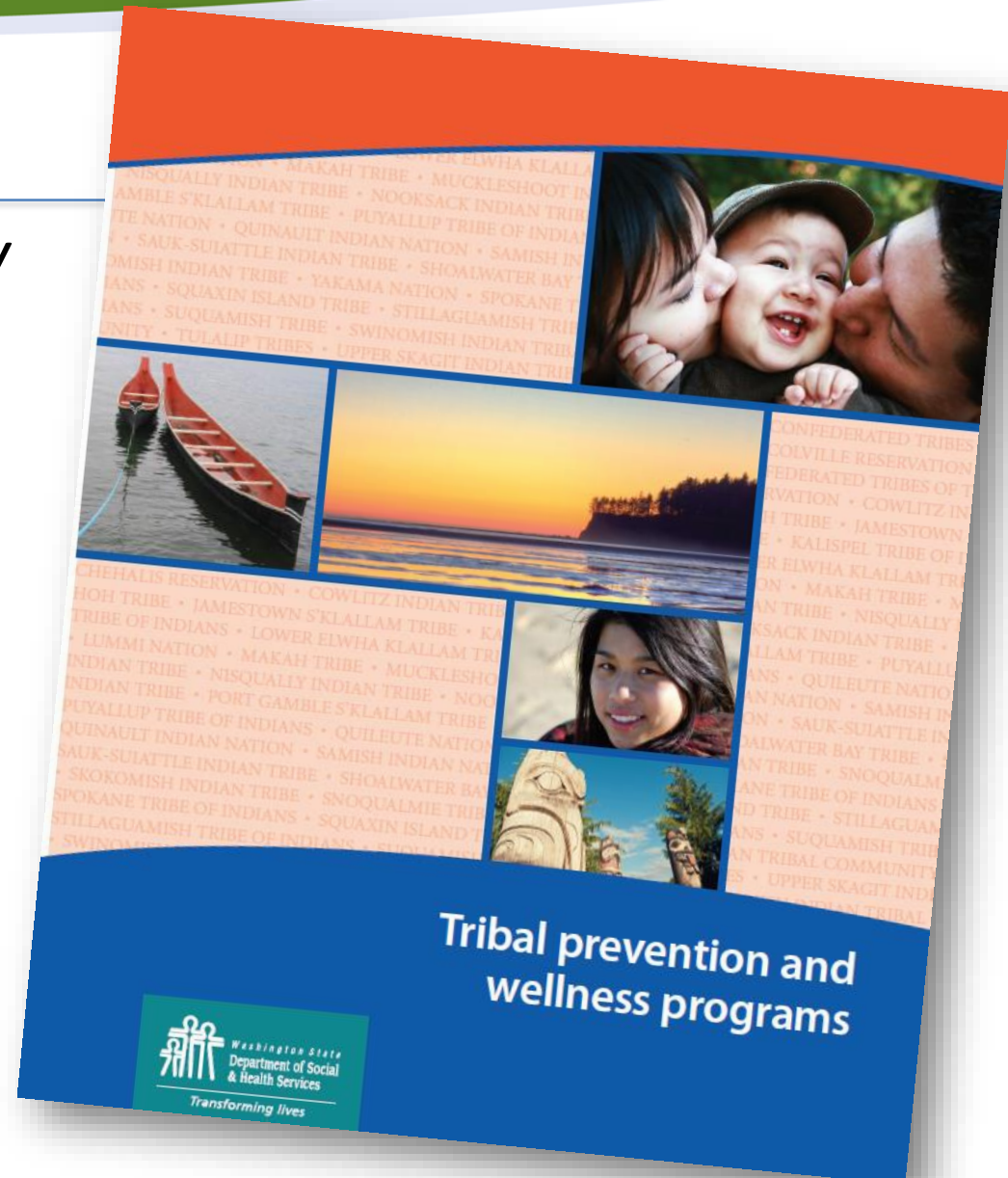
SOURCE: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Information System (CORE).

CONTACT: Irina Sharkova, DSHS/RDA/PRES, irina.sharkova@dshs.wa.gov, 360-902-0743



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 Organizations
- Distribution coverage considerations include:
 - Size of Community
 - Urban/Rural
 - East/West
 - School Districts Like Us Clusters

CPWI – DMA Enhancement

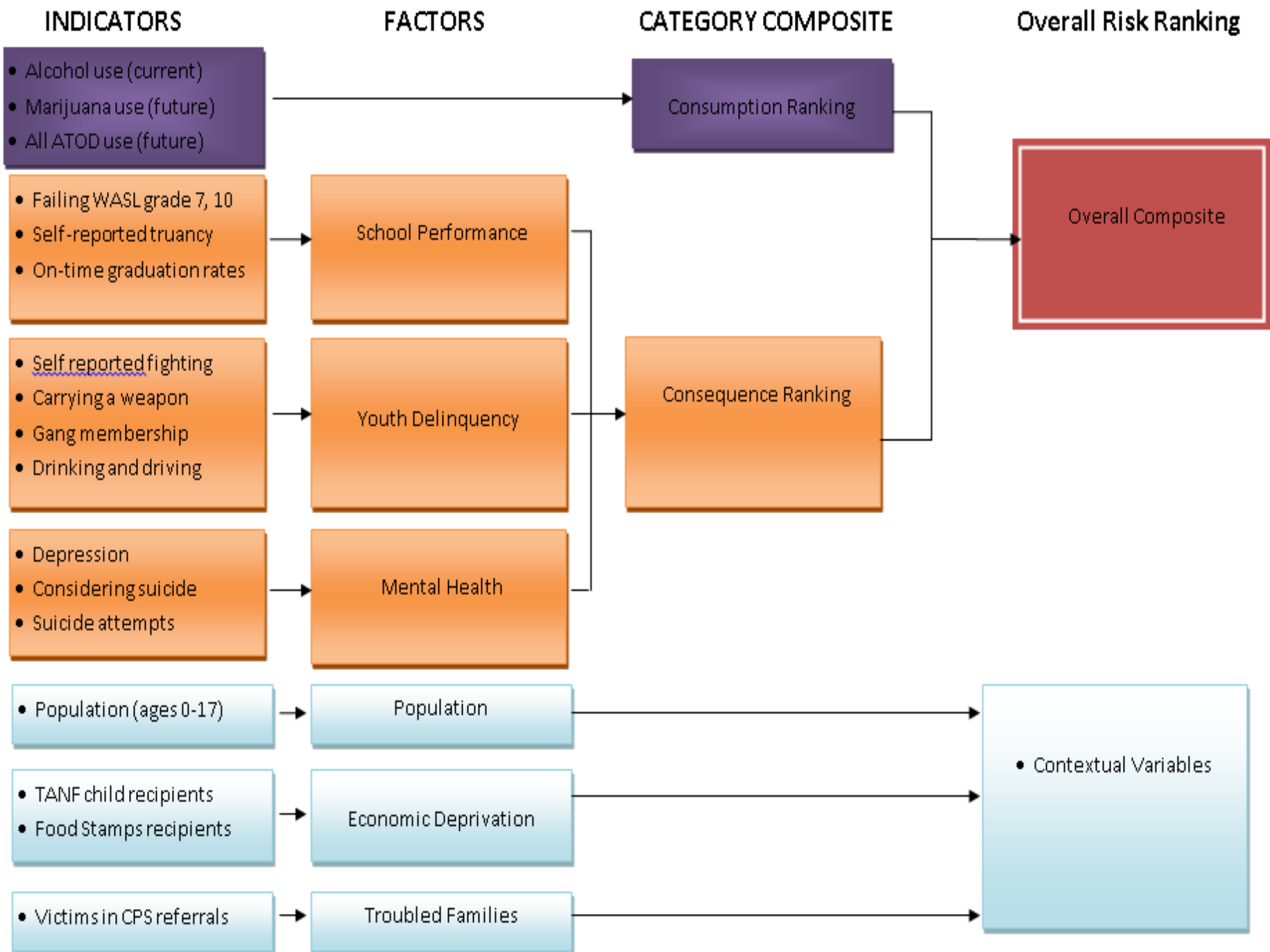
Process: Increase current Communities funding:

- \$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

Tools for Community Selection

DBHR provided:

- County Risk Profiles ranked at school district-level for each county.
- Composite Risk Score Maps
 - Multiple School District level maps with various indicators on each
 - Zip Code Maps



CPWI Evaluation Results

Over 16,000 people attended prevention services funded by DBHR in 2016.

Between 2008 and 2016, communities in Cohort 1 showed improvements in all family and community risk factors.

Evaluation results also showed **significant decreases** in 10th grade substance use outcomes:

- **Alcohol use and binge drinking – decrease of 42%**
- **Cigarette use – decrease of 49%**
- **Marijuana use – decrease of 11%**

95% of programs implemented between July 2015 and June 2016 had positive results in delaying the first use of alcohol or other drugs, reducing use, decreasing risk factors and/or increasing protective factors.

Note: This count of participants is limited to those participants that participated in recurring prevention program (parenting, youth skill building curriculum, etc....) and does not include those who participated in a one-time only event (assembly, health fair, etc....). Counts are duplicated where an individual participated in more than one curriculum.

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.

Prevention Grants for Community-based Services

- Priority for CBOs serving high-need communities.
- Funding to support program development, implementation and maintenance
 - Contracts ensure provision of services from list of programs.
 - CBO sites implement Evidence-based, Research-based and Promising programs within defined percentages.
 - Funding can support provision of services, curricula purchases, subcontracting for services, facilitator training costs, staffing costs, training and associated program costs.
- CBOs are encouraged to partner with CPWI sites

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

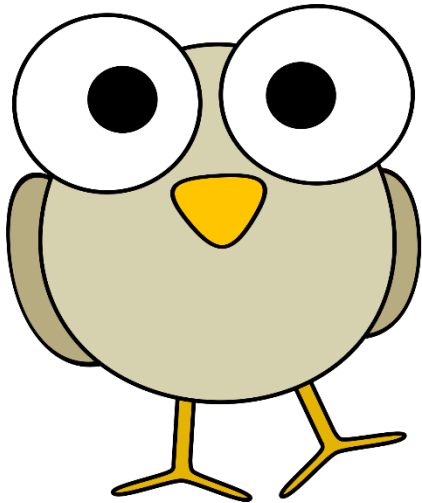
- DBHR contracts with Department of Early Learning (DEL) for over \$3 million in home visiting services in SFY 16-17.
 - 480 cumulative home visits
 - 154 funded families served
 - 106 cumulative families served
- Consideration to high-need communities (collaborate with CPWI as applicable).
- Home visiting services follow EBP/RBP/Promising requirements per statute.



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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