

## Notes for ACLU Marijuana Conference (June 9, 2015)

### Background

- In November 2012, Washington State voters passed Initiative 502 to regulate and tax cannabis for persons twenty-one years of age and older.
- Retail stores opened July 2014.
- As part of I-502, WA State Institute of Public Policy (WSIPP) was directed to “conduct cost-benefit evaluations of the implementation” of the law. (Adam Darnell)
- The evaluations must include measures of impacts on:
  - Public health (cannabis use in youth and adults, including substance abuse)
  - Public safety, economy, criminal justice system, state and local costs (including health costs) and revenues.
- A preliminary report is due to the legislature by September 1, 2015, with subsequent final reports in 2017, 2022, and 2032.
- Preliminary report due in Sept is largely a plan for evaluation work.

### Evaluating the Public Health Impact of Marijuana

- Evaluation work falls into three categories:
  - Surveillance (monitoring) for health risk behaviors
  - Surveillance (monitoring) of adverse health outcomes
  - Research

### Data Sources

#### Surveillance (monitoring) for health risk behaviors

- Three well-established population-based surveys to assess current use at DOH

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Adolescents (grades 6, 8, 10, 12)</b> Healthy Youth Survey (HYS)																
<b>Adults (18+)</b> Behavior Risk Factor Surveillance System (BRFSS)																
<b>Pregnant or Nursing Mothers</b> Pregnancy Risk Assessment Monitoring System (PRAMS)																

- HYS also includes questions on use of MJ by friends, perception of risk of harm from using MJ, perceived accessibility of MJ and parental attitudes toward MJ use.
- BRFSS asks age at first use, # days used in past 30 days, use of medical MJ, form of use
- Washington Young Adult Health Survey
  - New survey targeting 18-25 year olds in Washington
  - Lead by UW researcher (Jason Kilmer)

### Surveillance (monitoring) of adverse health outcomes

- DOH: researching methods to identify marijuana-related emergency department visits in real-time syndromic surveillance data. Also exploring hospitalization and death data.
- DSHS: data on admissions to publicly funded addiction treatment centers
- WAPC: calls regarding marijuana poisoning or overdose
- WTSC: data on automobile accidents to identify crashes involving alcohol and/or MJ
- OSPI: data related to student discipline incidents

### Research (Examples)

- Research using data sources just mentioned
- WTSC: roadside survey of driver drug and alcohol use; study to look at relationship between new cannabis law and incidence of cannabis-impaired driving (state toxicology lab involved)
- UW: study assessing MJ-specific parenting behaviors to inform prevention efforts; study to examine patterns of MJ use and related risk behaviors like other substance abuse, risky sexual behaviors, etc.

### **Evaluation Gaps and Challenges**

#### Surveillance for health risk behaviors

- Health risk behavior surveys have limited capacity for creating small area estimates and certain race/ethnicity estimates.
- Developing national consensus on how to ask about MJ use as policies and method of consumption change (vaporizers, dabbing, eating, smoking, etc.). In the development on asking survey questions, states need to be consulted early in the process.

#### Surveillance for outcomes

- Leveraging health outcome surveillance to assess impact of MJ on health is developmental – in addition to changing context, data on long-term MJ outcomes and burden are limited.
- How to identify marijuana related motor vehicle crashes

#### Research

- WSIPP not given funding for research.
- Hard to know who is doing research.

#### General

- Surveillance data are housed in several different agencies.
- It is important for stakeholders coordinate efforts, leverage resources and avoid redundancy.