
Introduction

In 1933, the United States ratified the 21st Amendment to the Constitution, repealing the prohibition on “manufacture, sale, or transportation of intoxicating liquors.” The 21st Amendment left how to accomplish regulation of alcoholic beverages almost entirely to the states and limited the power of the federal government to interfere. Overnight this created a vacuum in state policy, a vacuum into which strode industrialist John D. Rockefeller Jr, who commissioned a slim volume called *Toward Liquor Control*.¹ This book analyzed both the US experience prior to national prohibition and what other countries had tried and learned in regulating alcohol to lay out models for how the states could implement alcohol control systems while avoiding the excesses that had led to prohibition.

Nearly a century later, states are in an analogous situation regarding cannabis.* Public sentiment has largely turned against cannabis prohibition. A wide range of claims about health benefits of cannabis has led to laws allowing medical use in 35 states and four territories across the country, despite the continued presence of a federal prohibition. Growing numbers of states are experimenting with full legalization, medicalization, or some combination of the two. A vacuum exists, however, in public health research–driven guidance regarding how states that decide to legalize adult use of nonmedical cannabis can do so while still safeguarding public health and safety.

That is where this book comes in. The aim here is not to take a position for or against legalization but to bring together, in one place, what has been learned over the past 100 years, in the US and elsewhere, about how best to regulate a complex substance, which may have health benefits but is also potentially intoxicating and addictive. This book focuses on regulation of those parts of the cannabis plant that are clearly more intoxicating and addictive than others. There are many lessons to glean from public health research into tobacco and alcohol regulation as the most prominent other legal and potentially addictive substances in the US marketplace. There is also a lot to learn from efforts by other countries to make cannabis more widely available in a relatively safe manner.

*While the terms *marijuana* and *cannabis* are often used interchangeably, for the purposes of this book we will use the term *cannabis*. *Cannabis* is a broad term that can be used to describe all products derived from the *Cannabis sativa* plant, and the National Academies of Sciences, Engineering, and Medicine report states that *cannabis* is the standard terminology used within scientific and scholarly fields. We will also use the term *medical cannabis* for states in which cannabis was allowed for medical reasons and the term *cannabis for nonmedical use* in states that have legalized cannabis for use among persons 21 and older.

This book assumes continued federal prohibition of cannabis, although this could change. However, if it does, the odds are good that the federal government will follow a path similar to what it did with alcohol, leaving most control and much discretion in the hands of individual states. The guidance in this book will then be even more relevant, as every state will need to find a way forward that is acceptable to its citizens and protects public health and safety.

Health policies and policymakers are priority areas of focus for the de Beaumont Foundation, which took the role of Rockefeller in commissioning this report. Much remains unknown about cannabis as a plant, a medicine, and a commercially available commodity. However, as states and possibly the nation embark on yet another national experiment to control an intoxicating substance, it is important to recognize what we do know, both about cannabis itself and about what science can tell us regarding effective methods of regulating it. This book draws on a comprehensive scoping exercise, including literature reviews, as well as interviews with a wide range of subject-matter experts, from public health researchers and local and state health officials and regulators, to members of both the nonmedical and the medical cannabis industry. The goal of the report is to insert a strong public health voice and perspective, based in research and experience, into current debates over how to regulate cannabis for nonmedical use.

WHAT IS A PUBLIC HEALTH PERSPECTIVE?

In 2002, the Institute of Medicine (now the National Academy of Medicine) defined the mission of public health as “fulfilling society’s interest in assuring conditions in which people can be healthy.”² From this perspective, if cannabis availability is to be broadened, the key question is, “What are the conditions under which people can be healthy *and* cannabis can be more widely available to adults for nonmedical use?” The first portion of this book reviews what we know about cannabis use, cannabis users, and the health impact of cannabis use in the United States. This public health perspective seeks to work from the best available data, and these early chapters provide the basis for later discussion of specific structures and policies that show promise for preserving people’s potential for good health as cannabis availability expands.

From the available data (presented in more detail in these early chapters), there is a general agreement that cannabis use is not healthy for young people. There is also a consensus that overconsumption of cannabis is unhealthy for users and for those around them. Public health goals for cannabis regulation—distinct from the goals, for instance, of private industry, maximizing state revenues, or rectifying the injustices caused by cannabis prohibition—include

- Preventing youth cannabis use;
- Controlling the prevalence, frequency, and intensity of cannabis use;

- Reducing cannabis-related harms to individuals and communities;
- Ensuring accurate information about the risks of cannabis use; and
- Minimizing the influence of a profit-driven cannabis industry in setting cannabis policies.

BUILDING AN EFFECTIVE CANNABIS REGULATORY SYSTEM

After the first three scene-setting chapters, the remainder of the book takes on the question of how to operationalize these goals. Leaning heavily on experience and research from alcohol and tobacco regulation, Part II begins with Chapter 4 by looking at the big picture of state-level cannabis regulation, describing the current status of state cannabis laws and other relevant policies, reviewing the regulatory models available for nonmedical cannabis, and making recommendations regarding the kinds of cannabis control systems states may want to consider from the perspective of protecting public health.

The ensuing chapters go further into more specific aspects of cannabis regulation. The enforcement of cannabis prohibition in this country has led to severe and unjust consequences for Black and Latinx communities in particular, specifically in terms of mass incarceration, reduced opportunity, and resulting family and community impoverishment. As a critical preface to exploring the specifics of cannabis regulation, Chapter 5 summarizes research on this legacy of social injustice, looks at efforts states have made and are continuing to make to rectify this, and makes recommendations for the way forward.

For alcohol, the World Health Organization has identified three areas where regulation has the greatest potential for being both effective and cost-effective.³ The next three chapters examine these areas as they apply to nonmedical cannabis. After reviewing regulatory options for cannabis products themselves, Chapter 6 summarizes research and policy options regarding cannabis marketing and promotion. Chapter 7 focuses on the physical availability of cannabis through retail outlets, including the potential impact of outlets on crime and regulatory options for addressing the risks of overconcentration of outlets in certain neighborhoods. Chapter 8 focuses on pricing and taxation of cannabis cultivation and products. Chapter 9 then summarizes monitoring, surveillance, and enforcement needs, including how best to monitor and prevent driving under the influence of cannabis; current data systems available for monitoring and surveillance of cannabis use and policy effectiveness more generally; and the need for additional data and evaluations to assess and stay abreast of the impact of cannabis on individuals and communities as this experiment proceeds.

Each of Chapters 4 through 9 closes with public health–focused recommendations regarding best practices for regulation of what has been described in that chapter. The final chapter outlines a way forward based on the evidence presented in earlier chapters,

summarizing the policy recommendations from each of the chapters and providing a blueprint for next steps.

REFERENCES

1. Fosdick R, Scott A. *Toward Liquor Control*. New York: Harper and Brothers; 1933.
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3. World Health Organization. Technical Annex (Version dated 12 April 2017). Updated Appendix 3 of the WHO Global NCD Action Plan 2013–2020. 2017. Available at: http://www.who.int/ncds/governance/technical_annex.pdf. Accessed April 5, 2021.