### 10 Years After I-502: Public Health Outcomes in Washington's Legal Market

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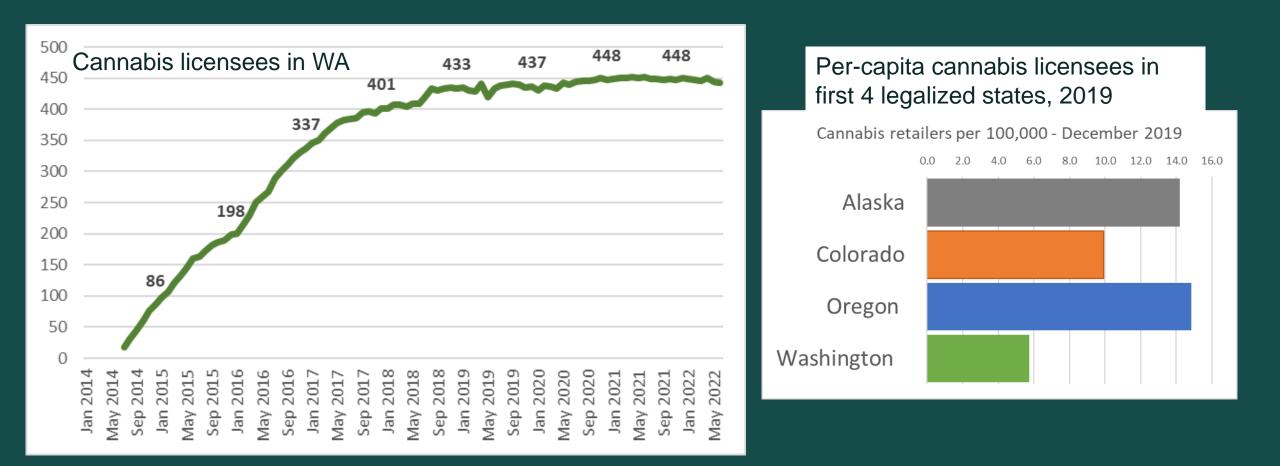
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### Public Health data: 10 years since I-502

Positive regulatory approaches

- Trends in any use, product use
- Public health outcomes

#### Active Cannabis Retail Sales Outlets, WA



Cannabis retailers licensed by WA LCB *and* reporting sales per month. Labeled values for December each year. Per capita retailers per 100,000 based on licensing data from regulatory agencies in each state.

### Child-resistant packaging

- Background. In 2017, concerns about child exposures led the WA Liquor & Cannabis Board to require "single serve" wrapping for edibles, and to have a label with the poison center phone number on edibles packaging.
- Methods. Difference-in-difference methods used to examine trends in US Poison Control Center data on cannabis poisoning with serious health outcomes for WA vs. other states, before and after the policy change.
- Results. Policy was associated with 25% reduction in edible poisoning reports for children <10; 51% reduction for ages 10-20, <u>and</u> 23% reduction for adults 55+, relative to pre-policy period and trend in other states.



### Changes in Allowed Advertising to Reduce Youth Appeal

- In Oregon in 2017, 72% of 8<sup>th</sup> grade and 78% of 11<sup>th</sup> grade students saw cannabis ads
  - 85% among 8<sup>th</sup> grade and 87% among 11<sup>th</sup> grade students with a cannabis retail <1 mile from</li> their school
- Washington revised regulations in 2017 below are now prohibited

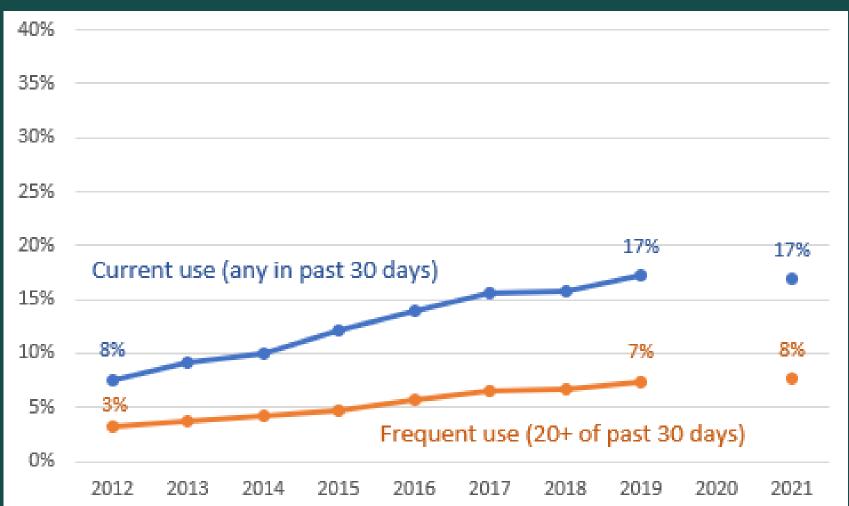


Source: Lacey WA, August 2016; photo Dilley

## Trends in cannabis use

Adults: Behavioral Risk Factor Surveillance System (BRFSS) Youth: Washington State Healthy Youth Survey (HYS)

## Cannabis use in the past 30 days among Washington State adults, 2012-2021

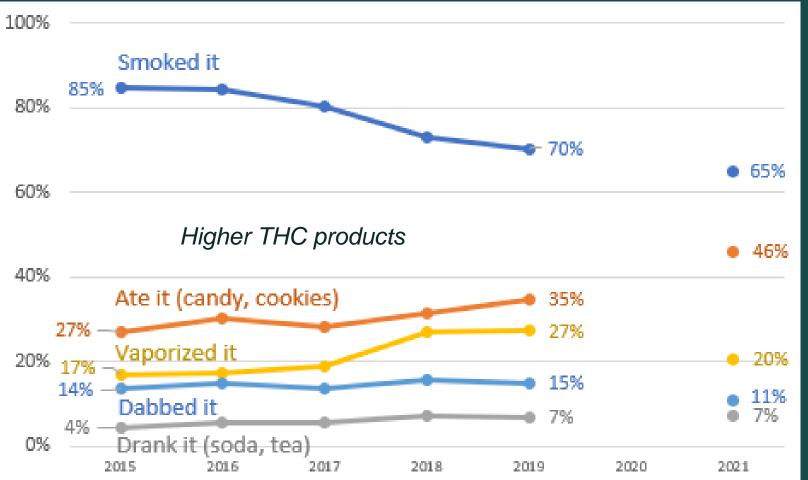


 Increased current use and frequent use since legalization

 Stabilizing trend in past few years, including postpandemic?

Source: Washington State Behavioral Risk Factor Surveillance System (BRFSS)

## **Cannabis product types** used (multi-select), among adults currently using cannabis, Washington, 2015-2019

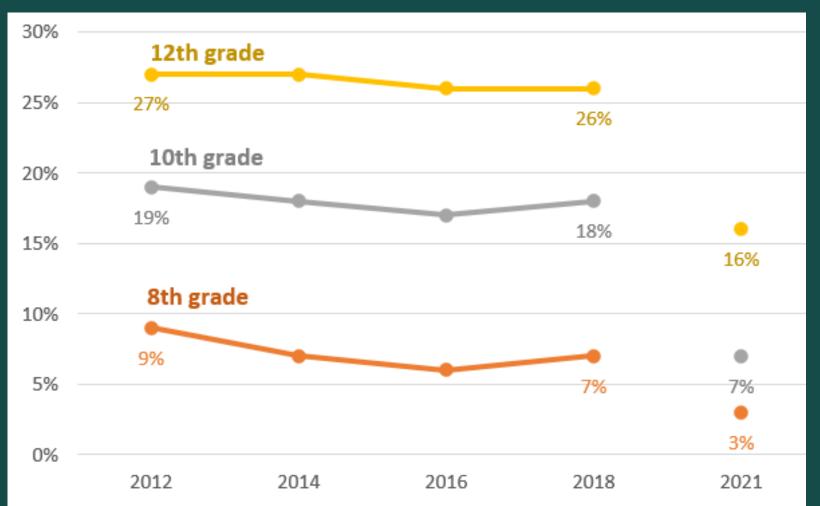


 Declines in smoking cannabis

- Inclines in edible use
- Inclines in vaping use through 2019, drop in 2021

Source: Washington State Behavioral Risk Factor Surveillance System (BRFSS)

# Current cannabis use (any use in past 30 days) among Washington youth 2012-2021



- Generally, not increases in cannabis use among youth
- We have seen increases in some groups
  - Youth with part-time jobs (Graves 2019)
  - Youth with cannabis retail outlets near their school (Dilley 2022)
- 2021 data were impacted by pandemic and change in survey methods

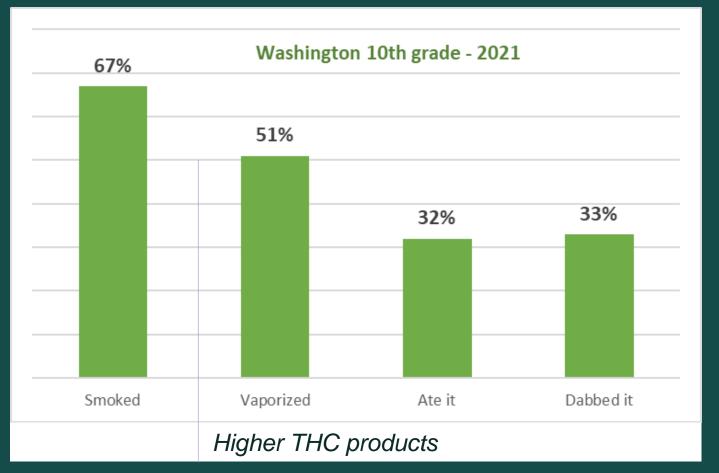
Source: Washington State Healthy Youth Survey, 2012, 2014, 2016, 2018, 2021; state sample

## "Usual way cannabis used" (single answer), among youth who used cannabis in past 30 days, Washington State



Source: Washington State Healthy Youth Survey, 2014, 2016, 2018; census dataset

### "*Any way cannabis used*" (multi answer), among youth who used cannabis in past 30 days, Washington State 2021



Source: Washington State Healthy Youth Survey 2021 state sample

### Other cannabis-related public health & safety measures

- Emergency Department (ED) visits: among Medicaid enrollees for 2006-2015, cannabis-related visits increased during the period, biggest increases in 2014-2015 (Hong 2018)
- Hospitalizations: Cannabis-related hospitalizations increased overall, including significantly among adults ages 51+, especially after markets opened. The percentage of cannabis-related hospitalizations that were for older adults increased from 2% in 1998 to 33% after 2014 (Close 2020)
- Treatment admissions: WSIPP study found no change in public-paid treatment for cannabis use disorder after legalization; a preliminary study from our research team suggests increases are seen among people who live close to cannabis retail outlets
- Traffic crashes: Multiple studies have examined this, including studies led by Banta-Green (2016).
  Increases noted in the percentage of drivers in fatal crashes who tested positive for Delta-9 THC (from 8-10% in 2008-2013 to 26% in 2017), but presence *does not confirm cannabis use caused or contributed to* the crash. Pandemic changes in traffic patterns further complicate understanding effects.

### Conclusions

- Cannabis regulations that prioritize public health and safety have mitigated harms
- Adult use has increased overall, including frequent use
- Youth use has *not* increased *overall*
- Examples of potential challenges ahead
  - Addressing changing products on the market and their increased use, especially with higher-THC concentration
  - Addressing risks identified for specific populations youth who live close to cannabis retail outlets, older adults

# Thank you

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**Program Design & Evaluation Services** 

A shared unit of Multnomah County Health Department and Oregon Health Authority/Public Health Division

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