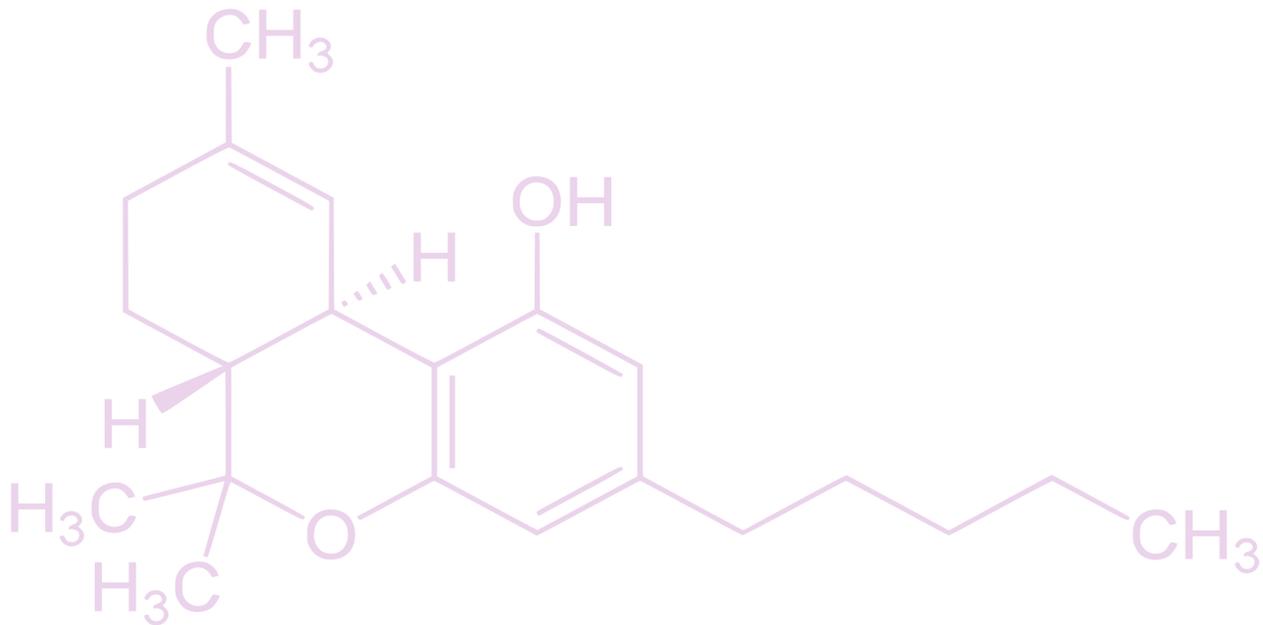




# MARIJUANA



## Use, Trends & Statistics In Snohomish County

Published: August 2016

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# INTRODUCTION

In November 2012, Washington residents voted to pass Initiative 502 legalizing marijuana for recreational purposes. Shortly thereafter in December of 2012, marijuana possession and use for those 21 and older became legal. On July 8, 2014, recreational marijuana stores opened in Washington, and as of July 6, 2016 41 retail licenses have been approved by the Washington State Liquor and Cannabis Board within Snohomish County. Since then, there have been many questions on how legalization will impact our communities and if this legalization will pose a threat to our residents' health. While more time is needed to study the long-term impacts of recreational legalization, we hope this report of preliminary findings will be a useful tool to study impacts in the years to come.

Marijuana appears in many forms and can be consumed in many ways. Legislative efforts and data evaluation lag in their efforts to stay current. Given these limitations, this report does not include information about synthetic marijuana (street names include salvia, spice, K2); instead, it focuses primarily on marijuana as it is distributed, used, and treated in Snohomish County.

In recent years of the *Healthy Youth Survey*, marijuana has surpassed cigarettes as the substance being tried the most by students in our high schools, following alcohol. Whether this is a testament to anti-cigarette education or demonstrates a need for better anti-marijuana efforts, it is clear that right now, honest education for youth on marijuana use beyond "Just Say No" is needed.

This report is a joint effort of the Snohomish Health District and the Snohomish County Human Services Department.

## ACKNOWLEDGEMENTS

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The team would also like to acknowledge the Washington Poison Center for their assistance with providing data.

**If you are concerned about a potential exposure or overexposure to marijuana, please call the Washington Poison Center at 1-800-222-1222 for confidential assistance.**

# EXECUTIVE SUMMARY

Washington State is one of four states to legalize the recreational use of marijuana. Before Initiative 502 passed in this state, public health had little to do with marijuana beyond prevention of use. With the passing of Initiative 502, more resources will be allocated to substance use prevention, health care, education and research. Additionally, there are tighter safety standards in regard to testing for mold and tolerances for approved pesticides with recreational marijuana, something that could not be guaranteed when marijuana was solely procured on the black market. Lastly, recreational marijuana users can interact more with public health and human services to seek education or assistance with dependence without fear of prosecution or jail time.

The health effects of marijuana use will be studied for decades to come, with outcomes a constantly moving target. It is the goal of the Snohomish Health District and Snohomish County Human Services to make this report ongoing, with future updates continuing to study how recreational marijuana legalization is impacting the county. This task will require a coordinated effort of Snohomish County agencies. Law enforcement, social and health services, and research must collaborate and coordinate efforts in order to maximize their collective impact. Ineffective, older methods of prevention, treatment and data collection must be replaced with evidenced-based practices that can affect change.

## **Key findings:**

- In 2014, 16% of high school 10th graders reported using marijuana on a regular basis. More than 25% stated that they had tried marijuana at least once.
- Just over half (50.2%) of Snohomish County adults surveyed in 2014 had tried marijuana.
- Determining marijuana impairment is difficult. Looking only at active THC levels does not accurately determine the degree of impairment, because the height of intoxication does not correlate with a peak of blood THC levels.
- The Washington State Liquor and Cannabis Board (WSLCB) originally set the number of Snohomish County retail outlets at 35. Due to recent legislation which allows current medical dispensaries to transfer to retail, the number of retail outlet allotments will expand to 66 in the county.
- Processors and retailers cannot legally call their marijuana "organic." Some choose to claim their products are "pesticide-free" or "grown naturally," but in reality some of these products fail "zero-tolerance" tests.
- Snohomish County marijuana processors, producers and retailers generated more than \$26 million in sales in fiscal year 2015 (July 1, 2014 to June 30, 2015).
- Snohomish County youth ages 15 to 17 accounted for 42% of marijuana outpatient treatment admissions for those 25 and younger from 2002-2015.
- Nearly 60% (57.6%) of youth admitted for treatment reported they had been suspended from school (for any reason) at least once in the last 12 months.
- Almost 43% (42.7%) of young adults ages 18 to 25 admitted for marijuana treatment did not believe they needed treatment.
- During the 2014-2015 school year, Snohomish County school districts suspended 433 students 456 times for marijuana-related offenses.

# COMMON TERMS

**Cannabis:** Term often used to describe marijuana used for medicinal purposes to differentiate from recreational marijuana.

**Concentrates:** Products consisting wholly or in part of the resin extracted from any part of the marijuana plant and having a THC (see below) concentration of at least 10% (but is typically more potent, up to 90% THC). Also known as butane hash oil (BHO), wax, ear wax, or shatter, and is used for dabbing. Individuals attempting to create their own concentrates at home have caused explosions, but concentrates made by processors specially licensed to extract marijuana can be found in retail stores. Even long-time smokers of marijuana can be overwhelmed by the effects.

**Edible marijuana:** Food or liquid items made with marijuana or infused with marijuana oils. 10mg of THC is considered a "single serving" (but multiple servings may be in a package). Edible marijuana is much slower-acting compared to inhaling marijuana—it can take up to two hours to feel effects. State law requires serving sizes be marked on the package, so consumers are advised to read directions carefully. Similar to concentrates, the effects can be overwhelming compared to other forms of marijuana.

**Hash oil:** (See Concentrates) The purest form of cannabis oil. Typically used for vaporizing marijuana.

**Marijuana-infused products:** Products containing marijuana or marijuana extracts intended for human use with a THC concentration no greater than 10%.

**Medical marijuana:** Marijuana recommended by a physician for treatment of a medical condition.

**THC:** Short for delta-9 tetrahydrocannabinol. The compound of marijuana that causes "high" effects. The higher the amount of THC in a product, the more potent the effect.

**Usable marijuana:** Dried marijuana flowers used for smoking marijuana. Marijuana can be smoked via joints, spliffs (smoked in combination with tobacco leaves), blunts (smoked wrapped in a cigar or flavored cigar, may still contain tobacco), pipes, bongs, vapor devices, or other ways.

**Vapor product:** Any device that employs a battery or other mechanism to heat a solution or substance (in this report's case, hash oil) to produce a vapor or aerosol intended for inhalation. "Vapor product" includes any electronic cigarettes, electronic cigars, electronic cigarillos, electronic pipes, vape pens, steam stones, or similar products or devices, as well as any parts that can be used to build such products or devices.

**Vaporizing/vaping:** The use of a vapor product, or inhaling of vapor or aerosol from a vapor product.

## What's the Difference?

**Marijuana retailer:** A private business regulated by the Washington State Liquor and Cannabis Board (WSLCB) that sells up to one ounce of useable marijuana, 16 ounces of marijuana-infused products in solid form, and 72 ounces of marijuana-infused products in liquid form to those 21 years of age and older.

**Marijuana processor:** A person licensed by the WSLCB to process and package marijuana plants into concentrates, marijuana-infused products, and useable marijuana for sale in retail stores; and sell these products wholesale to retailers.

**Marijuana producer:** A person licensed by the WSLCB to produce marijuana to sell to processors.

**Marijuana collective:** A group of up to 10 medical marijuana patients (21 and older) approved to produce, process, transport, and deliver marijuana solely to the qualifying members of the collective. As a result of state legislation, collectives will no longer be legal after July 1, 2016.

**Marijuana co-op:** No more than four qualifying patients and providers sharing responsibility for acquiring and supplying the resources needed to produce and process marijuana for the members of the co-op. Must be registered with the WSLCB and cannot be within a mile of a retailer.

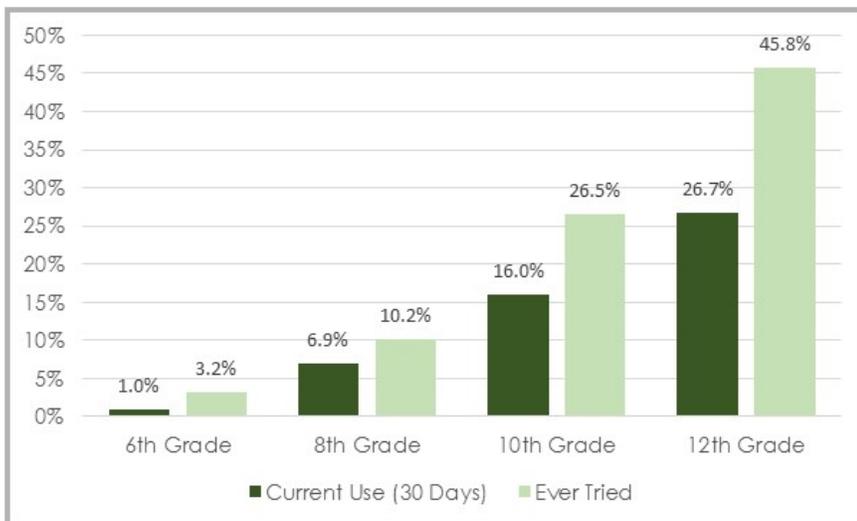


# YOUTH USE

One of the primary concerns with the passage of I-502 was that more youth may experiment with marijuana. Every two years, students in 6th, 8th, 10th, and 12th grades attending Washington public schools complete the *Healthy Youth Survey*. The survey results are the primary source of information for the health of youth in our state. Future *Healthy Youth Survey* data will shed more light on the impacts of legalization in the county and state. The next survey will be conducted in the fall of 2016, with results to be released in spring 2017.

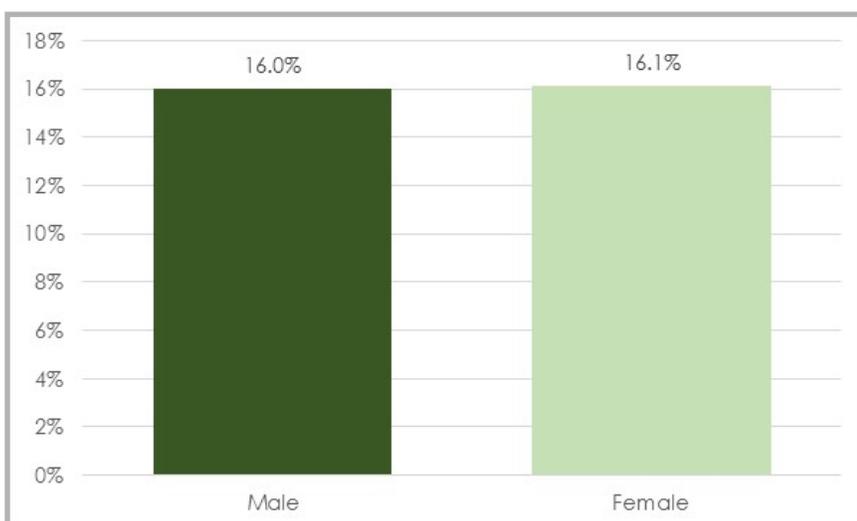
Not surprisingly, as age increases, so does the rate of ever trying marijuana or using it within the past month (also called current use) in Snohomish County, exhibited in **Figure A**.

**Figure A: 2014 Snohomish County Youth Marijuana Use**



Source: Washington State Healthy Youth Survey, 2014

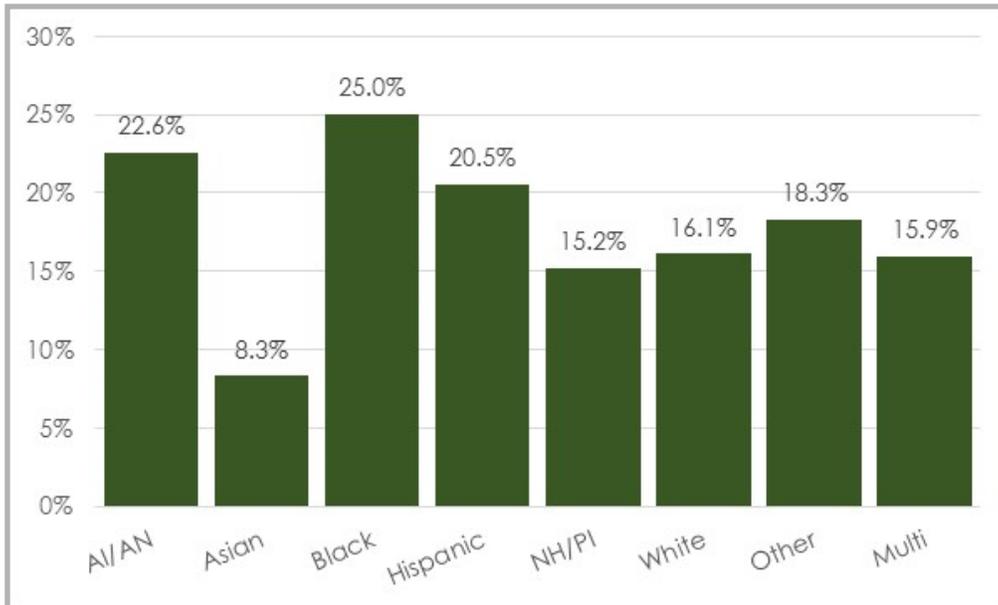
**Figure B: 2014 Snohomish County 10th Grade Current Marijuana Use by Gender**



**Figures B and C** (seen on page 9) show that while gender does not impact 10th grade marijuana use in Snohomish County, race/ethnicity does.

Source: Washington State Healthy Youth Survey, 2014

**Figure C: 2014 Snohomish County 10th Grade  
Current Marijuana Use by Race/Ethnicity**



Source: Washington State Healthy Youth Survey, 2014

In 2014, across all grades surveyed in the *Healthy Youth Survey*, the most common form of youth marijuana use was smoking, and the most common form of obtaining marijuana was from friends.

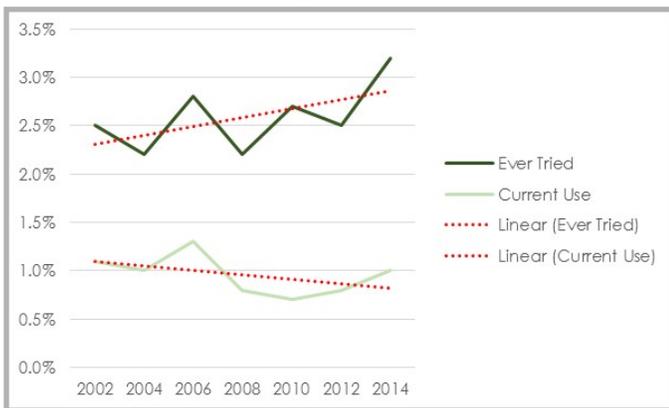
Recreational marijuana is illegal for those younger than 21. Research is limited on the permanent impacts of youth marijuana use. One study reported that those who used marijuana more than once a week before the age of 18 displayed tendencies to have slower reaction times, impaired intelligence, poor listening skills, and shorter attention spans compared to those who started using marijuana after the age of 18 (Meier et al, 2012). Another study found no evidence that such changes in youth remained a year after abstaining from use (Pardini et al., 2015). Additionally, a 2015 study in males did not find any link between adolescent use and any negative mental or physical outcomes (Bechtold, Simpson, White, & Pardini, 2015). Yet another study found that those with a lower IQ may be more likely to use marijuana, not that marijuana uses causes a lower IQ (Mokrysz et al., 2016). Lacking a substantial body of research and conflicting findings among the studies that do exist, public health advises a cautionary approach regarding marijuana use. Research supports youth delaying marijuana use until the brain is fully formed, which is estimated to occur at 25 years of age.



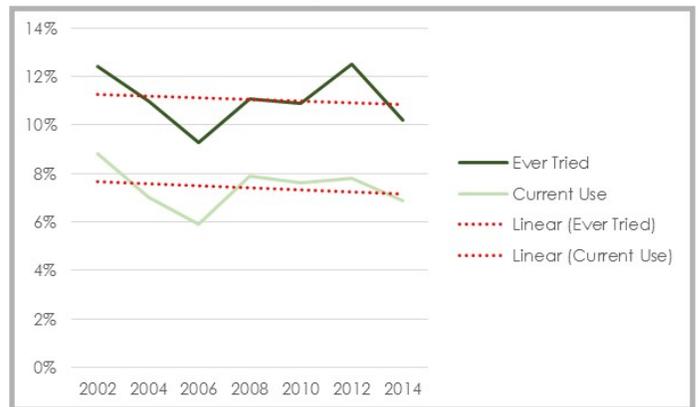
While the 2014 *Healthy Youth Survey* was administered only a few months after recreational stores opened, it appears that across most grades, lifetime use (considered trying one puff ever) and current use are not increasing overall. However, as seen in **Figures D and G**, 6th grade students ever trying marijuana and 12th grade current use are at all-time high levels. Tenth graders reporting ever trying marijuana was at an all-time low as exhibited in **Figure F**.

Source: Washington State Healthy Youth Survey, 2002-2014

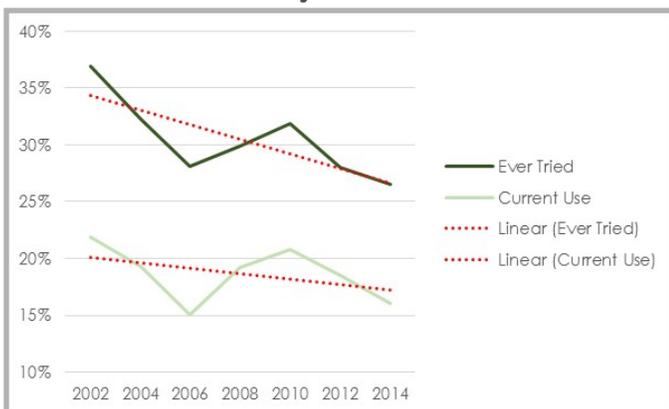
**Figure D: Snohomish County 6th Grade Marijuana Use**



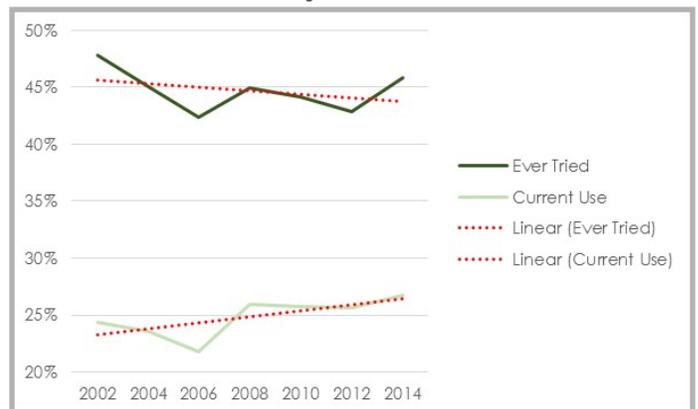
**Figure E: Snohomish County 8th Grade Marijuana Use**



**Figure F: Snohomish County 10th Grade Marijuana Use**



**Figure G: Snohomish County 12th Grade Marijuana Use**



# ADULT USE

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey that collects data on adult health behaviors at the local, state, and national level. After enacting legislation legalizing marijuana, Colorado and Washington are collecting more data at state and county levels on marijuana use, habits, and even safe storage if children are living in the house, making it the state's primary source on adult marijuana use. Snohomish County has valid data on adults reporting they had ever tried marijuana. Just over half (50.2%) of all Snohomish County adults surveyed in 2014 had ever tried marijuana. Due to limited data, this report is unable to distinguish between recreational use and physician-approved medicinal use.

The health effects of marijuana in those older than 21 have been long-debated. Due to marijuana's federal classification as a Schedule I drug, there are many barriers in place for conducting research on marijuana compared to prescription drugs, or even narcotics. Among the few marijuana studies that have been conducted, results have been contradictory in regards to benefits or harm.

Risk reduction is key for users who are of legal age. It is important that marijuana users know the differences between inhaling and ingesting marijuana in an edible or concentrated form. Many calls have been made to 911 or the Washington Poison Center by adults who consumed too much marijuana in edible form and became ill. While no deaths have occurred from consumption, the stronger potency and longer-lasting effects can result in long-time smokers of marijuana feeling unwell. Marijuana consumers also need to pay attention to THC levels - less is needed of a product with a higher amount of THC. Labels of edible products purchased in a store are required to have serving sizes, and it is advised to wait at least two hours after consuming an edible before consuming more.

## What about Synthetic Marijuana?

**The similarities between marijuana and synthetic marijuana (also called spice, k2, salvia, or other names) are in name only. While people may mistakenly believe synthetic marijuana can provide a similar 'high' as real marijuana but without detection on a drug test, these man-made products have far different effects. Reported negative health outcomes include hallucinations, paranoia, rapid heartbeat, violent behavior, suicidal thoughts, kidney damage, and seizures. There is no marijuana or THC in synthetic marijuana, only dried leaves sprayed with chemicals. Regulatory agencies are trying to keep up with banning the different formulas of synthetic marijuana, but for those of legal age looking for a high, state oversight of recreational marijuana gives consumers a better idea of what they are using compared to the mystery chemicals in unregulated synthetic products.**

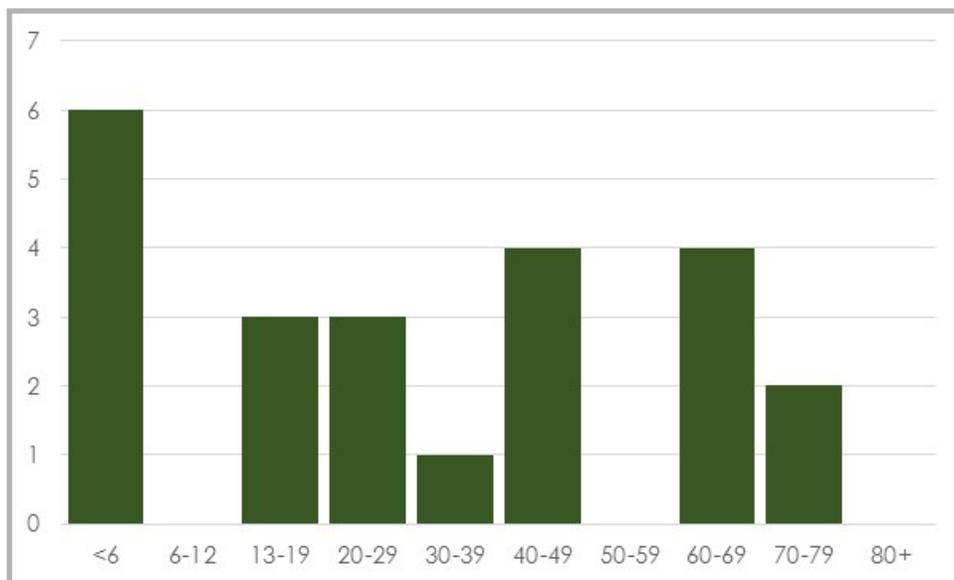
**In 2015, Washington added synthetic marijuana to the list of Schedule I controlled substances, making it subject to the same felony charges and fines as other Schedule I substances for selling, manufacturing, or distributing (\$10,000 to \$500,000).**

# POISON CENTER CALLS

In Washington, calls related to exposure are tracked by the Washington Poison Center (WAPC). According to the National Poison Data System (NPDS) Coding Users' Manual, an exposure is defined as: "Actual or suspected contact with any substance which has been ingested, inhaled, absorbed, applied to, or injected into the body, regardless of toxicity or clinical manifestation." A poisoning is when an exposure causes negative effects. Reporting of exposures to the poison center is voluntary and thus not mandated by law. As such, WAPC data describes the number of calls received by the poison center and most likely are an under-representation of the true occurrence of exposures to any one substance. Exposures do not necessarily represent a poisoning or overdose.

All marijuana-related calls to the poison center from Snohomish County were regarding human exposure. From January 2014 through 2015, a total of 24 marijuana-related calls to the poison center originated from Snohomish County, ranking third in total calls after King and Pierce counties. Nearly half of all calls were managed on site without needing further assistance (presumably home or another residence), while one-third were treated or evaluated and released from a medical center. **Figure H** presents calls by age.

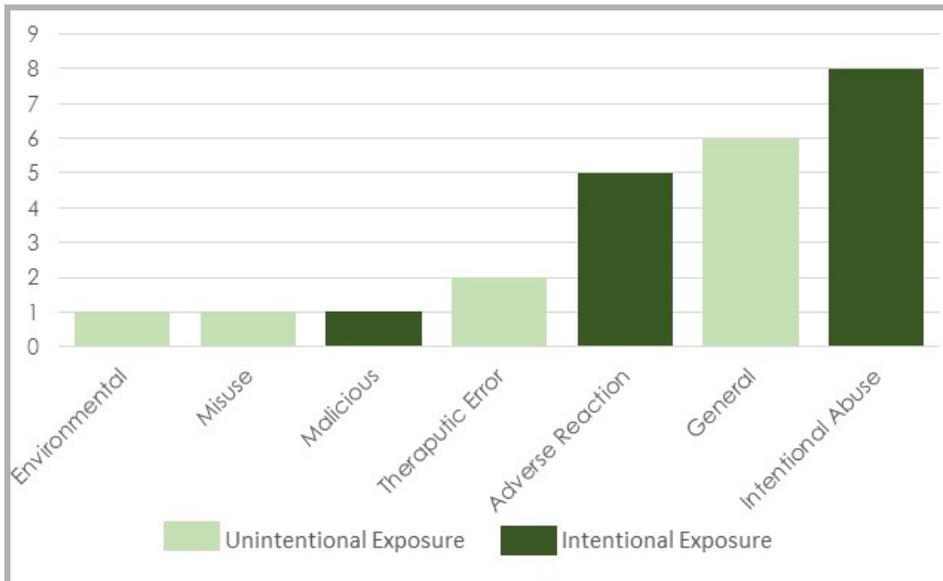
**Figure H: 2014-2015 Snohomish County Marijuana Poison Center Calls by Patient Age**



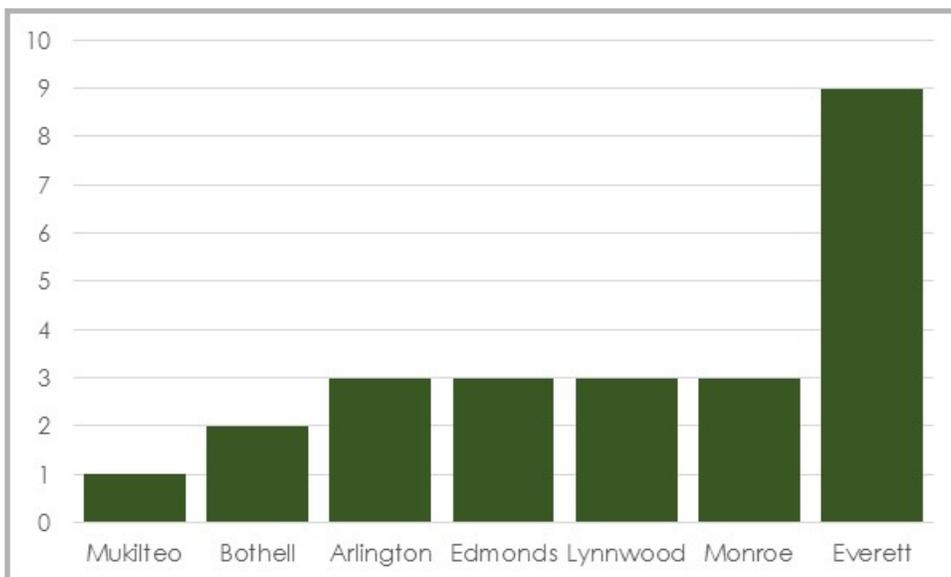
Source: Washington Poison Center, 2014-2015

The reasons for the calls, exhibited in **Figure I**, varied. Most calls for children younger than six years-old were accidental ingestions, categorized in **Figure I** as a general unintentional exposure. Environmental exposures refer to accidental exposures due to contaminated air. Malicious exposures are when the consumer is the victim of another person's intent to harm them. **Figure J** notes the location of these calls.

Intentional abuse (purposefully using a substance improperly) is not to be confused with unintentional misuse, which is defined as unintentional incorrect use of a non-medication substance (i.e. accidentally consuming two edible servings due to not reading the label), which is not to be confused with a medical marijuana patient accidentally deviating from what was recommended by their doctor (which is categorized as therapeutic error). Lastly, an adverse reaction exposure typically stems from experiencing unexpected side effects.



**Figure I: 2014-2015 Snohomish County Marijuana Poison Center Calls by Type**



**Figure J: 2014-2015 Snohomish County Marijuana Poison Center Calls by City**

Source: Washington Poison Center, 2014-2015

# DRIVING UNDER THE INFLUENCE

Evidence shows that marijuana causes impairment to certain cognitive functions, such as reaction time. Given that, it is deemed dangerous and illegal to operate a motor vehicle while under the influence of recreational or medicinal marijuana. However, determining impairment is difficult. Metabolized THC can remain in the body long after physical effects wear off; therefore active THC is deemed a better measurement than total THC levels. However, looking only at active THC levels does not accurately determine the degree of impairment, because the height of intoxication does not correlate with a peak of blood THC levels (Chen 2016).

Additionally, because marijuana can be consumed in different forms, intoxication levels may vary. Smoking marijuana or inhaling THC has a near-instant effect but wears off faster compared to consuming marijuana in an edible or drinkable form where effects might not begin for an hour and will take hours to fade. Further, THC will leave the blood quickly in occasional users (even while they are still showing signs of intoxication), while heavy (daily) users can have marijuana stay in their blood at impaired levels for weeks after ceasing use and intoxication has passed (Hartman et al., 2016).

Determining a specific limit of impairment is difficult. In a National Public Radio interview, Marilyn Huestis, head of the Chemistry and Drug Metabolism section at the National Institute on Drug Abuse said, "Everyone is looking for one number [like the 0.08 blood alcohol content, or BAC, limit for alcohol] and it's almost impossible to come up with one number. Occasional users can be very impaired at one microgram per liter, and chronic, frequent smokers will be over one microgram per liter maybe for weeks." Andrea Roth, a law professor at UC Berkeley agreed, calling our state's limit of 0.5 nanograms of THC per microliter of blood "arbitrary" (Chen 2016).

Statewide, motor vehicle crashes have not increased since legalization (Kaste 2015). However, among drivers in fatal crashes that tested positive for THC, the largest proportion are ages 16-25. This age group also had the highest proportion of drivers with alcohol greater than or equal to BAC 0.08 (Washington State Traffic Safety Commission, 2016).

Initiative 502 earmarked funds to scientifically study the relationship between driving impairment and marijuana, so knowledge of marijuana impairment should improve over time. If a person 21 years or older chooses to consume marijuana, he or she should do so with no intentions of driving or have a designated sober driver. Research does support that driving under the influence of marijuana and alcohol in combination is more dangerous than either alone.

**The 2014 Healthy Youth Survey reports that 17.5% of Snohomish County 12th graders admitted to driving a car at least once in the last month within three hours of marijuana consumption.**



# ALLOTMENTS BY CITY

The Washington State Liquor and Cannabis Board (WSLCB) was authorized by stage legislation to be the program administrator for marijuana retail in the state. The WSLCB originally set the number of Snohomish County retail outlets at 35. Due to recent legislation which allows current medical dispensaries to transfer to retail, the number of retail outlet allotments will soon increase up to 66, as shown in **Table A**. In January of 2014, the Washington State Attorney General published a formal opinion stating state law does not prevent local ordinances from prohibiting siting of marijuana retail, production and processing facilities. Other cities that have passed ordinances and currently prohibit retail, production and processing facilities include: Granite Falls, Snohomish, and Stanwood. Additionally, the City of Everett passed ordinance number 3443-15 that establishes a limit of five retail stores. The City of Everett will review the maximum number of retail stores allowed before June 1, 2018, to determine if the maximum number should be changed. Finally, Snohomish County Council similarly passed emergency ordinance number 16-051 on June 22, 2016, that temporarily prohibits new marijuana retail businesses from locating within unincorporated county areas for six months pending further study.

**Table A: Snohomish County Current Allotments**

Jurisdiction	Allotments	Current or Pending License	Proposed Additional Allotments	Total Proposed Allotments	Ban or Moratorium
UNINCORPORATED AREAS	16	16	16	32	Partial Moratorium
ARLINGTON	1	1	1	2	
BOTHELL (PART)	1	1	1	2	
EDMONDS	2	1	2	4	
EVERETT	5	5	5	10	Partial Moratorium
LAKE STEVENS	1	1	1	2	
LYNNWOOD	2	2	2	4	Ban
MARYSVILLE	3	3	0	3	Ban
MILL CREEK	1	1	0	1	Ban
MONROE	1	0	1	2	Ban
MOUNTLAKE TERRACE	1	1	1	2	
MUKILTEO	1	0	1	2	
<b>Grand Total</b>	<b>35</b>	<b>32</b>	<b>31</b>	<b>66</b>	
<b>Data current as of 04/26/2016</b>					

Source: Washington State Liquor and Cannabis Board, 2014-2016  
 Areas not listed do not have any current allotments.

# LICENSES

**Table B** below shows the number of current licenses by city. WSLCB allows licensees to hold a producer/processor license simultaneously, and allows certain retailers to hold a medical marijuana endorsement that became effective July 1, 2016. Although Snohomish County has a proposed allotment of 66 marijuana retail licenses as shown on the previous page, there are 52 active licenses in Snohomish County that have been approved by WSLCB. A map of marijuana licenses located in Snohomish County is available at the SHD website under "Marijuana." The data associated with this map is current as of 6/23/2016 and may be updated from time to time.

**Table B: Snohomish County Active Licenses by Privilege Status**

City	Zip Code	Producer Only	Processor Only	Processor and Producer	Retailer Only	Retailer with Medical Endorsement
ARLINGTON	98223	2	4	22		2
BOTHELL	98012					4
DARRINGTON	98241			1		
EDMONDS	98026				1	
EVERETT	98201				1	1
	98203					2
	98204			1	3	4
	98208					2
GOLD BAR	98251			5	1	1
GRANITE FALLS	98252	1		3		1
LAKE STEVENS	98205			1		1
	98258	1		6		1
LYNNWOOD	98036					1
	98037					1
	98087				1	4
MARYSVILLE	98271			1		1
MONROE	98272	1		8		
MOUNTLAKE TERRACE	98043				2	
SNOHOMISH	98290	1		8		1
	98296		1	2		1
STANWOOD	98292			2	1	
SULTAN	98294			1		
WOODINVILLE*	98072			1		1
<b>Grand Total</b>		<b>6</b>	<b>5</b>	<b>62</b>	<b>10</b>	<b>29</b>
<b>Data current as of 6/23/2016.</b>						

Source: Washington State Liquor and Cannabis Board, 2014-2016

Some of the locations may have city addresses, but the exact location of the facility resides outside of the incorporated city limits. Areas not listed do not have any active licenses currently.

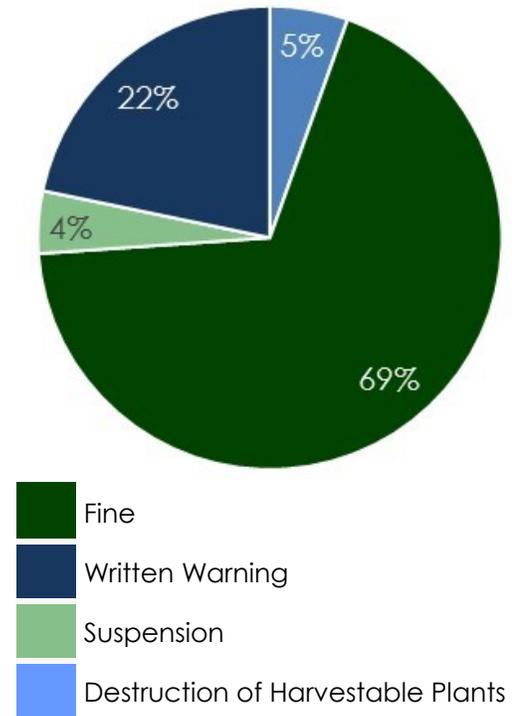
\*This license is in Snohomish County but listed as having a Woodinville address.

# VIOLATIONS

There are four main violation groups a marijuana license holder can receive if the holder violates the law or rule; including public safety violations, regulatory violations, license violations, and producer violations.

- **Public safety violations** are considered the most serious because they present a threat to public safety. More than 19% of the violations in Snohomish County were public safety violations, including allowing a minor to frequent a restricted area, licensees or employees opening and/or consuming marijuana on licensed premises, and the sale or service to a minor.
- **Regulatory violations** (general regulation and administration of retail and non-retail licenses) comprised the most violations in the county (68%), and included advertising violations, failure to utilize and/or maintain traceability (all marijuana must be tracked from 'seed to sale'), and packaging and/or labeling violations.
- **License violations** (licensing requirements, licensing classification, and special restrictions) accounted for 7% of infractions, including operating plan and true party-of-interest violations.
- **Producer violations** represented 6% of county penalties, including transportation and waste disposal violations.

Figure K: May 2014-April 2016 Snohomish County Marijuana Violation Punishments



As shown in Figure K, penalties for violations range from written warnings, monetary fines, destruction of harvestable plants, suspension, to cancellation of the license. There have been no license cancellations in Snohomish County to date. Money collected from the fines goes into a statewide dedicated marijuana account used for research, prevention, and enforcement.

**Table C: May 2014-April 2016 Snohomish County Marijuana Violations by City**

City	Marijuana Producer or Processor	Marijuana Retailer	Grand Total
ARLINGTON	19	2	21
BOTHELL	0	2	2
EVERETT	2	29	31
GOLD BAR	2	0	2
GRANITE FALLS	10	2	12
LAKE STEVENS	1	2	3
LYNNWOOD	0	6	6
MONROE	10	0	10
WOODINVILLE	0	5	5
<b>Grand Total</b>	<b>44</b>	<b>48</b>	<b>92</b>
<b>Data current as of 04/26/2016</b>			



Source: Washington State Liquor and Cannabis Board, 2014-2016

Some of the locations may have city addresses, but the exact location of the facility resides outside of the incorporated city limits.

**Table D: May 2014-April 2016 Snohomish County Marijuana Retail Violations by Type**

Violation Reason	Count	%
Failure to utilize and/or maintain traceability	11	22.9%
Allowing a minor to frequent restricted area	9	18.8%
Sale or service to minor	7	14.6%
Advertising violation	7	14.6%
Packaging and/or labeling violations	5	10.4%
Licensee and/or employee failing to display required security badge	3	6.3%
Licensee and/or employee opening and/or consuming marijuana on a licensed premises	2	4.2%
Failure to submit monthly tax report or payment	2	4.2%
Retail outlet selling unauthorized products	1	2.1%
Security alarm/surveillance system violation	1	2.1%
<b>Grand Total</b>	<b>48</b>	<b>100.0%</b>
<b>Data current as of 04/26/2016</b>		

Source: Washington State Liquor and Cannabis Board, 2014-2016



**Table E: May 2014-April 2016 Snohomish County Producer/Processor Violations by Type**

Violation Reason	Count	%
Failure to utilize and/or maintain traceability	15	34.1%
Security alarm/surveillance system violation	10	22.7%
Violation of a board-approved operating plan	5	11.4%
Violation of transportation requirements	4	9.1%
Failure to submit monthly tax report or payment	3	6.8%
Advertising violation	1	2.3%
True party of interest violation	1	2.3%
Waste disposal violation	1	2.3%
Licensee/employee failing to display required security badge	1	2.3%
Use of unauthorized pesticides, soil amendments, fertilizers, other crop production aids	1	2.3%
Use of unauthorized solvents or gases in processing	1	2.3%
Packaging and/or labeling violations	1	2.3%
<b>Grand Total</b>	<b>44</b>	<b>100.0%</b>
<b>Data current as of 04/26/2016</b>		

Source: Washington State Liquor and Cannabis Board, 2014-2016

Washington has a list of approved and banned pesticides for producers to use in the growing and harvesting of marijuana plants. Despite having such a list, misuse of these pesticides is difficult to track and enforce. While Colorado has recalled marijuana or marijuana products multiple times due to the use of banned pesticides, Washington has yet to do so (as of April 25, 2016). However, 10 producers in the state (including one in Snohomish County, as noted in **Table E**) have been fined for using some form of banned pesticides, fertilizers, soil amendments, or other crop production aids. No known data exist on health outcomes associated with pesticide use on marijuana plants, so many guidelines used in various states currently are adapted from pesticides banned for tobacco leaves. However, as not all marijuana is smoked, much research is needed to determine which pesticides are safe for which marijuana products.

Legal marijuana consumers looking to avoid pesticides are advised to be wary. Because being certified organic is a federal certification, and marijuana is illegal federally, processors and retailers cannot legally call their marijuana “organic.” Some choose to claim their products are “pesticide-free” or “grown naturally,” but in reality some of these products fail “zero-tolerance” tests. Independent tests have found concentrates to have far higher amounts of allowed and banned pesticides compared to the useable marijuana samples tested alongside them.

# REVENUE

Both I-502 and House Bill 2136 (2E2SHB 2136) require that retail marijuana sales must be taxed at a rate of 37%, with that money going in a dedicated account toward marijuana education, studies of impacts, and other prevention efforts. For fiscal year (FY) 2016, the following cities in Snohomish County received funds from said account to aid with marijuana enforcement: Arlington (\$54,756), Bothell (\$86,721), Everett (\$68,322), Granite Falls (\$6,951), and Lake Stevens (\$16,418). Additionally, Snohomish County received \$349,753.30 for marijuana enforcement. In fiscal year 2015 (July 1, 2014-June 30, 2015), Snohomish County acquired more than \$26 million in marijuana sales with \$6.5 million revenue from excise taxes between processors, producers, and retailers.

The levied and collected excise taxes are deposited in the dedicated marijuana account in the state treasury. **Table F** below shows actual and forecasted marijuana revenue and appropriations by fiscal year.

**Table F: Washington Marijuana Revenue Forecast and Appropriations**

	Actual		Forecast		
	FY 15	FY 16	FY 17	FY 18	FY 19
<b>Actual and Projected Marijuana Revenue</b>					
Marijuana taxes	64,530,123	161,560,843	266,378,683	327,178,000	359,526,761
Marijuana fees/penalties	1,158,221	2,503,442	2,371,487	2,371,344	2,371,344
Other (not forecasted)	15,365				
<b>Total Marijuana Revenue</b>	<b>\$ 65,703,709</b>	<b>\$ 164,064,285</b>	<b>\$ 268,750,170</b>	<b>\$ 329,549,344</b>	<b>\$ 361,898,105</b>
<b>Actual and Projected Marijuana Appropriations</b>					
DSHS-Youth Survey		500,000	500,000	500,000	500,000
DSHS/WSIPP		200,000	200,000	200,000	200,000
UW-Public Education Materials		20,000	20,000	20,000	20,000
LCB MJ Operations	7,349,538	7,367,000	7,821,000	7,821,000	7,821,000
DES/Building Council		95,000			
DSHS-Behavioral Health	5,166,000	12,814,000	27,786,000	27,786,000	27,786,000
WA State Dept. of Health		7,500,000	7,500,000	9,750,000	9,750,000
University of Washington		207,000	207,000	1,021,000	1,021,000
Washington State University		138,000	138,000	681,000	681,000
Basic Health	22,706,000	77,941,142	130,104,585	160,504,172	176,678,552
Health Care Authority	2,271,000	5,351,000	12,520,000	16,050,417	17,667,855
OSPI		251,000	511,000	511,000	51,000
Net-State General Fund Transfer	15,269,000	51,680,142	81,442,585	104,704,755	119,261,697
<b>Total Appropriations</b>	<b>\$ 52,761,538</b>	<b>\$ 164,064,284</b>	<b>\$ 268,750,170</b>	<b>\$ 329,549,344</b>	<b>\$ 361,438,104</b>

Source: Washington State Liquor and Cannabis Board, 2014-2016

**Tables G** and **H** below show the revenue generated and the excise tax due by city of facility. Facilities in the Arlington area generated the most sales for processors, followed by Granite Falls and Monroe. For marijuana retailers, the Everett and Bothell facilities generated 67.7% of Snohomish County sales.

**Table G: Fiscal Year 2015 Sales by City in Snohomish County**

Location of facility	Processors	Producers	Retailers	Grand Total
ARLINGTON	4,670,497	198,397	3,476,366	<b>\$8,345,261</b>
BOTHELL	0	0	5,925,373	<b>\$5,925,373</b>
EVERETT	334,616	0	5,894,588	<b>\$6,229,204</b>
GOLD BAR	13,619	0	0	<b>\$13,619</b>
GRANITE FALLS	1,182,799	0	441,329	<b>\$1,624,128</b>
LAKE STEVENS	288,883	1,823	1,042,350	<b>\$1,333,056</b>
LYNNWOOD	0	0	457,102	<b>\$457,102</b>
MONROE	1,017,458	12,034	0	<b>\$1,029,493</b>
SNOHOMISH	596,455	14,772	214,711	<b>\$825,938</b>
STANWOOD	0	43,968	0	<b>\$43,968</b>
UNKNOWN	319,210	495	5	<b>\$319,709</b>
<b>Grand Total</b>	<b>\$8,423,538</b>	<b>\$271,489</b>	<b>\$17,451,823</b>	<b>\$26,146,851</b>

**Table H: Fiscal Year 2015 Excise Tax Due by City in Snohomish County**

Location of facility	Processors	Producers	Retailers	Grand Total
ARLINGTON	1,167,624	49,599	869,092	<b>\$2,086,315</b>
BOTHELL	0	0	1,481,343	<b>\$1,481,343</b>
EVERETT	83,654	0	1,473,647	<b>\$1,557,301</b>
GOLD BAR	3,405	0	0	<b>\$3,405</b>
GRANITE FALLS	295,700	0	110,332	<b>\$406,032</b>
LAKE STEVENS	72,221	456	260,587	<b>\$333,264</b>
LYNNWOOD	0	0	114,275	<b>\$114,275</b>
MONROE	254,365	3,009	0	<b>\$257,373</b>
SNOHOMISH	149,114	3,693	53,678	<b>\$206,485</b>
STANWOOD	0	10,992	0	<b>\$10,992</b>
UNKNOWN	79,802	124	1	<b>\$79,927</b>
<b>Grand Total</b>	<b>\$2,105,885</b>	<b>\$67,872</b>	<b>\$4,362,956</b>	<b>\$6,536,713</b>

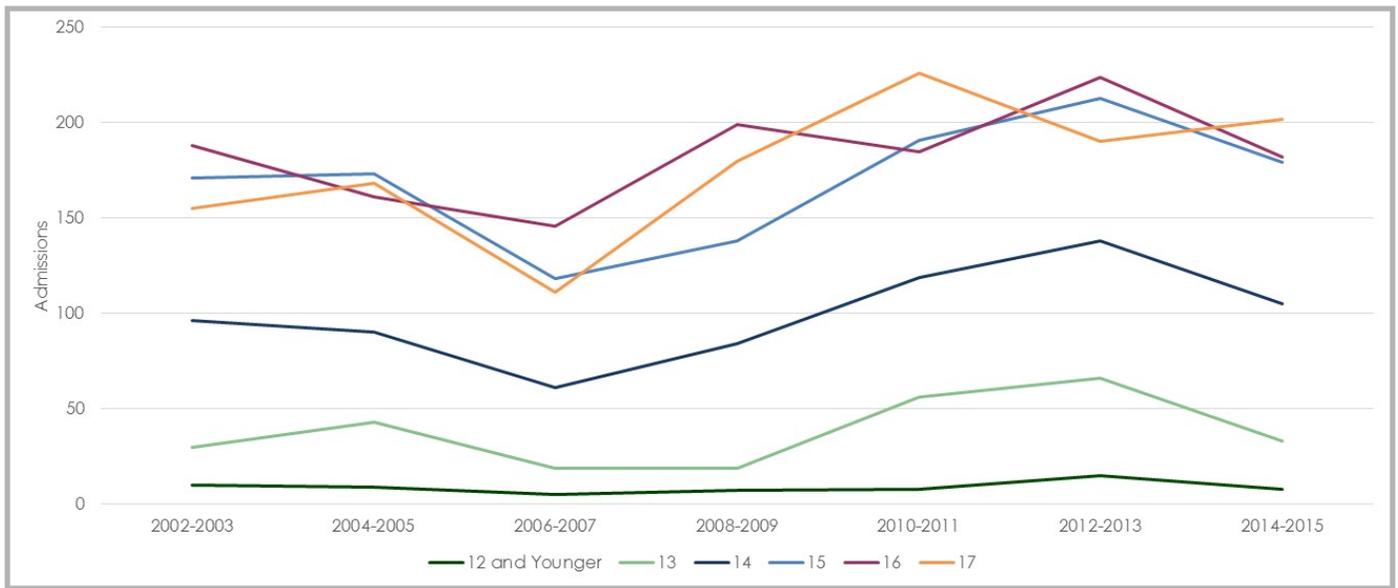
Source: Washington State Liquor and Cannabis Board, 2014-2016

\*Some of the locations may have city addresses, but the exact location of the facility resides outside of the incorporated city limits.

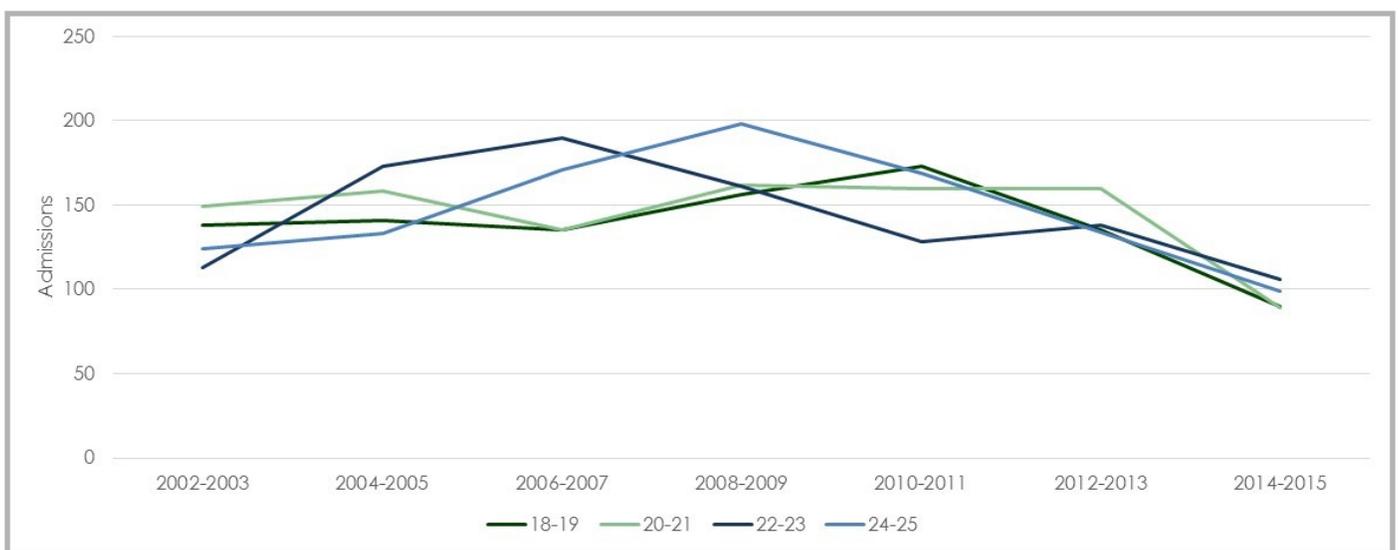
# TREATMENT

The data in **Figures L** and **M** include publically-funded outpatient treatment admissions for Snohomish County residents from January 1, 2002 to December 31, 2015. The focus of the data is on youth, age 17 and younger, and young adults, age 18 to 25 where the primary or secondary substance used as reported at admission was marijuana. This does not include private or self-paid treatment.

**Figure L: 2002-2015 Snohomish County Outpatient Treatment Admissions with Marijuana as a Primary or Secondary Substance Ages 17 and Younger**



**Figure M: 2002-2015 Snohomish County Outpatient Treatment Admissions with Marijuana as a Primary or Secondary Substance Ages 18-25**

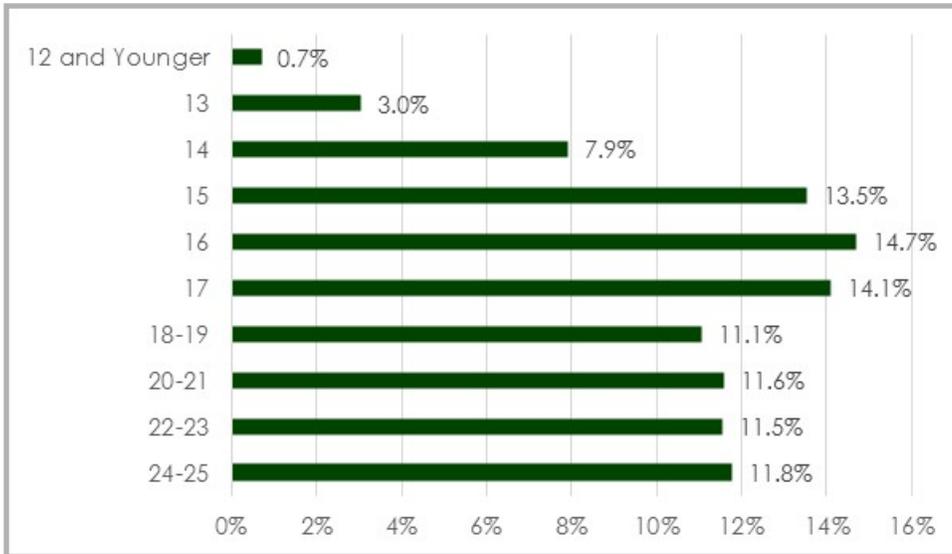


Source: Washington State Division of Behavioral Health and Recovery SCOPE (System for Communicating Outcomes, Performance and Evaluation), 2002-2015.

From 2010-2015, the total number of marijuana-related outpatient treatment admissions decreased for most ages younger than 25, except for those 12 and younger, which remained unchanged.

While overall numbers have decreased, marijuana was still reported as the primary or secondary substance used for youth 17 and younger in 86.4% of all outpatient treatment admissions. This compares to a much lower percentage of 55.4% for those 18 to 25 years old.

**Figure N: 2002-2015 Snohomish County Outpatient Marijuana Admissions by Age**

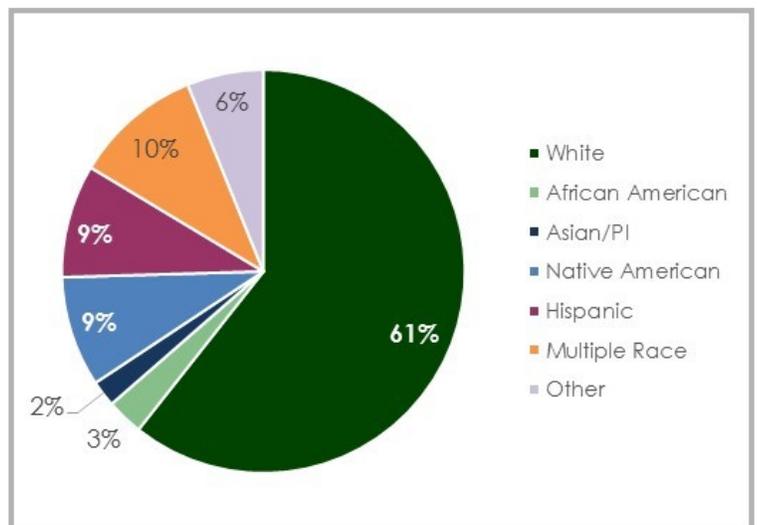


As shown in **Figure N**, 15 to 17 year-olds accounted for 42% of marijuana outpatient treatment admissions for those 25 and younger from 2002-2015.

Source: Washington State Division of Behavioral Health and Recovery SCOPE (System for Communicating Outcomes, Performance and Evaluation), 2002-2015.

**Figure O: 2002-2015 Snohomish County Outpatient Marijuana Admissions by Race/Ethnicity**

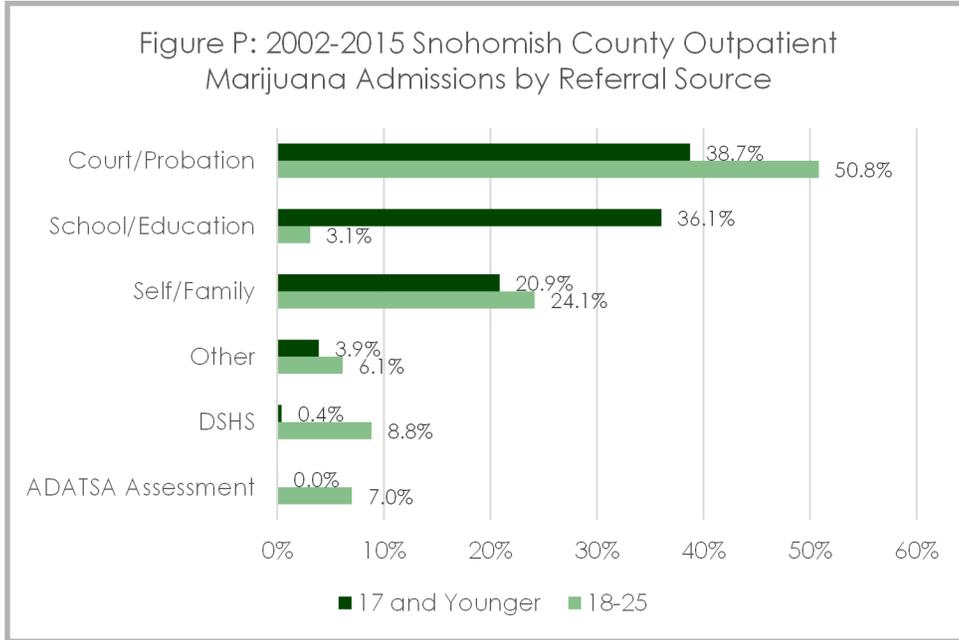
**Figure O** shows that Native Americans are disproportionately represented in overall treatment admissions for marijuana. They account for 8.9% of outpatient admissions in the county, but they only represent one percent of the county's total population.



Source: Washington State Division of Behavioral Health and Recovery SCOPE (System for Communicating Outcomes, Performance and Evaluation), 2002-2015.

As seen in **Figure P**, courts and schools are the major sources of referrals for youth treatment. However, schools as a referral source are difficult to track, as each school sets its own guidelines for punishment and not all schools will refer for treatment.

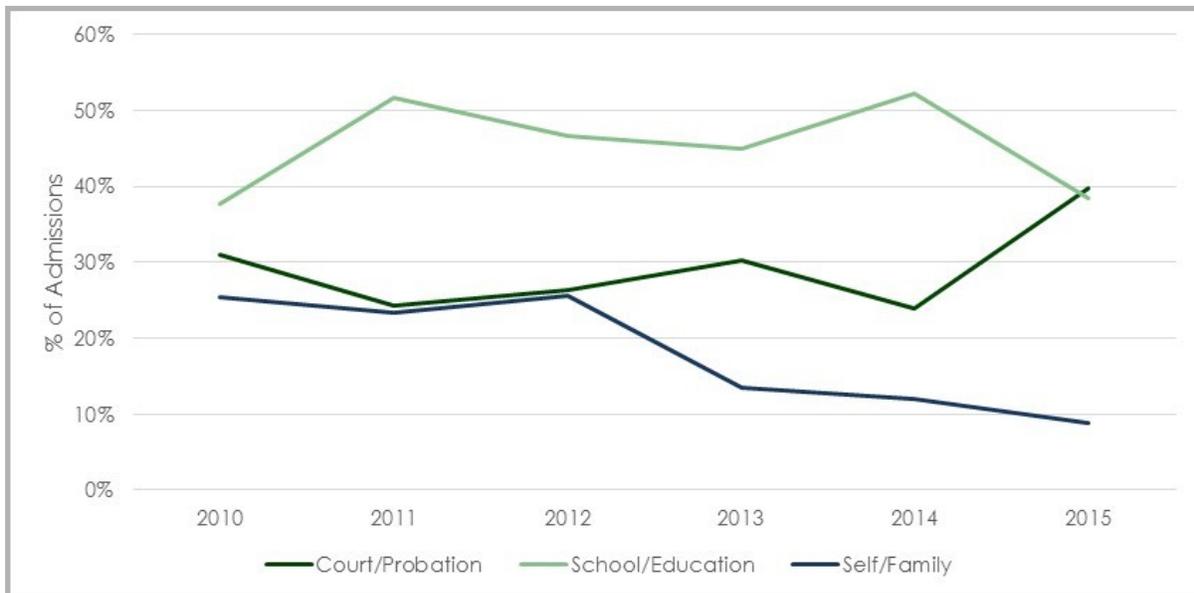
**Figure P: 2002-2015 Snohomish County Outpatient Marijuana Admissions by Referral Source**



Source: Washington State Division of Behavioral Health and Recovery SCOPE (System for Communicating Outcomes, Performance and Evaluation), 2002-2015.

As seen in **Figure Q**, more recently, referrals from schools/educators dropped from 2014 to 2015, while referrals from court/probation increased. This could be due to the fact that some schools only require an offending student to be 'assessed' at an outpatient facility, but not necessarily receive treatment.

**Figure Q: 2010-2015 Snohomish County Top Marijuana Treatment Referral Sources for Youth 17 and Younger**



Source: Washington State Division of Behavioral Health and Recovery SCOPE (System for Communicating Outcomes, Performance and Evaluation), 2002-2015.

## TREATMENT DATA SPECIFIC TO YOUTH 17 AND YOUNGER:

### School:

- 57.6% of youth admitted for treatment reported they had been suspended from school (for any reason) at least once in the last 12 months
- 16.2% reported they had been expelled from at least one school (for any reason) in the last 12 months
- 24.6% reported they were either dropped out of school or suspended from school at the time of admission

### Self-Awareness:

- 47% of youth admitted for treatment believed they did not have a drug problem at all
- 43.6% believed they did not need drug treatment
- With respect to the client's level of substance abuse (chemical dependency stage) reported as a diagnostic impression by qualified staff:
  - ⇒ 69.2% were chemically dependent (addicted)
  - ⇒ 23.4% were abusing the drug
  - ⇒ 6.8% were using the drug experimentally
  - ⇒ 0.5% were in recovery

### Treatment Compliance:

- 35.8% of youth admitted for treatment were compliant with the treatment goals of the program
- 47.5% were not compliant with the treatment goals of the program
- 16.8% of compliance is unknown

### Treatment Discharge:

- 42.9% of youth admitted for treatment either completed treatment, were still in treatment, or were transferred to another treatment facility
- 57.1% did not complete treatment

### Self-Reported Law Enforcement Involvement Within Year Prior to Admission:

- 10.1% of youth admitted for treatment had been arrested for property crimes
- 4.9% had been arrested for violent crimes
- 18% had been arrested for drug crimes
- 3.9% had been arrested for domestic violence
- 19.5% had been arrested for some "other" crime

Source: Washington State Division of Behavioral Health and Recovery SCOPE (System for Communicating Outcomes, Performance and Evaluation), and includes outpatient treatment admissions where primary or secondary substance used is marijuana for the period of January 1, 2002 to December 31, 2015.





### **TREATMENT DATA SPECIFIC TO YOUNG ADULTS 18-25:**

#### **Self-Awareness:**

- 49% of adults 18-25 years old believed they did not have a drug problem at all
- 42.7% believed they did not need drug treatment
- With respect to the client's level of substance abuse (chemical dependency stage) reported as a diagnostic impression by qualified staff:
  - ⇒ 89.7% of adults aged 18-25 years old were chemically dependent (addicted)
  - ⇒ 7.5% were abusing the drug
  - ⇒ 0.9% were using the drug experimentally
  - ⇒ 2% were in recovery

#### **Treatment Compliance:**

- 40.1% of adults aged 18-25 years old were compliant with the treatment goals of the program
- 47.5% were not compliant with the treatment goals of the program
- 12.3% of compliance is unknown

#### **Treatment Discharge:**

- 43.4% of adults aged 18-25 years old either completed treatment, were still in treatment, or were transferred to another treatment facility
- 56.6% did not complete treatment

#### **Self-Reported Law Enforcement Involvement Within Year Prior to Admission:**

- 6.7% of adults aged 18-25 years old were arrested for property crimes
- 3% were arrested for violent crimes
- 20% were arrested for drug crimes
- 9% were arrested for domestic violence
- 20.2% were arrested for some "other" crime

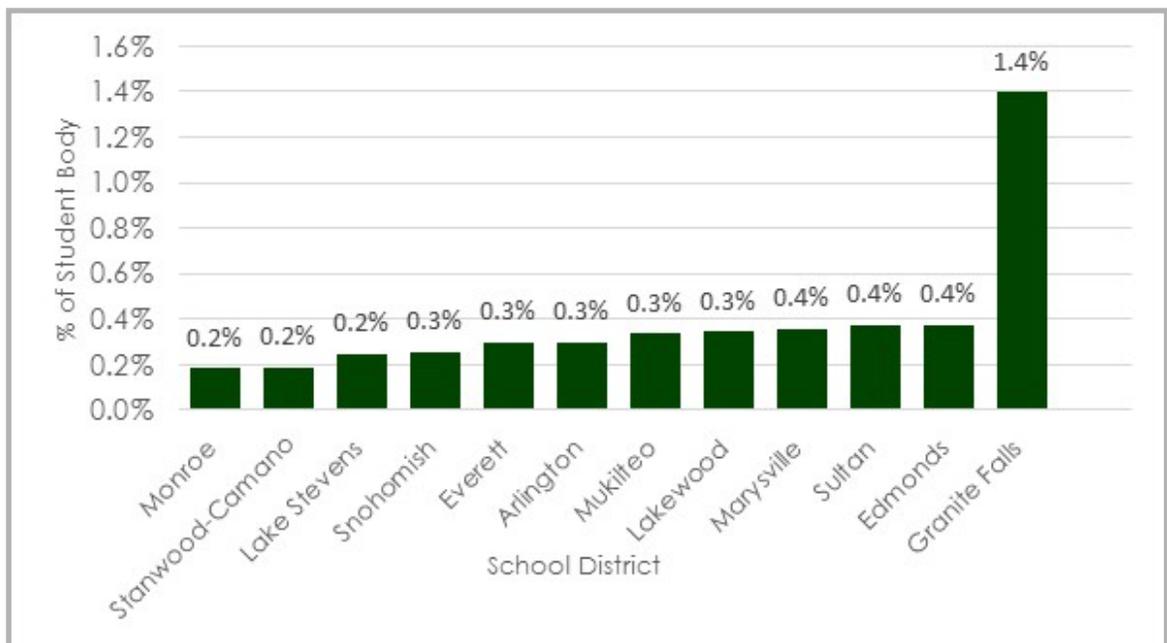
*Source: Washington State Division of Behavioral Health and Recovery SCOPE (System for Communicating Outcomes, Performance and Evaluation), and includes outpatient treatment admissions where primary or secondary substance used is marijuana for the period of January 1, 2002 to December 31, 2015.*

# SCHOOL DISCIPLINE

State Bill 5052 mandated that individuals younger than age 21 are subject to criminal prosecution for possession of any quantity or kind of marijuana/marijuana-infused product. A charge of minor in possession can also result in a 90-day driver's license suspension. The suspension applies regardless of whether a person was in a vehicle at the time of the offense.

As shown in **Figure R**, school districts in Snohomish County are facing challenges with discipline involving marijuana use among their students, and existing discipline policies are inconsistent. A student may be given an immediate 45-day suspension for marijuana use or possession at one school, or be granted a three-day in-school suspension for the same actions at a different school. Some schools institute an automatic 90-day suspension for any drug infraction. **Figure S** (see next page) does not take into account the severity of the infraction, so some schools may have a skewed average due to outliers. Students may be referred to drug treatment programs, community service, or juvenile detention, while others are assigned in-school remediation.

**Figure R: Total Snohomish County Students Suspended 2014-2015 for Marijuana-Related Offenses**



\*Index and Darrington school districts not included due to small sample size

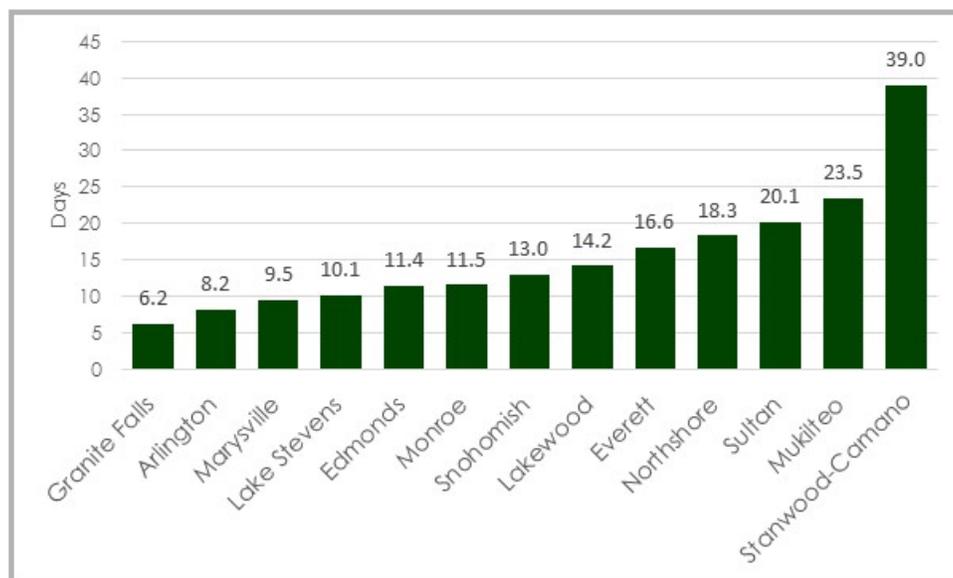
Source: Washington State Office of Superintendent of Public Instruction (OSPI), 2014-2015.

Healthy Youth Survey data showed that in 2014, more Snohomish County students are using vapor devices than traditional cigarettes (16.6% vs. 7.2%, 10th grade). This introduces a new challenge to schools in regard to marijuana use. Vapor devices can be adapted or purchased for the use of marijuana. Common means of vaporizing cannabis include hash oil, wax infused with THC (common name: ear wax), dried marijuana leaves, or a mixture of marijuana leaves and tobacco leaves. When these products are used in a vapor device there is little or no odor, which makes it easier to use on school property. Since schools do not have the tools to test vapor devices for illegal drugs, many are treating them as drug delivery devices regardless of what substance is being used.



According to a report on discipline policies released by the state Office of Superintendent of Public Instruction (OSPI), in the 2014-2015 school year, Snohomish County school districts suspended 433 students (about 0.3% of enrolled students) 456 times for marijuana-related offenses. Statewide, marijuana suspensions were typically the longest compared to other infractions, averaging 12.3 days. School districts in Snohomish County varied from an average of six days suspended per marijuana infraction, to nearly 40 days (the second-highest in the state). Again, this does not take into the account the severity of the offense committed.

**Figure 5: Average Length of Snohomish County Marijuana-Related Suspension, 2014-2015**



\*Index and Darrington school districts not included due to small sample size

Source: Washington State Office of Superintendent of Public Instruction (OSPI), 2014-2015.

While determining marijuana punishment on a case-by-case basis may be practical for some schools due to available resources, the lack of consistency in policy approaches may actually increase marijuana use in students and affect overall school performance. Data shows that once a student is caught and suspended, he or she has *additional* free (and often unsupervised) time to use marijuana regardless of a referral to drug counseling. A study of youth in Washington State and Australia found the likelihood of marijuana use was higher in schools where out-of-school suspensions were used. In fact, a suspension policy for student drug use resulted in a student 1.6 times more likely to try marijuana. Meanwhile, students attending a school with a policy to refer offending students to a teacher to discuss the dangers of marijuana were 50% less likely to use marijuana. Abstinence messages at school were also found to lead to less student use. The study also revealed that policies around educational programs, referrals to school counselors or nurses, expulsion, or calls to the police had no impact on marijuana use (Evans-Whipp, Plenty, & Catalano, 2015).

Though suspension is the most widely used disciplinary technique in both general and special education, research has raised serious questions about its effectiveness. First, preliminary evidence does not support the notion that suspension improves the behavior of the suspended student (in this case, reducing or ending marijuana use). Second, when suspended, some students are at a significantly higher risk of falling behind academically, dropping out of school, and coming into contact with the juvenile justice system (Fabelo et al., 2011).

Preliminary evidence shows that schools may reduce student marijuana use by delivering abstinence messages, promoting and enforcing non-use policies, and adopting remedial approaches to violations rather than using suspensions. School communities can utilize partnerships with law enforcement, healthcare providers, and the courts to improve discipline policies and implement approaches to better prevent and respond to student misconduct including marijuana offenses.



# POLICY IMPLICATIONS

Currently, the greatest need in the state and county in regards to marijuana is for more information. With the *Healthy Youth Survey (HYS)* and *Behavioral Risk Factor Surveillance System (BRFSS)* adding new marijuana questions for data collection, time is needed to allow these results to develop. Data from first responders, Emergency Medical Services (EMS), Washington State Patrol, the Prescription Monitoring Program (PMP), and law enforcement will also provide valuable insight into the implications of marijuana legalization.

A cost-benefit analysis is a requirement of Initiative 502. The analysis to be conducted by the Washington State Institute for Public Policy (WSIPP) includes analyzing outcomes around substance use, public health and safety, criminal justice, and economic impacts. The first report on these outcomes is expected to be released in September 2017. Results from the report will guide policy changes in the county and state.

After functioning for months without a protocol, the WSLCB developed emergency rules around product recalls for pesticide or other violations in March 2016. These rules differentiate between market withdrawals (not linked to public health or safety issues), required recalls (due to investigations or initiated by a licensee), and board-directed recalls (used in cases of non-compliance or substantial threat to public health or safety). More policy work is needed around pesticide levels and guidelines for testing, including minimum pesticide levels for each of the different ways marijuana can be consumed (as some pesticides may be safe for edible consumption but can be dangerous when heated for smoking).

More comprehensive research is needed regarding marijuana use and prescription medication contraindications. This may require declassification of marijuana at the federal level to allow for an easier path to testing and data collection. Finally, funds collected in the state as a result of this new industry must be targeted toward research on the effectiveness of varying educational campaigns and curriculums, school discipline policies, and treatment effectiveness.

Recent bills in the state related to marijuana include:

[SB5052 Establishing the Cannabis Patient Protection Act](#)

[HB 2136 Relating to comprehensive marijuana market reforms to ensure a well-regulated and taxed marijuana market in Washington State](#)

[HB 2000 Authorizing the Governor to enter into agreements with federally recognized Indian tribes in the state of Washington concerning marijuana](#)



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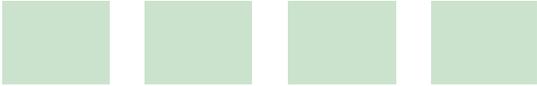
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# Marijuana

Use, Trends & Statistics in Snohomish County

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