

August 29, 2016

Cannabis Legalization and Regulation Secretariat  
Address locator 0602E  
Ottawa, ON K1A 0K9

Re.: Consultation on the legalization, regulation and restriction of access to marijuana in Canada

The Centre for Addiction and Mental Health (CAMH) has long advocated for reform of Canada's system of cannabis control. In 2014 we released a [Cannabis Policy Framework](#) recommending a public health approach. We examined the evidence around the harms associated with cannabis use and, based on that evidence, recommended legalization with strict regulation as the most effective means of reducing those harms. Thus we are pleased that the federal government's discussion paper, "Toward the Legalization, Regulation and Restriction of Access to Marijuana," advances a health-focused, non-commercial approach to cannabis. In this submission we wish to comment on distribution in particular. We propose as a guiding principle that the distribution system for cannabis should have public health, not profit, as its main driver.

While many aspects of cannabis regulation will likely be left to the provinces, we encourage the federal government to ensure minimum standards in the following areas.

*1) Minimum age for legal purchase:*

We know that frequent cannabis use can harm the developing brain, and that the brain continues to develop into one's early 20s. However there is no evidence to support a particular age as the cutoff past which these particular risks are significantly lower – not for individuals, and certainly not for the whole population. With that in mind, we recommend that the minimum age for cannabis be aligned with that of alcohol. One of the benefits of legalization is that it allows us to treat personal cannabis use as a health issue and not one to be addressed through law enforcement and the court system. Setting a higher minimum age would undermine this and would leave a sizable portion of cannabis users – and of youth – criminalized and dependent on the black market, with all the social and health harms this entails.

2) *Advertising and marketing restrictions to minimize the profile and attractiveness of products:*

A significant advantage of legalization is the opportunity for cannabis users to obtain credible product information. Those who do use cannabis stand to benefit from legalization to the extent that there is reliable product information about A) the product itself (e.g. THC and CBD content), and B) the risks and how to moderate them (e.g. lower-risk cannabis use guidelines). But a distinction must be drawn between factual product information and advertising or branding that encourages consumption. Averting a commercial cannabis market will be crucial in terms of health outcomes. A public health approach does not rule out profit, but it does subordinate it to population health considerations. There should be a total ban on marketing, promotion, and advertising, and products should be sold in plain packaging with clear product information and warnings about health risks.

3) *Taxation and pricing:*

Evidence from the fields of alcohol and tobacco shows that price is a powerful lever for reducing hazardous consumption and harm. Price controls can be used to steer users from higher-harm to lower-harm products. (See #4 below.) There also should be a dedicated tax on cannabis, with those revenues invested back into prevention, treatment, and research.

4) *Limits of allowable THC potency in marijuana:*

All other things being equal, higher-THC cannabis is more harmful than lower-THC; however there is no evidence to support a particular THC potency limit or cutoff. (See #5.) We recommend studying ways to link THC content to price such that higher-potency products are more expensive than those with lower potency (keeping in mind that the likelihood of a continuation of the black market increases as prices are raised above the current [black] market price).

5) *Restrictions on marijuana products:*

Some of the highest-potency products, e.g. some cannabis concentrates and synthetic cannabinoids, may have to be banned altogether. Products designed to appeal to youth via flavour or appearance should be prohibited as well. The sales of edibles should be allowed, subject to all the same regulations and controls on potency, quality, marketing, packaging as dried marijuana.

6) *Limitations on where marijuana can be sold / Designing an appropriate distribution system:*

Regulations on physical availability are important components of a public health approach. In addition to the regulations outlined above, there will need to be restrictions on the types, numbers, and locations of stores authorized to sell cannabis. As mentioned, the distribution system for cannabis should have public health, not profit,

as its main driver. [Research from the field of alcohol](#) shows that such policy tools are more effectively implemented by publicly controlled entities than by the private sector. In particular, control board entities provide an effective means of implementing policies that curtail consumption and reduce harm. For this reason we recommend that there be a public monopoly on sales. This could mean sales by provincial liquor boards or by new public entities with a social responsibility mandate. Where cannabis and alcohol are sold in the same location, information on the risks of co-use should be provided. (Note that there is no evidence as to whether selling cannabis and alcohol alongside one another encourages or facilitates co-use.)

7) *Enforcement tools for marijuana-impaired driving:*

Provinces and territories will need a *per se* law for impaired driving similar to what we have for alcohol. We recommend ([as per the World Health Organization](#)) a two-tiered model with A) saliva-based roadside testing for THC with penalties including suspensions for *per se* violations and B) more severe penalties in case of documented impairment and accidents.

For more information, please contact:

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**camh** The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in this area. CAMH combines clinical care, research, education, policy development, and health promotion to transform the lives of people affected by mental health and addiction issues.