

# HOUSE BILL REPORT

## HB 1673

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**As Reported by House Committee On:**  
Early Learning & Human Services

**Title:** An act relating to substance abuse prevention and treatment programs funded by the marijuana excise tax.

**Brief Description:** Concerning substance abuse prevention and treatment programs funded by the marijuana excise tax.

**Sponsors:** Representatives Kagi, Condotta and Moscoso; by request of Department of Social and Health Services.

**Brief History:**

**Committee Activity:**

Early Learning & Human Services: 2/6/15, 2/13/15 [DPS].

**Brief Summary of Substitute Bill**

- Authorizes the Division of Behavioral Health and Recovery (DBHR) to apply the funds from the marijuana excise tax they receive for development and evaluation of programs and practices aimed at prevention or reduction of maladaptive substance use among middle school and high school students.
- Requires the DBHR to use at least 85 percent of the funds they receive for evidence-based or research-based programs and practices, and by September 1, 2020 these programs must also be deemed cost-beneficial.

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### HOUSE COMMITTEE ON EARLY LEARNING & HUMAN SERVICES

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Kagi, Chair; Walkinshaw, Vice Chair; Walsh, Ranking Minority Member; Scott, Assistant Ranking Minority Member; Dent, Kilduff, McCaslin, Ortiz-Self, Sawyer and Senn.

**Staff:** Ashley Paintner (786-7120).

**Background:**

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

The Division of Behavioral Health and Recovery.

The Division of Behavioral Health and Recovery (DBHR) is part of the Behavioral Health and Service Integration Administration (BHSIA). The DBHR and the BHSIA are part of the Department of Social and Health Services (DSHS). The DBHR funds and oversees services for youth substance abuse prevention and intervention, inpatient treatment, outpatient treatment, and recovery support to people with addiction and mental health needs.

Dedicated Marijuana Fund.

Initiative 502 (I-502) established a system, overseen by the Washington State Liquor Control Board, to license, regulate, and tax the production, processing, and wholesale retail sales of marijuana. Initiative 502 creates a dedicated marijuana fund, consisting of all marijuana excise taxes, license fees, penalties, and forfeitures. The initiative also specifies the disbursement of this money for a variety of health, education, and research purposes, with the remainder distributed to the State General Fund. The DBHR is required to implement and maintain programs and practices aimed at preventing or reducing maladaptive substance use, substance-use disorders, and substance dependence among middle school and high school age students. Of the dedicated marijuana funds DBHR receives at least 85 percent must be directed to evidence-based and cost-beneficial programs and practices that produce objectively measurable results. Up to 15 percent of the funds may be used for research based and emerging best practices or promising practices.

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**Summary of Substitute Bill:**

The DBHR is authorized to apply the dedicated marijuana funds they receive for development and evaluation of programs and practices aimed at prevention or reduction of maladaptive substance use among middle school and high school students. At least 85 percent of the funds the DBHR receives must be used for evidence-based or research-based programs and practices. Additionally, by September 1, 2020 at least 85 percent of funds must be directed to programs that are deemed cost-beneficial. Up to 15 percent of the funds may be used for proven and tested practices, emerging best practices, or promising practices.

**Substitute Bill Compared to Original Bill:**

The substitute bill removes the requirement that the DSHS, in consultation with the Washington State Institute for Public Policy, the University of Washington Social Development Research Group, and faculty from Washington State University, determine a definition of cost-beneficial and submit a report to the Legislature. Additionally, it requires the DBHR to use at least 85 percent of the funds they receive for evidence-based or research-based programs and practices. The substitute bill also requires the DBHR to use up to 15 percent of the funds for proven and tested practices, emerging best practices, or promising practices.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) The mission of the DBHR is to transform lives by supporting sustainable recovery, independence, and wellness. The work the DBHR does is not just treatment-focused; it also includes prevention, especially youth-focused prevention. The law requires that the dollars dedicated from I-502 revenue for youth substance abuse prevention must be used for programs that are evidence-based and cost-beneficial. The problem is, the science is not there yet. Currently, there are not enough programs and practices that meet both the definitions of evidence-based and cost-beneficial. It would be more appropriate, given the science, to delay this requirement. This bill would delay the cost-beneficial component until 2020.

The most critical thing in this legislation is that when the DBHR gets that money, they want to be able to spend it. The DBHR is now spending that money in 52 communities across the state working with community-based coalitions and looking at what works in their community from a menu of evidence-based programs. This allows the community some flexibility so they are able to select the program that works best given their needs. If this bill does not pass, the community will not have that flexibility. They will have to select from a menu of evidence-based and cost-beneficial programs that include only two prevention programs and one treatment program. The DBHR would literally not be able to spend the money. One amendment the DBHR would suggest would be an emergency clause so if they do get funding they would be able to spend it immediately.

Community mobilization was established as a statewide substance abuse prevention system in 1989. In 2013 the state funding for community mobilization was eliminated. Since then, the state has legalized marijuana and with that legalization there is increased access to marijuana by youth and a decreased perception of harm. There is a strong need for substance abuse prevention targeting young people and this bill provides that.

(Opposed) None.

**Persons Testifying:** Representative Kagi, prime sponsor; Jane Beyer, Department of Social and Health Services; and Seth Dawson, Washington Association for Substance Abuse and Violence Prevention.

**Persons Signed In To Testify But Not Testifying:** None.