MAPPING LOCAL MARIJUANA ORDINANCE VARIATION IN WASHINGTON STATE



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Acknowledgments

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I have nothing to disclose.

Public health implications of regulating marijuana















Presentation today

- Washington's new marijuana statewide natural legal experiment, public health research value in understanding local government response
- New legal epidemiology methods/policy surveillance –
 what is it, how do you do it, and what value does it have
- Public Health Seattle & King County's policy surveillance system for local city/county marijuana ordinances – what does it tell us, future predictive value

Daily Coverage





The Seattle Times Opinion Originally published January 10, 2015 at 4:04 PM | Page modified January 10, 2015 at 0:51 PM

Guest: Eliminate the differences between I-502 and

medical marijuana law

Reforming the state's medical-marijaana low means all adults would have the same option to grove their own marijuana or purchase it from a store, and they won't need a medical authorization for either, writes guest columnist Alison Holcomb.

By Alison Holcomb

Special to The Times



AS medical marijuana heads back to Olympia, legislators are bracing for a rerun of last session's drams of makeshift dispensary operators and self-appointed patient advocates decrying any effort to reinin abuses of the law.

but it's important they clein up Washington's medical-marijuana mess. Refore licensed marijuana retail stores began opening last summer, legitimate reasons existed to tolerate some of the commercial activity that's been squeezing itself into gaps in the medicalmarijuana law. Now, however, it's time to stop winking and nodding. Everyone who wants to make money selling marijuana ought to play by the same rules, and we finally have a set of ules under Initiative 502.

502 did not legalize "recreational" marijus 1-502 created a system for regulating commercial marijuana activity, regardless the intended use of the product. Products patients with terminal and debilitating my conditions arguably should be held to hi standards, which could be added to 1-50 baseling. But it's time for businesses not was to comply with at least the same requirements as I-502 producers and retailers to close up shop, and the Legislature needs to make

Thursday, January 2, 2014 | 😝 TRAFFIC | 🖄 50°F The Seattle Times Winner of Nine Pulitzer Prizes

Local News

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IN THE NEWS: Big Bertha | Apartment rents | Friday Harbor | Marijuana law | Seahawks

Originally published December 31, 2013 at 8:10 PM | Page modified December 31, 2013 at 8:24 PM

Pot law: Hazy days ahead for state

state moves into uncharted territory in 2014 with the ecreational pot businesses. Experts say strap in for a



Seth Simpson and David Ahl are so dead-set on selling marjuana in downtown Sellevue that they say they've spent at least \$500,000 on a space An effort to sell medical marijuana at the location An entors to see medical marguana at the location of survive city zoning rules when they first that explicit under the medical-marijuana

Google Map of Medical Marijuana Dispensaries (Weedmaps.com)



KUSHTOURISM

SEATTLE MARIJUANA TOURS

WASHINGTON

COLORADO

OREGON

ALASKA

NEVADA

CALIFORNIA

MEDIA

WASHINGTON MARIJUANA INFORMATION

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Tours & Activities | Lodging | Retail Shops | Quick FAQ | Things to Do

The Evergreen State is certainly one of, if not the most, marijuans friendly areas of the country. Medicinal cannabis has been legal since 1998 and recreational use was approved on Nov. 3, 2012. The general attitude towards the herb is very relaxed, especially in the Seattle area. During the annual celebration Hempfest, which takes place each August, you will see the Seattle Police cruising around on bicycles handing out munchies with guidelines for staying out of trouble.

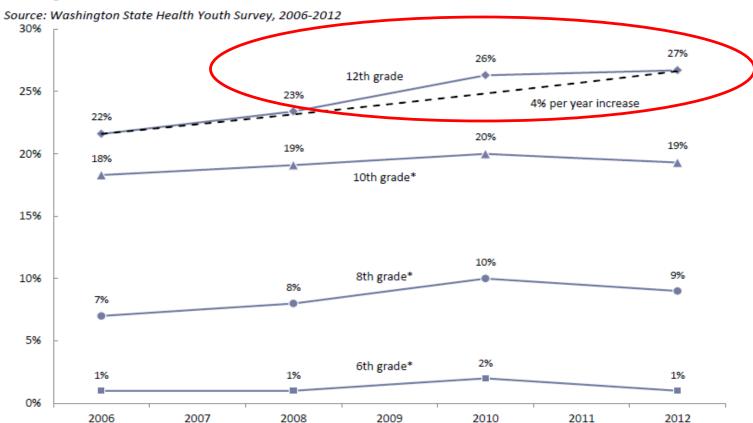


Initiative 502 allows for the cultivation and

recreational use of weed. Legal stores have been cropping up in the area and you can use this List to find an approved Retail Store near you. Shop at one of these stores to make sure your purchases are legal or examine the packaging of your pot products. Each legal item will be clearly labeled with the total THC contents. Edibles won't exceed 10 milligram serving sizes, and you should always be able to receive a receipt following your purchase.

1.1 Current Use - Students

Taken from the Healthy Youth Survey, which is administered every two years to sixth-, eighth-, 10th- and 12th-graders, the question, "Have you used marijuana in the past 30 days?" gauges current marijuana use among students. As seen below, for 12th-graders, use is increasing by 4 percent per year, from 22 percent in 2006 to 27 percent in 2012. For all other grades there are no significant trends.



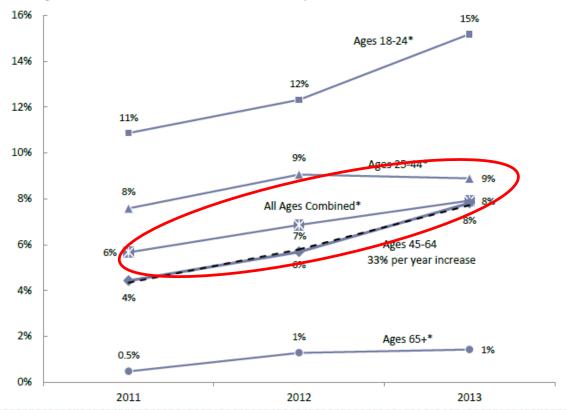




1.2 Current Use - Adults

In the Behavioral Risk Factors Surveillance Survey, respondents ages 18 and older are asked, "Have you smoked marijuana in the past 30 days?" With 15 percent responding "Yes" in 2013, those ages 18 to 24 are the most likely current users. There is a significant trend in increased use among those ages 45 to 64, from 4 percent in 2011 to 8 percent in 2013, equaling a 33 percent per year increase. No other trends were identified.

Source: Washington State Behavioral Risk Factors Surveillance System



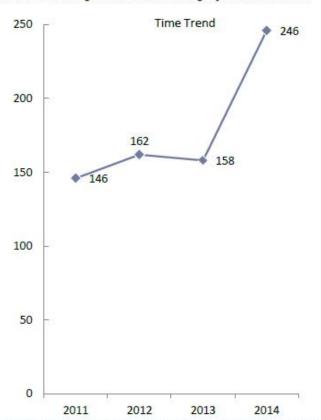
^{*} No significant trend

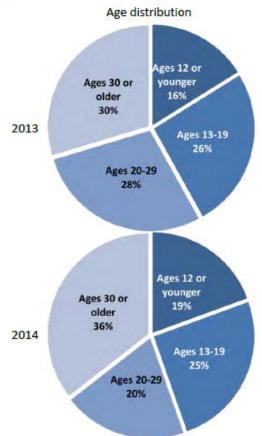


1.6 Poisonings

Marijuana-related calls to the Washington Poison Center were relatively constant from 2011 to 2013, but those calls increased from 158 in 2013 to 246 in 2014. The percentages of calls by age group were, however, similar in 2013 and 2014, especially when taking into consideration the relatively small numbers involved in 2013, with those ages 30 or older constituting the largest percentage and those ages 12 or younger the smallest.

Source: Washington Poison and Drug Information Center





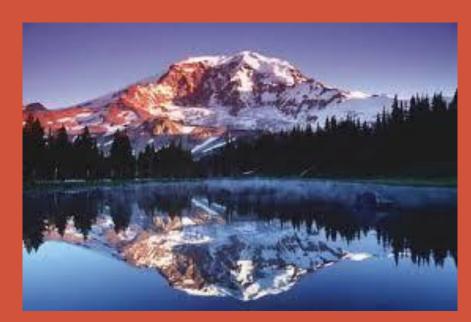


The view from 14,000 feet

We know that the right policies can produce gains in population health

BUT

Little capacity to engage in any sustained, rigorous surveillance of policy at the local level (cities, counties, institutions)



Why Policy Surveillance?

Longitudinal monitoring needed to understand influence of local policy environment & develop evidence-based policies

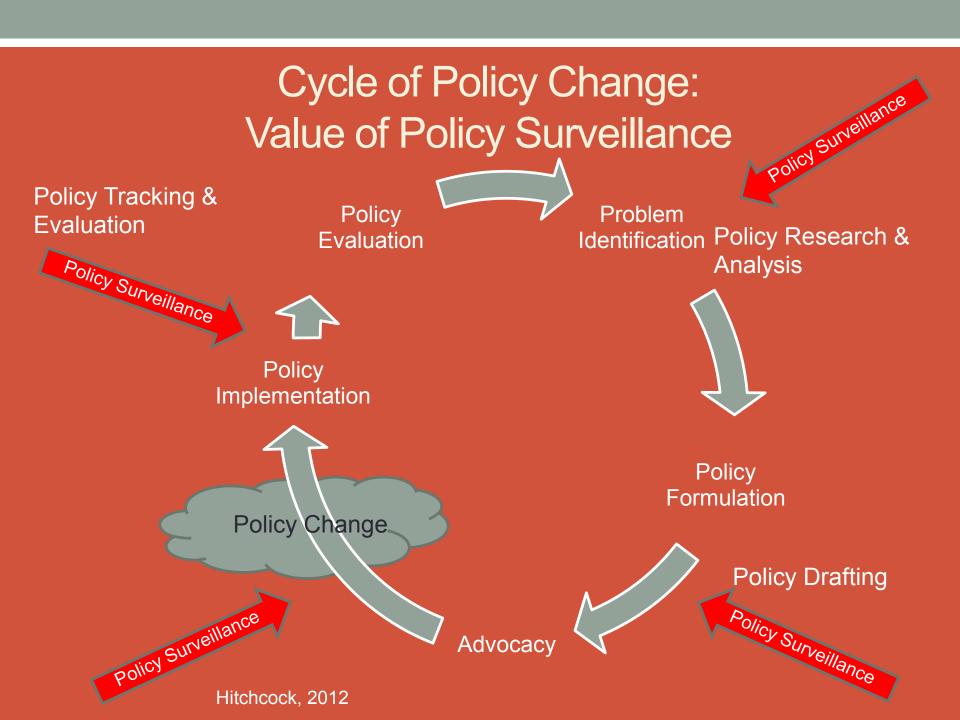
Surveillance provides multi-variable detail – richer analysis than dichotomous (existence/non-existence)

Comparative analysis during policy development and evaluation periods

"Open Data" supports enforcement/implementation

"Threading the needle with the right policies"





Working Definitions of Policy Surveillance

- Policy surveillance = Systematic collection, compilation, measurement and synthesis of policies.
 - Form of public health surveillance
 - Ongoing, systematic collection, analysis, and interpretation of data in order to improve health and safety (CDC 1988).
- Legal epidemiology = scientific study of law as factor in cause, distribution and prevention of disease in a population (CDC 2015)

From the literature (Chriqui, 2010)

- Policy surveillance system:
 - -Examines changes in policies over time
 - -Can be quantitative or qualitative
 - -Data tied to specific reference date
 - –Evaluation-oriented
- Requires
 - -Systematic, reliable and valid methods
 - -Understanding of nuances associated with this type of research and how to accurately interpret the laws
- Policy measurement... as much an art as science

Policy Monitoring vs Policy Surveillance

Ad Hoc Comparative Policy Analysis

- Occasional
- Non-systematic
- List/Descriptive
- Example:
 - One-time report on Trans Fat and Menu Labeling Legislation

On-Going Surveillance

- Regular Updates
- Methodological
- Comparative
- Can be quantitative
- Compare to population health surveillance



Public Health Law

Office for State, Tribal, Local and Territorial Support Centers for Disease Control and Prevention

State School Immunization Requirements and Vaccine Exemption Laws

State laws establish vaccination requirements for school children. These vaccination laws often apply not only to children attending public schools but also to those attending private schools and day care facilities. State laws also offer exemptions to school vaccination requirements, including medical, religious, and philosophical exemptions or some combination of these exemptions.

The Centers for Disease Control and Prevention's (CDC's) Public Health Law Program (PHLP) is compiling a list of state statutes and regulations regarding school vaccinations. This document summarizes state vaccination laws compiled in February and March 2015.

To provide updates to relevant immunization laws from your state, please email Aila Hoss at ahoss@cdc.gov.

State Laws Regarding Application of School Vaccination Laws in Different Settings

All states require children to be vaccinated against certain communicable diseases as a condition for school attendance.³ In most instances, state school vaccination laws expressly apply to both public school as well as private schools with identical immunization and exemption provisions.⁶ All states establish vaccination requirements for children as a condition for day care attendance.⁵ These requirements also mirror the requirements for public school children and are often located in the same school vaccination provisions.⁶ Appendix 1 lists PHLP's results to date regarding the application of state school vaccination laws to public schools, private schools, and day care facilities.

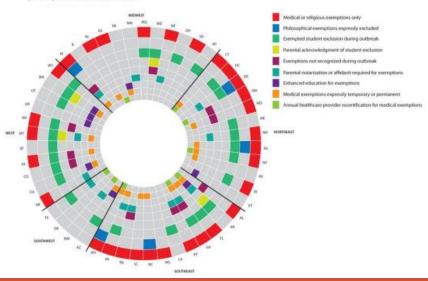
One-Time Comparative Policy Analysis Example

State Laws Regarding School Vaccination Exemptions

State law not only establishes exemptions for school vaccination requirements but also establishes requirements regarding the exemption application process and the implications of an exemption in the event of an outbreak. This document and accompanying graph highlights the follow nine attributes in school vaccination exemption laws:

- 1. Permitting medical or religious exemptions only
- 2. Excluding philosophical exemptions
- 3. Allowing exempted students to be excluded from school during outbreaks
- Requiring parental acknowledgment during the exemption application process that exempted students can be excluded from school during outbreaks
- Establishing that exemptions might not be recognized in the event of an outbreak
- 6. Requiring parental affidavit or notarization in the exemption application process
- 7. Requiring enhanced education on vaccinations in the exemption application process
- Distinguishing between temporary and permanent medical exemptions in the exemption application process
- 9. Requiring annual or more frequent physician recertification for medical exemptions.

The appendices to this document explore some additional attributes in state laws that are not the primary focus of this document.



¹ See, e.g., Colo. Rev. Stat. § 25-4-901; Haw. Rev. Stat. § 302A-901; LSA-R.S. 17:170; McKinney's Public Health Law § 2164; NDCC, 23-07-17.1; Tenn. Comp. R. & Regs. 1200-14-01-.29; West's RCWA 28A.210.080.

² See, e.g., Ala. Code 1975 § 16-30-3; West's Ann. Cal. Health & Safety Code § 120365(a); HRS § 302A-1156; Neb. Rev. St. § 79-221; R.C. § 3313.671(4), (5); W. Va. Code § 16-3-4. Philosophical exemptions include exemptions based on philosophical or personal beliefs or allowing the right to decline an immunization.

National Policy Surveillance & Comparative Analysis Systems (examples)

Ad Hoc Comparative Policy Analysis

- National Council of State Legislatures (many types of legislation tracked)
- ChangeLab Solutions
- Americans for Non-Smokers' Rights
- Municipal Research Services Center

On-Going Surveillance

- Alcohol Policy Information System
- Public Health Law Research LawAtlas*
- Others?

*King County system interfaces with LawAtlas

Predicted Long-Term Benefits of Policy Surveillance

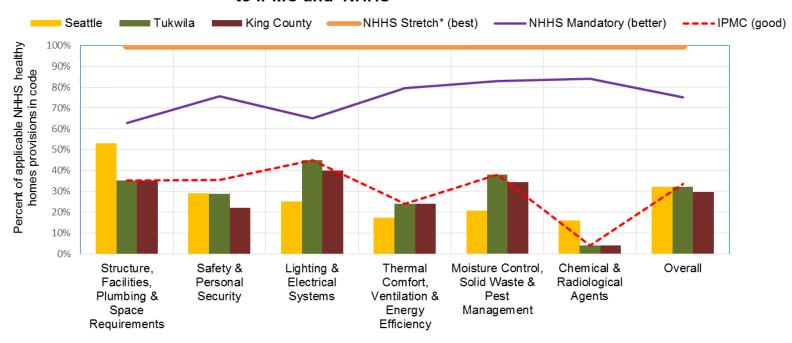
Benchmarking

- Variation, monitoring of implementation
- Context for <u>population health status</u>, by jurisdiction/institution

 Context for policy, systems, environment work, including 'assets'

Benchmarking Example – Local Healthy Housing Policy Surveillance Dataset

Figure 1: Comparison of Seattle, Tukwila, and King County, WA code to IPMC and NHHS



Notes:

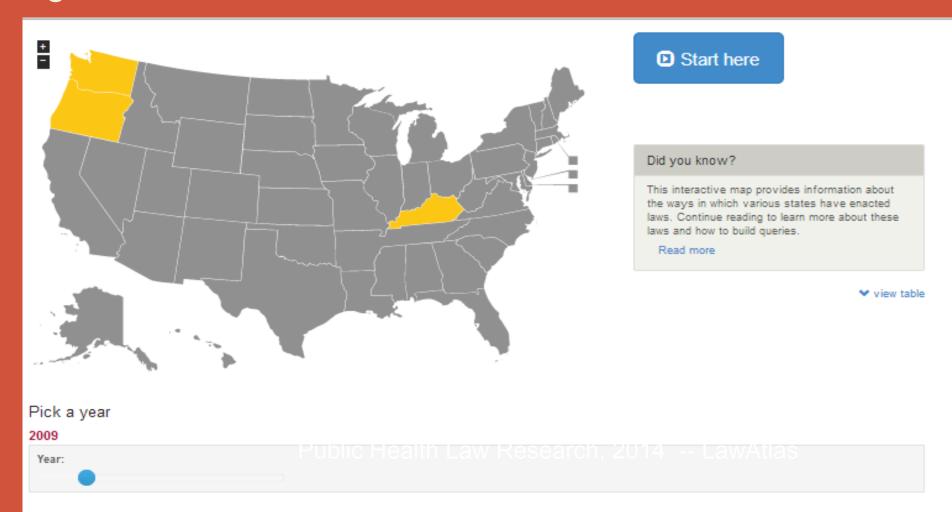
Percentages exclude those not applicable. See Tables 1 to 6 for details.

IPMC = International Property Maintenance Code (2015 version). See http://shop.iccsafe.org.

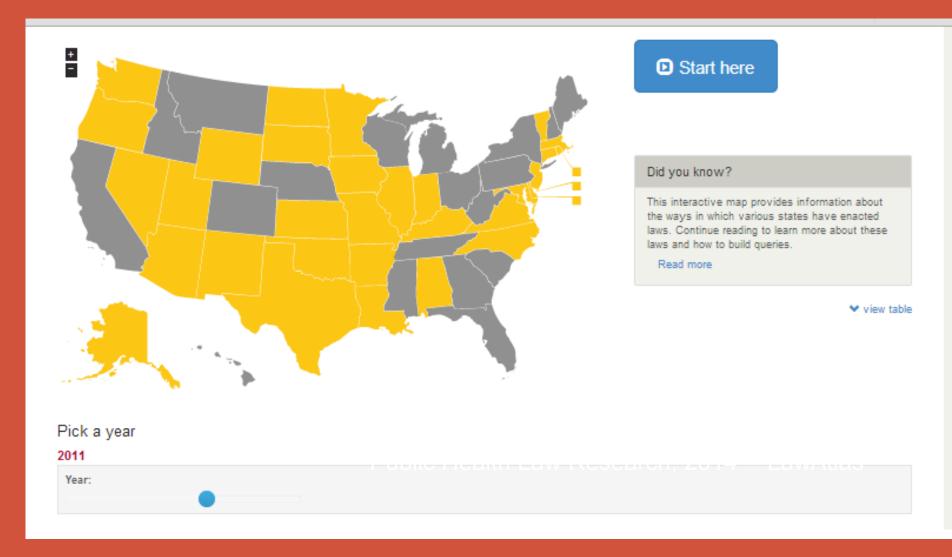
NHHS = National Healthy Homes Standard (2014 version)

^{* &}quot;NHHS Stretch" includes mandatory and stretch provisions of NHHS.

National surveillance example: Since 2008, youth sport concussion laws have swept through state legislatures...



From 2 youth concussion laws in 2009, to most states in 2011....



Since 2009...to all states by 2014......



"Pot-Friendly or Pot-Restrictive? Mapping Local Marijuana Laws in WA State

Comparison Policy Study

 Study of zoning / land use action by cities & counties in Washington state



- Also other action that might address youth use / protection
- 2 time points / multiple variables 2013-2014

A Robert Wood Johnson-funded project

Washington State Marijuana Activities 2012-2016

> 2012 >> 2013 >> 2014 >> 2015 >> 2016

Nov. 6 Initiative 502 Passes

Aug. 29 US AG Guidance Jan. 6
WAAG
Opinion
(No state
preemption)

SB 5052 passes, regulating medical July 1 New Medical system in place

First licenses issued

July 8
First
stores
open

Methods

- Develop Data Collection Protocol
- Search for Ordinances (Online Codification Database)
- Develop Codebook (Iterative)/ Coding
 Protocol
 - Zoning Conversion Chart
- Test Code, Revise Codebook
- Code Ordinances w/Quality Assurance
- Enter Coding to PolicyTracker LawAtlas

Data Collection Protocol

- 130 of 180 cities plus 39 counties
 - Search terms: "Marijuana"; "Cannabis"
- Search Municipal Research Services Center http://www.mrsc.org/codescombined.aspx
- Search individual city websites
- General Google search
- Quality Assurance direct validation w/some cities
- Exclusion Criteria: Cities >3000

....Statewide municipal code database



... and a few the old-fashioned way



Codebook development

- What baseline? (No legal recreational pot WA one of first 2)
 - Looked to alcohol literature
 - King County's work on identifying key public health issues
 - US Attorney General guidance
- Focus:
 - Youth access & exposure
 - Variation in medical store regulation
 - Equity, neighborhoods
 - Unique tools for local regulation (new? Taken from other industries, e.g., alcohol?)