**Executive Summary:**
Policy, funding, and programmatic efforts related to preventing substance misuse and abuse in Washington have varied significantly over the years. There was fairly substantial funding and coordination for broad substance abuse prevention in the 1990s following the passage of the Omnibus Alcohol and Controlled Substances Act of 1989 in Washington state. However, as federal and state funding either shifted or was cut, broad prevention efforts diminished significantly and instead evolved into being fairly siloed with funding sources dedicated to specific substances (e.g. opioid, marijuana, alcohol, and tobacco), which in turn has resulted in a landscape where there is limited collaboration between substance-specific strategies, and very limited resources dedicated to broad substance abuse prevention. Such siloing of efforts is largely viewed by stakeholders as being the result of funding lines at both the state and federal level being focused on substances that are the ‘crisis of the day’, and no overall framework or funding for broader substance abuse prevention.

The term ‘broad substance abuse prevention’ is used frequently throughout this brief as a term to capture the importance of taking a strategic and holistic approach to preventing youth use and adult misuse and abuse of substances. Such an approach would involve a blending of focus on specific substances as well as general substance abuse prevention. With this blended focus, stakeholders would look for opportunities to secure funding for both specific and generic prevention; identify programs and funding needs that are dedicated to addressing current crises as well as going upstream to prevent the next crisis from happening; and approach substance abuse prevention from a system-wide perspective that helps identify and address inequities and barriers in the system.

There are many opportunities for increasing collaboration and improving substance abuse prevention efforts, especially for looking at broad substance abuse prevention rather than waiting for a crisis point to be reached. One clear policy option that could be considered is establishing an ongoing working group comprised of state legislators, state agencies, and stakeholders with the goals of collaborating around existing efforts, identifying gaps in the broader prevention landscape, and making recommendations to the legislature regarding funding and policy changes needed to address those gaps. Another option to consider is to ensure that in addition to funding for substance-specific programs, there are also resources and programs that focus on emerging issues and broad substance abuse prevention such as the programs that have historically been funded like community mobilization.
The history of substance misuse and abuse prevention in Washington is extensive and complex, but a brief overview of this history paints an important picture of what efforts have been successful in the past, which can help guide the path for future improvements. (See Appendix A for more detail on some of these significant milestones).

**Past landscape**
There were several pieces of legislation, regulations, and funding sources that significantly impacted and supported substance abuse prevention efforts in the 1980s through early 2000s. Some of the biggest milestones include the WA Omnibus Alcohol and Controlled Substances Act of 1989 (HB 1793), the establishment of the Governor’s Council on Substance Abuse, and the U.S. Drug-Free Schools Act of 1986. These key milestones established significant new regulations relating to substance abuse prevention and also included substantial new funding to fight substance misuse and abuse.

*U.S. Drug-Free Schools Act of 1986*
The U.S. Drug-Free Schools Act (later amended to be the U.S. Drug-Free Schools and Communities Act) provided significant funding starting in the late 1980s for community and school efforts to fight substance abuse. Combined with the state funding dedicated from the VRDE account (see below), there was substantial funding going to schools and communities to do broad substance abuse prevention in the 1990s and early 2000s.

*WA Omnibus Alcohol and Controlled Substances Act of 1989 (HB 1793)*
The Omnibus Alcohol and Controlled Substances Act of 1989 was sweeping state legislation that, among other things:

- Established and funded Community Mobilization in every county in Washington. Community Mobilization provided counties with grants to develop targeted and coordinated strategies to reduce the incidence and impact of substance abuse. The communities developed strategies in partnership with education, treatment, local government, law enforcement, and other key stakeholders. The Community Mobilization program also provided opportunity for communities to share suggestions for state program operations and budget priorities.
- Funded Drug and Alcohol Abuse Prevention and Early Intervention in Schools
- Created the Violence Reduction and Drug Enforcement (VRDE) account, which provided relatively stable funding for prevention efforts for a number of years.
- Established new taxes on beer, wine, spirits, cigarettes, and syrup (soda).

Just prior to the 1989 session, Governor Booth Gardner created a Drug Czar position to help advance substance abuse reduction efforts. Among other things, the Drug Czar participated in negotiations around the Omnibus bill, and then later implementation of the bill.
In addition to these broad substance abuse efforts, there was also funding for specific substances. These funds varied depending on state and federal appropriations and grants, but two such examples include:

**Tobacco Prevention and Control Account:** The Tobacco Master Settlement Agreement (MSA) is an agreement that was reached in November 1998 between the five largest cigarette manufacturers in America and the state Attorneys General of 46 states, five U.S. territories, the District of Columbia regarding the marketing and promotion of cigarettes. In addition to establishing marketing restrictions, the settlement requires the tobacco industry to pay the settling states billions of dollars annually in perpetuity. In Washington state, $100 million was directed from the Master Settlement Agreement to tobacco prevention. However, this was a one-time deposit, which was followed by an additional $50 million a few years later. No funding from the MSA is currently dedicated to the Tobacco Prevention and Control Account. This is not to say the state is out of compliance with the MSA. While the MSA says that its primary purpose is to decrease youth smoking and promote public health, it does not contain any requirement that states direct settlement dollars to tobacco prevention and cessation.

**Dedicated Marijuana Account:** Initiative 502, which legalized and taxed recreational marijuana in Washington passed in 2012. Language in the initiative directed some of the revenue to specifically go to prevention efforts, though it is limited to marijuana and vape.

The recession and shifting priorities at the federal and state level in the late 2000s and early 2010s dwindled the once-strong funding support for substance abuse prevention. The VRDE account was abolished in 2009 and the revenue that had been going from that account out to prevention efforts was swept to the general fund. Community Mobilization funding went away in 2013. No additional dollars were directed from the MSA to tobacco prevention after 2009 and funds in the tobacco prevention account were exhausted by 2010. Federal funding through the SAMHSA block grant shifted significantly in focus and the Safe and Drug Free Communities and Schools Act was eliminated in 2009. The Governor’s Council was rescinded by Governor Gregoire in 2009 under Executive Order 09-02.
**Current landscape**

**Main Agencies & Prevention Programs**

Following the rise and fall of broad substance abuse prevention in Washington, the state is left with a very different landscape today compared to the years after the passage of the state Omnibus bill of 1989 and the federal Drug Free Schools Act of 1986 when there was more focused attention and funding.

While efforts have changed a lot in scope and scale, there still are numerous programs, campaigns, and services in place among various agencies in Washington State related to preventing the misuse and abuse of certain substances. For the purposes of this brief, this landscape overview focuses on the major work being done by the state agencies that have a significant focus on substance abuse prevention. This is not an exhaustive list of all agencies that do substance abuse prevention, nor does it include every program/service those agencies provide. There are several agencies that do some level of prevention work, but not to the same degree as the main agencies listed below. For example, the Washington Traffic Safety Commission leads DUI enforcement campaigns, the Attorney General’s Office has convened an Opioid Prevention Summit, the Department of Children, Youth & Families operates home visiting programs, and the Office of the Superintendent of Public Instruction operates the Student Assistance Prevention & Intervention Services and the LifeSkills Training programs. These efforts are all clearly identified as prevention efforts being led by an agency.

However, there are three agencies that do the bulk of substance abuse prevention work – Division of Behavioral Health & Recovery under the Health Care Authority, the Department of Health, and the Liquor Cannabis Board. This section will focus on providing an overview of the role these three agencies play in substance abuse prevention. See appendix A for a diagram developed by the Washington State Prevention Enhancement Policy Consortium that gives a more extensive overview, though still not completely comprehensive.

**Division of Behavioral Health & Recovery (DBHR):** DBHR is considered by the federal government to be the single state authority for substance abuse prevention in Washington. DBHR was part of the Department of Social and Health Services until July 1, 2018 when it moved to the Health Care Authority following the passage of HB 1388, which aimed to better align the state’s resources to best support integration of physical and behavioral health services. DBHRs work around substance abuse prevention looks at the full spectrum of prevention, though they have a high focus on youth and young adults, pregnant women, and breastfeeding mothers. DBHR leads statewide initiatives, provides technical assistance, runs the state prevention conference, and maintains The Athena Forum, which is an online resource with best practices and resources for substance abuse and mental health professionals. DBHR also provides support for the Washington Healthy Youth (WHY) coalition, which works to reduce underage drinking and marijuana use. In addition, they support local prevention efforts through government-to-government contracts with tribes for substance abuse prevention, Community Prevention and Wellness Initiative (CPWI) directed at high needs communities, and grants for community-based organizations to do prevention
Funding for DBHR’s substance abuse prevention work is primarily federal funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), federal opioid grants, and grants from the U.S. Office of Juvenile Justice and Delinquency Prevention to operate the WHY coalition. There are some state funds for local services and some funding comes in from the Dedicated Marijuana Account (DMA), which must be directed specifically to marijuana and vape prevention.

**Department of Health (DOH):** The work done by DOH relating to general substance abuse prevention is largely focused on education including parent-to-kid conversations, pregnant women, consumer education (with a focus on parents and kids), and public media campaigns. DOH’s substance abuse prevention work also includes content-specific areas, including the Tobacco and Vapor Product Prevention and Control Program, prescription overdose prevention, enhanced surveillance for opioid overdose, and prevention and education of marijuana use by youth. Funding for DOH’s prevention work is primarily federal funding from the CDC and opioid grants. There are some state funds that have been allocated for the tobacco prevention program, and there are also funds from the Dedicated Marijuana Account (DMA), which must be directed specifically to marijuana and vape prevention.

**Liquor Cannabis Board (LCB):** While the LCB is largely viewed as being responsible for enforcement relating to alcohol and marijuana, they also support prevention efforts related to the substances they regulate. Specifically, LCB works to prevent youth use and adult misuse/harm reduction. This work is done through consumer education (largely focused on adults), working with the alcohol and marijuana industries, and linking in with the broader prevention community. LCB gets funding from the Dedicated Marijuana Account and from alcohol tax revenue and licensing fees.

**Main Funding Sources**

Efforts to prevent substance misuse and abuse in Washington is supported by a braiding of federal, state, and sometimes local dollars. With few exceptions, the majority of the funding streams currently in place are directed to specific substances rather than broad substance abuse prevention.

**Federal Funding:** The bulk of substance abuse prevention work in Washington is funded with federal dollars. The examples below do not provide an exhaustive list of all federal funding coming into Washington for substance abuse prevention, but rather a sampling of the range of federal funding provided. Examples of federal dollars coming into Washington for substance abuse prevention includes:

- Funds from the Centers for Disease Control & Prevention (CDC) for the state Quitline, tobacco control grants, and the Prescription Monitoring Program;
- Funding from SAMHSA that includes the Substance Abuse Prevention and Treatment block grant, the State Targeted Response to the Opioid Crisis (STR) grant, and the State Opioid Response (SOR) grant;
- Grant funds from the Bureau of Justice related to the Prescription Monitoring Program;
- Funding for the targeted areas designated under the High Impact Drug Trafficking Areas (HIDTA);
- Drug-Free Communities Support Program; and
- Grants from the U.S. Office of Juvenile Justice and Delinquency Prevention to operate the WHY coalition.

**Revenue from Initiative 502/Dedicated Marijuana Account (DMA):** Initiative 502, which legalized and taxed recreational marijuana in Washington state, specifically directed how the revenue was to be spent. Revenue from I-502 must first be provided to LCB for administration, DSHS for the Healthy Youth Survey, the WA State Institute for Public Policy to conduct a cost-benefit evaluation and produce four reports from September 2015 through September 2032, and the University of Washington Alcohol and Drug Abuse Institute to create, maintain, and update web-based public education materials with scientifically accurate information about the health and safety risks of marijuana use. After all of those pieces were funded, the remaining revenue is directed to other specific programs including, but not limited to, up to 15% to DBHR to implement and maintain programs and practices aimed at preventing or reducing substance abuse and dependence among middle and high school age students (at least 85% of these funds must be directed to evidence-based programs; 15% of funds may be directed to research-based or emerging best practices or promising practices); and up to 10% to DOH to create, implement, operate and manage a marijuana education and public health program. Recent estimates show that about 8% of funding from I-502 is going to prevention and treatment efforts and 3% for marijuana education and youth prevention programs. Some funding also goes to local jurisdictions for enforcement.

**Alcohol Taxes & Fees:** revenue from the state spirits sales tax, spirits liter tax, and licensing fees help fund operations at the LCB. While the money is not specifically directed to prevention, it helps fund staff who do prevention work as part of their job.

**Other State Appropriations:** There is some funding from the state general fund that is directed to substance use prevention including funding for the tobacco prevention program and opioid prevention.

Of note, there is significant revenue that comes into Washington State from the Tobacco Master Settlement Agreement as well as tobacco taxes and fees. These revenues, which total $563 million per year, are directed into the state general fund and are not specifically directed to tobacco (or other substance use) prevention. Of the tobacco-related revenue brought into Washington, the state only spent $1.5 million on tobacco prevention in 2019.

**Coordination Efforts**
While historically there have been substantial cross-agency and cross-substance coordination efforts, especially following the passage of the Omnibus Alcohol and Controlled Substances Act
of 1989 and the establishment of the Governor's Council on Substance Abuse, such collaboration dwindled after funding was shifted or cut and the Governor’s Council rescinded. In an effort to re-establish cross-agency collaboration related to substance abuse prevention, federal funding from SAMHSA was secured in 2012 to develop a 5-year Washington State Prevention Strategic Plan. The State Prevention Enhancement (SPE) Consortium was convened to develop and implement the plan. The goal of the Consortium is to work through partnerships to ‘strengthen and support an integrated, statewide system of community-driven substance abuse prevention, mental health promotion, and related issues.’ The Consortium is made up of 26 state and tribal agencies and community organizations. The Consortium meets on a biweekly bases and recently completed an updated Five-Year Strategic Plan in November 2017.

**Analysis of Current Landscape**
The substance abuse prevention landscape has clearly shifted significantly over the past three decades. When looking at the current landscape, there are targeted efforts relating to opioid prevention. There is funding and supports going to marijuana and vape prevention under Initiative 502. There is also some efforts and funding going to alcohol and tobacco misuse and abuse such as the WHY coalition. The tobacco prevention and cessation funding is almost all federal dollars with minimal state dollars being directed toward prevention. The Community Prevention and Wellness Initiative (CPWI) is one of the few remaining broad substance abuse prevention programs, though it is specifically focused on high needs communities rather than broader population prevention.

When looking at what is funded and what isn’t, it is clear that the approach to substance abuse prevention has shifted to largely being substance-specific. In addition, funding is mainly focused on substances that have reached a crisis point, like opioids, or have a dedicated revenue source, like marijuana. There is no funding available for broad prevention efforts, or even addressing substances that are on the rise. For example, there is current data that suggests methamphetamine use is on the rise in some Washington counties, but there is little to no funding available for prevention efforts related to meth.

As a result of such segmented funding and very little broad substance abuse funding or focus, there has also been a significant reduction in the number of organizations and stakeholders who are engaged in advocating for broad substance abuse prevention. This has led to there being very minimal discussion in the legislature about broader substance abuse prevention. State bills and funding in recent sessions have continued to remain focused on single substances.

This analysis is not asserting that there is no need for substance-specific prevention efforts. Washington is in the midst of an opioid epidemic that needs clear and dedicated strategies to address it. There is also significant revenue coming into the state from specific substances including marijuana, tobacco, vape and alcohol revenue, and ongoing funding from the Tobacco Master Settlement Agreement. Stakeholders and advocates who are focused on these substances are dedicated to securing and sustaining adequate funding directed from these revenue streams to prevention efforts. However, there is also a real need to dedicate resources
to broader substance abuse prevention efforts. To have a holistic approach to substance abuse prevention, there needs to be a blending of both broad prevention that crosses substances, such as public awareness, community mobilization and youth education, while also engaging and supporting substance-specific work.

Finally, relating to coordination efforts, while the State Prevention Enhancement Consortium serves as a good opportunity for agencies and some organizations to share what work they are respectively doing related to substance abuse prevention, its purpose is focused on programmatic information sharing and networking, and participants are largely agency staff. In addition to the programmatic coordination of this group, there is also a need for creating a space for broader substance abuse prevention strategizing that involves players such as legislators, the Governor’s office, advocates, and state agencies.

**Policy Recommendations**
There are several opportunities for increasing collaboration and improving substance abuse prevention efforts in Washington, especially for looking at broad substance abuse prevention approaches.

**Substance Abuse Prevention Work Group**
One policy option that could be considered is establishing an ongoing working group comprised of state legislators, state agencies, and stakeholders with the goals of collaborating around existing efforts, identifying gaps in the broader prevention landscape, and making recommendations to the legislature regarding funding and policy changes needed to address those gaps. The former Governor’s Council on Substance Abuse helped provide a space for discussions around substance abuse prevention for a number of years, including producing regular policy and funding recommendation to the Governor in an effort to guide policy and budget priorities. Creating a new working group with a renewed focus on broader substance abuse prevention could re-engage decision makers, stakeholders, and agencies into strategizing around how the state can work towards holistic and broad prevention, while also increasing collaboration and coordination around specific substances.

**Secure Funding for Broad Substance Abuse Efforts**
Another approach to consider is to ensure that in addition to funding for substance-specific programs, there are also initiatives that focus on broad substance abuse prevention such as the programs that have historically been funded like community mobilization. Having efforts focused on specific substances, especially those that have reached a crisis point, is very important. But there is also a clear need for state agencies and community partners to have complementary resources so there can be messaging, outreach, training, and other prevention efforts that are broader in messaging and also flexible so they can be targeted on emerging problems.
Appendix A – Additional Background on Significant Substance Abuse Prevention Milestones

**U.S. Drug-Free Schools and Communities Act of 1986**: This federal law launched drug prevention policy formation and school and community drug prevention programs nationwide by establishing a federal grant program with funds being distributed out to states for drug prevention activities. In order to receive the federal funds, local educational agencies were **required** to certify that it had in place a drug and alcohol abuse prevention program for its students and employees which meets specified minimum requirements.

**Omnibus Alcohol and Controlled Substances Act of 1989** (*HB 1793*): This bill included new regulations related to a broad range of substance use issues, including those related to law enforcement, criminal penalties, treatment, and prevention. Specific to prevention, the bill established and funded community mobilization programs and drug and alcohol abuse prevention and early intervention in schools. The bill funded the newly established programs through new taxes on wine, beer, spirits, cigarettes, and syrup (soda). It initiated a movement of community-driven efforts at the local level, as well as statewide collaboration amongst agencies and stakeholders that were coordinated by the newly created position drug czar. The bill was viewed by supporters as a well-balanced approach to the serious and growing problems of drug and alcohol abuse.

**Violence Reduction & Drug Enforcement Account (VRDE)**: Established under the Omnibus Alcohol and Controlled Substances Act of 1989, the VRDE account was where new revenue established under the Omnibus Act was deposited. From there, funds from the VRDE were directed out to the various programs established under the bill, including those related to prevention. The taxes were reauthorized under *HB 2319* and then permanently reauthorized through **Referendum 43** in 1994. However, while the taxes largely remained in place (the soda syrup tax got an exemption after the referendum passed), the account was itself was abolished in 2009 under **SB 5073** and all revenue was swept and redirected to the general fund. This diversion of funds led to significant funding cuts for the prevention programs established under the Omnibus Act of 1989.

**Governor’s Council on Substance Abuse**: Through **Executive Order 89-02**, Governor Booth Gardner established the Governor’s Council on Substance Abuse with the goal of emphasizing communities working in partnership with government, private industry, schools and law enforcement to minimize the causes and impacts of substance abuse through coordinated and innovative strategies. The Council was reestablished three additional times through **Executive Order 91-03**, **Executive Order 94-09**, and **Executive Order 95-01**. The Council was directed to: develop recommendations for a state and local strategy on substance abuse, advise the Governor on substance abuse issues, review and develop recommendations regarding state, local, and federal funding of substance abuse programs, consult with and advise the Family Policy Council on substance abuse issues, and provide policy recommendations to state agencies on alcohol and other drug issues. The Council was ultimately rescinded, along with 48 other council and committees deemed ‘unnecessary’, by Governor Gregoire in 2009 under **Executive Order 09-02**.
U.S. Drug-Free Schools Act of 1997: Among other things, the U.S. Drug-Free Communities Act of 1997 established drug-free communities grant program to ‘support communities in the development and implementation of comprehensive, long-term plans and programs to prevent and treat substance abuse among youth.’ This provided significant funding to states to lead community-driven substance abuse efforts.
Appendix B – Substance Abuse Prevention Resources and Efforts in Washington

The diagram below provides an overview of the state-level agencies and organizations and their specific programs that focus on substance abuse prevention and mental health promotion. While there are likely other partners and agencies who are not captured in this diagram, it provides a significant representation of much of the substance abuse prevention underway in Washington. These substance abuse prevention resources and efforts can also be viewed in list form on pages 86-89 of the Substance Abuse Prevention and Mental Health Promotion Five-Year Strategic Plan (November 2017).

This diagram shows the state-level agencies/organizations and their specific programs that focus on substance abuse prevention and mental health promotion. As of September, 2017


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