Health **Policy** Brief

Tobacco, alcohol and health series

Implications for future **cannabis** policy

Ohioans across the state have a shared interest in drug policy that protects young people, prevents addiction, treats adults fairly and avoids unintended consequences.

As recreational cannabis legalization emerges as a key policy issue, Ohio policymakers have an opportunity to develop a new regulatory framework that is informed by the successes and failures of tobacco and alcohol control policy. Decades of research on tobacco and alcohol provide evidence for approaches that are most effective to reduce the harms caused by these legal drugs.

This policy brief lays the groundwork for future cannabis policy discussions by:

- Highlighting what works to reduce tobacco and excessive alcohol use
- Describing recent and upcoming tobacco, alcohol and cannabis policy changes
- Applying lessons learned from tobacco and alcohol to inform equitable and effective cannabis regulation in the future (see figure 1)

3 key findings for policymakers

- **We know what works to reduce tobacco and alcohol dependence.** Decades of research have contributed to a strong understanding of what works to prevent youth substance use and protect communities from secondhand smoke exposure, drunk driving, cancer and other harms.
- **Tobacco and alcohol policies and outcomes have implications for future cannabis policy.** Lessons learned from tobacco and alcohol policy can inform an equitable and effective approach to future drug policy, including recreational cannabis regulation.
- **Now is the time to set clear policy goals on legal drugs.** Evidence-based approaches to cannabis, tobacco and alcohol policy are needed to improve health, decrease disparities and control healthcare spending.

Figure 1. **Taking action to apply lessons learned from tobacco and alcohol to recreational cannabis policy**

Policy goals *Proposed cannabis policies should be assessed for their potential to achieve these goals:*	**Policy actions** *Policymakers can design effective laws, rules, regulations and programs in the following areas:*
Protect youth health and brain development	• Youth access and age restrictions • Education and media campaigns • Taxation, fees and pricing • Marketing restrictions • Retail sales restrictions • Product control (cultivation, potency, packaging and distribution) • Public safety (including vehicle operation) • Healthcare services (substance use disorder treatment access and financing) • Data and evaluation
Minimize harms and protect public safety	
Promote equity and justice (increased economic opportunity and decreased incarceration)	
Reinvest tax revenue in prevention, treatment and recovery	

Why is action needed now?

While policymakers have primarily focused on opioids and the drug overdose crisis, recent trends and policy debates are driving increased interest in tobacco, alcohol and cannabis policy as well. These include:

Vaping and youth. Over the past decade, there has been a proliferation of different types of e-cigarettes and flavored vaping products, often marketed to young people. This rapidly changing landscape means that policymakers must be proactive to keep addictive nicotine products out of reach for adolescents, whose brains are still developing. While several decisions of the U.S. Food and Drug Administration (FDA) are pending, state and local policymakers have options to protect young people from tobacco company marketing and deter easy access to addictive products.

Tobacco-related deaths and healthcare spending. An estimated 20,887 Ohioans died as a result of cigarette smoking in 2014.[1] Tobacco use is also a significant healthcare cost driver, and reducing Ohio's high adult smoking rate would lower Medicaid spending.[2]

Alcohol-related deaths. A rise in alcohol-related deaths and growing awareness of the dangers of hazing emphasize the importance of reducing excessive drinking. The economic pressures and social isolation of the COVID-19 pandemic likely worsened upward trends in alcohol consumption.

Cannabis. It is likely that Ohio voters and policymakers will face decisions about cannabis in 2022. The Ohio Attorney General approved a recreational cannabis legalization initiative for the November 2022 ballot. The General Assembly may also act; legislators recently introduced bills to legalize recreational use and to expand Ohio's Medical Marijuana Control Program. If recreational use is legalized, as it has been in 17 other states, Ohio leaders will need to develop new rules and regulations. Advocates are calling for "marijuana to be regulated like alcohol."

Policymakers should therefore examine the health and cost implications of current alcohol and tobacco regulations, and consider what an equitable and effective approach to cannabis policy could look like.

Terms used in this brief

The term "tobacco" in this brief refers to **commercial tobacco**, not traditional tobacco, which is harvested and used by Native Americans and Alaska Natives for ceremonial and medicinal purposes.[3] Additional terms include:

- **Cannabis:** An herb from the hemp family that produces a psychoactive chemical, THC, and can be smoked, vaped or ingested for an intoxicating effect (also known as marijuana, or marihuana in Ohio Revised Code). This brief uses the scientific term, cannabis, instead of the colloquial word, marijuana, to avoid anti-immigrant sentiment historically associated with that word.[4]
- **Excessive alcohol use:** This includes binge drinking, heavy drinking, any alcohol use by individuals under the age of 21 years (minimum legal drinking age) and any alcohol use by pregnant women.[5]
  - **Binge drinking:** A pattern of alcohol use that brings blood alcohol concentration levels to 0.08% or more. This is usually defined as consuming four drinks or more for women and five drinks or more for men on a single occasion, generally within about two hours.[6]
  - **Heavy drinking:** Consuming eight drinks or more per week for women and 15 drinks or more per week for men.[7]
- **Tobacco products:** Broad range of commercial products that contain nicotine, including combustible cigarettes, cigars, cigarillos, hookah, little cigars, smokeless tobacco (dip, chew) and e-cigarettes.
- **E-cigarettes:** Battery-operated devices that produce aerosols that are inhaled. Also referred to as Electronic Nicotine Delivery Systems (ENDS), e-cigs, e-hookahs, mods, vape pens, vapes and tank systems.[8]

What works to reduce tobacco and alcohol-related harms?

Decades of research have contributed to a strong evidence base of what works to reduce tobacco and excessive alcohol use, as well as related harms such as secondhand smoke exposure and alcohol-impaired driving. Figure 2 on page 4 outlines eight types of policy approaches and examples of specific strategies proven to improve outcomes. The categories in this policy framework—such as youth access, age restrictions and public safety—could also be applied to recreational cannabis policy.[9] For a detailed list of effective policies and programs, see the **What Works to Reduce Tobacco and Excessive Alcohol Use** evidence matrix.

Ohio's performance on the evidence-based approaches in figure 2 has been mixed, leaving policy gaps in tobacco and excessive alcohol use prevention that lead to illness, injury and death (see box). Public and private partners at the state and local levels have opportunities to strengthen implementation of effective approaches. See the **sector roles matrix** for more information about the role of different levels of government and types of organizations.

Strengths and gaps of Ohio's tobacco and alcohol policies

The **American Lung Association**, **Preventing Tobacco Addiction Foundation** and **Centers for Disease Control and Prevention** scorecards identify areas where Ohio's policies align with evidence about what works to prevent tobacco and excessive alcohol use, as well as areas that need improvement[10]:

	Strengths	Gaps
Tobacco	• Comprehensive smoke-free workplace law that includes e-cigarettes • Tobacco 21 law includes comprehensive definition of tobacco and nicotine products	• Low tobacco prevention and cessation funding • Low tobacco taxes • No restrictions on flavored tobacco products • Limited Tobacco 21 enforcement and tobacco retail licensing
Alcohol	• Ignition interlocks required for repeat offenders convicted of alcohol-impaired driving	• Low beer and wine taxes

From 2000 to 2008, Ohio's Tobacco Use Prevention and Control Foundation invested funding from the 1998 Master Settlement Agreement with tobacco companies to support prevention and cessation activities across the state. Adult smoking rates decreased during that time, and Ohio became one of the first states in the Midwest to implement a smoke-free workplace law.

When the foundation was eliminated in 2008, Ohio's investments in tobacco prevention and cessation plummeted. By 2019, only three other states had a higher adult smoking rate than Ohio.[11] The following briefs provide more information about the history of tobacco prevention in Ohio and the diversion of Master Settlement Agreement funds:

- **The state of tobacco use prevention and cessation in Ohio**, Health Policy Institute of Ohio
- **Ohio's tobacco master settlement agreement: History, lessons learned and considerations for Ohio**, Center for Community Solutions

Figure 2. **Effective policy options to reduce tobacco and alcohol-related harms**

Policy approaches	Examples of effective strategies*
Youth access and age restrictions	• Enhanced enforcement of laws prohibiting sales of tobacco** and alcohol to people under age 21 ●●
Education and media campaigns	• Mass media campaigns focused on youth tobacco/nicotine prevention, cessation, secondhand smoke ●● • Mass media campaigns focused on alcohol-impaired driving • School-based tobacco and alcohol prevention skill-building programs ●
Taxation, fees and pricing	• Increased tobacco and alcohol taxes ●●● • Restrictions on price discounting tactics ●
Marketing restrictions	• Restrictions on point-of-sale tobacco advertising, including marketing of flavored products ●● • Restrictions on outdoor alcohol advertising in school zones ●
Retail sales restrictions	• Tobacco retail licensing** ●● • Tobacco retailer location restrictions** • Restrictions on sales of menthol and other flavored tobacco products ● • Regulation of alcohol outlet density ●●
Healthcare services (cessation/treatment access and financing)	• Tobacco cessation therapy affordability, such as monitoring and enforcement of health insurance compliance with cessation coverage requirements ●●●● • Healthcare provider reminder systems for tobacco cessation ●● • Tobacco quitlines, including text messaging and internet-based options ●●●● • Alcohol brief interventions, such as Screening Brief Intervention and Referral to Treatment (SBIRT) ●
Public safety (secondhand smoke exposure and impaired driving)	• Smoke-free policies ●●● • Ignition interlocks for alcohol-impaired driving
Funding for state-level comprehensive prevention and control program, including data and evaluation	• Funding for state-level comprehensive tobacco control program at level recommended by the Centers for Disease Control and Prevention (CDC) ● • Evaluation of policies and programs to reduce tobacco and alcohol-related harms ●●●

Outcomes

- Prevent youth tobacco/nicotine and alcohol use
- Reduce tobacco/nicotine use and excessive alcohol use
- Increase access to effective treatment for nicotine and alcohol addiction
- Reduce secondhand smoke exposure
- Reduce alcohol-impaired driving and alcohol-related violence
- Decrease disparities in tobacco and excessive alcohol use***
- Decrease inequities in marketing exposure, retail density and treatment access***

Key:

- ● Equity strategy (rated by What Works for Health as likely to reduce disparities)
- ● Included in **2020-2025 Tobacco Free Ohio Alliance Strategic Plan**
- ● Included in **2020-2022 State Health Improvement Plan**
- ● Included in **2021-2030 Ohio Cancer Control Plan**

* These strategies are recommended by the **Community Guide** with "strong" or "sufficient evidence" and/or rated by **What Works for Health** as "scientifically supported" or "some evidence." For a detailed list of effective tobacco and alcohol policies, see HPIO's **What Works matrix**.
** Rated "expert opinion" by What Works for Health. Minimum tobacco age laws (Tobacco 21) was last reviewed in 2016. Tobacco retailer licensing was last reviewed in 2018. Tobacco retailer location restrictions was last reviewed in 2021.
*** Disparities are avoidable differences in health outcomes. Inequities are the differences in outcomes related to the distribution of or access to social, economic, environmental or healthcare resources, which are the underlying drivers of disparities.

Recent policy trends

While some federal, state and local-level policy changes in recent years have been positive, others may be detrimental to health, equity and healthcare spending. This section provides a brief summary of policy issues most relevant to policymakers as Ohio considers the legalization and regulation of recreational cannabis.

Tobacco

Tobacco 21. Following the lead of several municipalities, Ohio passed a Tobacco 21 law in 2019, increasing the legal age of sale for tobacco products (including e-cigarettes) to 21 statewide. Many local communities are working to maximize the effectiveness of this policy change through strong enforcement and development of tobacco retail licensing programs.

Vaping and flavors. Concerns about an outbreak of vaping-related lung injuries in 2019[12], youth use of flavored products and aggressive marketing of menthol cigarettes to communities of color have led federal, state and local public health leaders to focus on regulating flavored products. FDA decisions about menthol cigarettes and e-cigarettes are underway[13] and could be challenged in court. In the meantime, several states and cities have moved forward with restrictions on flavored products, including flavored e-cigarette restrictions in two Ohio communities (Toledo and Bexley).[14]

Medicaid and tobacco cessation. Given the high rate of smoking among Ohio Medicaid enrollees (see page 9), the Ohio Department of Medicaid and managed care plans can play an important role to ensure that enrollees are aware of Medicaid's comprehensive coverage of cessation medications and counseling, and that healthcare providers are incentivized to provide effective cessation services. Tobacco use screening and cessation is included as an optional clinical quality metric for Ohio's **Comprehensive Primary Care** initiative, although more can be done to increase accountability for payers and providers.

Alcohol

Access expansions. Many recent policies have increased access to alcohol, instead of investing in prevention and treatment for alcohol use disorder. During the 133rd General Assembly (2019-2020), several new laws were passed expanding alcohol access and increasing Ohio's economic interest in alcohol sales. For example, recent Ohio laws have:

- Increased the number of outdoor refreshment areas (designated boundaries where patrons ages 21 and older can purchase and drink an alcoholic beverage while they walk between establishments) that may be created in a municipal corporation or township (HB 160)
- Allowed certain permit holders to sell alcoholic ice cream in Ohio (HB 160)
- Allowed bars and restaurants to sell to-go alcohol beverages in sealed, covered containers and exempted delivery of these to-go drinks from open container laws (HB 669)
- Expanded the area in which a person can drink beer or liquor that they have purchased within a public airport (HB 674)

Hazing. State policymakers have become concerned about hazing on college campuses, including related binge drinking and coerced consumption of alcohol. In 2021, the Ohio General Assembly passed Senate Bill 126—Collin's Law—which expands the criminal definition of "hazing" to include coercing individuals to consume alcohol or other drugs. The law also increases the penalty for hazing to a second-degree misdemeanor.

Cannabis

Medical cannabis. In 2016, the Ohio General Assembly passed House Bill 523, creating the **Ohio Medical Marijuana Control Program**. This program allows people with **qualifying medical conditions** (such as cancer, epilepsy, chronic pain and post-traumatic stress disorder) to purchase and use cannabis products, upon the recommendation of a physician certified by the State Medical Board. As of September 2021, there are 27 licensed **cultivators**, 57 **dispensaries** and 202,666 registered patients in the state.[15]

The Ohio Board of Pharmacy plans to award an additional 73 dispensary licenses in the coming months, and there has been ongoing discussion about how to incorporate equity considerations into the application review process.[16] During the first round of cultivator and dispensary license awards in 2017-2018, House Bill 523 required 15% of those licenses to go to businesses owned by "members of one of the following economically disadvantaged groups: Blacks or African Americans, American Indians, Hispanics or Latinos, and Asians."[17] That provision of the law was found unconstitutional by the Franklin County Court of Common Pleas in 2018.[18] The Board of Pharmacy and legislators are currently considering other options for advancing equity in Ohio's medical cannabis industry, which may become increasingly profitable.[19]

In November 2021, Senator Huffman introduced Senate Bill 261, which would expand Ohio's Medical Marijuana Control Program. The bill would create additional qualifying medical conditions for cannabis use and allow physicians to recommend medical cannabis for any condition if they reasonably expect a patient to benefit from cannabis use. The bill would also increase the cultivation of cannabis in Ohio and allow increased advertisement of medical cannabis, among other expansions.

Recreational cannabis. Since the legalization of medical cannabis in Ohio, there has been interest from policymakers and advocates in legalizing recreational cannabis as well. In August 2021, the **Coalition to Regulate Marijuana Like Alcohol** submitted a ballot initiative to "Control and Regulate Adult Use Cannabis", which was approved by the Ohio Attorney General for the November 2022 ballot. Simultaneously, Ohio Representatives Weinstein and Upchurch have sponsored legislation to "allow for the cultivation and possession of marihuana" (House Bill 382). The bill has been referred to the House Finance Committee for hearings.

For more information and a comparison of the recreational cannabis proposals currently being considered in Ohio, see the Drug Enforcement and Policy Center's "**A Comparison of Marijuana Reform Proposals in Ohio**."

What lessons can be learned from current tobacco and alcohol policy to inform future cannabis regulation?

As Ohio voters and policymakers consider legalizing and regulating recreational cannabis, the following lessons learned from decades of tobacco and alcohol policy can help Ohio avoid past missteps:

1. **Easy access and low prices lead to higher consumption**. Well-designed access, price and tax policies can reduce consumption, prevent downstream harms and save lives (see retail sales restrictions, taxation and pricing strategies in figure 2).

2. **Product types and marketing tactics change more quickly than public health data systems can monitor drug use trends**. Vigilant monitoring, timely data collection and proactive regulation are needed to protect youth from potentially dangerous emerging products and aggressive marketing tactics.

3. **Excise tax revenue has not been used for addiction prevention.** Alcohol and tobacco excise tax revenue is used to support the state's general operating budget, and funding from the Tobacco Master Settlement was diverted away from tobacco prevention and cessation. Strong protections are needed to make sure future tax and settlement revenues are re-invested in prevention and treatment.

4. **Designating a drug as legal may lead the public to assume it is not harmful to health**. Alcohol, for example, is widely perceived as safe for most adults despite links to cancer and heart disease. Effective public education about the relative health risks of cannabis, tobacco and alcohol is needed so that Ohioans can make informed decisions about drug use.

5. **Toxic stress and trauma play a critical role in drug dependence**. Trauma-informed care and addiction treatment services tailored to meet the complex needs of people experiencing violence, poverty and mental illness are critical to support recovery from all forms of substance use disorder.

6. **General "one size fits all" prevention and treatment approaches do not work for every Ohioan**. Disparities in health outcomes will persist unless communications and services are tailored to reach Ohioans with disabilities, LGBTQ+ Ohioans, people who smoke menthol cigarettes and others at high risk for drug-related harms. Culturally relevant prevention and cessation messages and services are needed to counter the effects of aggressive marketing tactics that target communities of color, young people and other groups.

7. **An effective public health approach includes both prevention and harm reduction.** Prevention is particularly important to deter or delay youth drug use, while harm reduction is needed to mitigate downstream effects of excessive use. Harm reduction includes avoiding policies that increase incarceration.

Recommendations

Ohio policymakers can implement tobacco, alcohol and cannabis policies that improve health, advance equity and control healthcare spending. The following recommendations are based upon the effective approaches and lessons learned described in this brief:

Strengthen implementation of proven tobacco and alcohol policies

Ohio can do more to reduce tobacco and excessive alcohol use. Stronger implementation of the evidence-based strategies listed in figure 2 would improve the health of Ohioans, advance equity and reduce healthcare spending. See the **tobacco** and **alcohol** policy briefs for specific recommendations.

Clarify policy goals for recreational cannabis legalization

Ohio policymakers can prepare for recreational cannabis legalization by coming to consensus on policy goals and desired outcomes of any new regulatory framework. Given the lessons learned from tobacco and alcohol policy described above and the experiences of other states with recreational cannabis, the following goals should be considered[20]:

- Protect youth health and brain development
- Minimize harms and protect public safety
- Promote equity and justice (increased economic opportunity and decreased incarceration)
- Reinvest tax revenue in prevention, treatment and recovery

Voters and policymakers should assess any proposed cannabis policies based on their potential to achieve these goals. In addition, state and local leaders should set up data collection and evaluation systems to ensure that specific outcomes related to these goals can be measured.

Deploy effective strategies to achieve cannabis policy goals

Many of the same policy tools used to regulate tobacco, alcohol and medical cannabis can be deployed to regulate recreational cannabis. Going forward, policymakers can apply the types of strategies listed in figure 2 to achieve the policy goals described above.

The following resources provide more information about specific policy options:

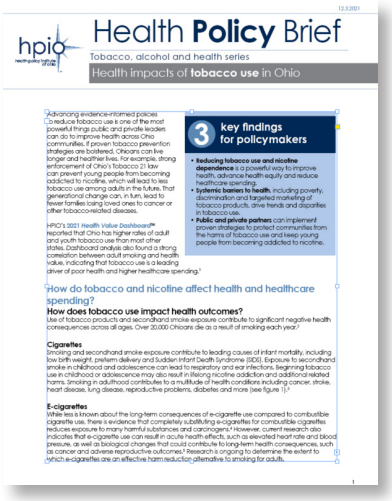
- **Cannabis Policy Taxonomy**, Alcohol Policy Information System
- **Getting It Right from the Start: Advancing Public Health and Equity in Cannabis policy**, Public Health Institute
- **A Public Health Approach to Regulating Commercially Legalized Cannabis**, American Public Health Association
- **Commercial Tobacco Control**, Public Health Law Center
- **Alcohol Policy Taxonomy**, Alcohol Policy Information System

These goals and strategies focus on recreational cannabis, but could also be applied to medical cannabis as Ohio policymakers consider changes to the Medical Marijuana Control Program.

HPIO plans to provide additional analysis related to these policy considerations in the future to help policymakers develop equitable and effective cannabis regulation.

To learn more

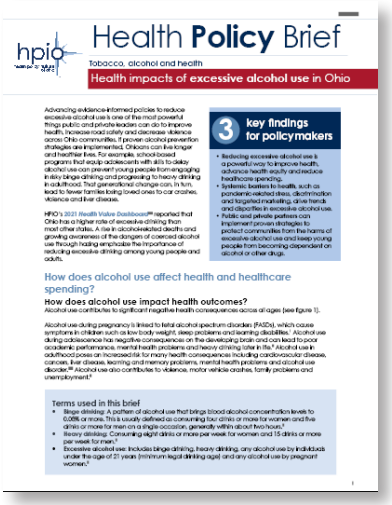
For more information on tobacco and alcohol, see these HPIO policy briefs:


hpio
Health Policy Brief
Tobacco, alcohol and health series
Health impacts of tobacco use in Ohio
3 key findings for policymakers
How do tobacco and nicotine affect health and healthcare spending?
How does tobacco use impact health outcomes?
Cigarettes
E-cigarettes

Health impacts of tobacco use in Ohio

Key findings of this brief include:

- **Health consequences** of tobacco use and secondhand smoke exposure include low birth weight, sudden infant death syndrome, cancer, heart disease and chronic obstructive pulmonary disease.
- **E-cigarettes** have become the most commonly-used tobacco product among teens and young adults, driven by aggressive marketing.
- **Trauma, poverty, stress, discrimination and marketing** drive disparities in tobacco use.
- **Tobacco use is an important Medicaid policy issue.** Researchers estimate that about 20% of Medicaid spending is attributable to smoking, and Medicaid enrollees have high rates of cigarette and e-cigarette use.


hpio
Health Policy Brief
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How does alcohol use affect health and healthcare spending?
How does alcohol use impact health outcomes?
Terms used in this brief

Health impacts of excessive alcohol use in Ohio

Key findings of this brief include:

- **Health consequences** of alcohol use include fetal alcohol spectrum disorders, motor vehicle crashes, violence, stroke, cancer and depression.
- **Liquor sales in Ohio increased sharply** from 2017 to 2020, an upward trend likely accelerated by social isolation and stress during the COVID-19 pandemic.
- **Toxic stress, trauma, poor mental health, marketing and retail density** drive disparities in excessive alcohol use.

Cannabis and health

In future work, HPIO will explore harms, trends and disparities in cannabis use. Research on the health effects of cannabis has been limited by its status as a Schedule 1 controlled substance. Available evidence indicates that there are therapeutic effects of cannabis for specific conditions, as well as harmful effects on some physical and mental health outcomes. The following resources compile existing research:

- **The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research**, National Academies of Sciences, Engineering and Medicine
- **Health Effects of Marijuana,** Centers for Disease Control and Prevention

Notes

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3. "Traditional Tobacco." Tobacco and Tradition Keep it Sacred, National Native Network. **https://keepitsacred.itcmi.org/tobacco-and-tradition/traditional-tobacco-use/**
4. In the early 1900s, some prohibition advocates framed drinking and drug use as something done by foreigners, particularly Mexican immigrants. The word "marijuana" became popular at that time to signify the connection to immigration. Waxman, Olivia B. "The Surprising Link Between U.S. Marijuana Law and the History of Immigration." *Time*, April 20, 2019. **https://time.com/5572691/420-marijuana-mexican-immigration/**
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20. These policy goals are informed by the **Principles for Protecting Youth, Public Health and Equity in Cannabis Regulation** (Getting it Right from the Start) and **A Public Health Approach for Regulating Commercially Legalized Cannabis** (American Public Health Association Policy Brief, Jan. 19, 2021).

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