

12.3.2021

hpio 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	Policy actions
Proposed cannabis policies should be assessed for their potential to achieve these goals:	Policymakers can design effective laws, rules, regulations and programs in the following areas:
Protect youth health and brain development	<ul style="list-style-type: none"> • Youth access and age restrictions • Education and media campaigns
Minimize harms and protect public safety	<ul style="list-style-type: none"> • Taxation, fees and pricing • Marketing restrictions • Retail sales restrictions
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Retain tax revenue in prevention, treatment and recovery	<ul style="list-style-type: none"> • Healthcare services (substance use disorder treatment access and financing) • Data and evaluation

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Tobacco, alcohol and health series
Health impacts of excessive alcohol use in Ohio

Advancing evidence-informed policies to reduce excessive alcohol use is one of the most powerful things public and private leaders can do to improve health, increase road safety and decrease violence across Ohio communities. If proven alcohol prevention strategies are implemented, Ohioans can live longer and healthier lives. For example, school-based programs that equip adolescents with skills to delay alcohol use can prevent young people from engaging in risky binge drinking and progressing to heavy drinking in adulthood. That generational change can, in turn, lead to fewer families losing loved ones to car crashes, violence and liver disease.

HPIO's 2021 Health Value DashboardSM reported that Ohio has a higher rate of excessive drinking than most other states. A rise in alcohol-related deaths and growing awareness of the dangers of coerced alcohol use through hazing emphasize the importance of reducing excessive drinking among young people and adults.

3 key findings for policymakers

- **Reducing excessive alcohol use is a powerful way to improve health, advance health equity and reduce healthcare spending.**
- **Systemic barriers to health,** such as pandemic-related stress, discrimination and targeted marketing, drive trends and disparities in excessive alcohol use.
- **Public and private partners** can implement proven strategies to protect communities from the harms of excessive alcohol use and keep young people from becoming dependent on alcohol or other drugs.

How does alcohol use affect health and healthcare spending?
Alcohol use contributes to significant negative health consequences across all ages (see figure 1).

Alcohol use during pregnancy is linked to fetal alcohol spectrum disorders (FASDs), which cause symptoms in children such as low body weight, sleep problems and learning disabilities.¹ Alcohol use during adolescence has negative consequences on the developing brain and can lead to poor academic performance, mental health problems and heavy drinking later in life.² Alcohol use in adulthood poses an increased risk for many health consequences including cardiovascular disease, cancers, liver disease, learning and memory problems, mental health problems and alcohol use disorder.³ Alcohol use also contributes to violence, motor vehicle crashes, family problems and unemployment.⁴

Terms used in this brief

- **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.⁵
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HPIO's 2021 Health Value DashboardSM reported that Ohio has higher rates of adult and youth tobacco use than most other states. Dashboard analysis also found a strong correlation between adult smoking and health value, indicating that tobacco use is a leading driver of poor health and higher healthcare spending.¹

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- **Reducing tobacco use and nicotine dependence is a powerful way to improve health, advance health equity and reduce healthcare spending.**
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How do tobacco and nicotine affect health and healthcare spending?
Use of tobacco products and secondhand smoke exposure contribute to significant negative health consequences across all ages. Over 20,000 Ohioans die as a result of smoking each year.²

Cigarettes
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E-cigarettes
While less is known about the long-term consequences of e-cigarette use compared to combustible cigarette use, there is evidence that completely substituting e-cigarettes for combustible cigarettes reduces exposure to many harmful substances and carcinogens.⁴ However, current research also indicates that e-cigarette use can result in acute health effects, such as elevated heart rate and blood pressure, as well as biological changes that could contribute to long-term health consequences, such as cancer and adverse reproductive outcomes.⁵ Research is ongoing to determine the extent to which e-cigarettes are an effective harm reduction alternative to smoking for adults.

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HPIO Webinar

July 20, 2022



Vision

Ohio is a model of health, well-being and economic vitality.

Mission

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

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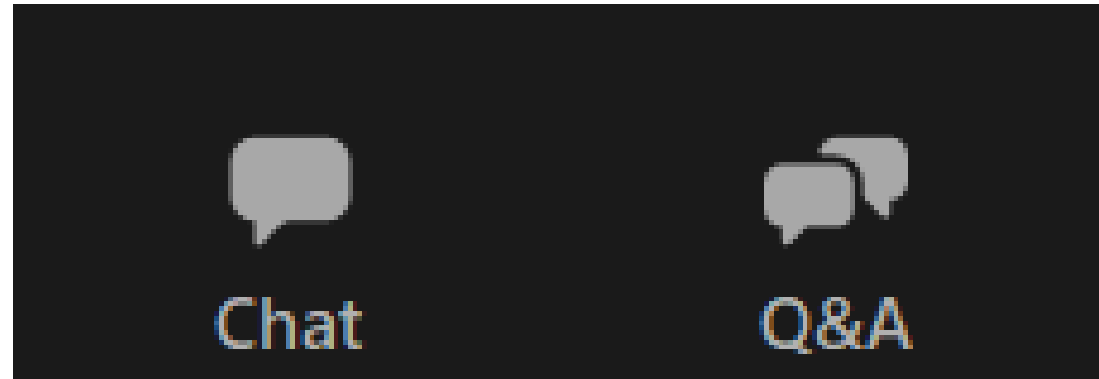


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How does alcohol use affect health and healthcare spending?
Alcohol use contributes to significant negative health consequences across all ages (see figure 1).

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HPIO Webinar

July 20, 2022

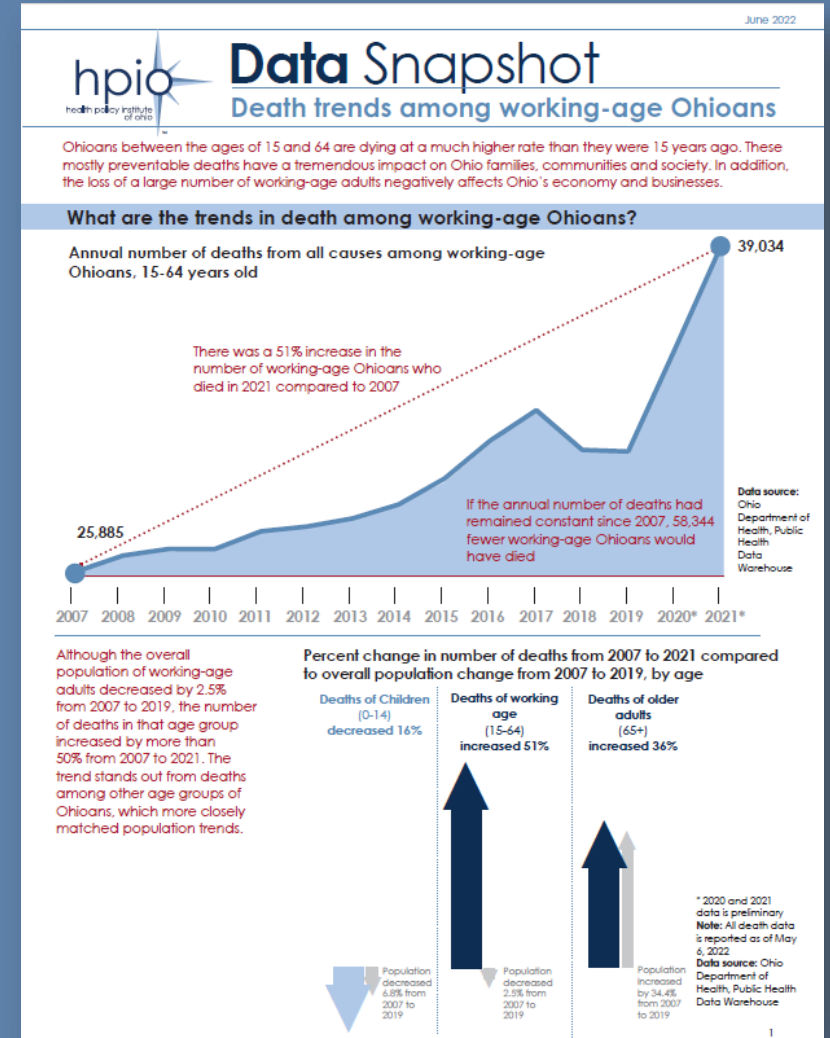
Today's agenda

- **Context:** Why is action needed now?
- **Health impacts of tobacco use**
- **Health impacts of alcohol use**
- **Implications for future cannabis policy**

CONTEXT



Death trends among working-age Ohioans



BUSINESS

Ohio has more job openings than workers to fill them

A photograph of a white sign with black text that reads "NOW HIRING". The sign is mounted on a dark metal frame and stands in a grassy area. In the background, there is a paved road, trees, and a clear sky. To the right of the sign, a portion of a dark, cylindrical structure is visible.

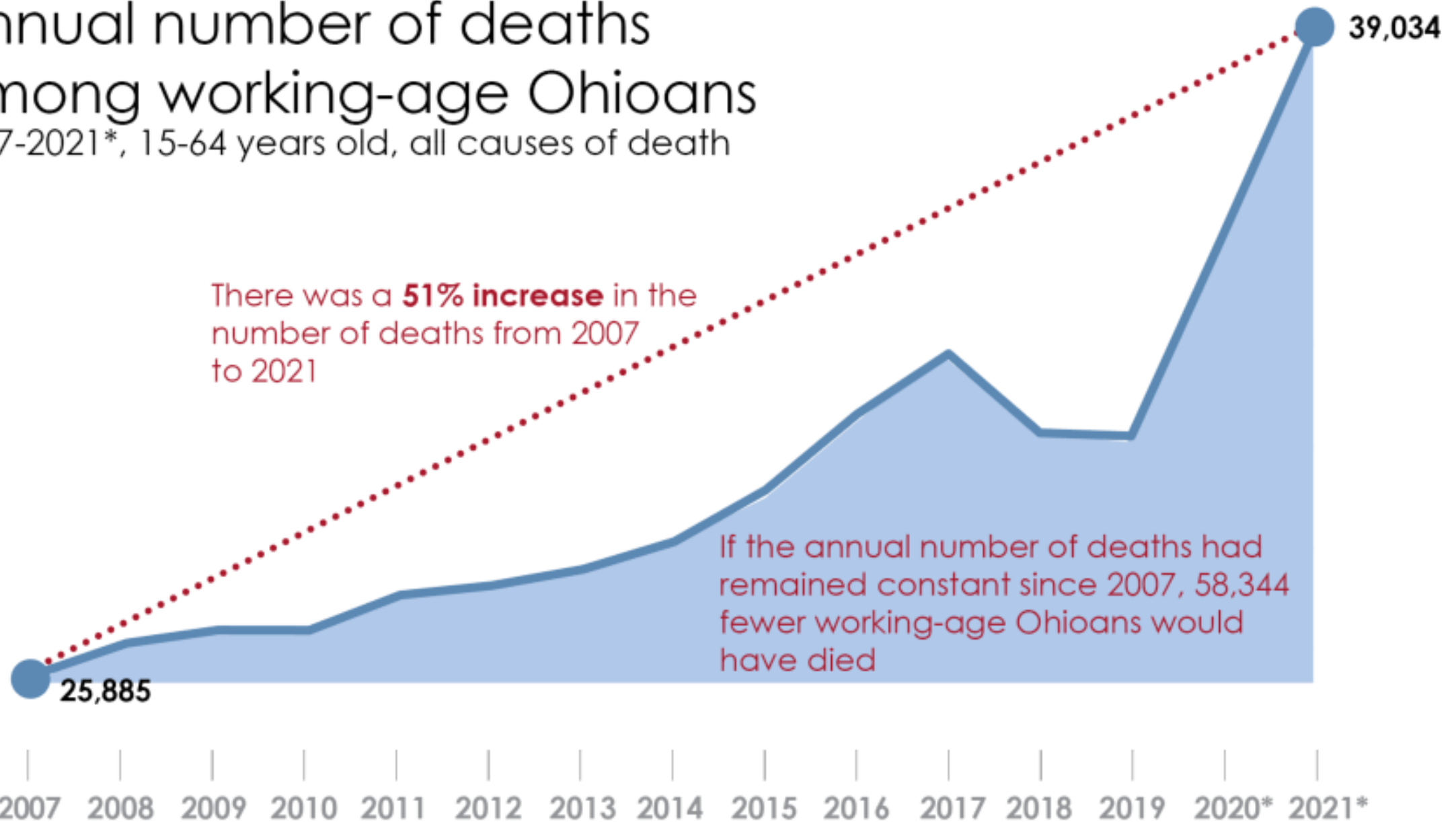
**NOW
HIRING**

BUSINESS

Ohio restaurants struggle to find workers amid pandemic

Annual number of deaths among working-age Ohioans

2007-2021*, 15-64 years old, all causes of death



* 2020 and 2021 data is preliminary

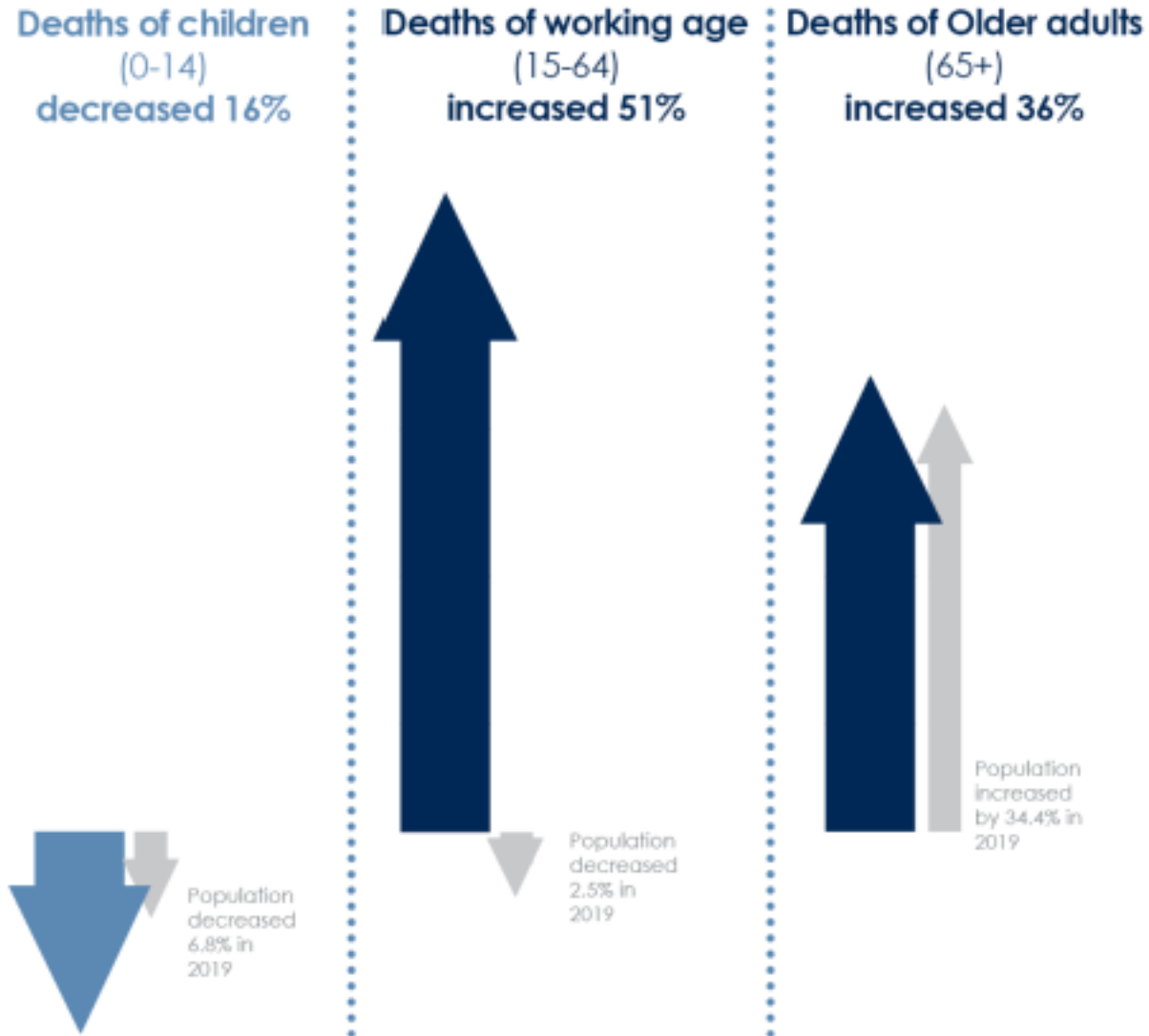
Note: All data is reported as of May 6, 2022

Source: Ohio Department of Health, Public Health Data Warehouse

Percent change in number of deaths from 2007 to 2021

by age group

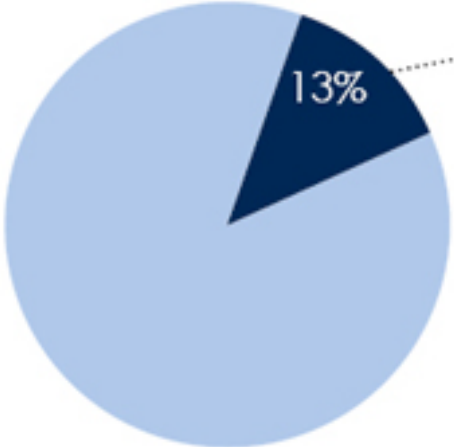
Although the overall population of working-age adults decreased by 2.5% from 2007 to 2019, the number of deaths in that age group increased by more than 50% from 2007 to 2021. The trend stands out from deaths among other age groups of Ohioans, which more closely matched population trends.



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Source: Ohio Department of Health, Public Health Data Warehouse

COVID-19 and the leading causes of death for working-age Ohioans

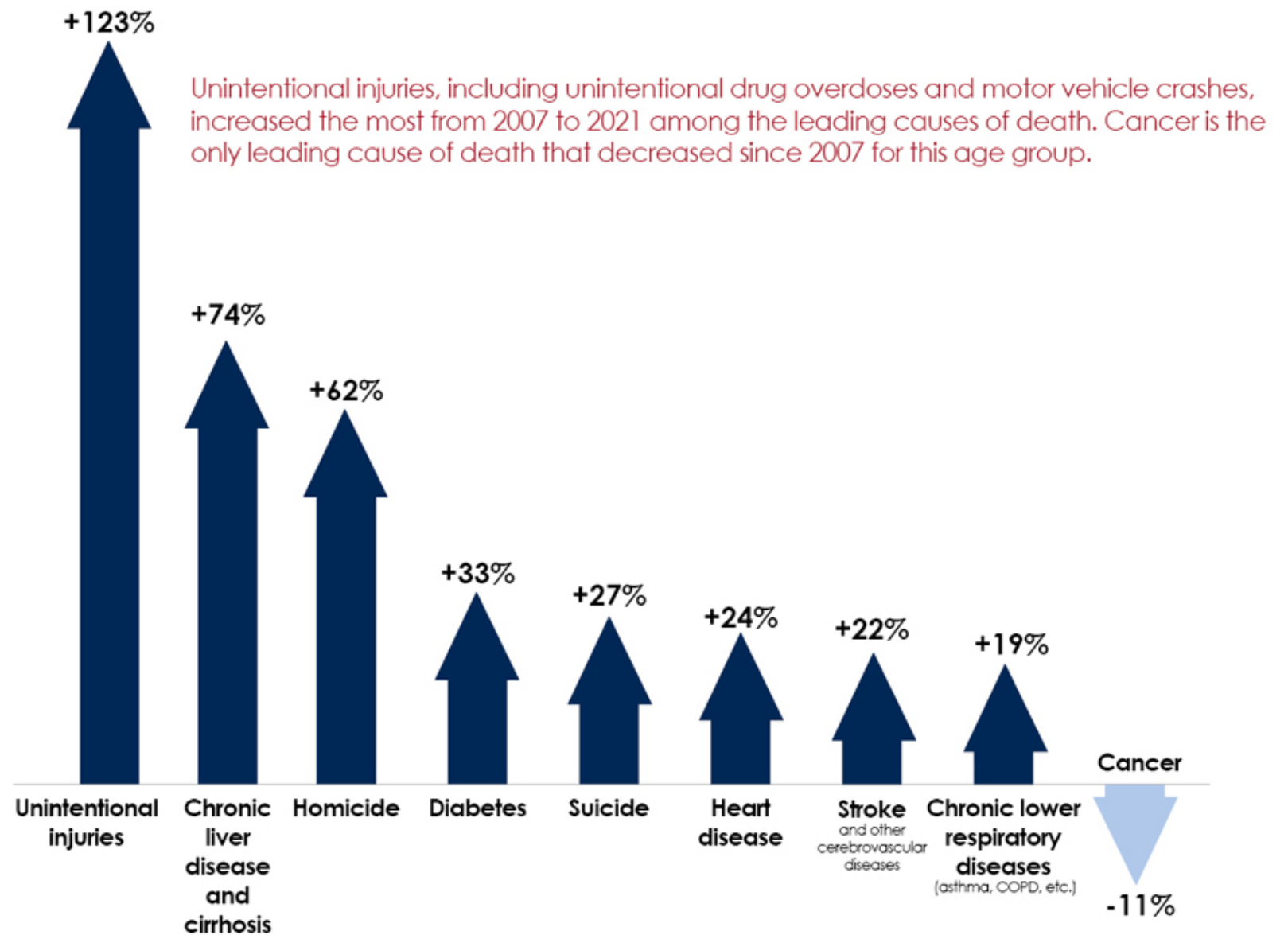
COVID-19 played a role in Ohio's increased death rate, accounting for 13 percent of deaths among working-age adults in 2021, but is not the main factor driving the trend.



Top 10 leading causes of death in 2021 (ages 15-64)	
1. Unintentional injuries	6,817
Unintentional drug overdoses	4,884
Motor vehicle crashes	1,111
Other	882
2. Cancer	6,715
3. Heart disease	6,323
4. COVID-19	4,986
5. Suicide	1,379
6. Diabetes	1,249
7. Chronic liver disease and cirrhosis	1,248
8. Chronic lower respiratory diseases (asthma, COPD, etc.)	1,114
9. Stroke and other cerebrovascular diseases	945
10. Homicide	907

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Source: Health Policy Institute of Ohio analysis of data from Ohio Department of Health, Public Health Data Warehouse

Changes in leading causes of death for working-age Ohioans from 2007 to 2021

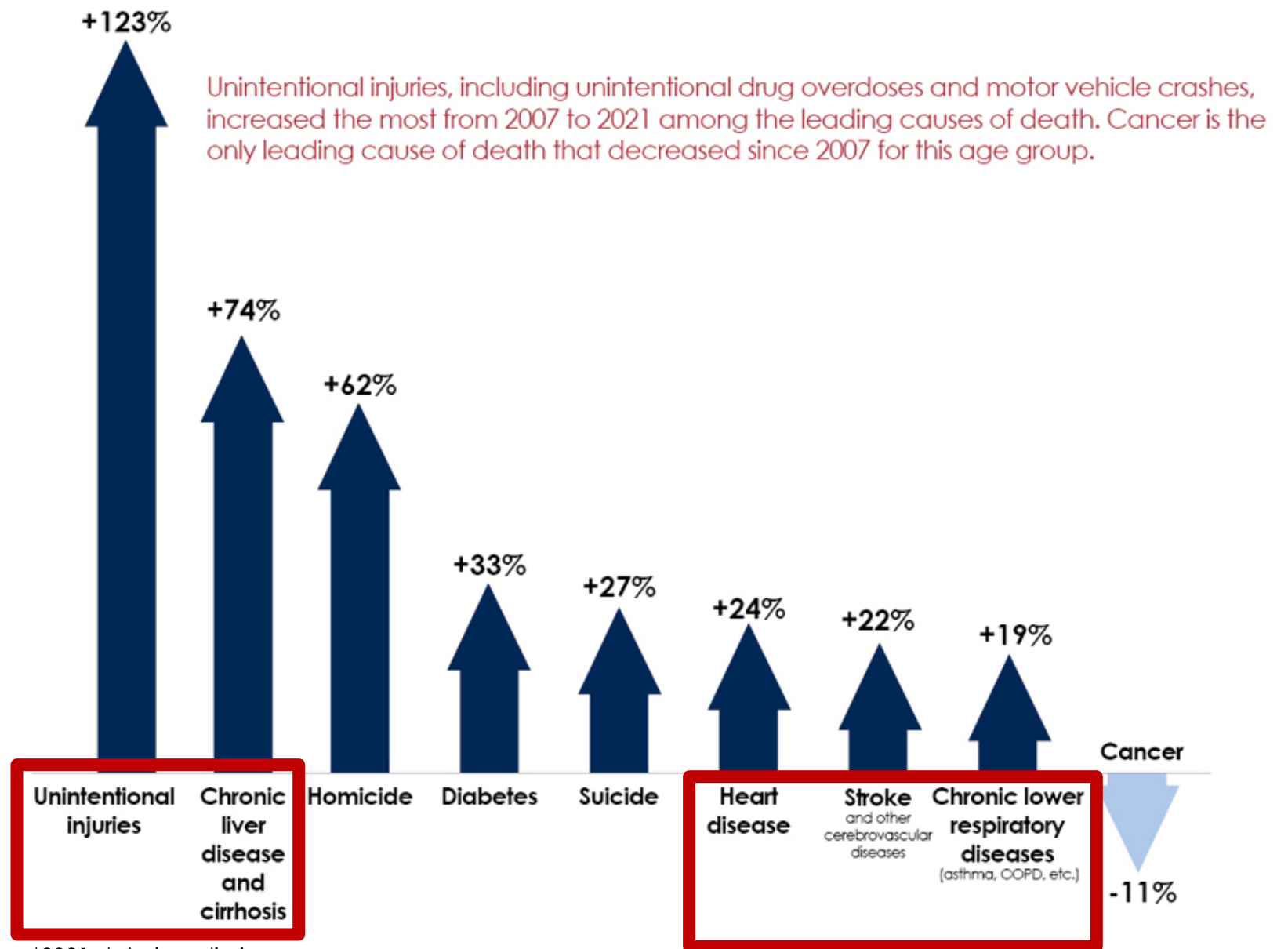


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Ohio's rank (2021 Health Value Dashboard)

Addiction

27	Excessive drinking
40	Youth all-tobacco use
47	Drug overdose deaths
48	Adult smoking

Health value in Ohio



Population health



Healthcare spending

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3 key findings for policymakers

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How do tobacco and nicotine affect health and healthcare spending?

How does tobacco use impact health outcomes?

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HEALTH IMPACTS OF TOBACCO USE



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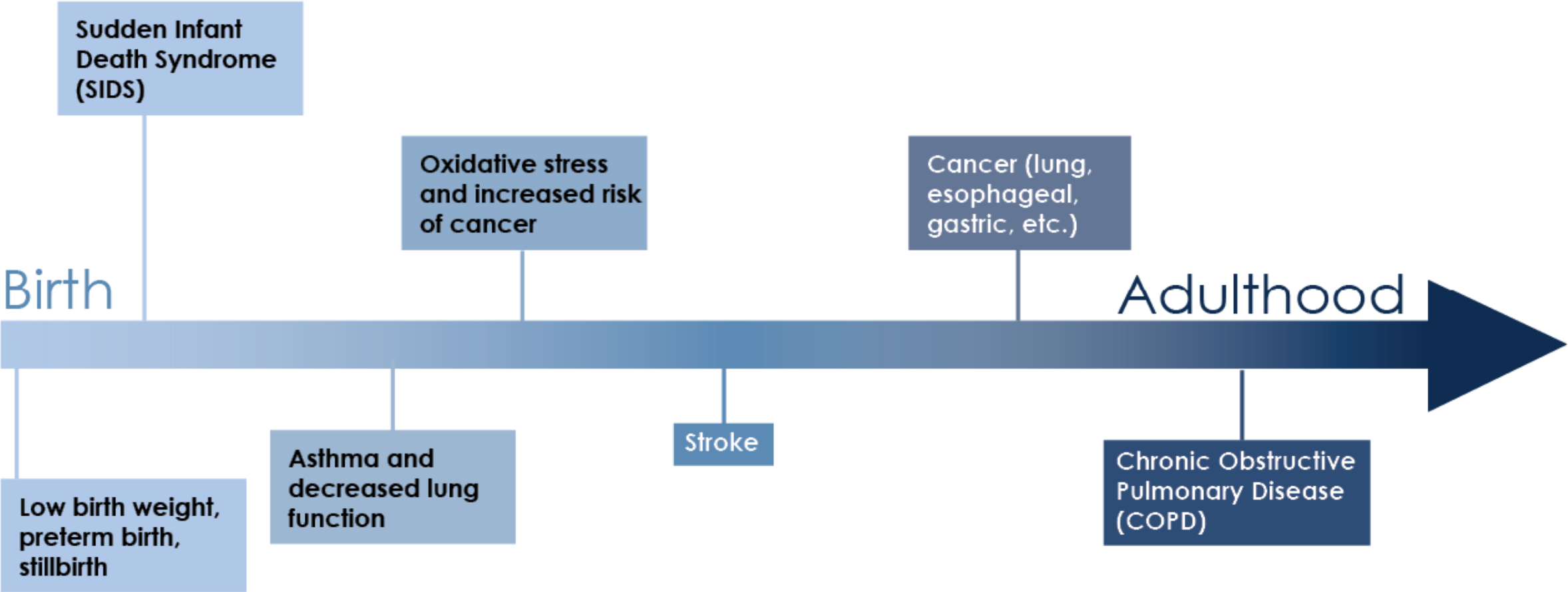
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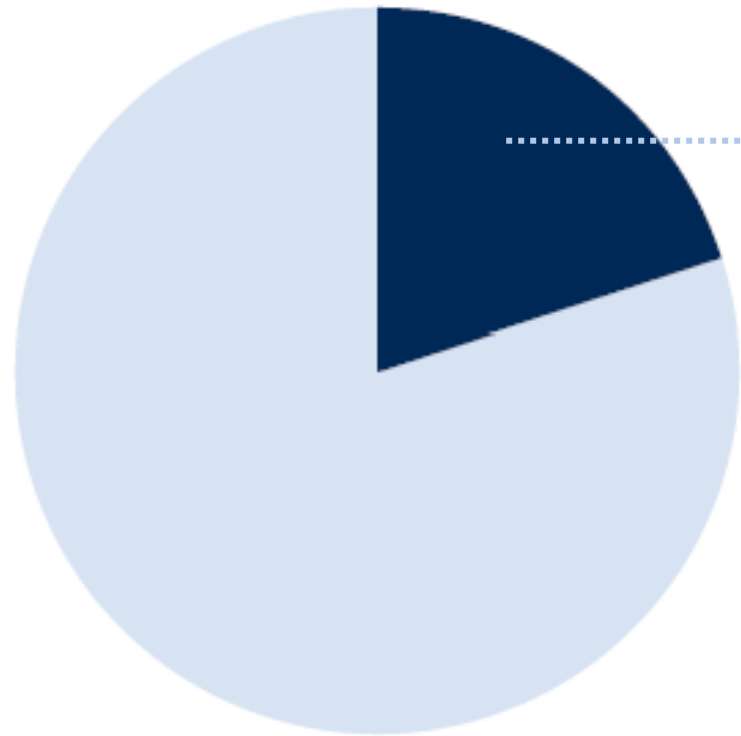
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Health impacts of cigarette use



Impacts on healthcare spending



Tobacco use is an important Medicaid policy issue. Researchers estimate that about

20% of Medicaid spending

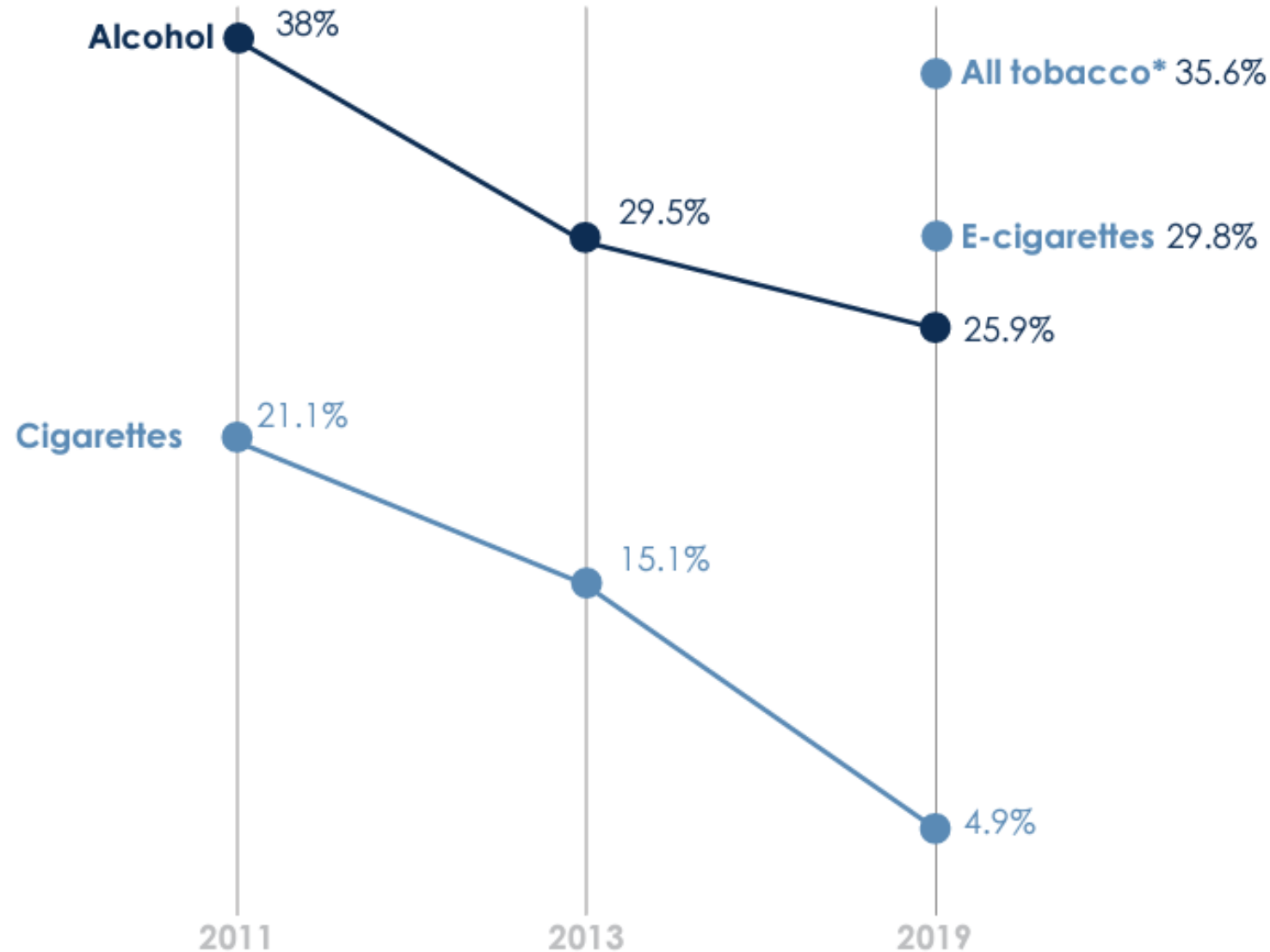
is attributable to smoking, and Medicaid enrollees have high rates of cigarette and e-cigarette use

Recent trends in tobacco policy

- Tobacco 21
- Vaping and flavors
- Medicaid and tobacco cessation



Recent trends in tobacco use

Percent of Ohio high school students who used tobacco products* or alcohol in the past 30 days, 2011-2019



*Includes cigarettes, cigars, smokeless tobacco and electronic vapor products
Source: Youth Risk Behavior Survey, Centers for Disease Control and Prevention (CDC); Youth all-tobacco use data from the 2020-2022 State Health Improvement Plan
Note: E-cigarette data not available in 2011 or 2013.

Ohioans most at risk

	Cigarette smoking	E-cigarette use
Youth 	<ul style="list-style-type: none"> • Male youth* • 9th grade youth* • Youth who are gay, lesbian or bisexual* 	<ul style="list-style-type: none"> • Youth who are gay or lesbian*
Adult 	<ul style="list-style-type: none"> • People who have experienced two or more adverse childhood experiences (ACEs)*** • People with 14 or more poor mental health days in the past month** • People with low incomes (0-138% of the federal poverty level) • People with disabilities • Medicaid enrollees and people without health insurance 	<ul style="list-style-type: none"> • Young adults (ages 19-34) • People with low incomes (75%-138% of the federal poverty level) • Medicaid enrollees and people without health insurance • Adults who are gay, lesbian, bisexual or a sexual orientation other than straight**** • People with 14 or more poor mental health days in the past month**

*2019 Youth Risk Behavior Survey (YRBS)

**2020 Behavioral Risk Factor Surveillance System (BRFSS)

***2015 Behavioral Risk Factor Surveillance System (BRFSS)

****HPIO analysis of 2018-2020 Behavioral Risk Factor Surveillance System (BRFSS) data (pooled years)

Source: Data is from the 2019 Ohio Medicaid Assessment Survey (OMAS), unless otherwise identified.

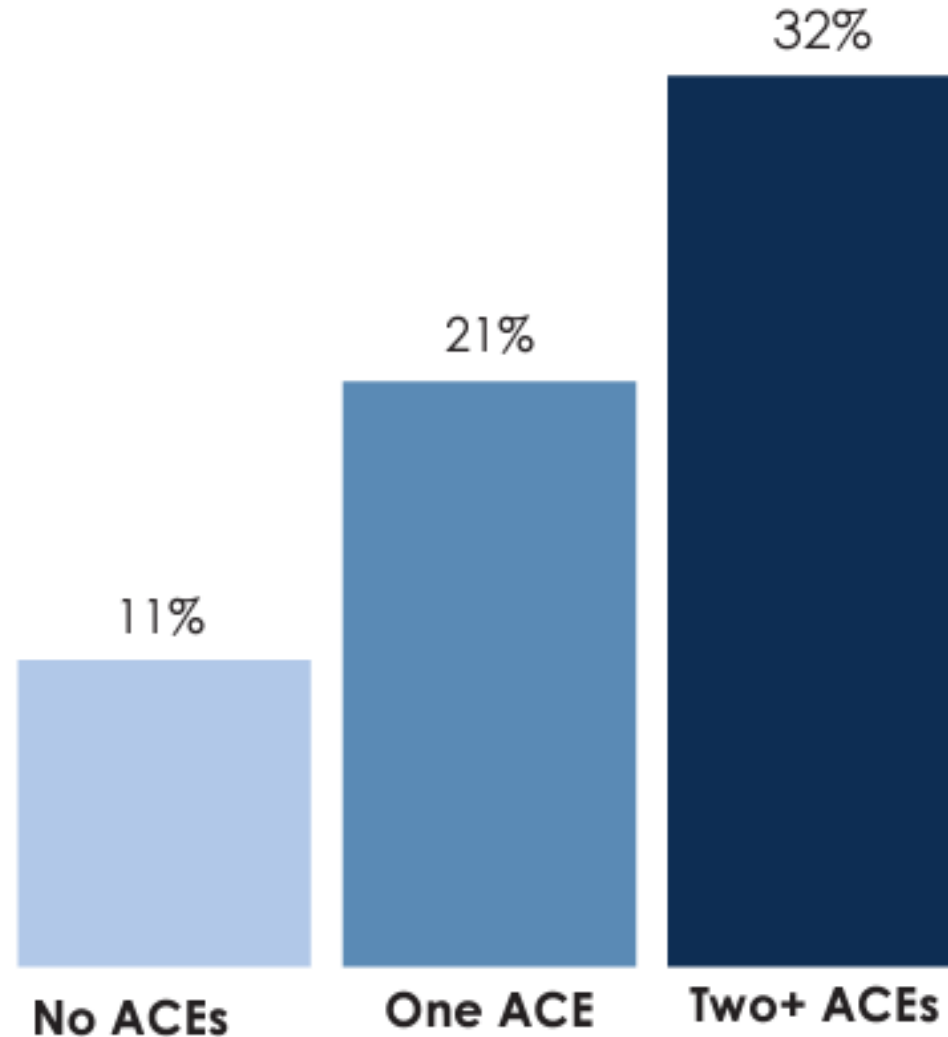
Notes: "Most at risk" is defined as groups with prevalence at least 30% higher than Ohio overall for adults (OMAS and BRFSS) or youth (YRBS). Gay, lesbian and bisexual response options are different in the BRFSS and the YRBS and are not included in OMAS. Gender identity is not included in the YRBS, and the BRFSS transgender sample size is too small for many analyses.

Marketing of tobacco products



Tobacco use and trauma

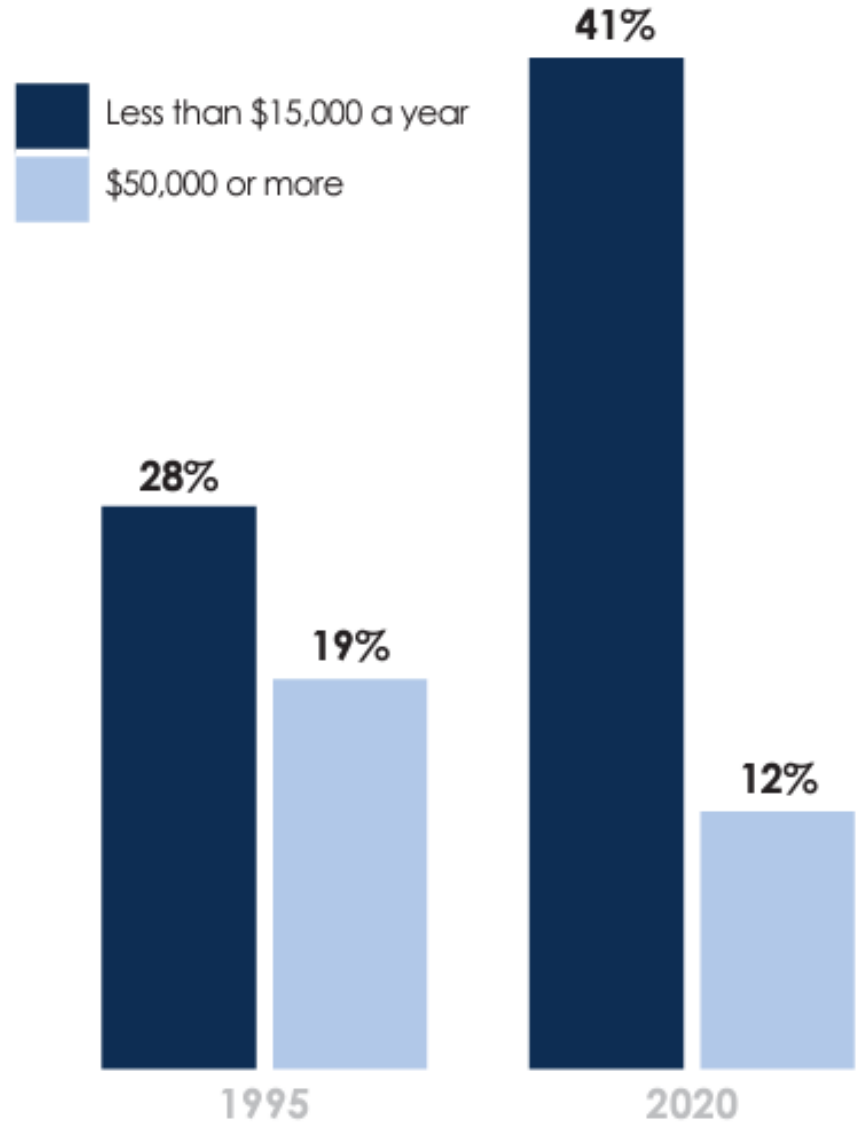
Percent of adults who currently smoke cigarettes (age adjusted), by number of ACEs, Ohio, 2015



Source: Data from 2015 Behavioral Risk Factor Surveillance System was provided by the Ohio Department of Health's Division of Health Improvement and Wellness. Analysis by Ohio University, Voinovich School of Leadership and Public Affairs for HPIO.

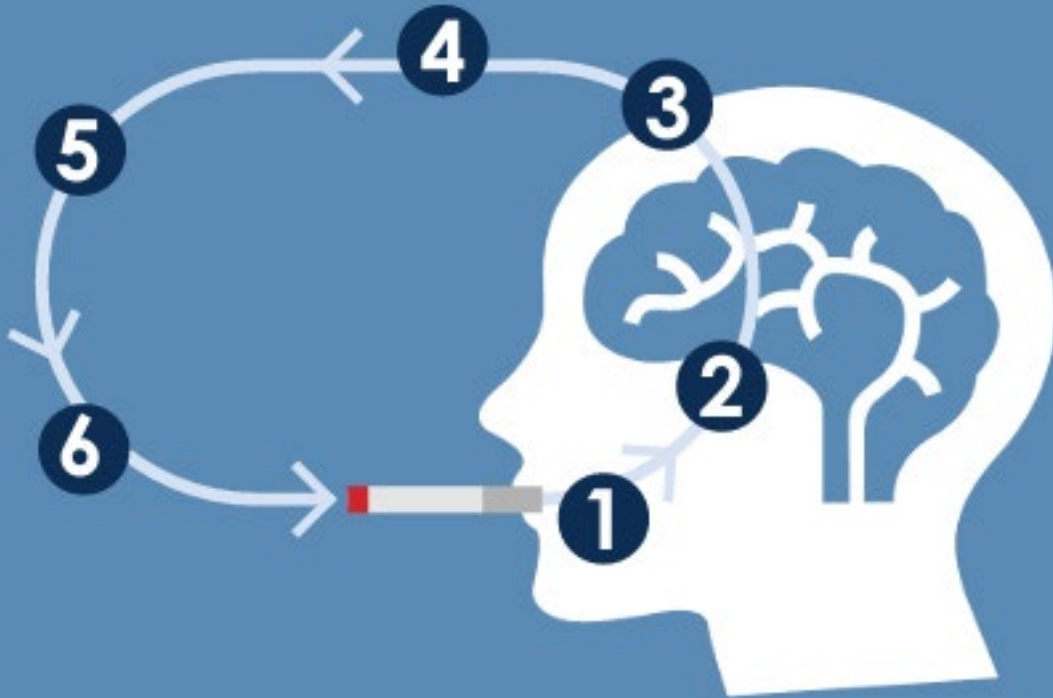
Tobacco use and poverty

Percent of adults who currently smoke, by household income, Ohio, 1995 and 2020



Source: Behavioral Risk Factor Surveillance Survey, CDC

Nicotine and stress



1. Nicotine delivered by smoking
2. Nicotine travels to the brain
3. Nicotine activates nicotinic receptors, which stimulates the release of Dopamine
4. Dopamine released, leading to pleasant feelings of calmness and reward
5. Dopamine levels reduce, leading to withdrawal symptoms of stress and anxiety
6. Withdrawal triggers desire for another cigarette

Source: "Tobacco, Alcohol and Health Series: Health Impacts of Tobacco Use in Ohio," Health Policy Institute of Ohio. Adapted from "A Sociological Approach to Addressing Tobacco-related Health Disparities, 2017," Action on Smoking and Health, Wales, United Kingdom and U.S. National Cancer Institute

Mental health and tobacco use

Percent of adults who currently smoke, by number of days with poor mental health in the past 30 days



Source: Behavioral Risk Factor Surveillance Survey, CDC

Examples of effective strategies



BUSINESSES | RESIDENTS | VISITORS | SERVICES | GOVERNMENT | HELP/311 |

HEALTH DEPARTMENT



TOBACCO 21

Health Department / Cincinnati Health Department Programs / Live-Work-Play Cincinnati / Tobacco 21

HEALTH DEPARTMENT MENU

- About the Cincinnati Health Department
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- Board of Health Members
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Tobacco 21



[TOBACCO RETAIL LICENSE APPLICATION](#)

[HOW TO SET UP A NEW USER ACCOUNT](#)

Tobacco Retail/Tobacco 21 helpline 513-357-7274

For more information about Tobacco 21 in Cincinnati, contact: tobacco21@cincinnati-oh.gov

Need help to quit smoking? Call 1-800-QUIT-NOW

CVS to stop selling tobacco products

Becomes the first large retail pharmacy chain to pull tobacco products from stores.



Ohio Tobacco Program

Quit Line: 1-800-QUIT-NOW

Questions

HEALTH IMPACTS OF ALCOHOL USE



Health Policy Brief

Tobacco, alcohol and health series

Health impacts of excessive alcohol use in Ohio

Advancing evidence-informed policies to reduce excessive alcohol use is one of the most powerful things public and private leaders can do to improve health, increase road safety and decrease violence across Ohio communities. If proven alcohol prevention strategies are implemented, Ohioans can live longer and healthier lives. For example, school-based programs that equip adolescents with skills to delay alcohol use can prevent young people from engaging in risky binge drinking and progressing to heavy drinking in adulthood. That generational change can, in turn, lead to fewer families losing loved ones to car crashes, violence and liver disease.

HPiO's 2021 Health Value Dashboard™ reported that Ohio has a higher rate of excessive drinking than most other states. A rise in alcohol-related deaths and growing awareness of the dangers of coerced alcohol use through hazing emphasize the importance of reducing excessive drinking among young people and adults.

3 key findings for policymakers

- **Reducing excessive alcohol use** is a powerful way to improve health, advance health equity and reduce healthcare spending.
- **Systemic barriers to health**, such as pandemic-related stress, discrimination and targeted marketing, drive trends and disparities in excessive alcohol use.
- **Public and private partners** can implement proven strategies to protect communities from the harms of excessive alcohol use and keep young people from becoming dependent on alcohol or other drugs.

How does alcohol use affect health and healthcare spending?

How does alcohol use impact health outcomes?

Alcohol use contributes to significant negative health consequences across all ages (see figure 1).

Alcohol use during pregnancy is linked to fetal alcohol spectrum disorders (FASDs), which cause symptoms in children such as low body weight, sleep problems and learning disabilities.¹ Alcohol use during adolescence has negative consequences on the developing brain and can lead to poor academic performance, mental health problems and heavy drinking later in life.² Alcohol use in adulthood poses an increased risk for many health consequences including cardiovascular disease, cancers, liver disease, learning and memory problems, mental health problems and alcohol use disorder.^{3,4} Alcohol use also contributes to violence, motor vehicle crashes, family problems and unemployment.⁵

Terms used in this brief

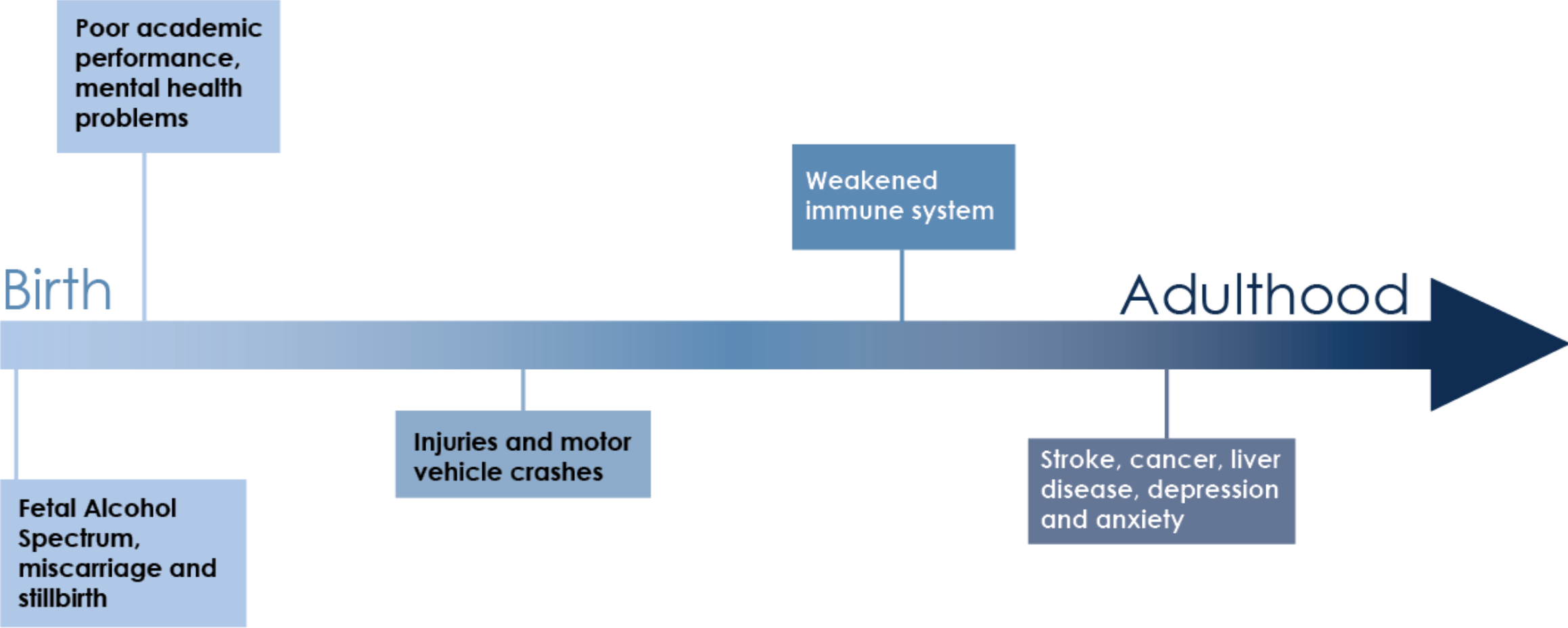
- **Binge drinking:** A pattern of alcohol use that brings blood alcohol concentration levels to 0.08% or more, this is usually defined as consuming four drinks or more for women and five drinks or more for men on a single occasion, generally within about two hours.⁶
- **Heavy drinking:** Consuming eight drinks or more per week for women and 15 drinks or more per week for men.⁷
- **Excessive alcohol use:** 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.⁸



3 key findings

- **Reducing excessive alcohol use** is a powerful way to improve health, advance health equity and reduce healthcare spending.
- **Systemic barriers to health**, such as pandemic-related stress, discrimination and targeted marketing, drive trends and disparities in excessive alcohol use.
- **Public and private partners** can implement proven strategies to protect communities from the harms of excessive alcohol use and keep young people from becoming dependent on alcohol.

Health impacts of alcohol use

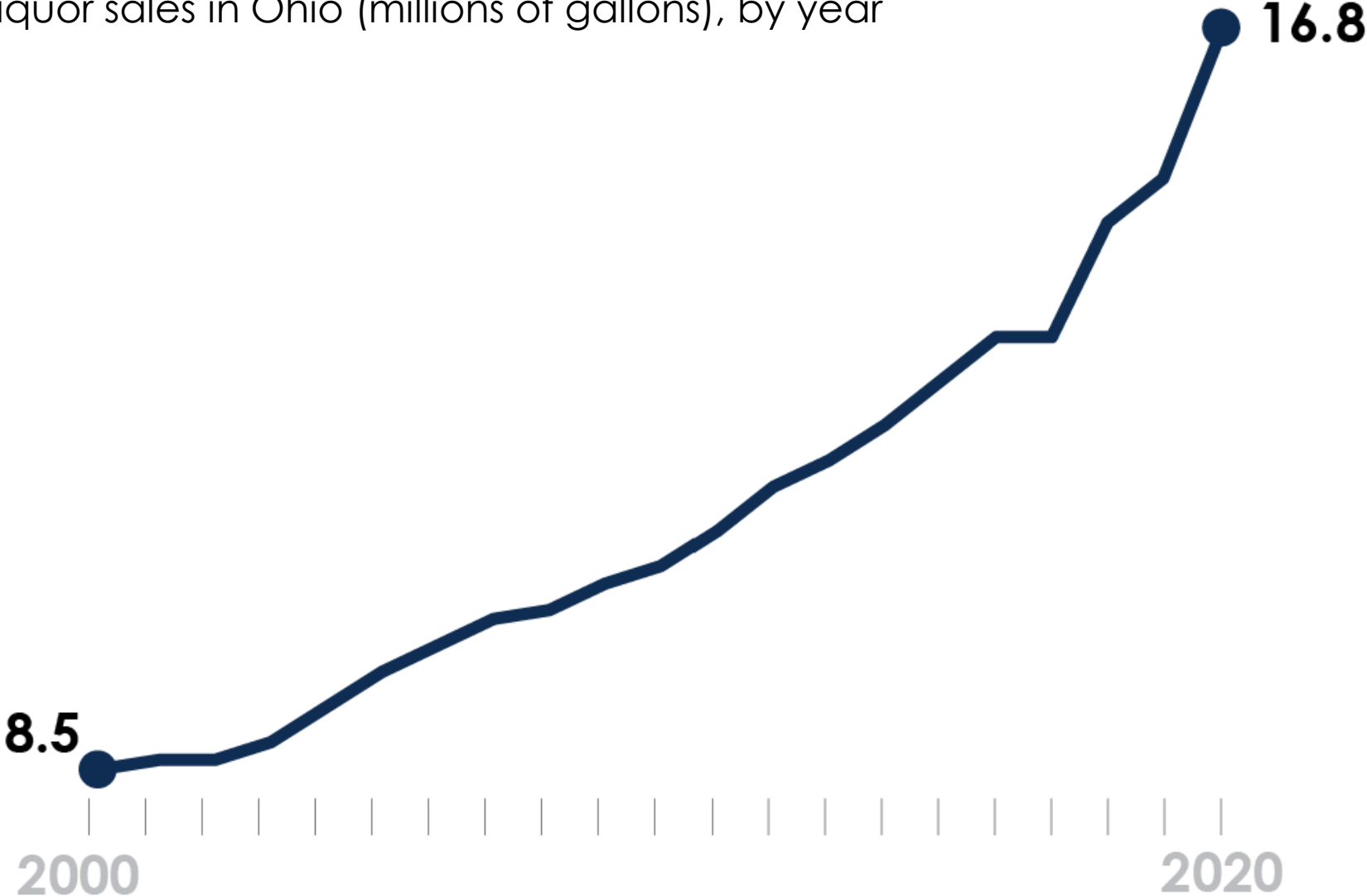


Recent trends in alcohol policy

- **Access expansion:**
 - Designated Outdoor Refreshment Areas (DORA)
 - Alcoholic ice-cream vendors
 - To-go drinks from bars and restaurants
- **Hazing**
 - Increases penalty for hazing to second-degree misdemeanor

Recent trends in alcohol use

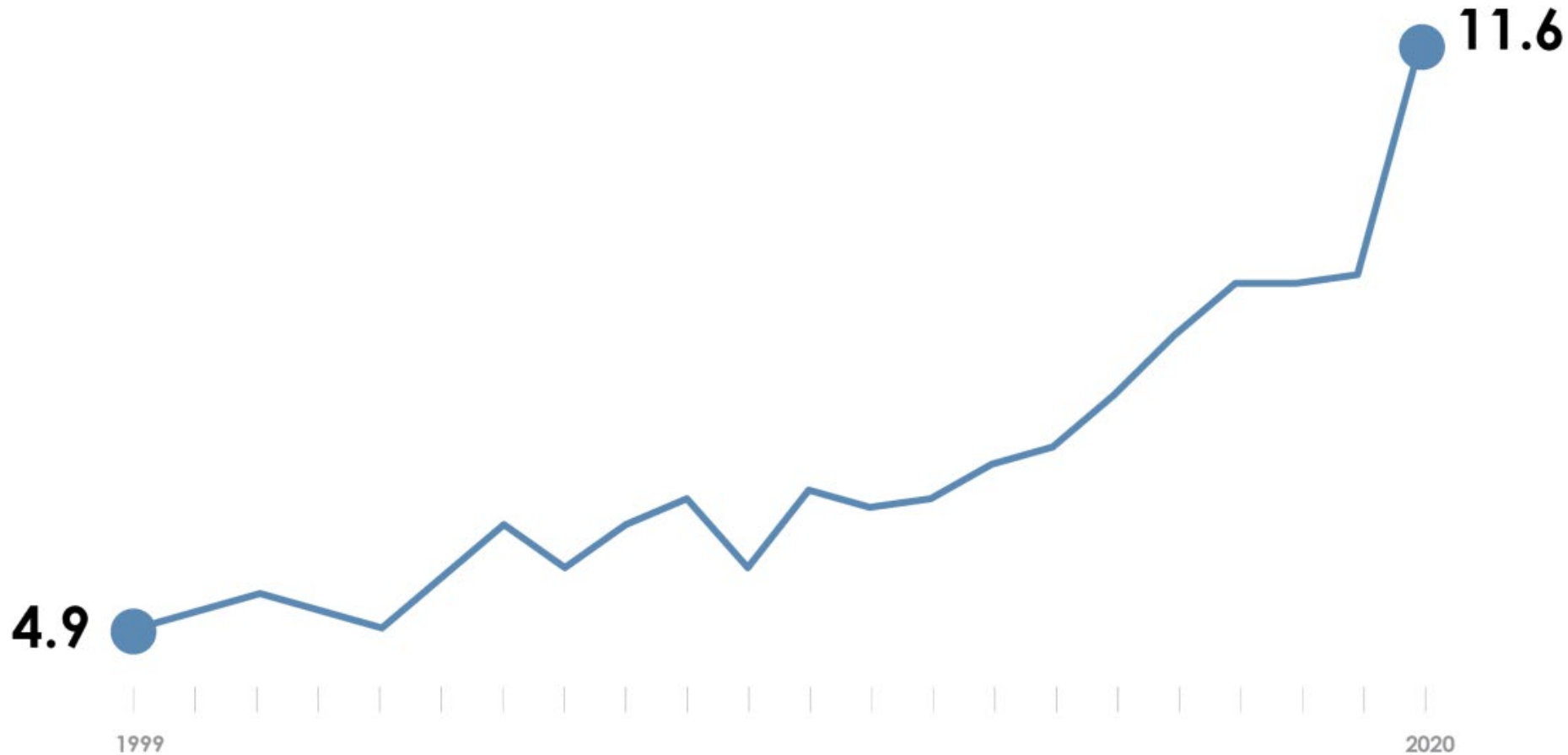
Liquor sales in Ohio (millions of gallons), by year



Source (2000-2017): Ohio Online State Health Assessment, Ohio Department of Health
Source (2018-2020): Ohio Department of Commerce, Division of Liquor Control

Alcohol involved deaths*

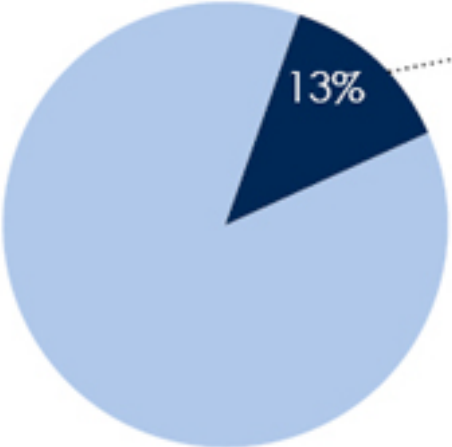
rate per 100,000 people, Ohio 1999-2020



* "Alcohol-involved deaths" are defined by the Centers for Disease Control and Prevention (CDC) using ICD-10 codes describing 100% alcohol-attributable deaths driven by long-term alcohol use (e.g., alcoholic cardiomyopathy, alcoholic hepatitis, alcohol-induced pancreatitis), as well as acute causes of death (e.g., alcohol poisoning).
Source: Data from the State Health Access Data Assistance Center (SHADAC) State Health Comparison

COVID-19 and the leading causes of death for working-age Ohioans

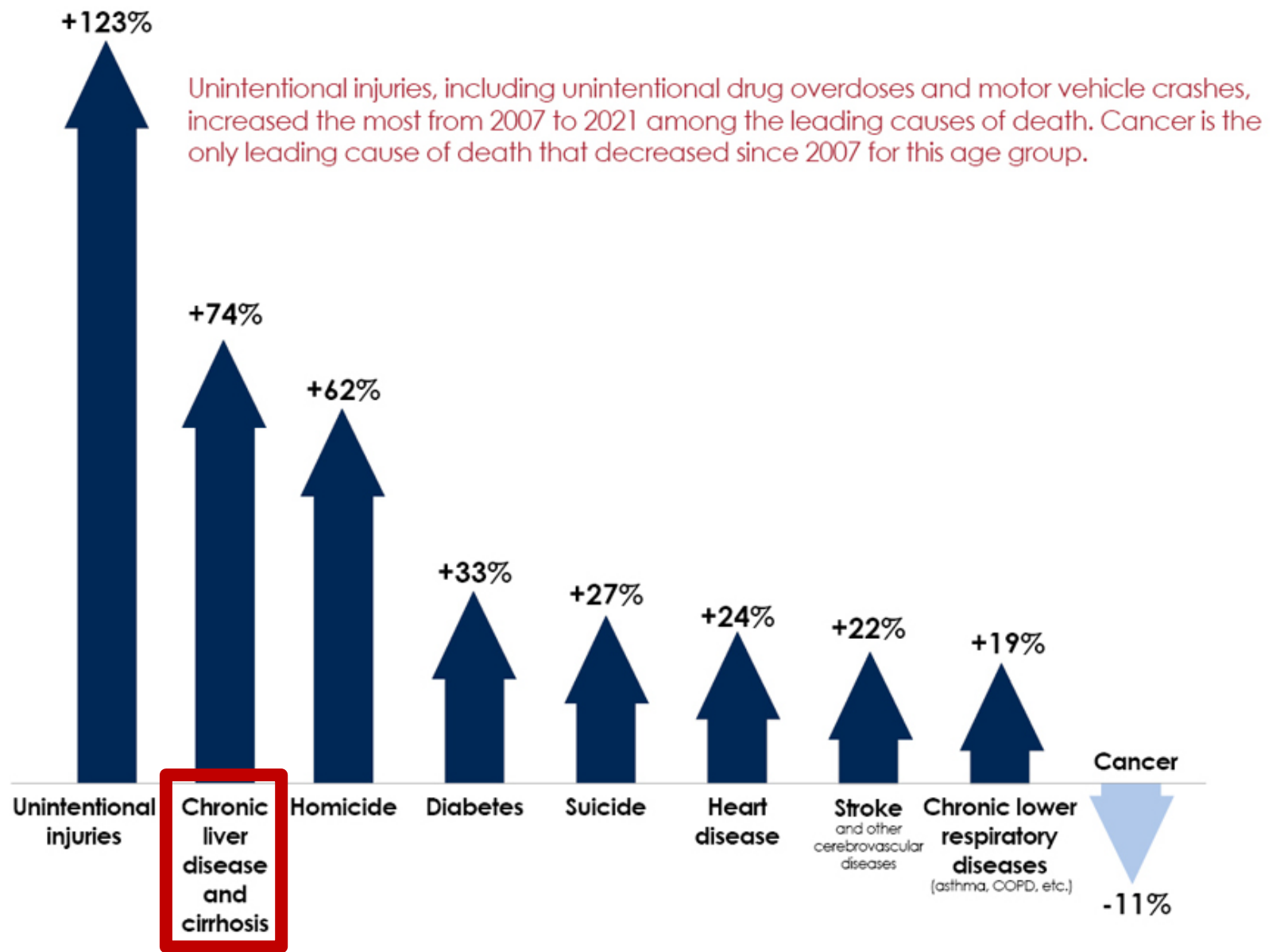
COVID-19 played a role in Ohio's increased death rate, accounting for 13 percent of deaths among working-age adults in 2021, but is not the main factor driving the trend.



Top 10 leading causes of death in 2021 (ages 15-64)	
1. Unintentional injuries	6,817
Unintentional drug overdoses	4,884
Motor vehicle crashes	1,111
Other	882
2. Cancer	6,715
3. Heart disease	6,323
4. COVID-19	4,986
5. Suicide	1,379
6. Diabetes	1,249
7. Chronic liver disease and cirrhosis	1,248
8. Chronic lower respiratory diseases (asthma, COPD, etc.)	1,114
9. Stroke and other cerebrovascular diseases	945
10. Homicide	907

*2021 data is preliminary
Note: All data is reported as of May 6, 2022
Source: Health Policy Institute of Ohio analysis of data from Ohio Department of Health, Public Health Data Warehouse

Changes in leading causes of death for working-age Ohioans from 2007 to 2021



*2021 data is preliminary

Note: All data is reported as of May 6, 2022

Data source: Health Policy Institute of Ohio analysis of data from Ohio Department of Health, Public Health Data Warehouse

Ohioans most at risk

Binge drinking

4+ drinks for women and 5+ drinks for men within 2 hours

Heavy drinking

8+ drinks for women and 15+ drinks for men per week

Youth



- 12th grade youth*
- Youth who are gay, lesbian or bisexual
- Youth who are not sure of their sexual identity*

N/A

Adult



- Young adults (ages 19-34)
- People without insurance
- Adults who are gay, lesbian, bisexual or a sexual orientation other than straight**

- People with 14 or more poor mental health days in the past month**
- Adults who are gay, lesbian, bisexual or a sexual orientation other than straight**

*2019 Youth Risk Behavior Survey (YRBS)

**HPIO analysis of 2018-2020 Behavioral Risk Factor Surveillance System (BRFSS) data (pooled years)

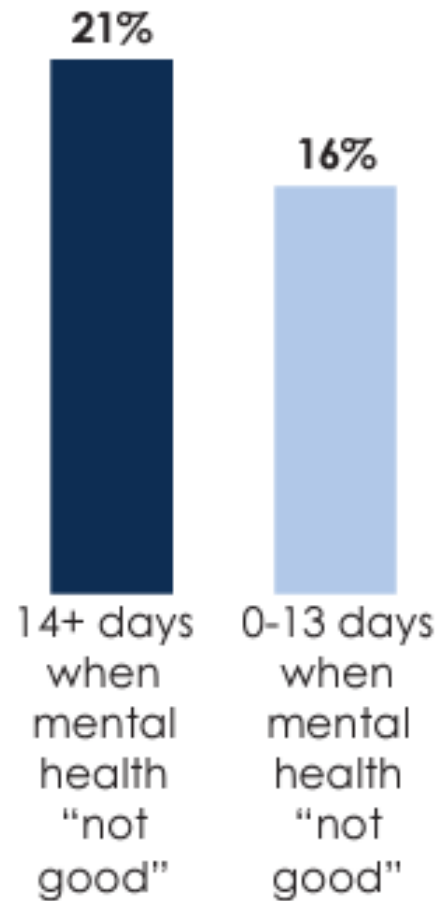
Source: Data is from the 2019 Ohio Medicaid Assessment Survey (OMAS), unless otherwise identified.

Notes: "Most at risk" is defined as groups with prevalence at least 30% higher than Ohio overall for adults (OMAS and BRFSS) or youth (YRBS). Gay, lesbian and bisexual response options are different in the BRFSS and the YRBS and are not included in OMAS. Gender identity is not included in the YRBS and the BRFSS transgender sample size is small.

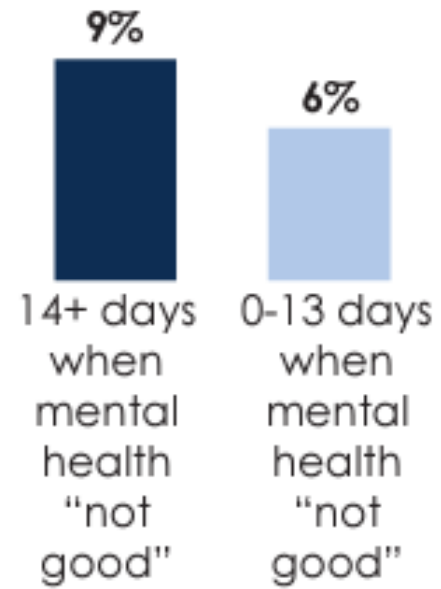
Mental health, binge drinking and heavy drinking

Ohio, 2022

Percent of adults who binge drank in the past 30 days, by number of days with poor mental health in the last 30 days



Percent of adults who reported heavy drinking in the past 30 days, by number of days with poor mental health in the last 30 days



Source: Behavioral Risk Factor Surveillance Survey, CDC

Drivers

- **Discrimination**
 - Marketing to young adults and women
 - Alcohol retail density in communities of color
- **Trauma and toxic stress**
- **Mental health issues**



Photos from Journal of Studies on Alcohol and Drugs

Examples of effective strategies

Businesses:
Other retailers



Tobacco and alcohol marketing: Montgomery County Alcohol, Drug and Mental Health Services (ADAMHS) Board

The **Conscious Retailer Program** builds a public/private partnership between the ADAMHS Board, tobacco and alcohol retailers and prevention providers to reduce advertisements for tobacco and alcohol products at retail stores. Retailers are incentivized by the ADAMHS Board with advertising and social media campaigns recognizing them as a community partner if they reduce tobacco and alcohol marketing and use through methods such as:

- Tobacco and alcohol signage covering 20% or less of store windows
- Posting age-restriction signs for purchasing products
- Reducing point-of-sale advertising

Law
enforcement



Enhanced enforcement of laws prohibiting underage alcohol sales: Lake County Sheriff Department

Crossroads Behavioral Health partnered with the Lake County Sheriff Department to conduct retailer compliance checks to deter underage alcohol sales.

Schools



Screening Brief Intervention and Referral to Treatment (SBIRT): Norwood City Schools

Norwood was among the first school districts to conduct screening for alcohol and drug use using the SBIRT tool. They combine SBIRT with standard scoliosis screening in grades 6, 7, 8 and 9 and connect students with resources to prevent substance use disorder.

Questions

IMPLICATIONS FOR FUTURE CANNABIS POLICY



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	Policy actions
Proposed cannabis policies should be assessed for their potential to achieve these goals:	Policy actions can design effective laws, rules, regulations and programs in the following areas:
 Protect youth health and brain development	<ul style="list-style-type: none"> • 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	

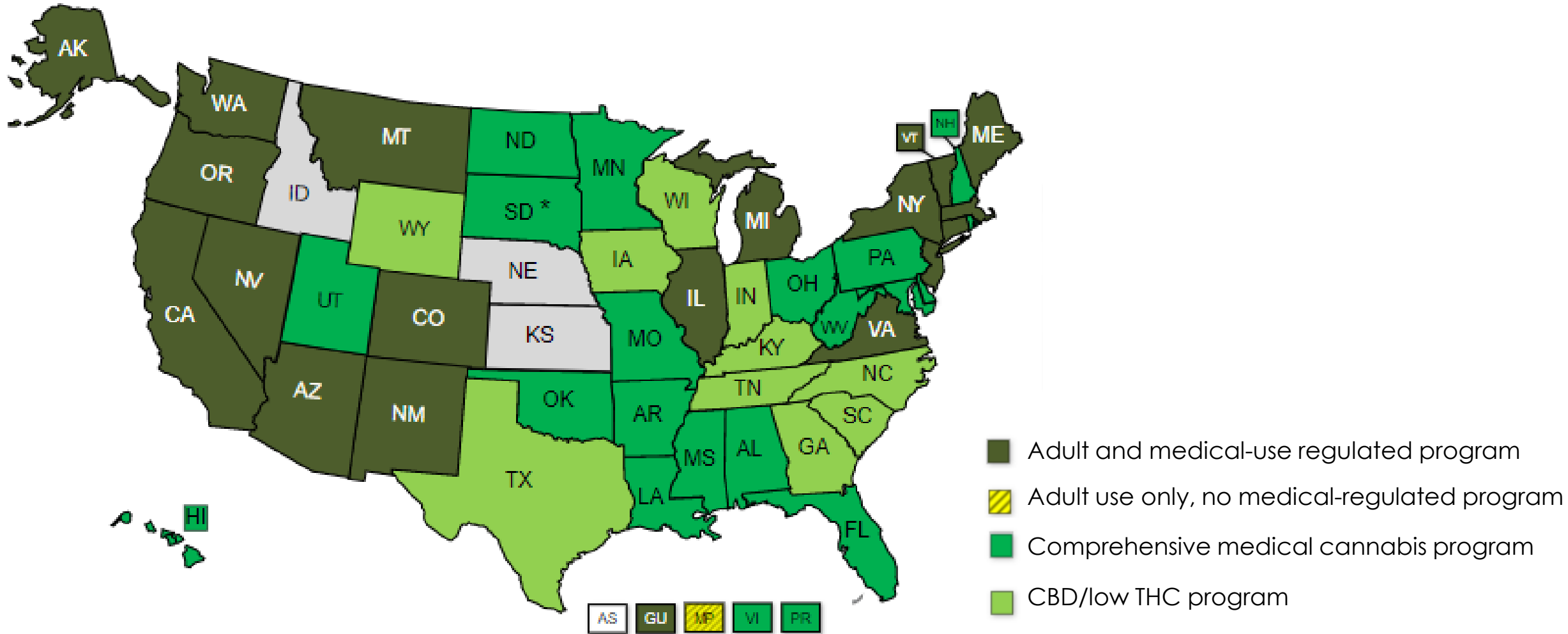


3 key findings

- We know what works to reduce tobacco and alcohol dependence
- Tobacco and alcohol policies and outcomes have implications for future cannabis policy
- Now is the time to set clear policy goals on legal drugs

State regulated cannabis programs

as of Feb. 2022



Limited adult possession and growing allowed, no regulated production or sales: DC

Source: "State Medical Cannabis Laws," National Conference of State Legislatures

Ohio cannabis policy landscape

Medical

2016

Ohio General Assembly passed HB 523, creating the Ohio Medical Marijuana Control Program

2021

SB 261 introduced, would expand Ohio's medical program (passed Senate 12/21)

Recreational (“adult use”)

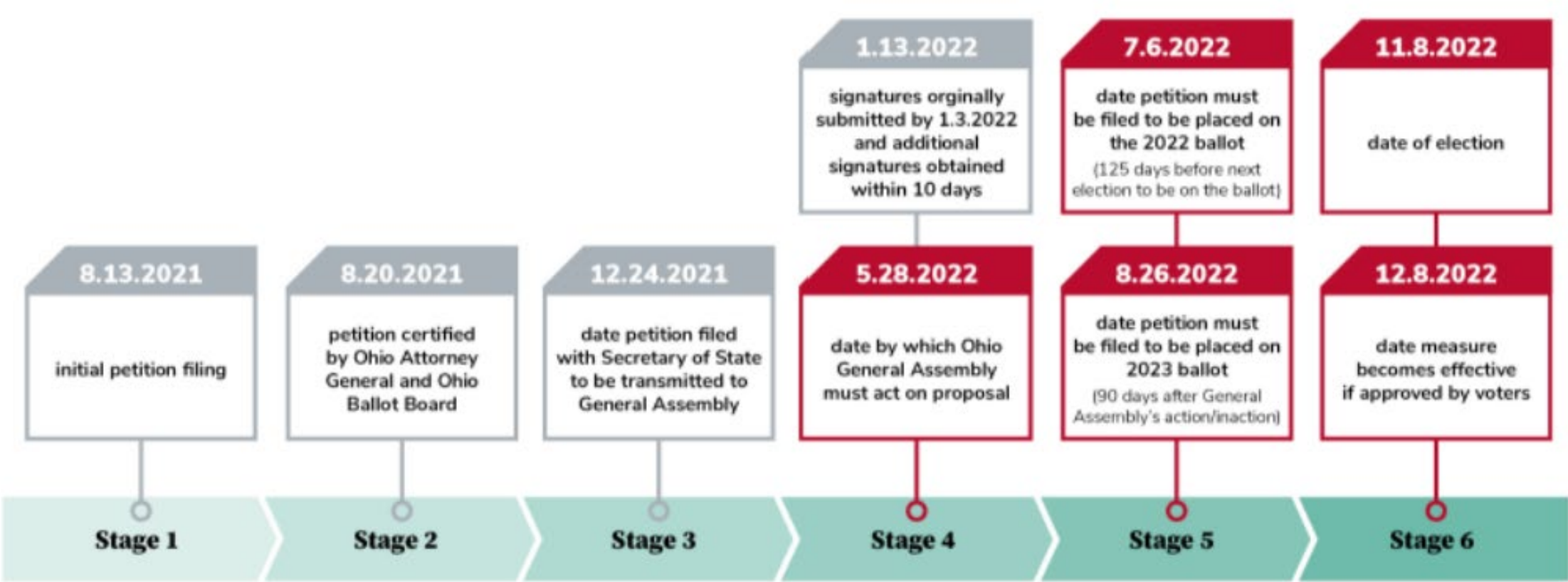
2021

- Coalition to Regulate Marijuana Like Alcohol started ballot initiative process
- Three bills introduced to legalize recreational marijuana (HB 210, HB 382 and HB 498)

2022

- HB 682 introduced
- Ballot initiative delayed until 2023

Initiated statute process for An Act to Control and Regulate Adult Use Cannabis



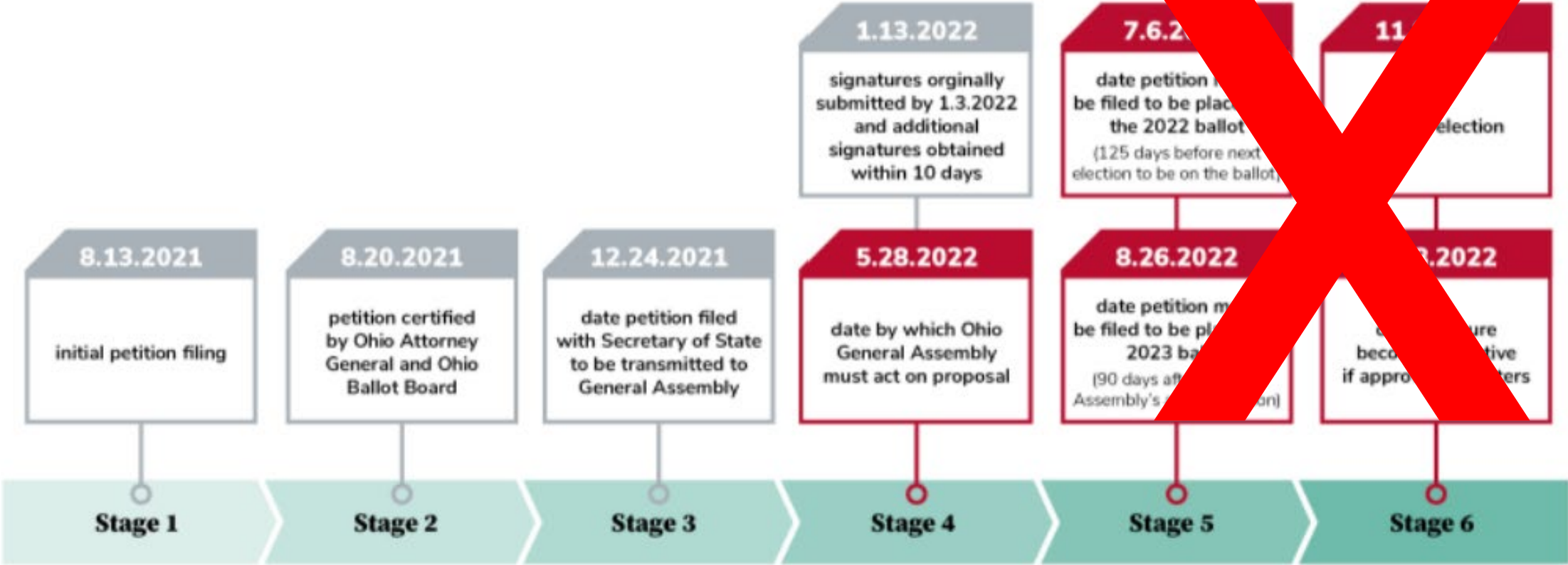
Source: Drug Enforcement and Policy Center, Moritz College of Law, Ohio State University

The Columbus Dispatch

ELECTIONS

Ohio won't vote on legalizing marijuana in 2022, group to try again in 2023

Initiated statute process for An Act to Control and Regulate Adult Use Cannabis



Source: Drug Enforcement and Policy Center, Moritz College of Law, Ohio State University

Learn more: Drug Enforcement and Policy Center tools

The screenshot shows a web page from OSU. At the top, there is a navigation bar with 'OSU.EDU' on the left and links for 'Help', 'BuckeyeLink', 'Map', 'Find People', 'Webmail', and 'Search Ohio State' on the right. Below this is the OSU logo and 'THE OHIO STATE UNIVERSITY MORITZ COLLEGE OF LAW' on the left, and a 'MENU' button on the right. A large banner image of a building is visible. Below the banner is a breadcrumb trail: 'Faculty and Research | Drug Enforcement and Policy Center | DEPC Research and Grants | Policy and Data Analyses | Cannabis Crossroads'. The main heading is 'A Comparison of Marijuana Reform Proposals in Ohio'. Underneath is an 'Introduction' section with a paragraph of text. On the right side, there is a 'Related Links' sidebar with a list of links: 'DEPC Overview', 'Policy and Data Analyses', 'Reports and Studies', 'Marijuana Reform Focus Area', 'Marijuana and Drug Policy Research Grants', and 'Student Papers'. At the bottom of the page, there are three buttons: 'Download the Recreational Comparison Table', 'Download the Medical Comparison Table', and 'Download a printable version of this page'.

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A Comparison of Marijuana Reform Proposals in Ohio

Introduction

Following the path blazed by Colorado and Washington via 2012 ballot initiatives, nearly 20 states over the last decade have legalized marijuana for recreational adult-use. The Ohio General Assembly enacted medical marijuana reform legislation in 2016 after a controversial recreational reform initiative had been rejected by Ohio voters in 2015. Now, adult-use reform is again being actively considered in the Buckeye state with three new proposals—two legislative and one initiative—to legalize recreational marijuana in Ohio, and an additional proposal being introduced that would reform the existing medical marijuana program. The pages and documents below compare the medical marijuana reform bill and the three recreational reform proposals to each other as well as to provisions of the existing Ohio Medical Marijuana Control Program.

[Download the Recreational Comparison Table](#)

[Download the Medical Comparison Table](#)

[Download a printable version of this page](#)

Related Links

- [DEPC Overview](#)
- [Policy and Data Analyses](#)
- [Reports and Studies](#)
- [Marijuana Reform Focus Area](#)
- [Marijuana and Drug Policy Research Grants](#)
- [Student Papers](#)

Lessons learned

from tobacco and alcohol

1. Easy access and low prices lead to higher consumption
2. Product types and marketing tactics change more quickly than public health data systems can monitor drug use trends
3. Excise tax revenue has not been used for addiction prevention

Lessons learned (cont.)

4. Designating a drug as legal may lead the public to assume it is not harmful to health
5. Toxic stress and trauma play a critical role in drug dependence
6. General “once size fits all” prevention and treatment approaches do not work for every Ohioan

Lessons learned (cont.)

7. An effective public health approach includes both prevention and harm reduction

Effective policy options: Tobacco and alcohol

Youth access
and age
restrictions

Education and
media
campaigns

Taxation, fees
and pricing

Marketing
restrictions

Retail sales
restrictions

Healthcare
services

Public safety

Funding for
state-level
prevention and
control,
including data
and evaluation

Effective policy options: Cannabis

Youth access
and age
restrictions

Education and
media
campaigns

Taxation, fees
and pricing

Marketing
restrictions

Retail sales
restrictions

Healthcare
services

Public safety

Funding for
state-level
prevention and
control,
including data
and evaluation

Policy goals

Proposed cannabis policies should be assessed for their potential to achieve these goals:



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

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:



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

Policy actions

Policymakers can design effective laws, rules, regulations and programs in the following areas:

- 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

Recommendations

1. Strengthen implementation of proven tobacco and alcohol policies
2. Clarify policy goals for recreational cannabis legalization
3. Deploy effective strategies to achieve cannabis policy goals

Questions



Download slides and resources from today's forum
on the event page at

<http://bit.ly/HPIOevents>

Poll Question



Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visits your organization or speak at a meeting you host

Poll Question



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Thank you