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THE DIFFERENCES BETWEEN ALCOHOL & CANNABIS POLICY

The 21st Amendment is the federal law that governs alcohol policy. The Federal Alcohol Administration Act (FAA Act) gives the Alcohol and Tobacco Tax and Trade Bureau (TTB) authority to regulate some areas of alcohol products, such as advertising. The FAA preserves authority for states to regulate production, sale, and distribution of alcohol within its borders. Some states preserve local authority for regulations, most notably enforcement regulations. **Because of this, all states regulate alcohol differently.**

Cannabis is a Schedule 1 drug under the Controlled Substance Act, the federal law that regulates substances. This scheduling means that cannabis is considered to have no acceptable medical use and is among the class of drugs having the highest potential for abuse. Federal prosecutors do not pursue prosecutions of actions entirely within a state and consistent with state laws that license cannabis activities, such as the production, sale and distribution of cannabis within state borders. Additionally, most states allow local authority for regulations. **Because of this, all states regulate cannabis differently.**

PREVENTION FIRST

What Are The Consumption Patterns & Contributing Factors Associated With Alcohol and Cannabis-Related Harms?

1 — AGE OF FIRST USE

Defined as the age when a youth first consumes alcohol, younger age of first use is linked to risk of developing alcohol use disorder (AUD) later in life.

2 — INTOXICATION DURING FIRST USE

Drinking to the point of feeling "drunk" during 1st use of alcohol increases risks for future problematic drinking.

3 — BINGE DRINKING

Defined as consuming 5 or more drinks for men, 4 or more for women, binge drinking is associated with short and long-term cognitive impairments and risky sexual behavior.

4 — HEAVY DRINKING

Defined as consuming 15 or more drinks in a week for men, 8 or more for women, heavy drinking is linked to impaired brain development and later substance use disorders.
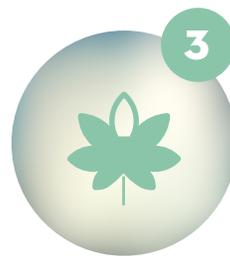
1 — AGE OF FIRST USE

Earlier use of cannabis relates to greater risk of psychosis, anxiety, and depression.
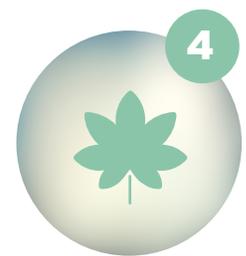
2 — PERCEIVED RISK OF HARM

Beliefs that cannabis use poses little harm to mental/physical health increases odds of future initiation of use and regular cannabis use.

3 — REGULAR

Using cannabis on multiple occasions per week is often considered regular or frequent and can impair brain and cognitive development.

4 — CANNABIS POTENCY

Using cannabis with a greater % of Tetrahydrocannabinol (THC), the key psychoactive ingredient in cannabis, increases risk of psychosis, cognitive impairment, and faster transition to cannabis use disorder (CUD).

Alcohol and Cannabis Appear Similar, Why Approach Regulation Differently?

ONSITE CONUSMPTION

Bars and restaurants are a primary point of access for alcohol consumption. Because of this, onsite consumption and the regulation of bars and restaurants with liquor licenses are a central focus for prevention policies.

TARGETED ENFORCEMENT

Alcohol is an intoxicant that causes impairment. Alcohol impairment can be measured and therefore enforcing prevention of alcohol-related harms like driving under the influence can be targeted.

STANDARDIZED UNITS

Alcohol has validated standardized units that facilitate the regulation and monitoring of consumption (12 oz of beer = 5 oz of wine).

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ILLICIT MARKET

Cannabis has a large illicit market. Consumers may purchase from the illicit market as opposed to the regulated market. The illicit market is associated with greater cannabis-related harms. Some prevention policies used in alcohol or tobacco may drive consumers to the illicit market.

PERCEIVED HARMS

Unlike with alcohol or tobacco, the public has low perception of cannabis use being harmful. Many prevention policies and messages used for other substances are ineffective in addressing this.

MEDICINAL

In majority of U.S. states, cannabis may be used for medicinal purposes. Some policies for medical use, such as allowances for high potency products, may contribute to potential harms

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Evidence-Based vs. Data Supported

Alcohol policies and prevention have been studied for decades. There is a robust evidence-base that can be utilized when making decisions around alcohol policy and enforcement. Prevention First's Alcohol Policy Resource Center has training, education and resources on this information.

Cannabis policies and their impacts on prevention is still a vastly understudied field. Further, each state has a unique consumer population and a unique regulatory framework. Governments should seek to conduct population level studies to understand their population before implementing policies with potentially adverse effects.

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WANT TO LEARN MORE OR GET MORE DETAILS?

Visit the Cannabis Policy Resource Center

www.prevention.org

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