

# Legalization of Non-medical Cannabis: A Public Health Approach to Regulation

## HIGHLIGHTS AND SUMMARY

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This material is drawn from an analysis produced by the INSPQ, at the request of the Ministère de la Santé et des Services sociaux (MSSS) [Québec's ministry of health and social services], on the challenges posed by the legalization of cannabis from a public health perspective.

### Highlights

- **Cannabis is the most commonly consumed illegal substance.** The current system of prohibition and its sanctions do not prevent the use of this substance. The most recent data indicate that about 15% of the Québec population report having used cannabis in the past 12 months. More than half of those who have used cannabis report having used it less than once a month. Those who use it weekly or daily represent about a quarter of cannabis users.
- **Cannabis is not an ordinary product.** It carries risks for public health and safety. Its psychoactive effects affect the ability to drive motor vehicles, can lead to dependence, can impair brain development in youth, and can potentially give rise to mental disorders. Smoking cannabis can also cause respiratory diseases. The legalization of non-medical cannabis provides an opportunity to create a regulatory system aimed at reducing the social and health problems associated with the use of this substance.

### Legalization can resonate with health... under certain conditions

The legalization of cannabis is, a priori, compatible with an improvement of public health in Québec. However, the achievement of this potential depends on numerous conditions which will be the subject of public deliberations whose results are uncertain. A harm prevention and reduction approach should be advocated for the regulatory choices to be made.

- There are several possible regulatory scenarios or options. The choices made concerning the **production, distribution and consumption** of cannabis are necessarily interrelated and should be the subject of integrated reflection. These choices will be key to the success of the legalization process, the flattening of the illicit market and the achievement of public health goals.

- The choices made for regulating the distribution and consumption of cannabis should **avoid tending toward a trivialization of the substance**. In addition, they should not produce setbacks in other areas of public health, for example, by leading to the social renormalization of smoking.
- The commercialization of cannabis products, even within the context of a strict regulatory framework, sets up an opposition between the profit motive of businesses and the public health goal of reducing cannabis use within the population as a whole. In contrast, **a not-for-profit approach makes it possible to focus squarely on prevention, health and safety**.
- The legalization of non-medical cannabis carries its share of uncertainties and requires innovation on the part of Canada and Québec. Moreover, **flexibility must be built into the system so that it can be adapted to the evolving** portrait of cannabis use prevalence and practices within the Québec population. **Caution** should also guide the choices made concerning the regulation of this substance.

## Summary

### Projected legalization

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The federal government announced that in the spring of 2017 it would table a bill to legalize and regulate non-medical cannabis. This legalization process has different objectives all of which are, a priori, compatible with a public health perspective: to put an end to the illicit cannabis market, to generate public revenues, and to reduce the harmful effects associated with the use of this substance (e.g., prosecution of users, health effects).

### Cannabis: the most commonly used illicit substance

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A little over one third of Canadians aged 15 years and over report having used cannabis in the course of their lives. In 2012, 10.6% of the general population in Canada reported having made use of this substance during the past 12 months, a percentage that represents 3.1 million consumers.

In Québec the proportion of persons aged 15 and over who, in 2014-2015, reported having used cannabis in the past 12 months is 15.2%. Of this number, 52% used it less than once a month and 11% used it daily.

With respect to high school youth more specifically, 15.6% of Québec students reported having used cannabis in 2014, which confirms a downward trend that has been observed in this group over the past 15 years.

### An atypical consumer products that can have harmful health effects

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Although scientific research on cannabis is limited by the illicit status of the substance and although the statistical associations that have been observed do not constitute proof that cannabis use is necessarily the cause of certain health effects, some links have been documented in the literature.

Associations have been observed between early and regular consumption of cannabis and neurological and cognitive effects, effects on mental health, and the risk of dependence. It has also been demonstrated that regular cannabis smokers are more likely to display symptoms of chronic bronchitis. Associations have also been observed between cannabis use during pregnancy and negative effects on childhood growth, the development of cognitive functions, IQ and attention disorders. In addition, studies and tests have established that cannabis has a significant negative influence on the cognitive and motor functions required for safe driving. Evidence suggests that cannabis use is associated with an increase in road accidents and that this risk increases significantly when cannabis is consumed in high doses or simultaneously with alcohol. Finally, contamination with pesticides and other potential effects have been reported and these merit more thorough investigation.

## Legalization for better regulation: some public health objectives

**The legalization of non-medical cannabis provides an opportunity to establish a regulatory system capable of reducing the harmful effects and health risks associated with the use of this substance.** This can be achieved by creating a framework for regulating production, distribution and consumption that reduces the risks associated with the conditions and practices surrounding use.

To succeed in this, the regulatory model or framework implemented should pursue the following public health objectives:

- Reduce cannabis use within the population as a whole;
- Reduce use involving the combustion of cannabis;
- Reduce exposure to second-hand smoke;
- Control the potency, safety and quality of cannabis products offered through the licit market;
- Reduce and prevent higher-risk forms of use;
- Promote consideration of the vulnerability of specific groups.

## A for-profit approach to legalized cannabis: incompatible with public health objectives

Because profit-seeking activities aim for growth, and therefore levels of use and practices which have harmful effects on health, it is incompatible with public health objectives. Analyses indicate, moreover, that increased cannabis use is associated with its commercialization and not with a change in its legal status.

Even with measures that limit risk and harm, including control or even prohibition of advertising, it is reasonable to anticipate difficulties that could arise from a for-profit system in light of public health objectives. The challenges faced in the application of regulatory measures for alcohol and tobacco may serve as examples of this.

From this perspective, a not-for-profit approach that seeks to respond to the demand without stimulating it is to be fostered. Two scenarios that help operationalize

such an approach are detailed at the end of this document.

## From seed to smoke: issues related to the regulation of cannabis

The **issues surrounding the production of cannabis** are tied to product forms (dried buds, vaping products, product diversification, THC concentration), their safety and toxicity (mould, pesticides and other contaminants), the labelling and packaging of the products distributed, and the choice and level of supervision of persons/businesses that will be authorized to produce (home production for personal use, user cooperatives, large scale commercial production). The choices made regarding the regulation of production are just as important as those made regarding the distribution of products. For example, it is reasonable to suppose that if legally supplied products do not meet users' needs (for example, THC levels are too low), this could lead either to the perpetuation of the black market, or to consumption practices that are harmful to health (for example, increased frequency of use involving combustion).

The **issues surrounding the distribution of cannabis** are contingent upon the choices made regarding its production. They concern the choice and degree of oversight of persons or businesses that will be authorized to distribute directly to consumers (user cooperatives, licensed for-profit distributors, public distributors), accessibility of the product (legal, physical and economic), decisions related to the advertising and marketing of the product, the training and the prevention mandate of personnel tasked with distribution, and the limiting of supply quantities. These choices raise issues, among others, tied to the planning of use, the trivialization of the substance and its use, measures that could minimize the impulsive purchase of cannabis, and its distribution concomitantly with other psychoactive substances (alcohol, tobacco, drugs).

The **issues surrounding the use of cannabis** bear some similarity to those tied to alcohol and tobacco use and therefore pose a challenge related to the consistency of action with current measures directed at controlling the use of these psychoactive substances (PAS). Many of these issues derive from regulatory choices made upstream concerning the production and

distribution of the substance. They relate, in particular, to the designation of areas where consumption is authorized (allowing use in public or only in the home) and the modes and contexts of higher-risk forms of use (combustion of cannabis, driving with impaired faculties and intoxication in the workplace). These issues tied to consumption indicate the need to monitor the evolution of portraits and contexts of use.

### Conditions for the success of public health-oriented regulation

There are numerous public health issues and possible regulatory scenarios. The choices made regarding the cannabis production-distribution-consumption chain will be key to the success of the legalization process, the flattening of the illicit market and the achievement of public health goals.

To optimally foster the achievement of these objectives, the following set of conditions should be met regardless of the model or system that is ultimately preferred:

- To the extent possible, avoid a commercial logic;
- Establish one or more government agencies for controlling cannabis;
- Develop quality assurance mechanisms and procedures;
- Manage uncertainty through monitoring and the establishment of a flexible system;
- Implement public information activities prior to legalization;
- Detail the mechanisms for regulating medical and non-medical cannabis while ensuring respect for their distinct functions.

### Meet the demand without stimulating it

Based on a prospective analysis of the potential impacts and the contextualization of the various components of the regulatory options, the INSPQ presents **two scenarios** based on a not-for-profit approach that merit further consideration. These scenarios may be submitted for deliberation to the actors concerned:

- **A not-for-profit system** under which the production of cannabis in the home for personal use could be allowed and where production and distribution could also be undertaken by not-for-profit organizations (NPOs) (user cooperatives, public and private distributors). A government agency would oversee all activities, in particular by granting licenses to NPOs and by establishing and enforcing the rules governing production and distribution. According to this scenario, the products of licensed NPOs, with the exception of user cooperatives, would be destined for a government purchasing monopoly that would redistribute the cannabis to licensed NPOs with a harm reduction mission. These retailers should not be subject to any sales quotas or be given financial performance targets. The government corporation should, ideally, be under the authority of the *Ministère de la Santé et des Services sociaux* (MSSS), in collaboration with partner departments.
- **A not-for-profit system that opens the door to private for-profit producers.** Unlike the preceding scenario, this one opens the door to the production of cannabis by private, licensed producers (e.g., medical cannabis producers).

To preserve a not-for-profit approach in the establishment of such a system, a government agency would have to play a key role in regulating the private production and distribution of cannabis. As in the preceding scenario, such an agency would have to ensure a purchasing monopoly, provide licenses for producers and retailers, and ensure the implementation of a harm reduction mission.

**PRODUCTION**

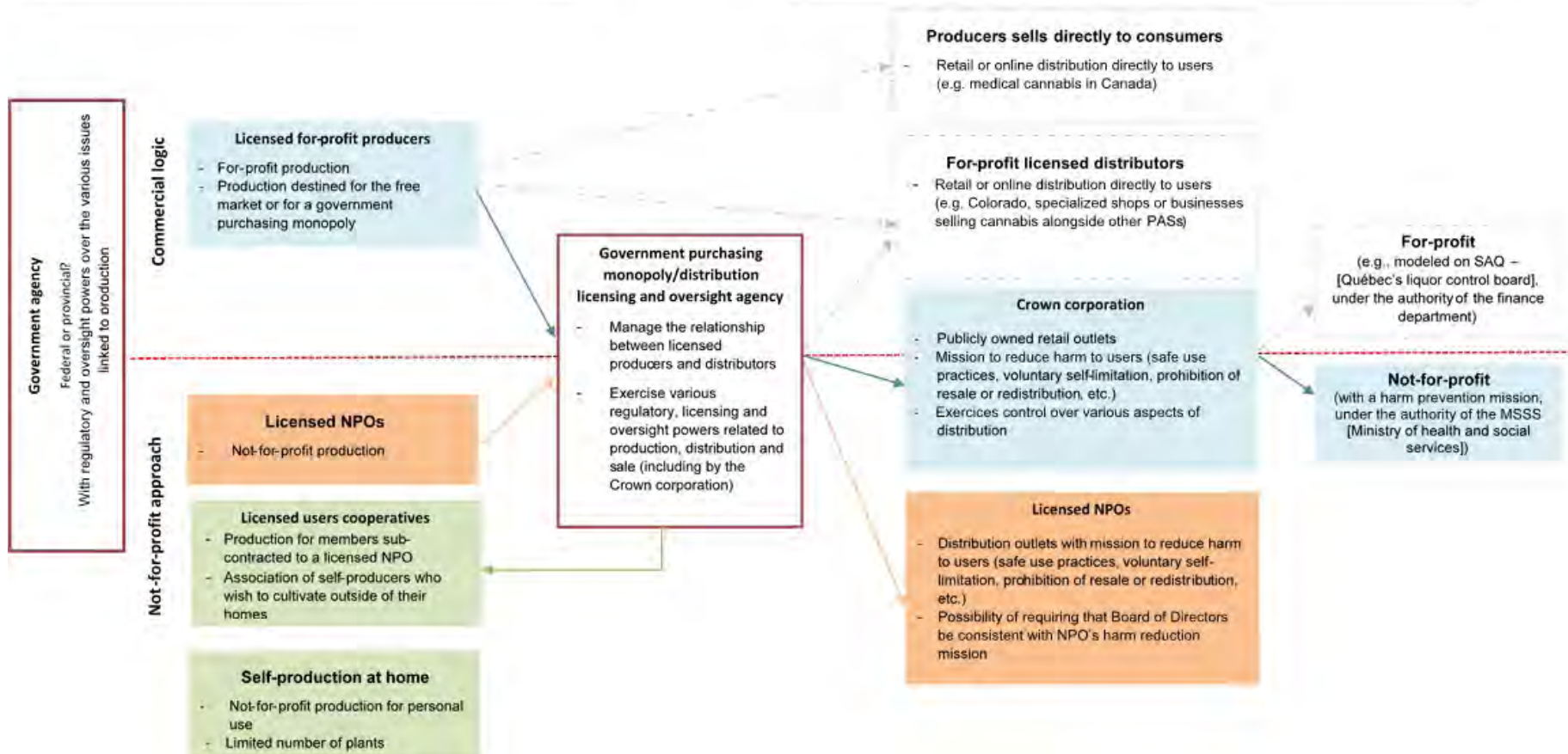
Principal issues:

- Persons and organizations authorized to produce
- Authorized forms of cannabis
- Quality and safety of cannabis and its cultivation
- Labelling and packaging of products distributed
- Licensing and oversight agency

**DISTRIBUTION**

Principal issues:

- Designation and definition of the mandate of organizations authorized to distribute
- Accessibility of the product
- Advertising and marketing of the product
- Training and prevention mandate of personnel tasked with distribution
- Limitation of supply quantities
- Licensing and oversight agency



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