

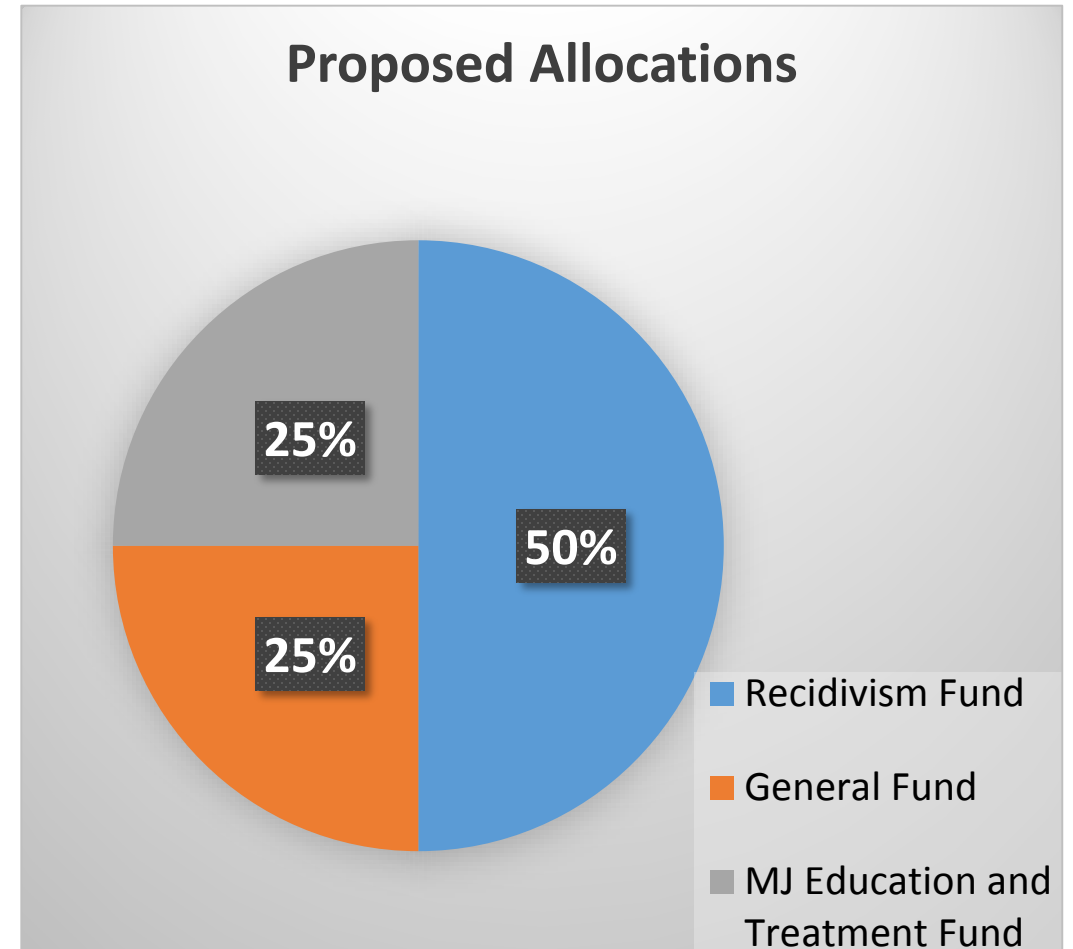
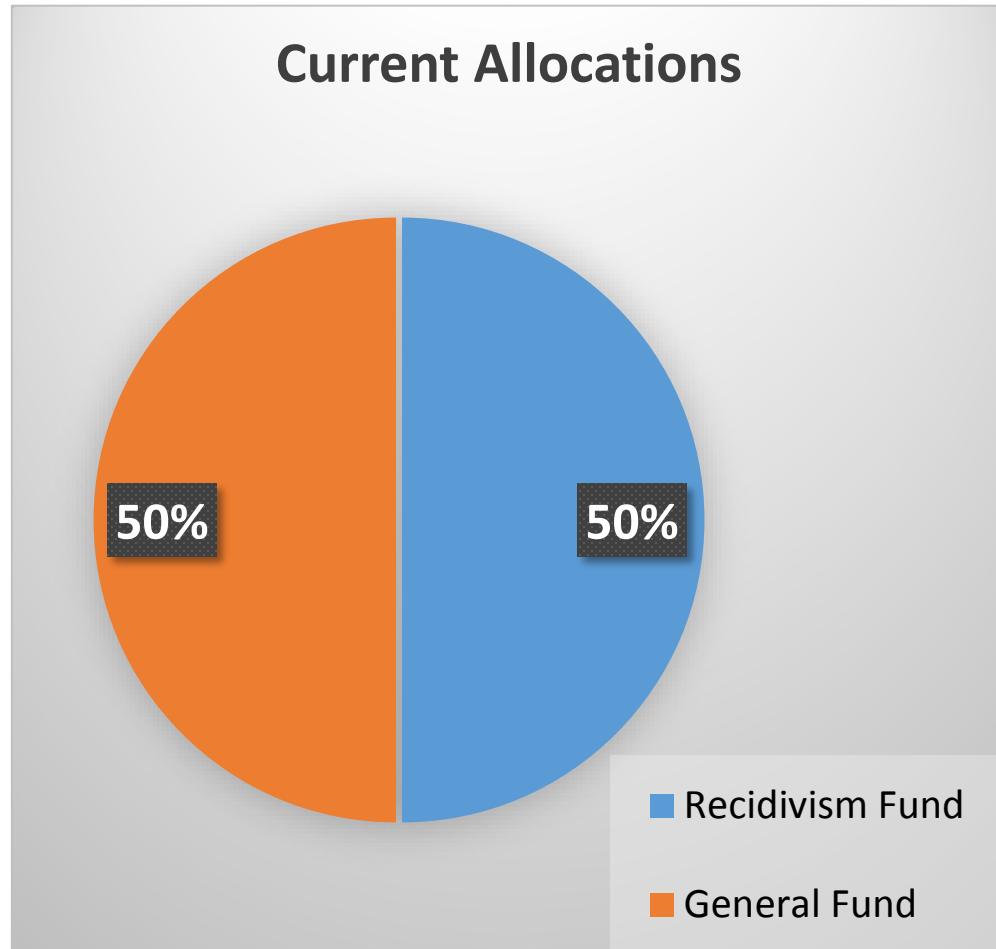
Marijuana Education and Treatment Fund

Alaska Department of Health and Social Services, 2018

Marijuana Education and Treatment Fund (“Fund”)

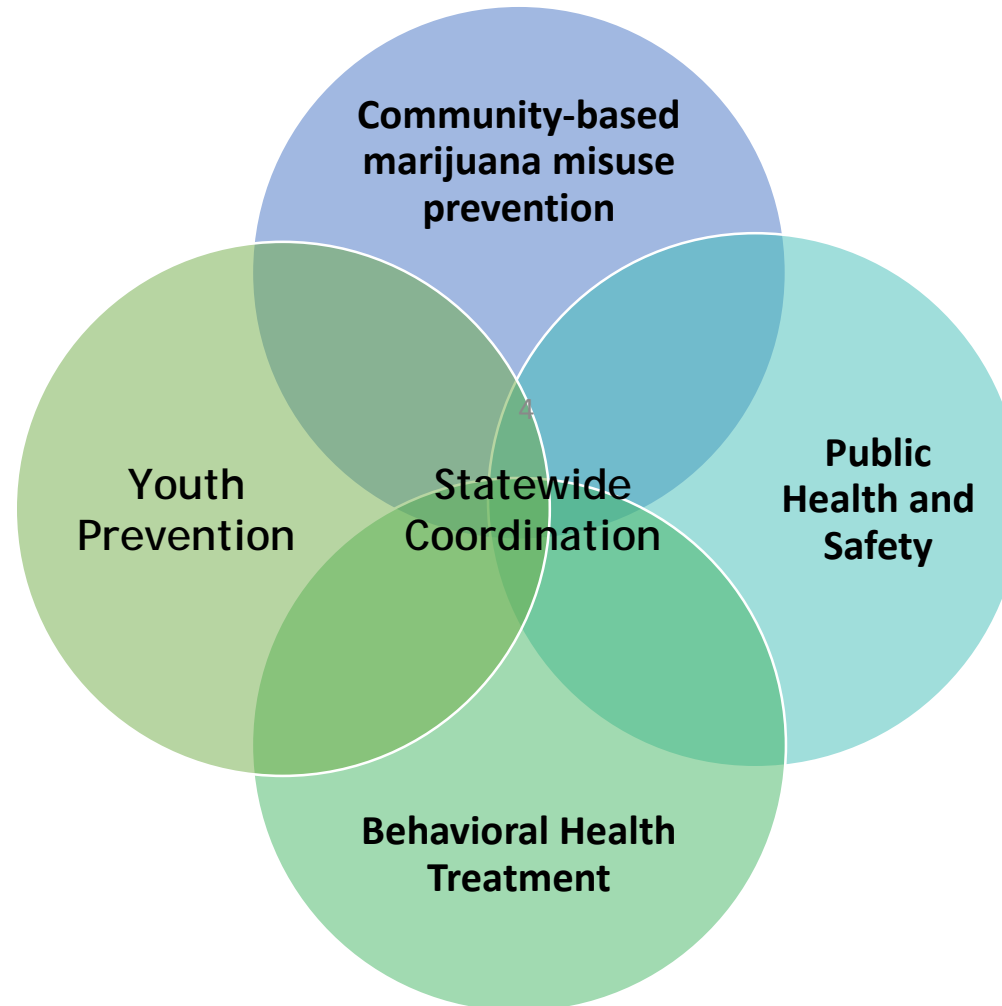
- This bill establishes a Marijuana Education and Treatment Fund (“Fund”)
- The Fund is similar to the Tobacco Use Education and Cessation Fund and the Alcohol and Drug Treatment Fund

This bill would direct 25% of the marijuana excise tax levied under AS 43.61.010 to the Marijuana Education and Treatment Fund



Marijuana Education and Treatment Fund

Overarching Goals



DHSS – Marijuana Misuse Prevention, Education, and Treatment Program

Statewide Coordination

Comprehensive program:

- Community-based marijuana misuse prevention, with a focus on youth prevention
- Assessment of knowledge and awareness of laws, and use of marijuana products
- Monitoring of population health impact related to marijuana use and legalization
- Marijuana education
- Substance abuse screening, brief intervention, referral, and treatment

Community-based marijuana misuse prevention

Local efforts to prevent misuse before it starts:

- Mitigating risk factors
- Strengthening protective factors

Enhance existing programs for public health and education to address substance misuse prevention

- Alaska Adolescent Health Program
- Department of Education and Early Development
- Community-based programs such as Alaska Afterschool Network, Boys and Girls Clubs, others



Assessment and Monitoring



Assessment of trends in *knowledge, awareness, attitudes, and behaviors* to address misperceptions and knowledge gaps

Monitoring health status and use trends to identify any health or health system effects of legalization

Some questions that require answers:

- *Do youth perceive marijuana as a less harmful substance due to legalization?*
- *Do youth and adults see driving under the influence of marijuana as dangerous?*
- *How has marijuana legalization affected Alaskans' health and safety?*

Marijuana education

Will be used to improve the public's knowledge, attitudes, and awareness about marijuana and educate the public about healthy behavior choices in their lives. Materials will be designed to communicate messages to

- 1) help prevent youth initiation of marijuana use
- 2) educate the public about the health effects of marijuana use
- 3) educate the public about marijuana laws



Treatment

Provider education and awareness of substance use screening.

Substance abuse screening, brief intervention, referral, and treatment (SBIRT)

- Assesses for the presence of substance use behaviors
- Tools for clinicians and other service providers to identify at-risk clients and give immediate feedback and coaching regarding strategies to lower their risk behaviors



Why does this matter?

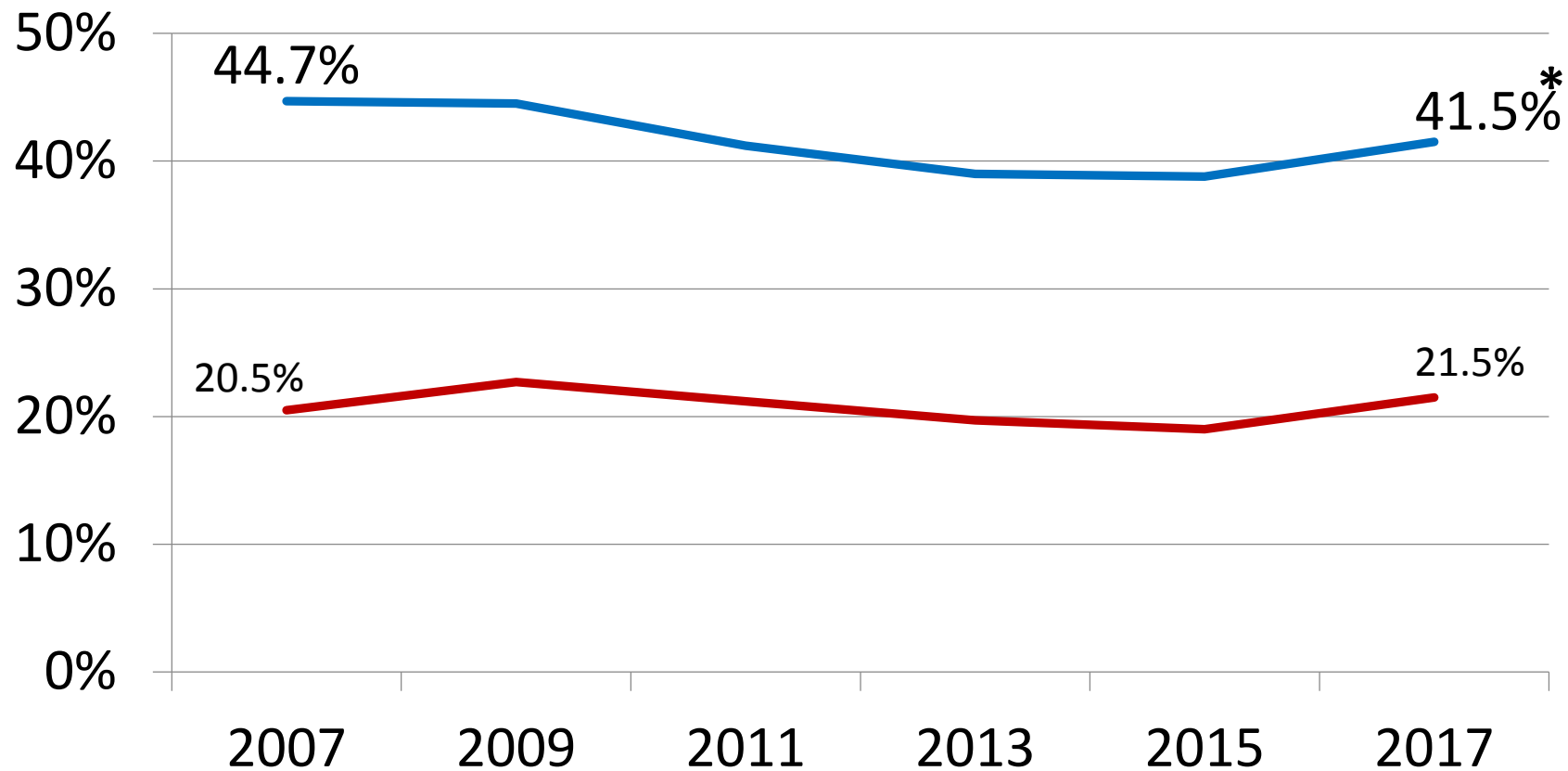
Public health and safety:

- Adolescent health
- Reproductive/maternal/child health
- Chronic disease
- Injury prevention and control (*drugged driving, accidental consumption/ingestion*)
- Environmental health (*pesticides, lab testing, food safety, secondhand smoke exposure*)
- Mental health and other substance abuse
- Occupational health
- Health equity/Disparities



Adolescent Health: A closer look

Percentage of Alaska traditional high school students who use marijuana



➤ 10.7% of students tried marijuana before age 13 (in 2017)

— Ever used (lifetime)

— Currently use (past 30 days)

Adults can help reduce youth marijuana use

Supportive Teachers: Youth who agree that teachers care and encourage them are 52% less likely to have used marijuana in the past month.

Talking with Parents: Youth whose parents talk with them about what they are doing in school every day are 29% less likely to have used marijuana in past month.

Community Connections: Youth who feel connected to their community are 38% less likely to have used marijuana in the past month.

Afterschool Programs: Youth who take part in afterschool activities are 29% less likely to have used marijuana in the past month.

Prevalence of Current Marijuana Use*

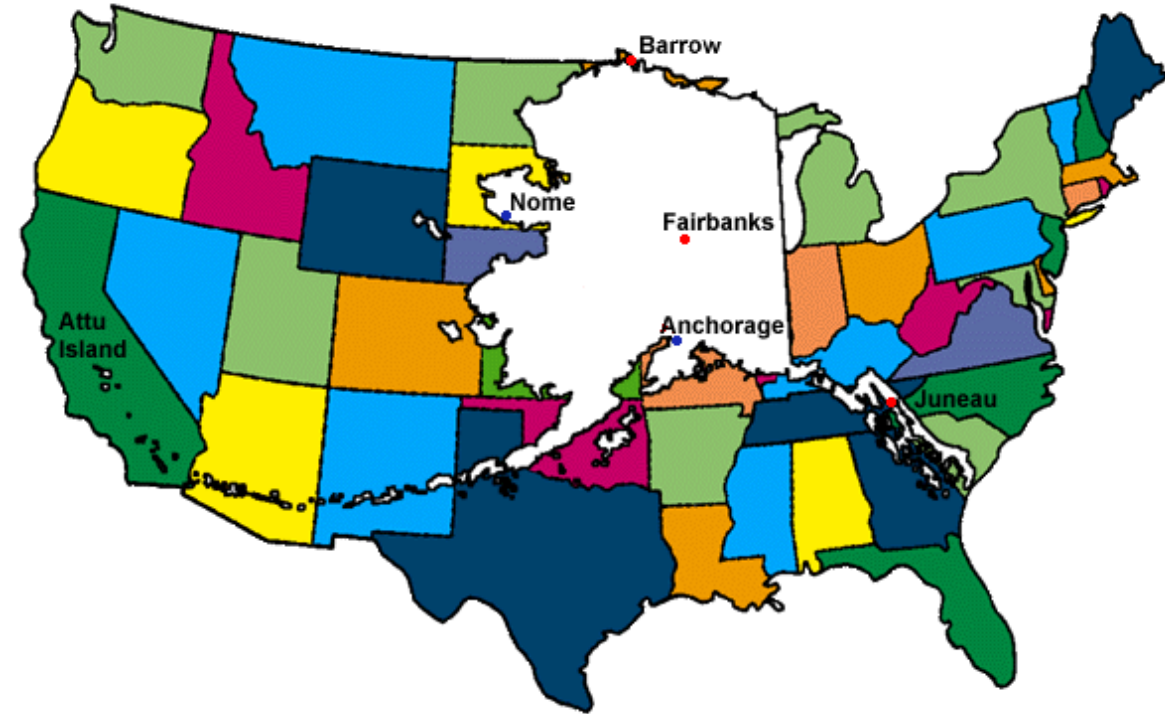
OR, WA, CO, and AK, 2016

State	Year Legalized	Adult (18+) current use
Oregon	2014	16%
Washington	2012	14%
Colorado	2012	14%
Alaska	2014	15%

* Any use in the 30 days prior to interview

Oregon, Colorado, Washington, California have all funded programs in their states to aid in

- public education
- monitoring health status
- community-based programming
- screening and treatment



Source: National Council of State Legislatures