

# Marijuana Use

Marijuana use, defined here as any use within the past 30 days, is being closely watched in Washington following legalization of recreational use in 2012. In 2016, the prevalence of marijuana use within the past 30 days among Washington adults was 14% ( $\pm 1\%$ ). The prevalence among adults has increased since 2011. For youth, 17% ( $\pm 1\%$ ) of 10<sup>th</sup> graders reported using marijuana in the past 30 days and was stable from previous years.

Among adults, marijuana use prevalence was higher among males and younger adults under 35 years of age. White, black, and American Indian or Alaskan Native (AIAN) had the highest prevalence of marijuana use. Prevalence increased as levels of education and income decreased.

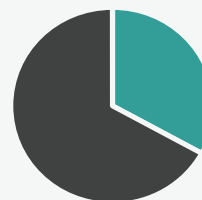
Among youth, marijuana use prevalence increased with grade level. Among 10<sup>th</sup> graders, there was no difference in marijuana prevalence between male and females. Marijuana use prevalence was highest among AIAN, black or Hispanic 10<sup>th</sup> graders.

DOH, along with partner agencies including Department of Social and Health Services/Division of Behavioral Health Recovery (DSHS/DBHR), is working to prevent the initiation and use of marijuana by youth ages 12-20 throughout Washington State.



## 1 in 6

Washington  
10<sup>th</sup> graders  
used marijuana  
in the past  
month



One-third  
of Washington  
teens perceive  
little risk of  
weekly  
marijuana  
use

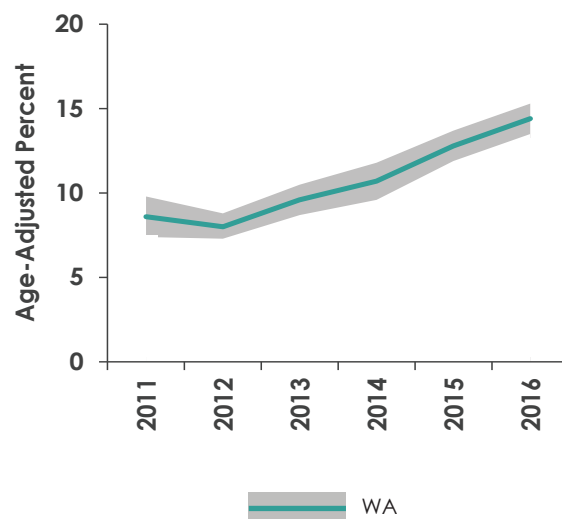


## Adults

### Time Trends

- In the 2016 Behavioral Risk Factor Surveillance System (BRFSS), the prevalence of marijuana use among Washington State adults was 14% ( $\pm 1\%$ ).
- Marijuana use among adults has increased in Washington since 2011.

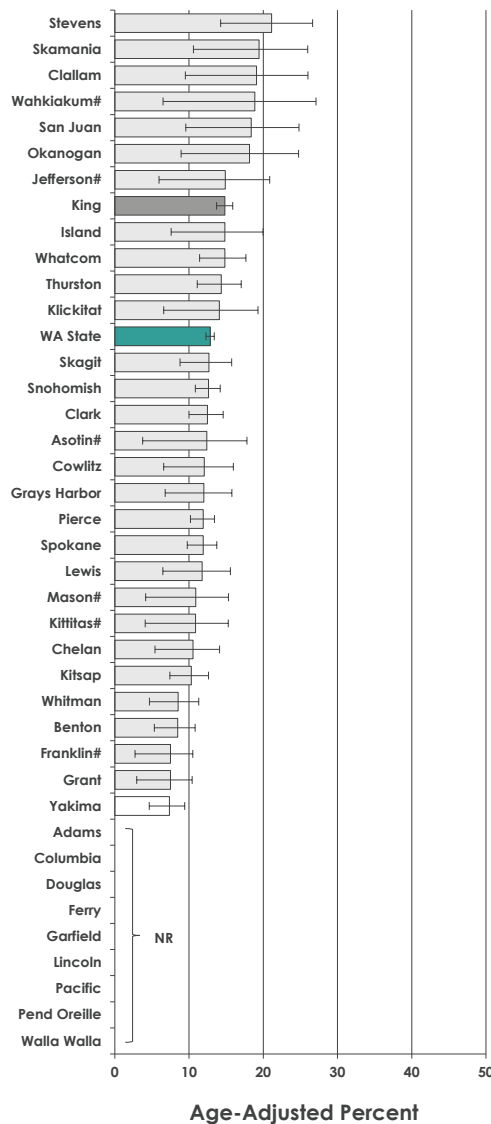
*Marijuana Use  
Washington State  
BRFSS, 2011-2016*



# Geographic Variation

- In the 2014-2016 BRFSS, prevalence of marijuana use was higher in King County compared to the state.
- Prevalence of marijuana use was lower in Yakima County compared to the state.

## Self-reported Marijuana Use Washington Counties BRFSS, 2014-2016



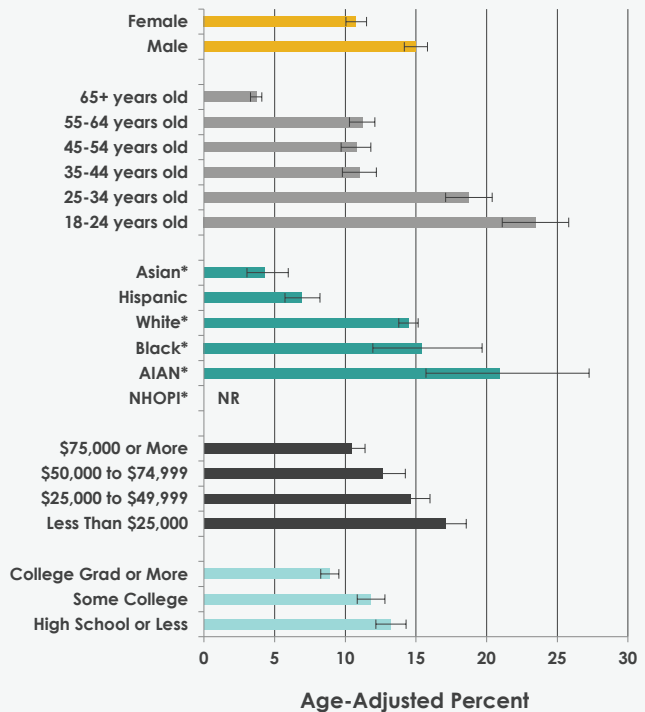
WA State  
 Lower than WA State  
 Same as WA State  
 Higher than WA State

NR: Not reported if RSE ≥ 30% or to protect privacy  
 #Relative standard error (RSE) is between 25% and 29%

# Disparities

- In the 2014-2016 BRFSS, males had higher prevalence of marijuana use than females, 15% (±1%) compared to 11% (±1%).
- Marijuana use prevalence was highest among adults 18-24 years of age and decreased with age. Adults aged 65 and older had the lowest prevalence.
- AIAN had a higher prevalence of marijuana use compared to whites. Asians and Hispanics had a lower prevalence than whites.
- The prevalence of marijuana use increased as levels of education and income decreased

## Marijuana Use Washington State BRFSS, 2014-2016



\*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPI: Native Hawaiian/Other Pacific Islander

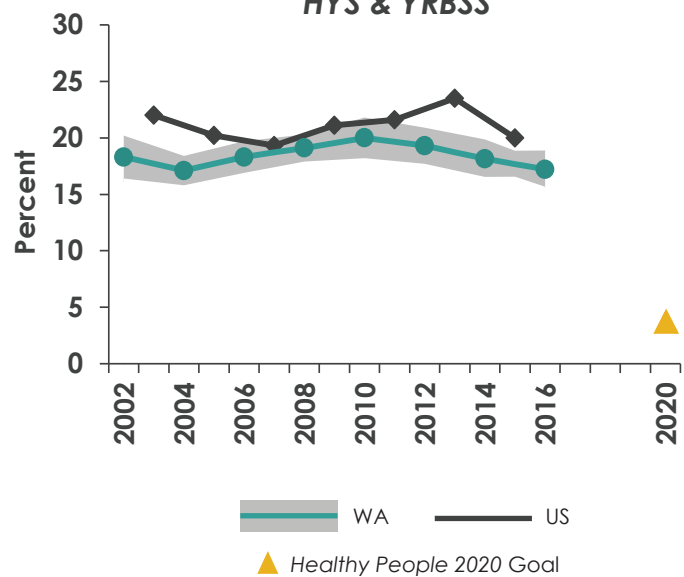


## Youth

### Time Trends

- In the 2016 Healthy Youth Survey (HYS), the prevalence of marijuana use among Washington State 10<sup>th</sup> graders was 17% ( $\pm 1\%$ ).
- Marijuana use among 10<sup>th</sup> graders has been stable since 2002.

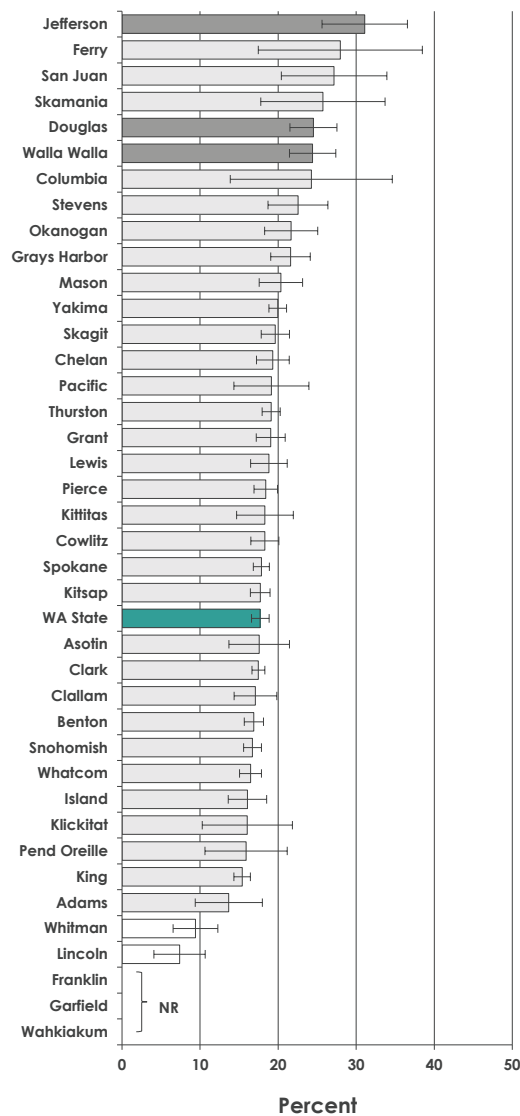
Youth Marijuana Use, 10<sup>th</sup> Graders  
Washington State & US  
HYS & YRBSS



## Geographic Variation

- In the combined 2014 and 2016 HYS, Douglas, Jefferson and Walla Walla counties had a higher prevalence of marijuana use among 10<sup>th</sup> graders compared to the state.
- Prevalence of marijuana use was lower in Lincoln and Whitman counties compared to the state.

### Youth Marijuana Use, 10<sup>th</sup> Graders Washington Counties HYS, 2014 & 2016

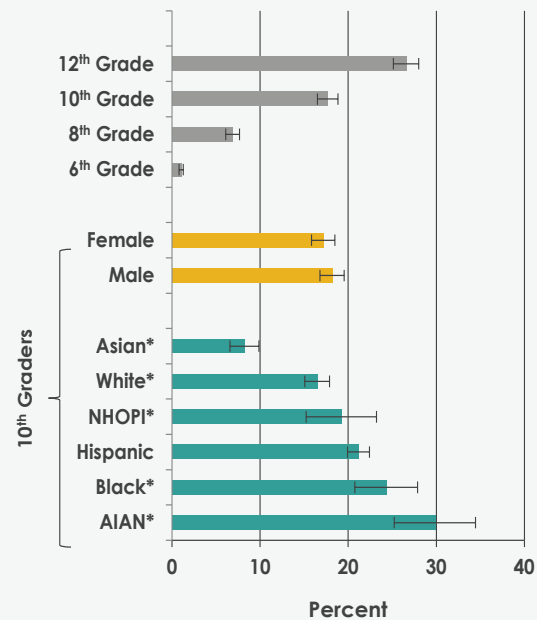


NR: Not reported if RSE ≥ 30% or to protect privacy

## Disparities

- In the combined 2014 and 2016 HYS, marijuana use prevalence increased with grade level. Students in 12<sup>th</sup> grade had the highest prevalence at 27% (±1%).
- Among 10<sup>th</sup> graders, males and females had a similar prevalence of marijuana use, 18% (±1%) and 17% (±1%), respectively.
- AIAN, black, and Hispanic 10<sup>th</sup> graders had a higher marijuana use prevalence than white 10<sup>th</sup> graders, and Asian students had a lower prevalence.

### Current Marijuana Use Washington State HYS, 2014 & 2016



## Risk Perception & Impact

- Many teens perceive little risk of regular (at least once or twice a week) marijuana use. In 2016, 33% (±3%) of 10<sup>th</sup> graders in the state perceived no/slight risk to regular use.
- Half (51% ±4%) of the 12<sup>th</sup> graders in the state who reported using marijuana in the past 30 days reported driving within three hours of using marijuana at least once in the past 30 days.

\*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPI: Native Hawaiian/Other Pacific Islander

# How is Washington addressing marijuana misuse & abuse?

HB 2136 passed in 2016 mandates that Department of Health (DOH) and the Department of Social Health Services, Division of Behavioral Health and Recovery (DSHS/DBHR) take responsibility for several activities to prevent the misuse and abuse of marijuana, including establishing a public health hotline to provide support and referral to treatment, expanding youth treatment options, implementing evidence and research-based prevention strategies, establishing a media-based public education campaigns for youth and adults separately, funding a community grants program to prevent youth marijuana use and abuse, and funding for the Healthy Youth Survey.

In response, DOH, DSHS/DBHR and other state-wide partners with a vested interest in substance use prevention, work to implement the goals of the [State 5-Year Strategic Plan for Substance Abuse Prevention and Mental Health Promotion](#). The plan's strategies are collaborative policy development, public education, and professional workforce development and training for each of the focus areas. Reducing marijuana misuse and abuse is one of the focus areas in the strategic plan.

In addition to the above collaborations, DSHS/DBHR staffs the Washington Healthy Youth

Coalition (WHY) with Coalition Chairs represented from DSHS/DBHR and the Liquor and Cannabis Board (LCB). WHY is an interagency workgroup dedicated to addressing underage alcohol and marijuana use. They work on state-wide policy impacts and communication. DOH serves on the WHY Coalition and has rolled out multiple marijuana prevention education campaigns with consultation from the WHY Coalition's Communication Impact Team.

Specific to allocations from HB 2136, DSHS/DBHR:

- Provides funding to 64 Community Prevention and Wellness Initiative communities that prioritize reduction in underage marijuana use. Communities identify risk and protective factors in their community that relate to youth substance use and address them locally with appropriate evidence-based strategies.
- Provides funding to 29 federally recognized tribes to provide prevention and treatment services. Tribes develop and implement action plans to address their most important needs.
- Supports behavioral health organizations to ensure substance use disorder services are available to youth and adults across the state.
- Provides workforce development for prevention and treatment professionals.
- Funds [www.starttalkingnow.org](http://www.starttalkingnow.org).

### Specific to allocations from HB 2136, DOH:

- Provides funding to the Recovery Helpline, which provides referrals to substance abuse treatment using evidence-based public health approaches and does not solely advocate an abstinence-only approach.
- Provides funding to nine Regional Youth Marijuana Prevention and Education Programs, aligned with the Accountable Communities of Health (ACH) Regions. Each region implements coordinated environmental, policy and systems change prevention strategies, geared to reduce the initiation and use of marijuana by youth.
- Provides funding to five community-based organizations representing priority populations to implement tailored prevention strategies to reduce marijuana use by youth in their respective communities. These contractors assist the DOH Marijuana Prevention and Education Program and its regional and media contractors by collaborating and providing expert consultation and technical assistance on promising and proven practices. The following priority populations were selected based on the prevalence of higher marijuana-related disparities:
  - Black/African American
  - Asian/Pacific Islander/Native Hawaiian
  - Hispanic/Latino
  - American Indian/Alaska Native
  - Lesbian/Gay/Bi-Sexual/Transgender/Queer
- Executes media-based education campaigns, separately targeting youth and adults with scientifically accurate infor-

mation about the health and safety risks posed by marijuana use.

- For a statewide youth-focused marijuana prevention campaign, DOH developed [Listen2YourSelfie](#). Through focus groups across the state, youth selected the campaign concept and design. The campaign generated more than 165 million impressions, 455,000 website visits, and nine million video views.
- In addition, DOH contracted with five tailored media vendors, who represent and serve prioritized populations. These contractors crafted individualized campaigns and messages for the youth populations they serve.
- For a statewide parent and influential adult-focused campaign, DOH developed [Under the influence...of you](#). Adults from across the state informed the development of this campaign. It was in the field until mid-December 2017.

Washington State is also working to transform healthcare services. The Health Care Authority, DOH, DSHS/DBHR and partners including managed care organizations, Accountable Communities of Health, local health, healthcare providers and others are working together to integrate physical health services, mental health services and substance use services in the Medicaid (Apple Health) program. These efforts are funded by grants and the [Medicaid 1115 waiver](#) and include integrating clinical practices, supporting providers in identifying, serving and monitoring high need populations, developing systems to support information sharing across providers, and integrating payment systems.

See also [Tobacco & Vapor Product Use](#)

Evidence-based interventions to prevent marijuana use among youth are available from the Substance Abuse and Mental Health Services Administration (SAMHSA) [here](#).

### Technical Notes

*Confidence Intervals:* Definition and examples are described in [Appendix C](#)

*Race and Ethnicity:* Classification described in [Appendix C](#)

*Relative Standard Error:* Definition and how it was used is described in [Appendix C](#)