

RECOMMENDATIONS FOR A REGULATORY FRAMEWORK FOR THE LEGALIZATION OF CANNABIS:

Issued by the IWK Health Centre





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Purpose

The federal government has committed to legalizing, regulating and restricting access to marijuanaⁱ and will introduce legislation in the spring of 2017ⁱⁱ. This document articulates the IWK Health Centre's recommendations for a regulatory framework for the legalization of cannabis that will minimize the harms to children, youth, women and families. The recommendations that follow are based on a strong body of evidence and the recommendations of many leading organizations across Canada including the Centre for Addiction and Mental Healthⁱⁱⁱ, the Centre for Addictions Research BC^{iv}, the Canadian Medical Association^v, and the Canadian Pediatric Society^{vi}.

The Role of the IWK

The IWK's mission is to passionately pursue a healthy future for women, children, youth and families. A healthy future exists when we have safe, healthy communities to live, play and work in. The IWK can play a key role in advocating for evidence-based healthy public policies that will help to create vibrant, healthy communities for women, children, youth and families.

The Harms of Cannabis Use for Pregnant Women, Children and Youth

There is no safe amount of cannabis use for children and youth. The brain continues to develop and mature into the mid-20s^{vii}. Early use of cannabis by children or youth negatively impacts brain development and may lead to long-lasting problems such as psychosis and problems with cognitive functioning (memory, attention and psychomotor speed)^{viii,ix}. Regular use of cannabis in adolescence is

also associated with low levels of educational attainment, diminished life satisfaction, higher likelihood of developing cannabis use disorder and an increased risk of developing mental health problems.^x The negative effects of early cannabis use may not be reversible^{xi}.

Maternal use of cannabis during pregnancy is associated with poor birth outcomes, including low-birth weight and an increased likelihood of admission to neonatal intensive care, preterm labour and being small for gestational age^{xii,xiii}. Maternal use of cannabis during pregnancy has also been shown to negatively affect children's cognitive functioning, mental health, substance use and behaviour^{xiv}. Limited studies have shown that maternal use of cannabis during breastfeeding is also associated with negative outcomes for infants and children including feeding difficulty, lethargy and delayed cognitive and motor development^{xv}, however more research is necessary to fully assess the long-term risk of exposure to cannabis through breast milk.

Given the evidence, and taking a precautionary approach where there is limited evidence, children, youth, pregnant and breastfeeding women should not use cannabis. As well, anyone caring for and/or in the presence of children, youth, pregnant or breastfeeding women should not use cannabis to protect against the impacts of impairment on care and exposure to second-hand smoke. Furthermore, age limits for the consumption of cannabis should align with the evidence on neurodevelopment and take a precautionary approach.

Why the legalization framework for cannabis is an important health issue

The way cannabis is legalized will determine the extent of health and social problems that children, youth, families, and communities will experience. The paradox of prohibition is that legalization with very few restrictions, where profit is the priority rather than public health and wellbeing, results in similar health and social harms as prohibition^{xvi}. Legalization with strict regulation, on the other hand, minimizes the harms to youth and communities^{xvii}, and will give the best chance of achieving the goals of legalization that the federal government has identified: protect young people, protect the health of the public, decrease access to cannabis, and decrease criminal activity associated with cannabis^{xviii}.

Recommendations for a Legalization Framework for Cannabis

The IWK strongly recommends that the government develop a strict regulatory approach and include the following in the regulatory framework for cannabis legalization:

1. **A public health mandate and approach** that prioritizes and protects public health (as opposed to revenue generation) and minimizes the harms associated with cannabis use through strict evidence-based regulation, policy, health promotion, prevention and education.
2. **All revenue from cannabis sales go directly into health care** to offset the increase in health care costs associated with cannabis legalization. This includes funding prevention, health promotion,

research and education.

3. **The government maintains full regulatory authority** and ensures a consistent approach to cannabis regulation across the country, eliminating the potential for pockets of weak regulation that undermine regions with strict evidence-based regulation.
4. **A government monopoly on sales and operations through stand-alone single product stores** – A government monopoly on sales and operations is the most effective way of protecting the public health mandate. Cannabis products should not be co-located with other products (including alcohol) to limit exposure to cannabis products and in-store advertising to those who would not otherwise seek it out.
5. **Smoking and vaping of cannabis to be aligned with existing smoke-free policy** - Prohibit smoking or inhaling cannabis products in public places where tobacco smoking and e-cigarette smoking are prohibited. Strengthen existing smoke-free policies such as eliminating smoking on public property, (including sidewalks).
6. **Limit availability and access to cannabis** by limiting the hours and days of sale, and the number and density of retail locations.
 - 6.1. **Restrict the location of retail outlets and set a minimum distance** requirement that prohibits retail outlets from being located close to schools, playgrounds, community centres and other places where children and youth frequent.
7. **Establish an evidence-based minimum legal age for consumption and possession** at the national level to ensure consistency across jurisdictions. Age limits for the consumption of cannabis should align with the evidence on neurodevelopment and take a precautionary approach. Cannabis use should be prohibited until that age when the long-term negative effects of cannabis use on the developing brain are minimized.
 - 7.1. Develop a standardized, structured, evidence-based **process for prescribing and monitoring medical marijuana to those under the legal age.**
8. **Establish pricing structures that minimize harms**, including:
 - 8.1. **Link pricing to THC content and strength.** The higher the THC content, the higher the price.
 - 8.2. **Establish minimum pricing based on dosage and content.** Pricing should also encourage the use of lower-harm products over higher-harm products.

8.3. Prohibit the use of sales, discounts and other incentives to use cannabis products.

9. **Prohibit advertising, marketing and sponsorship of cannabis, cannabis products and cannabis companies.** This should include a mechanism for collecting and addressing complaints and violations to the advertising, marketing and sponsorship regulations.
10. **Establish strict guidelines and limitations on product names** to minimize the appeal to children and youth. Products should be prohibited from being named in ways that would be appealing to children and youth.
11. **Require plain packaging that clearly identifies dosage** - Products should be sold in plain, opaque packaging with warnings about risks of use as well as dosage/THC content.
12. **Require child-proof packaging** on all products to minimize the risk of children accidentally consuming these products.
13. **Set strict limitations on the types of products available** to minimize the appeal to children and youth (i.e.: no flavoured products, candy, or products that appeal particularly to children and youth).
14. **Set strict limits on THC dosage in products and edibles** – Edibles, if allowed, should have strict limits on THC dosage and content (no more than a single dosage per item) to minimize the harm to children who accidentally consume these products.
15. **Establish ongoing funding and support for public reporting, monitoring and surveillance systems** to track health and social impacts. Including, but not limited to, a reporting system through emergency departments, poison control centers or other data collection systems to capture and monitor incidents of accidental and /or toxicity due to cannabis consumption by both children and adults.
16. **Establish impaired driving laws** for cannabis and set clear guidelines as to what constitutes impairment. Violations should be dealt with in a way similar to alcohol impairment laws.
17. Take sufficient time to **ensure the necessary structures are in place** to support legalization and minimize harms prior to legalization.

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