Lessons Learned from Washington Marijuana Legalization

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Medical use of marijuana approved for qualifying conditions (I-692)*

Initiative 502 – Retail sales and possession, limited quantities, ages 21 and over

SB 5052 – Integrated medical marijuana market; effective July 1

SB 5073 - Regulated medical, partially vetoed

Retail stores opened – July 2014

*Did not “legalize” medical use; provided affirmative defense for qualifying patients with valid recommendation and their designated providers.
Regulatory Issues - Federal

Federal Enforcement Guidelines

1. Preventing distribution to minors.

2. Preventing the revenue from going to criminal enterprises, gangs and cartels.

3. Preventing the diversion of marijuana from states where it is legal to other states.

4. Preventing state-authorized marijuana activity from being used as a cover or pretext for the trafficking of other illegal drugs or other illegal activity.
Federal Enforcement Guidelines continued

5. Preventing violence and the use of firearms in the cultivation and distribution of marijuana.

6. Preventing drugged driving and other adverse public health consequences associated with marijuana use.

7. Preventing the growing of marijuana on public lands and the environmental dangers posed by marijuana production on public lands.

8. Preventing marijuana possession or use on federal property.
Key Elements of Regulatory System

- Legalized system of producing, processing and retailing marijuana
- Possession limits – 21 and over
  - 1 ounce - useable marijuana for smoking
  - 16 ounces - solid form
  - 72 ounces - liquid form
- Taxation
  - Excise tax – 37 percent on retail
- Public safety and education
  - THC limit for DUI’s (5 nanograms per ml of blood)
  - Limits on number of stores and locations, advertising
  - Revenue for public health, prevention, education, research, surveillance, evaluation
Limiting Access

• How
  • Age restrictions
  • Compliance checks
  • Packaging and labeling requirements
  • Advertising limits
  • No home grows except for medical

• Tracking
  • Healthy Youth Survey
  • Young Adult Survey
  • Compliance check data
  • Graduation/dropout rates and disciplinary incidents
  • Treatment data
  • Poison Center and hospitalizations
WA State Healthy Youth Survey

• Used marijuana during the past 30 days?

WA State Health Youth Survey

- Regular use of marijuana has “no risk” or “slight risk”

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

### Youth Treatment

- Primary substance reported at admission

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>10%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1%</td>
</tr>
<tr>
<td>Heroin</td>
<td>2%</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>6%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>78%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>10%</td>
</tr>
</tbody>
</table>
Preventing Diversion

• How
  • Traceability: Seed to sale system
  • Home grows prohibited for non-medical use
  • Strict security system
  • Use of population-level data to determine production limits and limit on retail stores

• Tracking
  • Auditing of traceability
    • Also provides data on product use, sales
  • Compliance visits
  • Complaints
Drugged Driving

• How
  • Per se limit set
  • High visibility traffic enforcement
  • Media campaign

• Tracking
  • Traffic fatality data

• Limitations
  • Per se limit – Is 5 ng/ml viable
  • Time lag with blood draws
Key Findings

- From 2010 through 2013, the estimated number and proportion of drivers involved in fatal crashes who had a detectable concentration of THC in their blood ranged from a low of 48 (7.9%) to a high of 53 (8.5%)

  - The number and proportion both doubled from 49 (8.3%) in 2013 to 106 (17.0%) in 2014
Other Adverse Public Health Consequences

• How
  • THC and serving size limits on edibles
  • Packaging requirements
  • Labeling requirements
  • Edibles cannot be “especially appealing to children
  • Warning symbol developed by WA Poison Center

• Tracking
  • WA Poison Center data
Packaging and Labeling - Edibles

• Serving size limits
• Servings individually wrapped
• Child resistant packaging
• No gummies, lollipops, cotton candy, etc.
• Warning statements
• “Not for Kids” symbol
Washington Poison Center

Marijuana Exposures in WA for 2011-2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Cases</th>
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<tbody>
<tr>
<td>2011</td>
<td>146</td>
</tr>
<tr>
<td>2012</td>
<td>162</td>
</tr>
<tr>
<td>2013</td>
<td>158</td>
</tr>
<tr>
<td>2014</td>
<td>245</td>
</tr>
<tr>
<td>2015</td>
<td>273</td>
</tr>
<tr>
<td>2016</td>
<td>286</td>
</tr>
</tbody>
</table>

- I-502 passed
- Shops opened
- SB 5052 passed

Toxic Trends Report March 2017
Marijuana Exposure by Age in WA for 2015-2016

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2015</th>
<th>2016</th>
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</thead>
<tbody>
<tr>
<td>0-5 years</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td>6-12 years</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>13-19 years</td>
<td>64</td>
<td>53</td>
</tr>
<tr>
<td>20-29 years</td>
<td>50</td>
<td>67</td>
</tr>
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</table>

Toxic Trends Report March 2017
Evaluation Specifications - State

Washington State Institute for Public Policy to examine outcomes related to:

• Public health
• Public safety
• Substance use
• Criminal justice system
• Economic impacts
• Administrative costs and revenues

Three components:
• Descriptive study of implementation
• Outcome study identifying causal effects
• Benefit-cost study
Additional Areas of Evaluation

• Potential mitigating effects of increased education, prevention, and intervention
• Stimulation of research
• Improved technologies
• School achievement

Next report to the legislature: September 2017
WA State Institute for Public Policy (http://wsipp.wa.gov)
What Has Gone Well

• Collaboration among agencies
• Deliberation in developing systems, use of consultants
• Strong public safety considerations
• Stakeholder involvement
• Allocation of resources for education, prevention, treatment
• After a slow start, education efforts and media campaign
Examples of Funded Activities

**DSHS – Substance abuse prevention and treatment**
- Increase in youth treatment services
- Increased support for and expansion of community- and school-based services
- Grants for community-based services for prevention
- Training in Life Skills and other prevention and treatment programs
- Tribal Prevention and Treatment grants

**DOH**
- 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
- Tobacco cessation services
Challenges

• Variety of edibles developed
• Lack of protocols for pesticide testing
• Number of license applications
• Impact on state agencies
• On-going requests for changes via legislation
• Loud opposition from medical and illicit markets
• Unregulated medical market until 2016
• Regulation ahead of the science
What We Would Do Differently

- Limit types of edibles
- Stricter advertising by legislation
- Clearer packaging and labeling guidelines
- Earlier public education efforts
Resources

• Start Talking Now – www.StartTalkingNow.org
• Athena Forum – www.theathenaforum.org
• University of Washington Alcohol and Drug Abuse Institute – www.LearnAboutMarijuanaWA.org
• Healthy Youth Survey – www.askhys.net
• WA State Liquor and Cannabis Board – https://lcb.wa.gov
• WA State Department of Health – www.doh.wa.gov
• WA State Division of Behavioral Health and Recovery – www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery
Thank You!

Contact Information

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