

Prevention Research Sub-Committee Meeting

December 2, 10:00 am – 1:30pm PST

Theme: Cannabis Policy Research

NOTES

Welcome & Introductions
Impromptu Networking
What do stakeholders want? Mapping acceptable policies to curb high THC cannabis in Washington state. Bia Carlini, PhD and Sharon Garrett, MPH, MA ADAI
Evaluating the 502 Initiative Amani Rashid, PhD and Bailey Ingraham WSIPP
Lunch Break
Reconvening the EBP workgroup Discuss possible goals/objective for the next year Jaymie Vandagriff (DBHR)
Research Briefs update <ul style="list-style-type: none">• Review outline/draft of “Keeping a Pulse on the Cannabis Market”• Discuss possible uses of entire set of briefs
Round Robin
2023 Meetings: Topics and Dates <ul style="list-style-type: none">• March 21st• June 14th• September 6th• December 6th

Introductions

- **WSU:** Brittany Cooper, Jen Duckworth, Annie Fairlie, Jordan Newburg, Danna Moore, Clara Hill, Darcy Allen
- **Spokane regional health district:** Romyana Kudeva
- **UW:** Kevin Haggerty, Margaret Kuklinski, Jen Bailey, Robin Harwick (ADA), Bia Carlini, Sharon Garrett, Lexi Nims, Miranda Delawalla
- **DBHR:** Sarah Mariani, Tyler Watson, Harrison Fontaine (new Cannabis Policy & Program Manager), Sonja Pipek (new supervisor in Prevention section), Sandy Salivaras, Jaymie Vandagriff
- **Waikaikim County Community Coalition:** Minette Smith
- **OSPI:**
- **WA DOH:**
- **WA DSHS RDA:** Barb Lucenko
- **WA LCB:** Mary Segawa
- **WSIPP:** Amani Rashid, Bailey Ingraham
- **King County Dept of Human Services, Division of Behavioral Health & Recovery:** Margaret Soukup
- **King County Dept of Public Health:**
- **WASAVP & Burlington Healthy Youth Coalition:** Liz Wilhelm
- **Washington Traffic Safety Commission:**
- **NWPTTC, U of Nevada:**
- **Multnomah County Health Dept, OR:** Julia Dilley
- **Foundation for Healthy Generations:** Julie Peterson

Impromptu networking

Participants went into breakout rooms for informal discussions on this prompt: Share one personal or professional resolution for 2023, or anything you'd like to discuss in the small rooms!

PRESENTATION: Bia Carlini & Sharon Garrett. What do stakeholders want? Mapping acceptable policies to curb high THC cannabis in WA

Kevin introduced this presentation by sharing that this work arose from a question this group was asking a couple of years ago. There was a concern that we really need to know more about the impacts of high-potency THC. This led to a small group of members of this committee working with 11 scientists to create a document around high concentration THC. This was important because it led to interest from policy makers, who wanted to know more about it, and what might be doable in terms of having an impact. They allocated some funds last year to investigate this more, and Bia and her team have done an exquisite job of understanding it more.

Bia Carlini (see slides)

Context: Report and Consensus Statement (PRSC/HCA)

In 2020, members of this committee and 11 scientists worked together to develop a consensus statement around high potency THC. The main take-away from that report is that **the THC content of cannabis products contributes to adverse health effects in a dose-response manner**. Harms disproportionately affecting young users and other vulnerable populations. (see: **Cannabis Concentration and Health Risks**, A report for the Washington State Prevention Research Subcommittee (PRSC), October 2020)

2022: ADAI held a High-THC cannabis symposium with national and international experts to understand implications for policy and awareness efforts relates to short and long-term impacts of high THC products

Proviso mandate: to try to reach some common ground among Washington Stakeholders to suggest policy

- Develop recs for state policies
- Working to find common ground among stakeholders
- Final report issued end of Dec 2022
- How are we doing this work? Policy recommendations are based on three lines of investigation:
 - North American context
 - Local stakeholders
 - Concept mapping: 2 rounds of sessions to capture collective thinking to find policy solutions. Stakeholders voice opinions and researchers listen, scientists draft and share possible policy ideas back to stakeholders, invite same stakeholders to a second round to sort and rate the policy ideas, then scientists analyze and summarize (see slides for more details).
 - Research evidence

Results: 46 policy options were grouped into 7 areas and 4 areas: prevent initiation, restrict access, empower consumers/public with information, and do nothing. These options were rated by the stakeholder groups.

Sharon Garrett then explained the results of stakeholder's opinions about the potential impact and feasibility of the various policy ideas.

- See dot grid on slides 31-32, and following slides showing where the policy options fell on the grid.
- Those ideas that fell into the 'go-zone' (potential for impact and feasibility) varied by various stakeholder groups.

Implications

- Stakeholders ARE concerned with high THC products
- Stakeholders support policy changes related to this.
- Some policies supported include options that are backed by research literature; others not so much.

Recommendations:

Policies to delay initiation – both in restricting advertising and creating age restrictions.

- In restricting advertising, the recommendation is a total ban of specific high THC products (more than 35% of concentration of THC – which basically bans everything that is not flower, technically speaking).
- Age restriction is included in the recommendations because it was supported by the stakeholder groups, and it may not be as complicated to implement. It would make WA state a pioneer on being bold enough to recognize that these products have a different safety profile.

Taxation options

- There was support for taxing products with more than 35% concentration – highly supported by 2 of the stakeholder groups but not by the industry/consumer group.
- Recommended the formation of an expert working group, working with a national health economist, to figure out how to implement this. The main idea would be that 35% would be the cut-point and there would be a stepped increase in the tax relative to milligrams of THC.

Empowering consumers/public

- Label products in a way that is easy to read and access for consumers to make informed decisions about how much THC they actually want to use. For example, the international effort being led by NIDA to decide a 'serving size' of how much THC they are getting - that would make logical sense for the consumer, across all products (as we have for alcohol).
- Specifically, recommending for WA state that the labelling be as 10 milligrams for one serving. This should be clearly marked in the labeling, including graphic illustrations of what this means (per work in CO – e.g. a grain of salt is 10 milligrams of a concentrate).

Recommending NOT educating people in schools and community centers

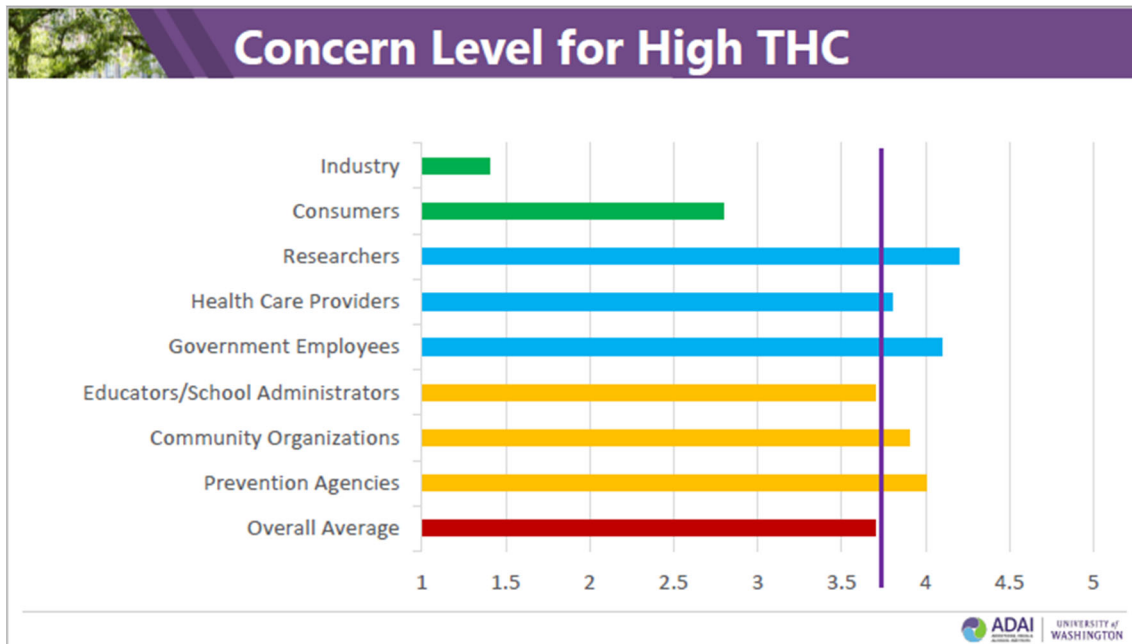
- Instead, recommending more \$\$ to prevention in communities to address protective and risk factors
- Consider public education to at risk populations specifically.

Cannabis Observer has a table showing these options.

This report has been getting lots of attention – and requests for press interviews.

Questions/comments

- Julie Peterson – kudos and deep bow for this work! and thank you for putting the Cannabis Observer link in the chat. Highly recommend you subscribe to this newsletter, but not as yourselves. They don't have an editorial board and are funded by the industry. They show up at events, take pictures without permission, they misrepresent what is said at conferences ...
- Mary Segawa shared that this would be discussed in the commerce and gaming committee tomorrow. Also, the Y Coalition meeting is happening at the time and all are encouraged to attend!
- Bia closed by thanking the rest of the team: Lexi Mins, Meg Brunner, Erin McGrath and their director, Dr. Susan Ferguson. And Kevin and other members, Megan Moore, Jacob Delridge, Polygon Inc has the software for the concept maps.
- Kevin emphasized the slide showing the range of concern about high concentration THC between the stakeholder groups – there is variation there and it's good for us to be aware of these different perspectives. He also wonders if researchers are more concerned because they are more aware of the negative impacts – and wonders if we'd been asking these same stakeholders about their level of concern about fentanyl if there would be quite as much difference between the groups.



PRESENTATION: Amani Rashid and Bailey Ingraham (WSIPP): Evaluating the 502 Initiative

Kevin introduced the topic reminding folks that this whole topic of cannabis and research around it reinforces the work of this group, the PRSC. Initiative 502 (which legalized cannabis for retail sales) is being evaluated by the state legislature, per statute actually, and we haven't heard for a while how that's progressing. Amani and Bailey are here to give us that update on what the plan is, and how things are progressing.

Amani Rashid (see slides)

Washington State Institute for Public Policy is a non-partisan research organization whose primary role is program evaluation and benefit cost evaluations on behalf of the legislature. This is not the first report on the I-502 evaluation. Have been working on this since the initiative passed.

Questions being asked, data used and our ability to get those data – has been changing because the policy landscape continues to evolve.

Legislative assignment is large: conduct a benefit-cost eval for I-502 (which passed in 2012), which is a somewhat nebulous ask. Specifies to consider specific outcomes related to public health, health care, public safety, substance use, criminal justice, economic impacts (e.g. employment impacts) and administrative costs and revenues. (slide 2)

There are 4 deliverable deadlines specified in the legislation, starting in 2015. These reports are available on the WSIPP website publications page, for example the 2017 report:

https://www.wsipp.wa.gov/ReportFile/1670/Wsipp_I-502-Evaluation-and-Benefit-Cost-Analysis-Second-Required-Report_Report.pdf

The current report is due in September 2023 and will have several years of data from which to understand the issues perhaps more fully than previous reports. Still looking at intermediary outcomes and not yet touching on benefit-cost outcomes. This report updates and expands scope of 2017 report. The final deliverable is 2032. Employment impacts will be included in that final report.

Sept 2023 report will include a series of reports including descriptive briefs and outcome evaluations (slide 3). WSIPP is working closely with other state agencies for access to data sources. Cross-referencing survey data with administrative data for various outcomes.

- Outcome evals: within-state analyses of traffic fatalities (WA Traffic Safety Commission data), criminal justice outcomes (WSIPP has these data), reported youth use (HYS), high school outcomes (OSPI), and cannabis/SUD/MH diagnoses (RDA/HCA)
- How local outcomes change with retail access
- Cost and revenues related summary of administrative costs and tax revenues
- National comparison with reported cannabis and other SU (comparing to other states)

Research Design (slide 4)

- Trends in outcomes since legalization?
- How do outcomes vary with retail access?

Findings so far

- BRFSS
 - Can see zip codes for respondents, and thanks to Julia Dilley who accessed dispensary level data from LCB and organized and shared with Amani. Where a retailer opens in the locale, if we see enough of a systematic change in reported use that perhaps it's retail access that's leading to outcome changes. Plotting distribution of families in WA and how many retailers are nearby. Another measure could be average drive time to nearest retailer.
 - See slide 5 showing density of retail outlets. Comparing outcomes in zip codes where there are red dots compared to those without. Also looked at observable characteristics of the areas to see if there might be other factors besides retail access contributing to outcomes.
 - Preliminary findings (slide 12):
 - No change in reported cannabis ever-use with the opening of retailers
 - Modest increases in average probability of past-month use (and heavy use) in ZIP codes with non-medical cannabis (NMC) retail openings
 - Some important differences by other health outcomes to notice (slide 10) – e.g. higher cannabis use among those reporting past month alcohol use or binge drinking.
 - Past-month use plotted over time (slides 12-14) has increased since 2011 (retail sales began in 2014)

Bailey Ingraham: National comparisons (slides 17-20)

- I-502 and reported SU
 - Data comes from Natl Survey on Drug Use and Health (N ~70k/year, 2004-2019)
- Outcomes of study
 - Use of cannabis, alcohol, tobacco cigarettes, cocaine, heroin
 - Treatment in past year for any illicit drug/alcohol and mental health in any setting
 - Outcomes analyzed separately for ages 12-20 and 21+
- Research design: synthetic control model, which uses info from other states to construct the answer to how outcomes WOULD HAVE changed in WA if NMC had never happened (accounting for demos, econ conditions, alcohol sales tax, avg SU prior to legalization). Then compares avg WA outcomes to the synthetic control unit.

- Sensitivity analyses
 - Synthetic Control Model focused on commercial sales
 - Uses state/year level data
 - Legalization as treatment; excluding border states as controls; lagged outcomes as only predictors
 - Difference in Differences Model
 - Binary on/off, commercial sales as treatment
 - Binary on/off, legalization as treatment
 - Trends, commercial sales as treatment
 - Trends, legalization as treatment
- No findings yet from the national comparisons ... stay posted!

Comments:

- It's good and important to focus on heavy use. We would expect ever-use to increase with legalization; the harms come from heavier use.
- It also good to know that the evaluation has a long-range plan thru 2032, which is 20 years after legalization. That will be interesting!

Jaymie Vandagriff (DBHR): Reconvening the EBP Workgroup

- Jaymie shared that the EBP Workgroup is reconvening and welcoming participation, and shared some objectives for the coming year
- Requesting ideas in the chat from this group: what are important goals for DBHR and the EBP workgroup to focus on? What can this workgroup provide for this group?
- Several questions in the chat (which are not shown in the recording)
- What should be the focus for the next 1-2 years.
- Process so far: focus has been so far on those programs that CPWI, community entities and Tribes are implementing. This workgroup has been a source for reviewing and input on program evidence for programs/strategies on the DBHR list. Bring that list to PRSC as an extra vetting process.
- One issue that comes up regularly: how to adapt EBPs for local implementation in various communities/settings. Esp. when the evidence for a program may be limited.
- Another issue: what doesn't work in prevention, which is as important so practitioners don't waste their time. Blueprints is moving more toward reporting on what has been reviewed and found to be ineffective. A lot of community work goes into what's ineffective.
- And how to communicate this to community stakeholders who are invested in these ineffective types of strategies. And providing alternatives to meet these same needs.
- Helping practitioners to understand the concept of doing an EBP in the way it's designed to get the desired results. What an EBP is, how it gets to be evidence-based, how can I trust this? Attachment to what they have created, even though they've asked for consultation because it's not working. Can't even have the fidelity conversation until folx are bought into the idea of implementing a practice that's proven to be effective.

- Kevin – would be great to broaden our work to practices. What do we know also about policies (e.g. look at interrupted time series)? We do have some work on effective practices (e.g., middle school practices like greeting students at the door) but they can still be implemented poorly
- Clara: even the conceptualization of EBP is itself problematic due to the implications of colonialization and white supremacy on the whole field of prevention and EBPs. This is one of the things to discuss in the workgroup. E.g. in treatment landscape: “we don’t even use this language anymore because it’s so alienating.”
 - Kevin language: “this has been tested to shown to make a difference.”
 - Darcy Allen: WEIRD (white educated high income...) look up the ‘weirding of science and research’. When finds interest in a program, can reach out to the developers because there may be updates, new pilots, or would you want to be part of a pilot that would ‘unweird’ this practice? Let’s be part of making this more relevant and applicable. Some ground-breaking research is happening here in adapting well-researched programs to other communities.
- Time commitment for joining the EBP workgroup. Meet monthly-ish, but could attend a meeting here or there if interested.
- Per Darcy’s comment, the group is looking at developing a nomination system for approving adaptations
- Reach out to Jaymie.vandagriff@hca.wa.gov if interested in participating, and/or more information

Research Briefs Update

- Kevin shared the list of research briefs we’ve been producing this year.
- Been great to have the participation on these!
- Those under review with DBHR
 - Youth mental health promotion
 - Disparities
 - Pricing of legal cannabis
 - Regulated market
- Would like more conversation about the 5th one: *Balancing economic opportunities with keeping Washingtonians healthy* and mitigating substance use. Kevin, Bia and Danna have been working on it. This is not a research brief, rather ‘policy considerations.’ Perhaps a title more like: *Balancing Economic Opportunity with Keeping Washingtonians Healthy*. For example, retail outlets are disproportionately found in Black neighborhoods, which also historically experience negative impacts from controlled products.
- Suggesting we focus on what to think about when making policy.
- Requested discussion – comments included the following:
 - Allow stakeholder communities to make choices about whether they want retailers in their communities. “Revenue redistribution matters”
 - Taxations collected in those communities with heavy licensure should have a higher proportion of revenues going back into those communities

- Danna: e.g. birth outcomes that are public supported vs. paying for your own. Costs for a baby born to a heavy substance user can start out really high with a premature birth, which also leads to longer term education and economic outcomes.
- Liz had a good point that perhaps redistributing sales revenue back to the community where they were generated may not be equitable (west Seattle as an example).
- Kevin requested other ideas to be posted in the chat

Round Robin

- NWPTTC has a webinar next week on connection between youth in foster care/LGBTQ/substance use and how to help caregivers promote more support and acceptance for this population
- NWPTTC presenting a Systems Change extended learning series in January 2023
- Liz Wilhelm / Megan Moore
 - Megan works under the Cannabis and Commercial Tobacco prevention program grant at DoH.
 - Use Your Voices – Px coalition out of Vancouver Dec 7-8 5:30-7:30. Youth-led youth advocacy training. All youth and youth groups around the state are welcome. Getting youth involved in policy work in the state. Helping people learn how to be involved in the legislative work in this state. https://UseYourVoice_YouthAdvocacy.eventbrite.com
- LCB Px/PH roundtable Dec 12.

Suggestions for next session in March

- What gets introduced for legislation, and see where it's headed by late January. Will depend somewhat on where legislature seems to be headed in Jan
- Kevin – would be good to meet with Clara/Brittany/Jaymie to discuss the WEIRD / evidence-based equity convo / health equity lens. Maybe this could be a kick-off to the EBP workgroup and how to inform that work with the health equity lens.