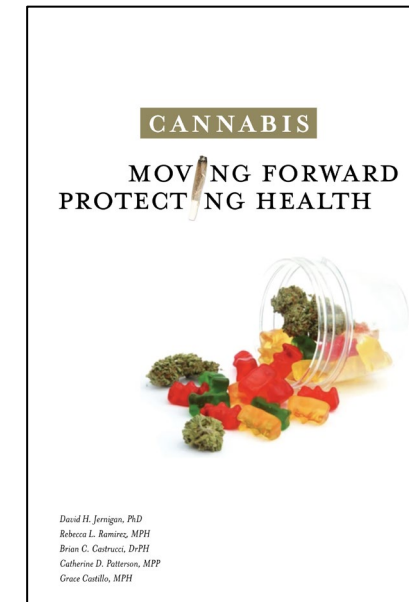
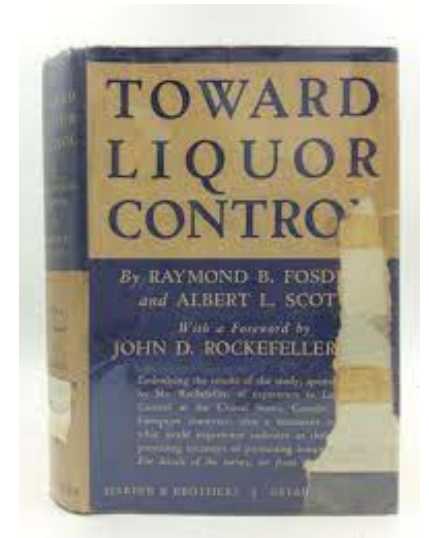


# Cannabis: Policies to Protect Health

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# Background

- *Toward Liquor Control* – provided guidance for states in the 1930s for alcohol regulation
- Need for strong evidence-based public health voice on cannabis
- de Beaumont Foundation commissioned comprehensive report on cannabis regulation and promising public health-focused policy options
- Does NOT take a position on legalization
- Published by APHA Press



# Methods

- Massive literature searches
- Valid through 2020
  - Literature is a moving target
- Trying to learn from alcohol, tobacco and other countries

# Issues

- Marijuana products available today have incredibly high THC content, but are advertised as medicine, causing people to believe they are safe (Bidwell et al., 2021).
- Instances of accidental ingestion by children are up from 200 in 2017 to over 3,000 in 2021, an increase of 1,375%.
- Marijuana use is associated with traffic fatalities, psychosis, suicide, violence, depression, mania, maternal-fetal harms, and addiction (Mohiuddin, 2021).
- Marijuana use changes the structure of the brain. Heavy, lifelong use can result in IQ loss (Hill & Hsu, 2022).
- Marijuana use can also lead to intractable vomiting (Cannabis Hyperemesis Syndrome, Rhia, et al., 2023).

# Issues (Cont.)

- Although the marijuana industry markets and heavily advertises high THC products as medicine, there has been absolutely no research supporting the use of wax, shatter or high THC vape oil for any medical purposes. This has caused both youth and adults to believe these products are safe.
- A study in the Journal of Pediatrics found that instances of children under the age of six accidentally ingesting marijuana jumped 1,375% from 2017 to 2021, climbing from 200 per year to more than 3,000 per year (Marit et al., 2023).
- Furthermore, marijuana users are 25% more likely to need emergency care and hospitalization (Vozoris et al., 2022).
- Safety is a major concern as traffic fatalities, psychosis, suicide, violence, depression, mania, maternal-fetal harms, and addiction have been associated with the use of botanical marijuana (Mohiuddin et al, 2021).

# Who is consuming most of the cannabis?

“It is the daily and near-daily cannabis users which account for about 20% of past year users and about 80% of expenditures.”

Source: Kilmer, B. How will cannabis legalization affect health, safety, and social equity outcomes? It largely depends on the 14 Ps. *The American Journal of Drug and Alcohol Abuse*, 2019.

# Public health goals for a cannabis regulatory system

1. Preventing youth cannabis use;
2. Controlling the prevalence, frequency, and intensity of cannabis use;
3. Reducing cannabis-related harms to individuals and communities;
4. Ensuring accurate information about the risks of cannabis use; and
5. Minimizing the influence of the cannabis industry and the profit motive in setting cannabis policies.

# Elements to consider IF states legalize:

- Products
  - Packaging and labeling
- Physical availability
- Promotions/marketing

- Prices/taxes
- Social justice
- Enforcement
- Surveillance systems



# Key lessons from alcohol and tobacco

- Establish independent regulated tiers (production/cultivation, product processing/packaging, wholesaling/distribution, and retailing)
- Enable local control
- Keep businesses small and diverse
- Take steps to prevent industry influence, including
  - Restricting industry members from sitting on any government body, committee, or advisory group
  - Separating administrative authority (e.g. the power to grant licenses) from enforcement of actions regarding those licenses, to prevent regulatory capture.

# The profit problem

“To be profitable, most firms will need to maintain and encourage heavy use which could have serious implications for rates of cannabis use disorder and other public health outcomes.”

Source: Kilmer, B. How will cannabis legalization affect health, safety, and social equity outcomes? It largely depends on the 14 Ps. *The American Journal of Drug and Alcohol Abuse*, 2019.

# The Cannabis Market

- Worldwide:\$68.5 billion in spending in medical and nonmedical markets projected for 2025
  - \$45.3 billion in the United States alone
  - These are not just small “mom and pop” cannabis producers and retailers – two largest companies in the US have market caps of \$3.33 and \$3.13 billion;
- Big insurance is waiting in the wings: they anticipate 10X the insurance sales once cannabis legal at federal level

# Products: Policy Recommendations

- Prohibit concentrates.
- Prohibit any products that contain alcohol or tobacco.
- Establishing a THC ceiling of 15%.
- If high-potency products allowed, regulate and make available separately, for instance through government-controlled stores with purchasing requirements and safety standards.
- Establishing a minimum CBD-to-THC ratio with flexibility to alter this as research emerges.
- Ban edibles and drinkables, or follow Canada's example and phase in sale of edibles after legalization of cannabis for nonmedical use if they are not already available.
- If edibles are allowed, prohibit their sale in outlets within 1,500 feet of schools, a more stringent prohibition than for outlets that do not sell edibles.
- Prohibit any product deemed to be “appealing to children.”
- Prohibit free giveaways of products or branded items.

# Products: Packaging Policy Options

- Require child-proof or child-resistant packaging.
- Require on all product packaging rotating and specific health and safety warnings that cover at least 30% and ideally 50% or more of a package's principal display area.
- Require plain packaging (i.e., no branding).
- Require clearly visible labels that list percent concentration and THC/CBD ratio.
- Require labeling that indicates whether pesticides were used in cultivation of product.

# Physical Availability: Policy Recommendations

- Minimum purchase age laws: 21+
  - No one under 21 employed in cannabis businesses
  - Sanctions for underage purchasers civil not criminal; primary enforcement on the outlets not the youth
- Local control, including zoning powers, proximity buffers, controls over outlet density
- Ensure that cannabis businesses are equitably distributed
- Population-based caps on the number of cannabis outlets
- At least a 1,000- foot buffer zone from sensitive land uses
- Ensure that zoning restrictions and proximity buffers equitably distribute cannabis businesses through a community
- Ban home delivery, or give localities the option to do so
- Include cannabis provisions in social host laws
- Enforcement is important!

# Marketing: Policy Recommendations

- Remove, at the state level, tax deductibility of marketing expenses for cannabis
- Focus restrictions on marketing content and placement on what is *allowed* instead of what is prohibited
- Restrict advertising to media and events where the audiences contain 15% or fewer youth under 21, roughly the percentage of 12-20 year-olds in the general population
- Create a state cannabis scientific advisory board to review the scientific literature in order to approve/reject health claims and ads that could be appealing to youth
- Use a portion of cannabis revenues to fund counter-advertising/marketing campaigns
- Fund a robust marketing monitoring system
- Enable strong administrative penalties for marketing violations

# Prices/Taxes: Recommendations

- Cannabis taxes should be set high enough to increase prices post-legalization, more than countering the drop in price likely to occur in the wake of legalization.
- Taxes should be based on potency to discourage excessive consumption, and automatically adjust for inflation.
- Minimum pricing, minimum markup, and tax floor policies should be implemented.
- Price promotions, bulk purchases, coupons, and bundling of products with services should be prohibited.
- Cannabis taxes should generate sufficient revenue to provide adequate funding to support:
  - A robust cannabis control agency to evaluate the health and safety impact of legalization
  - State and local as well as mass-reach interventions, substance use prevention, cessation and treatment, counter-marketing, surveillance, and evaluation.

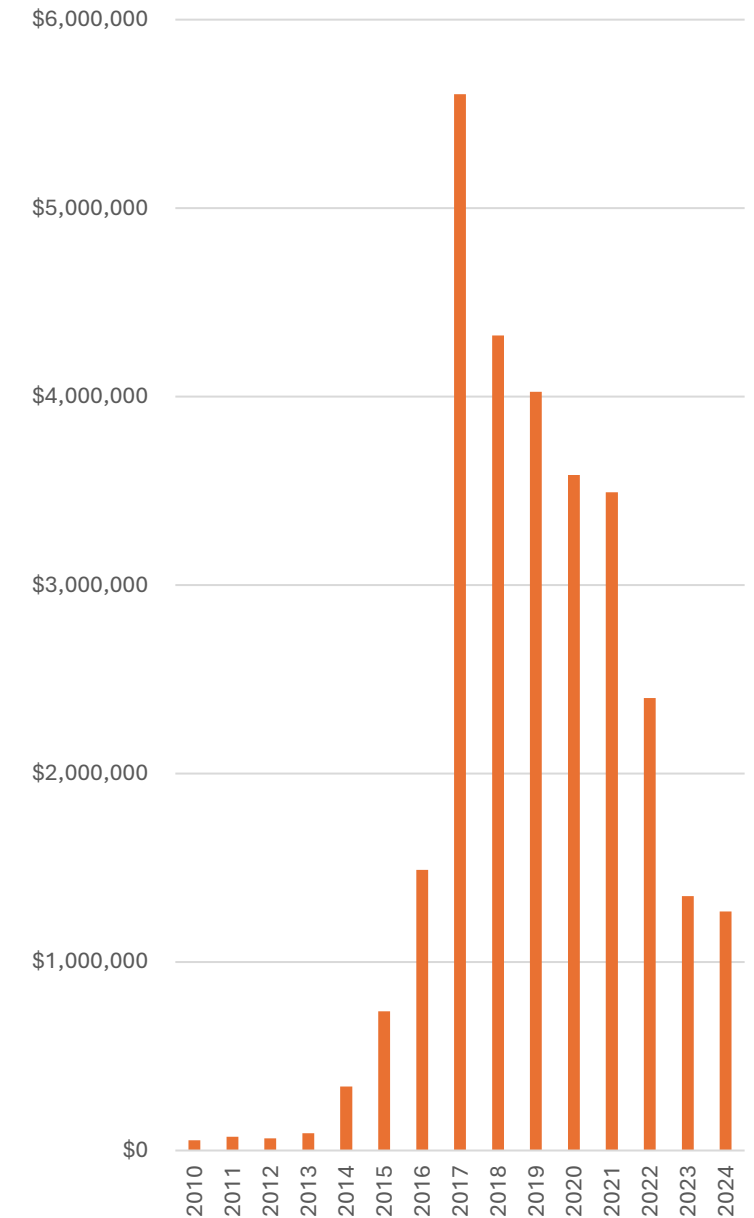


# Prices/Taxes: Recommendations

- Cannabis tax regimes need to be flexible in order to respond to and influence patterns of initiation and consumption.
- The tax administration structure should be efficient and facilitate ease of tax collection, possibly by collecting taxes at the producer, cultivator, or wholesale level instead of at the retail level.
- The structure should also allow for flexibility, free from industry influence, to adapt tax rates as more information becomes available on product-related harms.

# In summary

- We have gotten a lot wrong in how we have made cannabis more available.
- We have not learned the lessons of alcohol and tobacco:
  - Don't let the industry get big
    - Marijuana businesses have donated \$28.9 million to state legislatures since 2010
  - Donations to Congress are also substantial
  - 52 registered lobbyists in DC



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