

**Department of Health and Social Services, Office of Substance Misuse and Addiction Prevention
Marijuana Education Program**

Vision

To diminish adverse health consequences due to the use of marijuana in Alaska.

Mission

Use evidence-based strategies to develop public health interventions that will serve to minimize marijuana-related adverse health consequences in Alaska.

In response to the state's legalization of retail marijuana the 30th Legislature passed Senate Bill 104 ([SB104](#)) creating a Marijuana Education and Treatment Fund. This fund serves as a special account in the general fund where 25% of the excise tax collected on marijuana products is deposited.

With the help of this fund, the Department of Health and Social Services, Office of Substance Misuse and Addiction Prevention is expanding activities to include evidence-based and practice informed marijuana misuse prevention programming. Our comprehensive program uses prevention, public education, evaluation, and treatment strategies to mitigate the risks associated with marijuana use among youth and pregnant women and heavy use among adults.

The initial and primary focus of the program will be dedicated to youth marijuana use prevention. Adolescent use of marijuana has been associated with a range of developmental and social problems. Early and continued use of marijuana can affect memory, attention, and ability, which can make learning and decision-making difficult. Adolescent marijuana use is also associated with poorer school performance, increased school absence, and greater risk of dropping out without graduating.

Research increasingly shows an individual's social conditions and life experiences are associated with, and influence, different types of behaviors. These social and personal influences are identified as risk factors or protective factors. The more risk factors present at the individual, family, school, and community levels, the more likely adolescents are to engage in risk behaviors such as substance use and delinquency. Protective factors perform a preventive function for youth risk behaviors. The more protective factors present in an adolescent's life, the more likely they are to engage in prosocial and developmentally healthy behaviors.

According to the 2017 Youth Risk Behavior Survey (YRBS) of traditional high school students in Alaska, approximately 42% had tried marijuana, 22% reported marijuana use in the past 30 days, and 16% reported driving a car or other vehicle when they had been using marijuana. Of those students who reported having ever used marijuana, 11% had tried marijuana before the age of 13. The same survey also indicated that only 19% of students think there is great risk of harm in using marijuana 1-2 times per week.

Data from alternative schools highlights a disparity related to marijuana use among youth. In 2017, 73% of students enrolled in alternative schools reported having tried marijuana, 27% reported marijuana use in the past 30 days, and 29% of student drivers had done so while using marijuana. Of those students who reported having ever used marijuana, 32% tried marijuana before the age of 13.

The 2017 Alaska YRBS data also indicated that youth participating in activities after school are 29% less likely to have used marijuana in the past month, a connection supported by national research regarding protective factors and behavioral outcomes. Studies have found that adult supervision and afterschool activities for youth can mitigate juvenile crime during after school hours. Youth are off the streets, engaged in positive activities with their peers and with positive role models.

The growing legalization of—and therefore tax revenue from—adult-use marijuana can open doors for afterschool advocates and professionals to be ever-more creative about how they can support and serve young people. To this end, the Department is investing in afterschool programs. The [Positive Youth Development Afterschool Program](#) will support projects increasing youth protective factors and reducing youth risk factors through services provided outside of school hours, i.e., evenings, weekends, and school breaks for youth entering grades 5 through 8. Preventing or delaying the initiation of adolescent marijuana use, and other substance use, during this crucial period helps to ensure healthy brain development and reduce the likelihood of future substance misuse.

We are also supporting the Division of Juvenile Justice and the Department of Education’s existing efforts to reduce youth substance use through their existing grants to support youth leadership, culture camps, suicide prevention, and health counselors in alternative schools.

Marijuana Public Education

The goals of our marijuana public education are 1) help prevent youth initiation of marijuana use, 2) educate the public about the effects of marijuana use, and 3) educate the public about marijuana laws. Public education includes webinars, brochures, posters, Internet resources, fact sheets, parent and teacher toolkits, and presentations. Messages to date have focused on preventing youth initiation of marijuana and unsafe marijuana uses in adult populations such as marijuana-impaired driving and safe storage through our [Responsible Consumer](#) campaign.

Surveillance, Evaluation, and Monitoring

Surveillance of youth and adult populations monitor trends in *knowledge, awareness, attitudes, behaviors and use* in the population. We have incorporated marijuana-specific questions in our existing surveys to get a sense of how these attitudes and behaviors may change over time. Data from these surveys informs public health activities, providing the evidence behind evidence-based approaches to changing behaviors. In short, this activity creates a series of data points that helps us answer the questions: “*How has marijuana legalization affected knowledge, awareness, attitudes, behaviors and use related to marijuana in Alaska?*” and “*Are our prevention efforts successful or not?*”

Monitoring of population health status is similar to surveillance, but identifies trends in the potential *health outcomes* related to marijuana use. Areas tracked include the number of marijuana-impaired driving/motor vehicle crash incidence; accidental ingestion (poisonings)/ER visits by children; number of people entering treatment with marijuana identified as the primary substance of concern, etc. Essentially, this component creates a series of data points that helps us answer the question: *How has marijuana legalization affected Alaskan’s health and safety?* Monitoring health status allows programs to evaluate their progress and make improvements.

And this strategy is where we need your help. We would like to set up a data use agreement (DUA) with the Alcohol and Marijuana Control Office to access retail sales data. We are interested in learning more about the amounts, and the types of products Alaskan adults are purchasing. Access to these data will

help inform our public education and programming efforts. The purpose of the DUA is to protect the confidentiality of the licensees when we report the data to external stakeholders. All conditions are lined out in the DUA.

Treatment

Substance use screening, brief intervention, and referral to treatment (SBIRT) is an evidence-based practice which assesses for the presence of substance use behaviors. Substance use screening, brief intervention, and referral to treatment fosters integration of behavioral healthcare within medical contexts, but can also be used by community behavioral health providers seeking to identify clients at risk for substance use disorders. Identification of substance use behaviors, followed by a thorough assessment and individualized treatment recommendations will ensure that clients who are wishing to cut down or are struggling with their marijuana use will receive the appropriate intervention and services to meet their treatment goals.