



## Debate over recreational cannabis use legalisation in Canada

The Trudeau Government presents this proposed law as a boon for public health and safety, but debate rages over cannabis-harm reduction in youths. Paul Webster reports from Toronto.

As Canada prepares to legalise recreational cannabis use next summer, the government faces increasingly tough questions about a widely praised national drug control experiment being closely watched internationally.

"We're approaching it purely from a public health and safety standpoint", Prime Minister Justin Trudeau explained in a televised gathering in Toronto last autumn. "The questions around revenue and taxation are secondary to the fact that we want to keep our communities safe."

In a country where an estimated 11% of youth and adults aged over 15 years consume about 700 tonnes of cannabis annually, Canadian public health leaders firmly support cannabis legalisation as a means to promote public health and safety while curbing organised crime. "The harms of the current regime outweigh the potential harms of legalisation", says Ian Culbert, executive director of the Canadian Public Health Association.

Speaking to a conference on cannabis health research at McMaster University in Hamilton, ON, in mid-February, Wilson Compton, deputy director of the Washington-based National Institute on Drug Abuse, the world's largest funder of drug research, said Canada's push for cannabis legalisation is important for scientists and policy makers worldwide.

"Policy decisions relating to cannabis are outpacing research and knowledge", Compton explained, after noting that US laws severely impede cannabis research. "Canada will be watched for data on what people are consuming. We think that legalisation will open up research possibilities."

The Trudeau Government must first persuade the country's Senate—an unelected group of partisan appointees with extensive veto power over federal

legislation—that cannabis-related harms to youth will be reduced.

During a televised session inside the Senate chamber in Ottawa in early February, a trio of federal ministers marshalled the government's main arguments in favour of the legislation.

**"Canada [will be] 'the first G7 country to adopt a public health approach to strictly regulate access to cannabis'."**

Canada already has considerable experience with cannabis decriminalisation owing to the creation of a medicinal cannabis market in 2013, noted Federal Health Minister Ginette Petitpas Taylor.

Legalising recreational use as well as medicinal usage, Petitpas Taylor argued, will make Canada "the first G7 country to adopt a public health approach to strictly regulate access to cannabis". In doing so, Public Safety Minister Ralph Goodale said, the government will disrupt an illicit industry that currently puts at least US\$6 billion "into the pockets of organised crime" in Canada, while allowing police to better confront cannabis-impaired driving, especially among youth.

Meanwhile, measures to reduce youth cannabis usage will be dramatically strengthened through public awareness campaigns, Justice Minister Jody Wilson-Raybould promised.

The focus on youth protection has long been a political selling point for the Trudeau Government in its crusade to legalise non-medicinal cannabis use.

The new federal legislation proposes to make cannabis use legal for everyone aged 18 years and older. But many of Canada's 13 provinces and territories have opted to set the legal age at 19 years, in part because research into the impact of cannabis on the brain warns against youth usage.

Speaking with federal parliamentarians last September, Eric Costen, the director of cannabis legalisation and regulation for Health Canada, the federal health department, noted that a fifth of Canadian youth aged between 15 and 19 years report using cannabis illegally. "In moving to a new control framework, we might see those rates decrease", Costen argued while emphasising that youth tobacco smoking has fallen dramatically since 2001 due to federal controls.

Not everyone is convinced that cannabis legalisation as conceived by the Trudeau Government will be an automatic win for public health in Canada.

In the February Senate session with the ministers of health, justice and public safety, Senator Claude Carignan, a forceful opponent of the proposed cannabis legislation, warned that "the entire Canadian medical establishment sounded the alarm and informed the government of the health risks associated with using cannabis, especially to those under 25 [years of age]."

Carignan pointed out that the Association des médecins psychiatres du Québec, representing 1200 psychiatrists in Quebec, has warned that cannabis increases the risk

For more on health in Canada see [Series Lancet](#) 2018; published online Feb 23. <http://www.thelancet.com/series/Canada>

For more on medicinal cannabis and neurological disorders see [Editorial Lancet Neurol](#) 2018; 17: 193



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For more on the study referenced by Carignan see

[http://www.drugandalcoholdependence.com/article/50376-8716\(05\)00092-X/fulltext](http://www.drugandalcoholdependence.com/article/50376-8716(05)00092-X/fulltext)

For the CCSA's national cannabis research agenda see <http://www.ccsa.ca/Resource%20Library/CCSA-National-Research-Agenda-Non-Medical-Cannabis-Use-Summary-2017-en.pdf>

of developing psychotic disorders such as schizophrenia.

The Canadian Cancer Society has warned that cannabis smoke contains many of the same carcinogens as tobacco smoke, Carignan added, and the Canadian Paediatric Society warns that cannabis use during adolescence was associated, in a major study, "with a six-fold increase in future ecstasy consumption".

Carignan concluded by noting that the Fédération des médecins spécialistes du Québec, which represents specialists in 11 categories of medicine in the province, has warned that tetrahydrocannabinol (THC) content in cannabis has increased substantially over the past decade, "and that may lead to a higher level of addiction among some consumers".

The Canadian Public Health Association, while supportive of legalisation, has also called attention to the issue of THC content.

Although the Trudeau Government has set maximum THC levels for some products, no maximum concentration of THC has been established for dried or fresh cannabis, the Association's director, Ian Culbert, warns.

"It's easier to regulate stringently at the beginning, and we feel that there should be an upper limit on THC levels", Culbert argues in pressing the government to establish limits on THC levels for all cannabis products. "Industry makes it hard to regulate after the fact."

Costen declined an interview request from *The Lancet* to address the THC content issue.

Health Canada's spokesperson Tammy Jarbeau answered a written question from *The Lancet* on the THC content issue by explaining that for "dried cannabis products that are for smoking or vaping, such as prerolled forms or dried cannabis vaporisation cartridges, it is proposed that each unit of product could not contain more than 1 g of dried cannabis".

This response was described by Culbert as disappointing and evasive.

"Basically, they are not answering the question", Culbert warned while noting that scientific understanding of the mental health effects of cannabis containing high levels of THC is poor.

**"We're seeing the same patterns emerging that we've seen in the past with the alcohol and pharmaceutical industries."**

Canada's multibillion dollar cannabis industry has mounted a massive lobby campaign to pressure the government to craft its legislation to suit industrial aims, noted Michael DeVillier, a drug policy researcher at McMaster University. "We're seeing the same patterns emerging that we've seen in the past with the alcohol and pharmaceutical industries."

The increasingly high doses of THC in many products produced by companies currently racing to compete in the rapidly expanding Canadian cannabis market worries many researchers, including Suzanne Archie, a McMaster University psychiatry professor who studies the linkages between youth cannabis usage and early-onset psychosis and schizophrenia. "This is not your grandmother's weed", Archie quipped at the conference on cannabis health research at McMaster University in mid-February. "These products present complex bidirectional risks."

Iris Balodis, a behavioural neuroscientist at McMaster, echoed Archie's concerns. "We need far more research on THC concentrations and how they impact human behaviour", she argued. "We also need more research on brain recovery from cannabis exposure."

Margaret Haney, director of the Cannabis Research Laboratory at Columbia University in New York City, told the McMaster University gathering that "there's really a scientific vacuum" with regard to knowledge about numerous cannabis health impacts. "Good studies are needed to catch up with societal changes."

Meanwhile, explained Mark Ware, a pain researcher at McGill University in Montreal who cochaired a federal Task Force on Cannabis Legalisation and Regulation that called last summer for greater research investment, neither the cannabis industry nor the Canadian Government has invested yet in well designed, large-scale studies that might resolve key questions such as THC safety limits.

"I'm amazed these companies are worth billions and yet I can't get a few thousand dollars for research", Ware reflected at the McMaster conference.

The federal task force's call for more research last summer came after consultations in October, 2016, with scientists and policy makers from Health Canada, the Canadian Institutes of Health Research, and the federally funded Canadian Centre on Substance Use and Addiction (CCSA).

A 2017 CCSA report outlining a national research agenda on the health impacts of non-medical cannabis use recommended that the government dedicate a portion of cannabis tax revenue to health research. "While the specific percentage to be dedicated needs to be determined, a minimum figure of 10% resonated with the group as a preliminary estimate", the report suggested. Health Canada declined to comment on this suggestion when queried by *The Lancet*.

Speaking at the McMaster gathering, CCSA senior policy analyst Rebecca Jesseman noted that because cannabis distribution in most of Canada's 13 provinces and territories will be handled by government-owned alcohol monopoly corporations that serve as massive government revenue earners, public health officials could find their concerns about cannabis marketing overlooked.

"The competition between public health versus government revenues is a key health policy concern", Jesseman said. "Industry tends to push the limits when there is profit to be made."

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