

Examiner Column from Dr. Rosana Salvaterra, Medical Officer of Health Peterborough County-City Health Unit

Tuesday, February 9, 2016

Legalizing Marijuana: Let Public Health Drive

After years of debate, it appears that we now have a federal government that is serious about legalizing marijuana. According to the Canadian Community Health Survey, about a half of Peterborough's adults have tried marijuana or cannabis at least once in their lives, with more than a third of Peterborough high school students reporting the same in a recent study. The numbers of people using it on a regular basis are much lower, but there are concerns that use will increase and with that, a variety of associated harms as well.

The risks are real, but we have an opportunity to learn from jurisdictions like Colorado or Washington states where the personal possession and retail sale of cannabis have been legalized. The Canadian Centre on Substance Abuse (CCSA) embarked on a fact finding visit of both states and released their findings this past November. Taking the time to set up the infrastructure, do the research, and allocate resources to ensure a smooth implementation; with a process to assess and monitor so as to make adjustments along the way seems to be the most important lesson learned. Colorado took one year to set up a regulatory framework, and clearly, this was not long enough. So, we should prepare ourselves for a long and thoughtful process.

Before pressing the START button, taking the steps to both prevent youth access and the commercialization of cannabis is critical. From Colorado and Washington, we also learned that the medical and retail markets must be reconciled to promote consistency of regulated formats. Regulating the concentrations of tetrahydrocannabinol (THC) in products must be done prior to legalization. Both states had pre-existing medical regulations that would have led to dual standards and more of a grey or unregulated market.

Like tobacco and alcohol, two more familiar psycho-active substances that are already legal and widely available, there will be harm associated with the use of cannabis, such as cannabis-related impaired driving that will result in more carnage on our roads. There is the potential of minimizing those harms if we put into place a regulatory framework that can anticipate, plan for, and mitigate those harms. This, in a nutshell, is a "public health" framework – an approach that is based on the principle of social justice and which puts health promotion and the prevention of death, disease, injury and disability as the central mission to guide all related initiatives. A public health approach is steeped in the best available evidence upon which to base decisions.

For example, another CCSA report on cannabis use and adolescents found evidence to show that early and frequent use is associated with poor school performance, a higher risk of

dropping out and reduced IQ scores. Researchers have found that cannabis use before the age of 18 years is associated with a higher risk of developing schizophrenia. Most alarmingly, the CCSA found that early and frequent use of cannabis can irreversibly change the structure of the developing brain, including the parts of the brain dealing with memory, “executive function” such as judgement, and decision-making. There is definitely a link with mental illness and the earlier the use begins, the higher the risk of addiction.

The Canadian Public Health Association is calling for a consistent policy framework across all of Canada’s provinces and territories. It is also recommending a government monopoly of the sale of cannabis, with a minimum age for purchase and consumption established, as we currently have with both tobacco and alcohol. Pricing and taxation can be used to act as deterrents and curb demand. Ontario’s Centre for Mental Health and Addiction (CAMH) is recommending a ban on marketing, advertising and sponsorship, as well as a strategy to prevent and address cannabis-impaired driving. There is wide consensus that more investment on education, prevention, treatment of cannabis-related addiction and the training and certification for all involved, from seed to sale, needs to occur. We can choose to do this right, or we could lose this opportunity forever. Let’s hope we can get it right.

667 words