State of Washington
Decision Package

FINAL

Agency: **303 Department of Health**
Decision Package Code/Title: **ME Marijuana Education**
Budget Period: **2014 Supplemental**
Budget Level: **PL-Performance Level**

Recommendation Summary Text:

The Department of Health requests General Fund-State to start the creation, implementation, operation, and management of a marijuana education and public health program to inform school-age children and adults on the health and safety risks posed by marijuana. This work is required under Initiative Measure 502.

Fiscal Detail

Operating Expenditures			**FY 2014**	**FY 2015**	**Total**
001-1	General Fund - Basic Account - State			472,000	472,000
					0
Total Cost			**0**	**472,000**	**472,000**
Staffing			**FY 2014**	**FY 2015**	**Annual Avg**
	FTEs			**1.7**	**0.9**

Package Description:

The passage of Initiative Measure 502 legalizes, taxes, and regulates recreational marijuana retail sales and consumption. The initiative earmarks 10 percent of marijuana-related revenue to the Department of Health for the creation, implementation, operation, and management of a marijuana education and public health program. Since the codification of I-502 and creation of the Dedicated Marijuana Account, no tax or fee revenue has been collected, so no legislative appropriation or revenue distributions have occurred. Funding this request allows the department to start the planning that leads to the implementation of program expectations outlined in I-502:

- Public health information phone line that provides referrals to substance abuse treatment providers.
- Grants program for community based organizations to prevent marijuana use by youth.
- Media-based education campaign that provides scientifically correct information on the health and safety risks posed by marijuana.

The Liquor Control Board expects licensed marijuana stores to be operational by spring 2014. As the state rapidly moves toward the start of retail sales of marijuana – and the substance become more readily available to adults and youth – the planning and implementation of a marijuana education and public health program enables the Department of Health and its partners to educate people about potential health and social consequences of marijuana consumption. Currently, no marijuana info line exists in Washington and evidence-based educational media information is scarce around the country. Many stakeholders, including those who voted in favor of I-502, expect statewide prevention measures that offset beliefs that legalization for recreational use means that marijuana is a harmless or low risk substance. To date, planning around educational programming under I-502 has not begun because dedicated funding is not available. Therefore, the state's public health messaging and fulfillment of its marijuana education responsibilities lag behind the drive toward retail sales. Although a portion of the requested funding will go toward immediate education and awareness work that align public health

messaging with retail availability and the consumption realities of marijuana legalization, much of the staff work will involve setting up Request for Information (RFI) and Request for Proposals (RFPs) to secure contracts and/or vendor relationships so when adequate revenue is distributed in subsequent fiscal years (FY), the state is ready to launch a public health referral info line targeted at substance abuse; and a media-based education campaign to inform the public about health and safety risks posed by marijuana. State health is required to implement a grant program for community based organizations to prevent marijuana use by youth. The preparation for this will be done in FY 2015 and the implementation will occur in FY 2016.

Launching the Marijuana Education Program will require 1.70 FTEs to set up program infrastructure – and funding for print and web-based media. We do not anticipate being able to fully execute the comprehensive program requirements in the first year with only this supplemental funding. Staffing for this first year will allow state health to create an appropriate model for implementing the required 'marijuana info line' and completing a competitive process to select a contractor to operate that phone line. It will also provide an opportunity to research and identify the best method to implement a comprehensive public education campaign. Department of Health will use information from previous successful campaigns as applicable – such as tobacco, alcohol, prescription drug abuse, traffic safety, and healthy community initiatives. While each of these campaigns have been effective, none can be used to address marijuana use as this issue presents unique circumstances and our state is the first in the nation to attempt a shift from criminalization to legalization. Most public health professionals and residents understand that smoking in any form may be harmful, but marijuana consumption comes in many forms that may not be as distinguishable – edibles, vaporizers, oils, tinctures, and cooking ingredients, for example. Initiating public health interventions that mitigate potential negative impacts of marijuana is uncharted territory for the Department of Health and its partners.

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Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

Department of Health expects the work described to produce the following results:

- Offer a counterbalance to offset youth attitudes about marijuana – and the acceptance of legalized marijuana – to reduce adult and particularly youth consumption.
- Align public health messaging with retail availability and the consumption realities of marijuana legalization.
- Proactive prevention. Gradually reverse or alter the sentiment among an increasing number of youth who believe that occasional marijuana use poses little or no risk. Data from the Healthy Youth Survey over the past decade show trends of marijuana use, acceptance and tolerance rates among youth.
- Fulfillment of public health responsibilities and prevention objectives as outlined in I-502 and codified into law.
- Planning during FY 2015 enables the health department to create marijuana education and public health programming that is ready to effectively and efficiently use the 10 percent of Dedicated Marijuana Account earmarked for marijuana education.
- Department of Health will be ready to launch and implement a grant program for community based organizations to prevent marijuana use by youth once regular distributions from the Dedicated Marijuana Account are available.

Performance measure detail

Activity: Code Title A002 – Chronic Disease Prevention

Is this DP essential to implement a strategy identified in the agency's strategic plan?

This decision package is the result of a voter initiative that identifies new roles and responsibilities that are not part of the existing strategic plan. These new public health leadership roles are being incorporated by the agency and its partners as requirements of I-502 are implemented – and statewide needs and opportunities are realized.

Does this decision package provide essential support to one of the Governor's priorities?

Results Washington does not have a general measure related to substance abuse or one specifically for marijuana. Results Washington Council Goal 4 – Healthy and Safe Communities has measures for cigarette smoking and chemical dependency. At some point, a measure related to general substance abuse may fall under Results Washington Council Goal 4.

Legalizing marijuana is a prominent issue around the country, capturing the attention of the US Department of Justice (DOJ). The DOJ recently decided to let Washington and Colorado essentially become pilot projects for marijuana legalization. The federal agency plans to track each state's ability to manage public health and social consequences and prevent distribution to minors. That may lead to this issue becoming a governor's priority.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

Yes. The state's ability to provide accurate information and referral to treatment for marijuana use is likely to have significant statewide impact and become a priority. Local entities are already looking to state health for leadership, guidance, and evidence-based educational materials that are understandable by diverse audiences. There is substantial federal, state, and media interest in the way Washington handles marijuana legalization, so our efforts will be critiqued and potentially replicated by other states and countries.

What are the other important connections or impacts related to this proposal?

Distribution of revenue from the marijuana industry will lag behind retail sales by at least one quarter – and although a revenue forecast for the Dedicated Marijuana Account is not available, distributions are expected to be low and insignificant for the first few quarters. The state health department is part of the secondary group of revenue recipients, so it may be even longer before dedicated revenue is available for marijuana education. This General Fund-State request allows us to initiate the creation, implementation, and management of a statewide marijuana education program closer to the start of retail sales to mitigate public health and safety consequences.

Washington is one of only two states to legalize recreational use of marijuana. In addition to the timely and full implementation of a measure passed by nearly 56 percent of the voters during 2012, the state is being closely watched by the federal government and other states. Deferring resources and not moving ahead with prevention strategies during the early stages of marijuana legalization may result in implementation problems, such as delaying distribution of important prevention messages. And it may lead to the perception of failure and

mismanagement. Consequences at the state and national level could include federal intervention such as injunctions or other legal actions.

The Department of Health has experience implementing and managing statewide educational programs that warn against tobacco use and promote cessation using both state and federal funding. The agency cannot use existing federal funds to conduct marijuana education programs because these funds have categorical restrictions – and marijuana is still considered a level 1 controlled substance at the federal level. Only state funding can be used for marijuana-related activities. Providing statewide leadership and educational resources specific to marijuana use will require dedicated funding.

What alternatives were explored by the agency and why was this alternative chosen?

This alternative was selected because adequate revenue collections and distributions will likely occur after marijuana is widely available at state licensed stores. It will take Department of Health and its partners a considerable amount of time and effort to implement the education components of I-502. Waiting for adequate distributions from the Dedicated Marijuana Account will put the state farther behind in terms of full implementation – and full implementation under voter-approved I-502 and current law requires the state to educate people about the health and safety risks of marijuana.

Alternatives:

- The state could wait until adequate tax and fee revenue distributions become available through the Dedicated Marijuana Account.

- The state could reprioritize a small portion of the state's Liquor Revolving Funds for the purpose of implementing the I-502 required marijuana education program – with funding made available to Department of Health through a budget proviso or interagency agreement.

What are the consequences of not funding this package?

The longer the state waits to provide post-legalization marijuana education the harder it becomes to educate the public about the health, social, and safety consequences of marijuana. As a result, the belief that legalization for the purpose of decriminalization means that marijuana is harmless or low risk substance becomes the social normal among impressionable school-age youth and young adults. Failure to provide a counterbalancing message before people start marijuana use can result in higher rates of marijuana acceptance and use among teens – and higher rates of abuse and addiction among adults.

The Surgeon General's report on tobacco use among youth and young adult concludes that mass media campaigns, comprehensive community and statewide programs reduce initiation of smoking, as do school-based programs. Below are examples of why prevention campaigns are important and effective at deterring drug use:

- In 2012, about one in five sophomores and more than a quarter of high school seniors said that they used marijuana in the past 30 days. While these prevalence rates have been relatively stable over the past few years, there has been a steady decline in perception of harm from marijuana. Perception of harm has consistently been a predictor of future use trends for substances. http://www.samhsa.gov/data/2k13/nsduh099a/sr099a-risk-perception-trends.htm

- Immediately after the tobacco master settlement, strong media campaigns were effective at influencing attitudes and behaviors of youth towards tobacco. Washington's comprehensive tobacco prevention and control campaign resulted in a 50 percent reduction in cigarette smoking prevalence. There is conclusive

scientific evidence that media and community-based campaigns are effective. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446163/pdf/10705855.pdf

What is the relationship, if any, to the state capital budget?

None.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

The initiative calls for Department of Health and Department of Social and Health Services (DSHS) to implement rules needed to carry out to their marijuana activities by December of 2013. So far, no rules are needed to implement agency responsibilities related to educational programs. Contracts with local health entities and other community based organizations will occur when regular distributions from the Dedicated Marijuana Account become available.

Expenditure and revenue calculations and assumptions

Revenue:

None.

Expenditures:

The requested $472,000 General Fund-State allows Department of Health to start the planning that leads to the implementation of the program expectations as outlined in I-502. The agency anticipates the need to fund 1.70 existing FTEs for first year planning and implementation work – staffing includes:

- 0.2 FTE of Health Services Consultant 4 to manage the marijuana education program and lead interagency consultation and development of appropriate educational materials.
- 1.0 FTE of Health Services Consultant 3 to coordinate development of educational outreach materials for school-age youth; manage contracts for the development and distribution of educational materials; and development of bid processes and contracts for the Marijuana Hotline and media campaigns.
- 0.5 FTE of Epidemiologist 2 to provide consultation on science-based educational materials and recommendations based on analysis of scientific literature and existing survey data of youth and young adults regarding marijuana use.

These existing FTEs are partially or wholly funded by federal grants and state marijuana activities cannot be charged to federal grants.

The cost of printed and web-based educational media including updates to the existing Alcohol and Drug Abuse Institute web site is estimated at $253,000. Updating the Alcohol and Drug Abuse Institute website with accurate information and providing print and electronic educational materials to students in grades 6-12 will maximize educational outreach during the first year and provide schools relevant information to include in existing health or substance abuse curriculum. In the past, Educational Service Districts were used to develop and distribute tobacco prevention educational material. This model could be used for marijuana education as well. The following is a cost breakdown for printed and web-based educational media for the first year:

- There are about 450,000 youth between the ages of 13 and 17 in the state based on population data collected by the Office of Financial Management. Printing educational materials for this target audience will be $67,500. This does not include the cost of production or distribution, which is estimated at $35,500.

- The current cost of the Department of Health's secondhand smoke website and outreach program is $150,000. We anticipate needing a similar amount to create strategic communication plans and web-based information for the first start-up year.

Total costs in FY 2015 will be 1.70 FTE and $472,000.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The need for General Fund-State support is expected to be one-time as Dedicated Marijuana Account revenues should be available for distribution in following fiscal years.

For federal grants: Does this request require a maintenance of effort or state match?

None.

For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

No.

Object Detail			FY 2014	FY 2015	Total
	A	Salaries and Wages		140,000	140,000
	B	Employee Benefits		44,000	44,000
	C	Personal Service Contracts		253,000	253,000
	E	Goods and Services		26,000	26,000
	G	Travel			0
	J	Capital Outlays		6,000	6,000
	T	Intra-Agency Reimbursements		3,000	3,000
	Total Objects			**472,000**	**472,000**