# Cannabis Policy Areas Most Likely to Impact Public Health

More than half of all U.S. states have legalized cannabis for adult or medical use, yet the public health consequences have not been comprehensively evaluated. To address this, the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) tasked the National Academies of Sciences, Engineering, and Medicine with reviewing cannabis and cannabinoid availability in the United States, assessing regulatory frameworks for the industry with an emphasis on equity, and describing strengths and weaknesses of surveillance

systems. The resulting report, *Cannabis Policy Impacts Public Health and Health Equity*, outlines recommendations to minimize societal harms and inform policy research over the next 5 years.

Drawing from prior research, the study committee identified state cannabis policies that were most likely to protect public health, and examined how states have approached each of these regulatory options.



### **State Monopolies**

Monopolies, government-controlled systems for all or a segment of the cannabis supply chain, could be used for cultivation, processing, wholesale purchasing, or retail sales. No state has adopted a monopoly model for cannabis, to avoid legal issues at the federal level, but Vermont and New Hampshire have considered the model to regulate supply.



## Restrictions and Requirements for Retail Operations

Rules around hours/days of operation; minimum purchase ages; maximum sales (typically range from 1–2 ounces of dried flower to 3.5–15 grams of concentrate); home delivery; employee training (some states focus on legal requirements while others address risks); cash-only purchases; and more.



#### **Pricing**

Over half the states where cannabis is legal have imposed pricing controls—regulations that limit the ability of stores to offer cannabis at a discount or at a loss to attract customers.



#### Restrictions on Cannabis Impaired Driving

All states have policies related to cannabis impaired driving. Some have zero tolerance policies, while others have laws with specific THC limits. Blood THC is not a reliable indicator of cannabis intoxication due to individual differences, tolerance, and route of administration. Current roadside testing methods are also limited in their ability to detect cannabis impairment.



The cannabis plant contains over 100 cannabinoids, with hybrids having unique and inconsistent chemical profiles and health impacts. Extracts can be used in a wide variety of products, all with different intoxicating profiles. This diversity presents major regulation challenges.



#### **Tax Strategies**

Some states tax cannabis based on weight, or by the concentration of delta-9 THC, but most tax based on price—either through sales or excise tax.



#### Restrictions on Physical Retail Availability

These vary across states. Earlier adopters have allowed higher outlet density per 100,000 adults while later adopters have generally imposed more restrictions. Arizona, Connecticut, Illinois, Nevada, Rhode Island, Virginia, and Washington have a cap on the number of outlets. Restrictions can include limits on the number/types of outlets allowed; the location of outlets; setback requirements from schools, churches, and other public spaces; allowance of on-site consumption; and limits on the hours and days of sale.



#### **Measures to Limit Youth Access and Exposure**

While all states conduct inspections of cannabis licensees, these are not like those done for alcohol or tobacco, where regulators confirm licensees are not selling to minors or violating other rules and immediately impose hefty fines and sanctions on those who are found noncompliant. Cannabis advertising restrictions also differ across states, leaving differing apportunities for youth exposure.



#### **Product Design Restrictions and Requirements**

All states have serving-size limits on the amount of THC permitted in edibles and single packages, but few states impose a THC limit that can be contained in flower. Some states restrict vitamin E acetate in vape pen cartridges due to potential lung injury. Most states impose few limits on the types of cannabis products that can be sold or purchased.

Learn more and review the report's recommendations at www.nationalacademies.org/cannabis-policy.