1.2.Y.f: Decrease the percentage of 10th graders who report drinking Alcohol in the past 30 days from 21% in January 2015 to 19% by July 2017 and 1.2.Y.e: Contain the percentage of 10th graders who report using Marijuana in the past 30 days at 18% from January 2015 to July 2017

Reported on April 18, 2016
**Goal 4: Healthy People**

1.2.Y.f: Decrease the percentage of 10th graders who report drinking alcohol in the past 30 days from 21% in January 2015 to 19% by July 2017

1.2.Y.e: Contain the percentage of 10th graders who report using marijuana in the past 30 days at 18% from January 2015 to July 2017

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**Background:** DSHS/DBHR Leading Washington's Substance Abuse Prevention Efforts

- DSHS leads and organizes 26 state agencies and Tribal partners through the State Prevention Enhancement Policy Consortium to collaborate strategies to reduce underage drinking and other substance abuse prevention strategies.

- The Washington Healthy Youth Coalition leads the state in strategies specifically to address underage drinking and marijuana use in a partnership of 24 state agencies, organizations, and partners.
Current State: 21% of WA 10th Graders Have Used Alcohol in the Past 30 Days
This is below the national average of 24%
This is above the target of 19%
Current State: Metric: 10th Grade Alcohol Use: Past 30 Days – by Gender and Race/Ethnicity


Explore the data above (click here).
Current State: 10th Grade Alcohol Use: Risk of Harm from Alcohol Use
(“Drinking once or twice a day has “great risk””)
**Current State:** 11% of WA 10th Graders Have Had 5 or More Drinks in a Row During the Past 2 Weeks (Binge Drinking)

This is below the national average of 16%

This is below the target of 14.6%

**Problem/Opportunity:** 10th Grade Alcohol Use: *Level of Alcohol Use*

Among 10th graders who drank alcohol in the past 30 days, almost 1 in 3 are problem drinkers

*LEVEL OF ALCOHOL USE*

**None:** no drinking in the past 30 days and no binge drinking in the past 2 weeks

**Experimental:** 1-2 days drinking, and no binge drinking

**Heavy:** 3-5 days of drinking, and/or one binge

**Problem:** 6+ days drinking, and/or 2+ binges

N = 8,555

**SOURCE:** Washington State Healthy Youth Survey – 2014

Current State: 10th Grade Alcohol Use: Drinking and Driving in the Past 30 Days

- Drinking and Driving - Regular Users: 45%
- Drinking and Driving - Current Users: 17%
- Drinking and Driving - All: 5%

Source: Washington Healthy Youth Survey - 2014

Explore the data above (click here)
Strategy: Reaching High Need Communities: Racial or Ethnic Minority Children as a Percentage of All Children Ages 0 to 17 by County, 2014

NOTES: Persons ages 0 to 17 whose race or ethnicity is other than non-Hispanic White as a percentage of all persons ages 0 to 17 years, by county. The rate for the state is 37 percent.

Customer Focus: Addressing Community Risk and Protective Factors: The Monroe Community Coalition

Lowest Risk Rate in a DECADE!

<table>
<thead>
<tr>
<th>Year</th>
<th>Risk Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monroe 2006</td>
<td>79%</td>
</tr>
<tr>
<td>Monroe 2008</td>
<td>78%</td>
</tr>
<tr>
<td>Monroe 2010</td>
<td>80%</td>
</tr>
<tr>
<td>Monroe 2012</td>
<td>80%</td>
</tr>
<tr>
<td>Monroe 2014</td>
<td>72%</td>
</tr>
</tbody>
</table>


Explore the data above (click here)
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<tbody>
<tr>
<td>Community Prevention and Wellness Initiative—Community Coalitions</td>
<td>Julia Havens</td>
<td>OSPI, Counties, ESDs, Local Contracting Agencies, Coalitions</td>
<td>Reduce Risk Factors and Increase Protective Factors associated with Underage Drinking.</td>
<td>• 15,118 individuals received prevention services statewide. • 93% of programs implemented showed positive results.</td>
<td>Ongoing July 2016-2017</td>
</tr>
<tr>
<td>Evidence Based Prevention Programs and Practices</td>
<td>Julia Havens</td>
<td>OSPI, DOH, LCB, WSIPP, UW, WSU</td>
<td>Increased use of Evidence Based programs in the implementation of prevention strategies.</td>
<td>• 88% participants of Evidence Based Programs.</td>
<td>Ongoing July 2015-2017</td>
</tr>
<tr>
<td>Programs and Strategies in Tribal Communities</td>
<td>Lucy Mendoza</td>
<td>OIP, Tribes</td>
<td>Increase mobilization Adapt Evidence Based Prevention Programs and Practices to address the unique needs of each tribe.</td>
<td>• 76 community-wide program implemented • 22 Direct Service Programs implemented</td>
<td>Ongoing July 2016-2017</td>
</tr>
<tr>
<td>Washington Healthy Youth Coalition (WHY):</td>
<td>Deb Schnellman</td>
<td>LCB, AG, DOH, WHY Communications Impact Team and WHY Policy Impact Team</td>
<td>• DSHPs, partners and providers will have consistent messaging with the most current data for educating their communities on the dangers of alcohol and other drugs. • Monitor alcohol policy and implementation of policy to reduce youth access and availability.</td>
<td>• The Start Talking Now (STN) homepage includes tips on talking with kids and is available in multiple languages. • County-specific fact sheets on <a href="http://www.askHYS.net">www.askHYS.net</a> have been updated with 2014 HYS information. • A new video for parents with prevention tips from a pediatrician was posted to the <a href="http://www.Startalkingnow.org">www.Startalkingnow.org</a> webpage 1.29.15 • Whitepaper on powdered alcohol was produced and distributed.</td>
<td>Ongoing July 2015-2017</td>
</tr>
</tbody>
</table>
Statewide Logic Model
Commonalities—
Cohorts 1, 2, & 3
2015-2016

...and we will use these tools to measure our impact...

Community engagement/
Coalition development:
All Coalitions

Public Awareness:
Process measures
Community Survey
Compliance

Environmental Strategies:
Process measures
Annual Community Survey
Bluenium HYS

Prevention/
Intervention Services:
pre/post

Direct Services:
Assigned Program
pre/post and process measures, HYS
1.2.Y.e: Contain the percentage of 10th graders who report using marijuana in the past 30 days at 18% from January 2016 to July 2017

In Summary...

We will build the health and wellness of individuals, families, schools and communities where people can be as healthy as possible in a safe and nurturing environment...

By Addressing Intervening Variables and Risk/Protective Factors of...

<table>
<thead>
<tr>
<th>Access/ Availability</th>
<th>Perception of harm</th>
<th>Enforcement</th>
<th>Community norms</th>
<th>Policies</th>
<th>Traumatic Experiences</th>
</tr>
</thead>
</table>

Using Strategies of...

<table>
<thead>
<tr>
<th>Cross-systems planning/ collaboration</th>
<th>Policy/ Community norms</th>
<th>Community engagement/ Coalition development</th>
<th>Information dissemination</th>
<th>Problem identification and referral</th>
<th>Education</th>
</tr>
</thead>
</table>

We affect community and family outcomes, which lead to reduction of...

<table>
<thead>
<tr>
<th>Underage drinking</th>
<th>Marijuana misuse/ abuse</th>
<th>Prescription drug misuse/ abuse</th>
<th>Tobacco misuse/ abuse</th>
<th>Adult - Alcohol misuse/ abuse</th>
<th>Depression</th>
<th>Suicide Ideation</th>
</tr>
</thead>
</table>
**Current State**: 18% of WA 10th Graders Have Used Marijuana/Hashish during the Past 30 Days

This is above the national average of 17%

This is at the target of 18%

**Current State:** Metric: Marijuana Use: 10th Graders, Past 30 Days – by Gender and Race/Ethnicity

- Males: 19%
- Females: 17%
- Other/Multiracial: 20%
- White or Caucasian: 17%
- Hispanic or Latino(a): 23%
- Black or African American: 26%
- Asian or Pacific Islander: 10%
- American Indian or Alaska Native: 34%

Target for 10th grade: 18%

Source: Washington Healthy Youth Survey - 2014

Explore the data above (click here)
**Current State**: Risk of Harm from Marijuana Use

*Regular use has “great risk”.

![Chart showing percentage of respondents who believe marijuana use is a great risk over years from 2002 to 2014.](chart)

- **61%** in 2002
- **60%** in 2004
- **55%** in 2006
- **45%** in 2008
- **36%** in 2014

**Note:** Includes responses where using marijuana regularly has “great risk.” *In 2014 the question about marijuana changed from “smoke” to “use.”


**Explore the data above (click here).**
Among 10\textsuperscript{th} graders who used marijuana in the past 30 days, almost 1 in 3 used for 10 or more days.

- No Marijuana Use: 81.9%
- 10 or More Days: 5.9%
- 6-9 Days: 2.0%
- 3-5 Days: 3.6%
- 1-2 Days: 6.7%

N= 8,579

**Customer Focus:** Reaching Diverse Communities in Washington: The Squaxin Island Tribe

- **Morningstar Green,** Indian Child Welfare Case Aid, Squaxin Island Tribe
- **Josh Lopez,** Vice Chairman, Squaxin Island Tribe Youth Council

Youth Council Leadership Campaign to:
- Reduce Access
- Create Awareness
- Foster Community Engagement

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**PROTECT OUR MINDS, OUR LIVES OUR INNOCENTS! LOCK IT UP!**

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1.2.Y.e: Contain the percentage of 10th graders who report using marijuana in the past 30 days at 18% from January 2018 to July 2017

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### Detailed Action Plan

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<td>Reduce Risk Factors and Increase Protective Factors associated with Underage Drinking.</td>
<td>15,118 individuals received prevention services statewide. 87.8% participants of Evidence Based Programs.</td>
<td>Ongoing July 2015-2017</td>
</tr>
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<td>Evidence Based Prevention Programs and Practices</td>
<td>Julia Havens</td>
<td>OSPI, DOH, LCB, WSIPP, UW, WSU</td>
<td>As per I-502: 85% of funds must be for evidence-based or research-based programs that produce objectively measurable results, and by September 1, 2020, are cost-beneficial. 15% of funds may be directed to proven and tested practices, emerging best practices or promising practices.</td>
<td>A list of approved programs for Evidence Based, Research Based, and Promising Programs was presented in November 2015. DBHR consistently consults with UW, WSU, and WSIPP</td>
<td>Ongoing July 2016-2017</td>
</tr>
<tr>
<td>Programs and Strategies in Tribal Communities</td>
<td>Lucy Mendoza</td>
<td>OIP, Tribes</td>
<td>Increase mobilization for Evidence Based Prevention Programs and Practices to address the unique needs of each tribe to influence the following:</td>
<td>76 community-wide program implemented 22 Direct Service Programs implemented 23 Tribal - .01 plans completed 10 Tribes are using DMA funds for their prevention programming</td>
<td>Ongoing July 2016-2017</td>
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## Detailed Action Plan

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| **Washington Healthy Youth Coalition (WHY):** | Deb Schnellman | LCB, AG, DOH, WHY Communication’s Impact Team and WHY Policy Impact Team. | • Public education and awareness efforts for middle school aged youth and parents of those youth.  
• Marijuana policy work to provide information and partnership in prevention statewide. | • A marijuana prevention toolkit has been developed and widely distributed.  
• Start Talking Now reached 73,053 hits in January-February 2016.  
• White paper providing information on edible and infused marijuana products was created and distributed. | Ongoing July 2015-2017 |
| **Implementing L.502. DHHS (2E2SH13 2136)** | Sarah Marian | OSPI, DOH, LCB, WSIPP, UW, WSU, DEL, RA, OIP, DEL | **Reduce Risk Factors and Increase Protective Factors associated with youth use of marijuana** | • 48 CPWI Coalitions fully funded  
• 5 New CPWI Coalitions  
• 24 Community Based Organizations granted  
• 25 Schools Implementing LifeSkills Training  
• 9 New Prevention Intervention Specialists  
• Healthy Youth Survey/Young Adult Survey  
• WSIPP/UW Program Analysis  
• Training funds for EBPs/RBPs  
• 10 new Tribal Programs | June 30, 2016 |
FY 13  Compliance Checks  3461  Sales  504  Compliance Rate  86%
FY 14  Compliance Checks  2588  Sales  379  Compliance Rate  85%
FY 15  Compliance Checks  2746  Sales  446  Compliance Rate  84%

* Partnership program with Olympia PD increased compliance checks.
^ Officers did random checks for 60 days. Compliance rate dropped during this time period.

Explore the data above (click here)
Marijuana Compliance Checks

Office of Superintendent of Public Instruction:
Student Assistance Program

Krissy Johnson,
Student Assistance Program Supervisor
Dixie Grunenfelder,
Director of Secondary Education

Note. Includes only students with substance use goal. n = 675–678.
Invitation to the Goal Council:

- Continue to support or join the **Washington Healthy Youth Coalition** (WHY) and the **State Prevention Enhancement Policy Consortium** (SPE). Promote statewide prevention messaging available at: [www.starttalkingnow.com](http://www.starttalkingnow.com)

- Become familiar with Community Prevention and Wellness Initiative (CPWI) Coalitions, Tribal Partners, Community Based Organizations, and others providing prevention programming. Join your coalition! [www.theathenaforum.org](http://www.theathenaforum.org)

- Please continue to devote resources to prevention efforts and services

For more current information see our updated Action Trackers for 1.2.Y.e and 1.2.Y.f