

Position Statement: Regulation of Legalized Cannabis

Background

During the 2015 Canadian federal election the Liberals committed to the legalization and regulation of cannabis. The federal government is moving forward with this commitment. Several organizations, including the Canadian Medical Association (CMA), the New Brunswick Medical Association (NBMA), and Center for Addiction and Mental Health (CAMH), have made recommendations on how this rollout should occur.

Cannabis is currently criminalized in Canada under the *Controlled Drugs and Substances Act*. Decriminalizing cannabis means removing aspects of cannabis from criminal law. This will remove some social harms; however, it does not address the public health concerns associated with its use.

Cannabis is not a harmless substance. There are both acute and chronic health risks associated with cannabis use. Researchers have described cannabis as a “performance-degrading drug” with strong habituating tendencies (Caulkins, 2016). Risks are more significant when use takes place daily or almost daily and include respiratory issues, problems with psychomotor or cognitive functioning, dependence, unintentional poisoning, and mental health problems (CAMH, 2014). Early use in childhood or adolescence carries an additional set of health risks beyond those noted above including increased risk of developing dependence and negative impacts on the brain. However, unlike other illicit psychoactive substances cannabis does not pose a risk for fatal overdose in humans (Caulkins, 2015).

As the federal government and Nova Scotia provincial government move forward with legalizing cannabis, the physicians of Nova Scotia would like to ensure that a public health approach is implemented.

Nova Scotia context

Cannabis is the most commonly used illegal drug in Nova Scotia. Lifetime use of cannabis by Nova Scotians is 42.4%, the highest provincial usage in Atlantic Canada and the fourth highest in Canada. It is slightly above the national average of 41.5%. In 2012 past year use of cannabis by Nova Scotians was 12.1%, ranking N.S. third in the country in this category and again the highest in Atlantic Canada. Nova Scotia’s past year use was higher than the national average of 10.2% (Health Canada, 2012).

Cannabis is also popular among Nova Scotia youth. The percentage of junior and senior high school students who have used cannabis has remained relatively unchanged since 1996, hovering between 32.1 and 37.7% (Asbridge, 2013). Students in grade 7, 9, 10 and 12 in Nova Scotia reported past year usage at 34.7%. In this population, cannabis use more often than once per month was reported by 16.2% of males and 12.4% of females (Asbridge, 2013).

Complexity of Prevention and Treatment

It is important to remember that problematic drug use is associated with many social determinants of health including housing insecurity, food insecurity, lack of ethnic and/or cultural connectedness, low income, physical abuse, sexual abuse and adverse early childhood experiences. Health promotion and treatment strategies implemented to prevent cannabis use among youth or treat problematic use will necessarily need to continually work to address improvement in the social determinants of health.

Recommendations

Doctors Nova Scotia welcomes legalization of cannabis as an important opportunity to implement responsible regulations to help minimize the harms associated with cannabis use. Given that cannabis is not a harmless substance, and Nova Scotia has high usage rates, Nova Scotia needs to take a public health approach to legalization to promote the health and safety of all Nova Scotians. Doctors Nova Scotia's recommendations were informed by the following organizations policy documents:

- Chief Medical Officers of Health of Canada & Urban Public Health Network
- Centre for Addition and Mental Health
- Canadian Medical Association
- New Brunswick Medical Association

The below recommendations and concepts have been adapted from the above listed organizations who are leading experts in the area of public health and cannabis.

Recommendation #1: Cannabis should be distributed and sold through government monopolies where the primary objective is protecting public health and safety and not revenue generation. This distinction should be recognized in legislation. This includes:

- establishing government owned stores that only sell cannabis (cannabis should not be sold in stores where alcohol is sold to limit concomitant use of alcohol and cannabis)
- limiting access to the product
- regulating the price of the product
- restricting the hours of day during which cannabis is available for sale
- limiting government-run retail outlet density
- controlling product marketing

Recommendation #2: Establish and invest in the necessary infrastructure to appropriately administer a government monopoly system and enforce restrictions. This includes:

- Developing a taxation system
- Investing in cannabis-control measures, such as law enforcement and retailer training
- Continuing to invest in enforcement for those who try to sell outside the legal system

Recommendation #3: Establish a pricing and taxation structure designed to curb demand of cannabis. This would include:

- Initiating pricing that will maximize purchase from the legal market but over time pricing should be adjusted, as this is a key tool in decreasing overall demand as well as encouraging consumption of lower-harm products (e.g. lower THC concentration; non-smoke able products)
- Basing price on Delta-9-tetrahydrocannabinol (THC) concentration and/or set maximum THC concentrations
- Developing a taxation system that supports prevention strategies
- Prohibiting discount pricing, happy hour pricing, bulk purchasing, coupons, and giveaways

Recommendation #4: Protect youth from cannabis use. This would include:

- Establishing the minimum legal age of 21 to enter a cannabis shop, purchase cannabis, and/or use cannabis
- Establishing a penalty for any adult who provides cannabis to a minor
- Banning all forms of advertising, promotion, sponsorship, and indirect forms of marketing (such as packaging)
- Prohibiting promotion, packaging, and formats that appeal to youth

Recommendation #5: Implement a comprehensive public education and awareness program aimed at promoting responsible use and preventing cannabis related morbidity and mortality including prevention of:

- Risky use (e.g. heavy use, concurrent use with alcohol)
- Harms to children and youth exposed to or using cannabis (e.g. early psychosis, second hand smoke)
- Cannabis-impaired driving

Recommendation #6: It is easier to loosen regulations than to tighten them. The initial regulatory approaches put forward by the federal and provincial governments should be cautious. Adjustments can be made as time progresses based on comprehensive monitoring and research. Such monitoring and research will need to be adequately resourced.

Recommended reading

Canadian Medical Association. (2016). CMA Submission Legalization, Regulation and Restriction of Access to Marijuana. Retrieved from

<https://www.cma.ca/Assets/assets-library/document/en/advocacy/submissions/2016-aug-29-cma-submission-legalization-and-regulation-of-marijuana-e.pdf>

Centre for Addiction and Mental Health. (2014). Cannabis Policy Framework. Retrieved from

https://www.camh.ca/en/hospital/about_camh/influencing_public_policy/documents/camhcannabispolicyframework.pdf

Centre for Addiction and Mental Health. (2014). Canada's Lower-Risk Cannabis use Guidelines. Retrieved from

http://www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/LRCUG.KT.PublicBrochure.15June2017.pdf

New Brunswick Medical Association. (2017). The Legalization of Recreational Marijuana. Retrieved from

<https://www.nbms.nb.ca/leadership-and-advocacy/helping-new-brunswickers-live-healthier-lives/recreational-marijuana/>

Chief Medical Officers of Health of Canada & Urban Public Health Network. (2016). Public Health

Perspectives on Cannabis Policy and Regulation from <http://uphn.ca/wp-content/uploads/2016/10/Chief-MOH-UPHN-Cannabis-Perspectives-Final-Sept-26-2016.pdf>

References

Asbridge, M. & Langille, D. (2013). *Nova Scotia Student Drug Use Survey 2012: Technical Report*. Halifax, NS: Dalhousie University.

Canadian Centre on Substance Abuse. (2014). Systems approach workbook: Socioeconomic determinants of health. <http://www.ccdus.ca/Resource%20Library/CCSA-Systems-Approach-Socioeconomic-Determinants-2014-en.pdf>

Caulkins, J. (2016). The real dangers of marijuana. National Affairs.

Caulkins, J., Kilmer, B., Kleinman, M., MacCoun, R., Midgette, G., Oglesby, P., Pacula, R., & Reuter, P. (2015). *Considering Marijuana Legalization: Insights for Vermont and Other Jurisdictions*. CAMH. (2014).

Centre for Addiction and Mental Health. (2014). Cannabis Policy Framework. Retrieved from

https://www.camh.ca/en/hospital/about_camh/influencing_public_policy/documents/camhcannabispolicyframework.pdf