Marijuana for Non-Therapeutic Purposes

Key Considerations

Any policy change should be informed and accompanied by:

- National, evidence-informed, multi-sectoral dialogue.

- The implementation of a rigorous evaluation process, including the consistent collection of baseline and follow-up data on rates of marijuana use in Canada, enforcement activities, health impacts, and economic costs and benefits.

- The development of a multi-faceted strategy to address marijuana-impaired driving that includes enforcement and research resources to support detection and prosecution.

- Investment in evidence-based prevention, including a comprehensive and far-reaching communication strategy to promote understanding of the risks and harms associated with marijuana use.

- Investment in evidence-informed treatment to ensure that those whose use becomes problematic are able to access timely and appropriate services.

- Ongoing research to better understand both short- and long-term health impacts of marijuana use, including variations according to patterns of use such as frequency, duration and method of ingestion (i.e., edibles, vaporization and smoking).

- Ongoing research and lessons learned about the health, social, and economic impacts of policy strategies implemented internationally.

The Issue

Debate about the regulation of marijuana has been ongoing for decades, arguably resulting in little substantive change. Many advocates are identifying 2013 as a turning point, however, with two US states and Uruguay passing legislation to legalize and regulate marijuana for personal consumption. In Canada, indications of an increasing appetite for change include a resolution passed by the Canadian Association of Chiefs of Police calling on the federal government to adopt a ticketing approach to the possession of small amounts of marijuana, public opinion polls and the identification of marijuana legalization as a potential campaign issue for the Liberal Party of Canada.

Legislative approaches fall along a continuum, with criminal prohibition, the currently dominant model, at one end and unrestricted access and free market production at the other. The details within each approach can vary widely. The approach can be either de facto, implemented according

to non-legislative or informal guidelines, or de jure, reflected in formal policy and legislation. Most models involve a combined approach; for example, trafficking or possession with aggravating factors might being subject to criminal sanctions and more lenient options might be available for personal use or possession. The three categories in which these options are grouped are criminalization, decriminalization and legalization, as outlined below:

- **Criminalization:** The production, distribution and possession of marijuana are subject to criminal justice sanctions ranging from fines to incarceration. Conviction results in a criminal record.

- **Decriminalization:** Non-criminal penalties, for example, civil sanctions such as tickets or fines, replace criminal penalties for personal possession. Individuals charged will not, in most cases, receive a criminal record. Most decriminalization models retain criminal sanctions for larger-scale production and distribution.

- **Legalization:** Criminal sanctions are removed. The substance is generally still subject to regulation that imposes guidelines and restrictions on use, production and distribution, similar to the regulation of alcohol and tobacco.

This policy brief discusses options and presents recommendations for different legislative approaches informed by the best available evidence to the non-therapeutic use of marijuana.

The regulatory debate centres on the impact of criminalization in reducing rates of use and on striking the appropriate balance between the social harms associated with criminalization and the health harms associated with marijuana use. Three Canadian parliamentary reports, the LeDain Commission in 1972, the Senate Special Committee on Illegal Drugs in 2002 and the House Special Committee on the Non-Medical Use of Drugs in 2003, have examined the issue and concluded that Canada's current policy approach results in a level of harm due to criminalization that is disproportionate to the harms associated with marijuana use itself.

The impact of marijuana policy can be analyzed according to five categories, which will be discussed in a later section:

1. **Rate of use:** Do rates of use increase or decrease? Is there variation within population sub-groups such as youth?

2. **Health impacts:** Are there increases or decreases in harms associated with marijuana use?

3. **Criminal justice impacts:** What are the costs to the criminal justice system of enforcing the policy? What is the impact on the black market or organized crime? Does the policy provide the tools needed to address driving while impaired?

4. **Social impacts:** What are the social impacts of the policy because of criminal records or other sanctions?

5. **Economic impacts:** What is the cost of implementing the policy? Does the policy generate revenues? Who assumes these costs and receives these revenues?

Current Status

Marijuana is the most commonly consumed illicit drug in Canada. In 2012, 20.3% of youth (15–24) and 8.4% of adults (25+) used marijuana in the previous year. These rates have been decreasing among youth since 2008. Past-year marijuana use is more prevalent among males than females (13.7% vs. 7.0%).[1]

There are clearly established health risks and harms associated with marijuana use. These risks are greater for youth and increase according to earlier initiation, greater frequency and longer duration of use.[2] Cannabinoids steadily increased between 2006 and 2011 as a reason for the use of hospital resources, mainly because of increases in cannabinoid-related disorders among youth age 15 to 24.[3] There are therefore strong public health justifications for ensuring that any legislative approach minimizes these risks and harms to the extent possible.[4]

In Canada, marijuana is regulated under the *Controlled Drugs and Substances Act* (CDSA). The CDSA prohibits and identifies criminal sanctions for the production, possession and trafficking of marijuana as a Schedule II substance. Sanctions range from fines to prison, depending on the nature of the offense. In 2012, the *Safe Streets and Communities Act* introduced mandatory minimum sentences for illegal drug offenses, including marijuana. Mandatory minimums apply if aggravating factors are present, such as trafficking near a school (two-year minimum sentence) or association with a criminal organization (one-year minimum sentence). Offenders can avoid mandatory minimum sentences through completion of an approved treatment program.

Marijuana is also regulated through international treaties to which Canada is a signatory. The *Single Convention on Narcotic Drugs* requires that scheduled substances, including marijuana, be limited to medical and scientific research purposes. The Convention states that use and related activities (production, distribution, etc.) should be punishable offenses; however it also offers the option of diversion to treatment where appropriate.[5]

The enforcement of marijuana laws has a significant impact on Canada's enforcement and criminal justice resources. More than half of the drug crimes reported by police in 2013 were for the possession of marijuana.[6] However, most police encounters for marijuana possession do not result in charges. Furthermore, when charges for marijuana possession are laid, the majority do not result in a conviction.[7]

Police in Canada currently employ a high level of discretion in the enforcement of marijuana possession. Some forces take a zero-tolerance approach, whereas others are more likely to take an approach of confiscation and a warning or to "look the other way" unless complicating factors such as public disturbance apply. This variability according to location and other factors results in unequal application of the law, which in turn reduces its effect in influencing behaviour given the pivotal role that certainty of apprehension plays in deterring criminal activity.[8] Although most possession charges do not result in a conviction, those Canadians who do receive a criminal record for marijuana possession suffer barriers to employment, education, housing and travel.

The enforcement of drug-impaired driving is also a concern. Although specially trained officers can conduct behavioural and physiological tests to lay charges, there is not yet an established tetrahydrocannabinol (THC) blood concentration or similar empirical cut-off point such as that used to indicate alcohol impairment.

What Other Countries Are Doing

Criminalization is the dominant international model for marijuana policy, in alignment with the *Single Convention on Narcotic Drugs*. However, there is considerable international debate about the freedom that signatory states have within the Convention to develop alternative approaches and about whether the Convention itself requires amendment. For example, the importance of a public health approach to substance use was a recurring theme in statements by the Vienna Non-Governmental Organization Committee and Scientific Advisory Committee at the 2014 Commission on Narcotic Drugs High Level Review. In 2013, the Organization of American States released a report also recommending the adoption of a public health approach to drug use, with decriminalization as a

core element.[9] In addition, various forms of decriminalization have been in place in some countries since the 1970s, and 2013 saw the first moves toward legalization at the state level. The following examples explain several of the more commonly discussed approaches being taken internationally; these and additional approaches are summarized in Appendix A.

The Netherlands: The most well-known decriminalization example is the Dutch coffee-shop model, introduced in 1976. The purpose of the policy was to separate marijuana from other substances deemed to have unacceptable harms. Under this model, although marijuana technically remains an illegal substance, individuals 18 and over can purchase it from regulated coffee shops. Transactions at these shops are limited to five grams each and the shop can have a maximum of 500 grams of marijuana in stock at any one time. These shops cannot sell other drugs, including alcohol, and cannot advertise. Because production and trafficking remains illegal, the Dutch coffee shops do not have a legitimate supply and rely on the black market for supplying product.[10]

Dutch authorities have placed additional restrictions on marijuana coffee shops since the mid-1990s, including the ability of municipalities to impose caps or bans on the number of shops.[10] Due to increasing concern in recent years with public disorder associated with "drug tourists," the Netherlands introduced legislative amendments in 2012 to restrict purchases to Dutch citizens. The enforcement of these regulations is reported to vary by municipality. The legislation also created requirements to limit sales to those registered with a "wietpas" or membership card, but these were struck down in 2013.

The United States: Decriminalization in the United States also dates back to the 1970s. Currently, the possession of small quantities for personal use has been decriminalized in 15 states: Oregon, Maine, Ohio, California, Alaska, Connecticut, Massachusetts, Minnesota, Mississippi, Nebraska, Nevada, New York, North Carolina, Rhode Island, Vermont and, most recently, Washington, DC. The model and sanctions vary by state, with marijuana possession offenses either not classified as criminal or considered misdemeanors and subject to fines ranging from $100 to $650.

In 2013, two states, Colorado and Washington, passed legislation to legalize marijuana for personal use. There is therefore a combination of legalization and *de jure* decriminalization at the state level and de facto decriminalization at the federal level within the United States. To reconcile this conflict, in August 2013, the Deputy Attorney General of the United States directed attorneys in all states not to interfere with the implementation of state marijuana regulations unless aggravating factors such as distribution to minors or contribution to organized crime are present.

Retail marijuana sales began in Colorado on January 1, 2014, and in Washington on July 7, 2014. Colorado permitted existing licensed medical distributors to transfer to non-therapeutic sales prior to expanding to new retailers; Washington is undergoing a more lengthy licensing process requiring producers to start without existing growth and distribution practices in place. Both states limit purchases to one ounce and to those over the age of 21. Colorado permits personal production of up to six plants (three mature at one time) as well as sales by licensed retail outlets. In Washington, retail outlets regulated by the Washington Liquor Control Board are the only legal source, and both production levels and number of retail licensees are capped. Taxation levels also vary, with approximately 50% of the overall price due to taxes in Washington versus approximately 30% in Colorado. In both states, municipalities have the option to set additional regulations from additional taxes to outright bans on retail sales. In both states, drivers with five nanograms of active THC per millilitre of whole blood or more will be charged with driving under the influence. Public use is also banned in both states.

Australia: Australia's approach to marijuana regulation also varies at the state level. Five states (New South Wales, Victoria, Tasmania, Queensland and Western Australia) have an informal cautioning system. Three states currently have a decriminalized ticketing option.

South Australia was the first to implement a decriminalization model with the Cannabis Expiation Notice (CEN) scheme, introduced in 1987. Under the scheme, personal production was initially allowed for 10 plants, but this was reduced to three and then later to one non-hydroponic plant due to concerns about professional production. Approaches to simple marijuana possession in South Australia have become gradually more conservative along with overall political trends.

The Australian Capital Territory introduced Simple Cannabis Offence Notices (SCONs) in 1993. SCONs are available for quantities of up to 25 grams of marijuana, and involve a $100 fine that must be paid within 60 days. The Northern Territory decriminalized possession of up to 50 grams of marijuana in 1996. Fines for possession can be as high as $200, however non-payment results in a civil rather than criminal offense. Finally, Western Australia introduced the Cannabis Infringement Notice (CIN) in 2004 that carried the option of a fine or education session. This scheme was replaced by a diversion program in 2011, which provides the option of attending a Cannabis Intervention Session rather than facing criminal prosecution.

Portugal: The Portuguese government downgraded possession or acquisition to a public order or administrative offense in 2001, with individuals sent to Commissions for the Dissuasion of Drug Addiction (CDTs). The CDTs include one representative from each of the legal, social work and medical professions. Notably, the Portuguese approach applies to all illicit drugs, not just marijuana, and was part of a drug action plan that also included significant health and social investments in outreach, treatment and awareness programs.[11]

Uruguay: Uruguay passed legislation legalizing marijuana for personal use in 2013. Under this model, Uruguay will permit households to grow up to six plants each, with an annual harvest not to exceed 480 grams per year. Individuals can also form co-operatives with memberships from 15 to 45 members, a maximum number of 99 plants and allocations of up to 480 grams per person, per year.

Individuals will also be able to purchase up to 40 grams of marijuana a month from government-regulated pharmacies. To purchase from a pharmacy, people must be Uruguayan residents aged 18 or over, and must register with a national database. Memberships will be coded and pharmacists will not have access to member names. Marijuana cannot be used in public places. Unlike Washington and Colorado, Uruguay will control the price of marijuana and will not impose taxes, with the goal of keeping price competitive with the black market and therefore reducing its influence. Pharmacy sales are anticipated to begin in late 2014.

What the Evidence Says

Rate of Use

There is consistent evidence that rates of marijuana use are not strongly influenced by legal and regulatory policy. There is some evidence for short-term impacts; for example a study in Australia found an initial decrease in age of initiation following the implementation of decriminalization approaches, but no increase in overall prevalence and diminishing effects over time.[12] More reliable predictors of rates of use include historical trends, international trends, cultural norms, perceived risk and population demographics. However, it would be irresponsible to ignore possible impacts on rates of use after policy change given the central role of this indicator in predicting population-level harm. Australia and Portugal provide the most recent and best longitudinal data for this purpose.

In Australia, national survey data do not indicate increased use among youth or increased rates of frequent (weekly) use in response to state-by-state decriminalization. In South Australia, there was an increase above the national average in reported lifetime use following the introduction of CENs in 1987, but there was also an increase in two states that did not change marijuana policy (Tasmania and Victoria),[13] and trends in weekly use between 1985 and 1995 aligned with the rest of Australia.[14] Rates of use in Western Australia also followed the national trend, decreasing between 2004 and 2007 when the CIN was in place,[15] and increasing between 2007 and 2010 following the CIN's repeal.[16]

Portuguese data suggest an increase in use during approximately the same timeframe in which decriminalization began, but this increase was consistent with or lower than trends in other European Union (EU) countries.[17] A European School Survey Project on Alcohol and Other Drugs (ESPAD) study shows that there was an increase in lifetime use of marijuana or hashish by 15–16 year olds between 1999 and 2003, followed by a decrease between 2003 and 2007. Several other European countries and the EU as a whole experienced a similar trend.[18] Other student surveys indicate decreases in past 30-day use, supporting the theory that reform might increase experimentation, but not continuation of use.[19]

Although there is only preliminary information available on the impacts of legalization, experience with legal, regulated substances, particularly tobacco and alcohol, provides relevant evidence. If the price of marijuana decreases under a regulated distribution model, evidence from alcohol indicates that rates of use can be expected to increase. Evidence also demonstrates that taxation rates can be used to ensure that prices are high enough to control rates of use and increase age of initiation, but not so high that they encourage black market supply.[4,20]

Health Impacts

Not surprisingly, given that referral to treatment is one of the Commissions for the Dissuasion of Drug Addiction sanction options, rates of treatment access increased in Portugal following the decriminalization of all illicit drugs in 2001.[11] Again, this increase aligned with a trend across the European Union, including the Netherlands as well as nations that maintained a criminalization approach.[21] Unfortunately, it is not possible to draw conclusions on health impacts by looking at prevalence rates only. Health risks are determined more strongly by patterns of use, such as age of initiation, frequency, duration and context of use. Additional research is required before conclusive statements can be made.

Criminal Justice Impacts

One unintended impact of some decriminalization schemes has been net widening or increased enforcement activity. This impact is usually caused by the increased ease of issuing a ticket or other civil sanction, rather than filing a formal charge, particularly when a high level of discretion previously resulted in high levels of non-enforcement. Net widening was observed in South Australia, where enforcement activity initially increased under the CEN scheme. There was subsequently a high rate of non-payment of fines (45%), resulting in referral to the court system and criminal conviction.[14,22] Net widening was also observed in the United Kingdom.

The South Australia experience shows the importance of ensuring that civil sanctions are reasonable and that enforcement agencies understand both the letter and intention of the revised approach. Net widening in general illustrates the fact that criminal justice statistics reflect enforcement practices more accurately than they reflect rates of use in the population and therefore should not be used to indicate prevalence of use.

Social Impacts

By avoiding a criminal record for marijuana possession, an individual avoids barriers to travel, employment, housing and education. Avoiding these barriers has a long-term positive impact on an individual's economic productivity, which provides a broader social benefit.

There is evidence of negative social impacts associated with decriminalization where net widening has occurred. In South Australia, research indicates that non-payment of CEN fines was associated with both lack of accurate knowledge of the legislation and financial hardship.[14,22] This latter concern indicates a disproportionate negative social impact of the CEN scheme on Australians of lower socioeconomic status.

Economic Impacts

Economic impact is the indicator most specific to the policy approach taken and likely the indicator for which the least conclusive data is available. The range of variables that could be considered span tax revenues, costs of health care, income from fines, lost productivity costs, labour market access, and the administrative and enforcement costs of regulation.[23]

The evidence available on decriminalization is limited in scope and specificity and the evidence available on legalization is only now emerging. Available evidence indicates that decriminalization of marijuana for non-therapeutic purposes does not have a significant impact on prevalence or rates of use at the population level. Evidence also indicates that decriminalization can reduce the enforcement resources required for processing marijuana possession and the social impacts of a criminal record. However, evidence also highlights the potential for increased criminal justice contacts through net widening. Police policies and public education are important factors in reducing this effect.

Limitations

The quality and extent of research on the impact of decriminalization on rates of use and harms associated with use has been limited. For example, evaluations of the decriminalization measures by US states in the 1970s lack baseline or comparative data.[14] The different social, economic and political contexts of the countries in which decriminalization has been implemented also limit the extent to which findings can be generalized to other countries. It is also difficult to isolate the impact of policy change from broader trends and patterns in use. The availability of data from a wide number of sources, with different methodologies and samples, leads to opportunities for many different interpretations and conclusions that can easily be aligned with pre-existing or desired conclusions.[19]

Gaps

Evidence on mechanisms and impacts of legalization is only just emerging. Like decriminalization, there are many models that could be used and just as many questions about what will work best in a given context. The models being implemented in Colorado, Washington and Uruguay will provide valuable lessons, but their application to a Canadian context cannot be assumed to produce similar results.

There are broad knowledge gaps to be filled to inform and evaluate policy options. For any option being considered, the following impacts should be assessed:

- Impact on rates and patterns of marijuana use, including prevalence, age of initiation, product preferences (e.g., edibles, THC levels), poly-substance use (e.g., alcohol), frequency, and age and gender differences;
- Impact on the prevalence and severity of health risks and harms associated with marijuana use; including mental health, respiratory conditions and cognitive function;

- Impact on the prevalence and severity of treatment admissions related to marijuana use;
- Impact on the illicit market and organized crime; and
- Impact on prevalence of driving after marijuana use.

Collecting this information would in turn inform economic impact analyses.

Options for Change

There is broad consensus that the status quo criminalization approach to marijuana for personal use results in disproportionate harms without achieving intended goals such as reduced use. Models for policy reform have been proposed by both House of Commons and Senate committees, by interest groups and in parliamentary bills, and range from de facto decriminalization to de jure legalization.[*]

Since the evidence for the impact of alternative models is inconclusive or absent in many key areas, any policy change will involve an element of risk. Canada can manage that risk to some degree by looking to the lessons learned internationally with marijuana decriminalization and legalization experiences. The regulation of alcohol and tobacco also provides valuable lessons, such as the efficacy of price controls and marketing restrictions to control rates of use and the need to balance government interests between controlling use and generating taxation revenues.[4,20] These lessons apply to varying degrees across the range of criminalization and legalization models. A selection of these models is presented below, recognizing that there are many additional variations among these models that are beyond the scope of this document.

The first option is to approach marijuana possession as a civil offense. This approach could be achieved through the *Contraventions Act*, as proposed by the Canadian Association of Chiefs of Police, which would allow police the discretion to proceed with either criminal or civil charges. Although favoured by enforcement, this discretion could be subject to inconsistent and possibly discriminatory application. Civil sanctions could also entirely replace criminal sanctions for marijuana possession. This option would have the benefit of retaining the denunciation component of a penalty for marijuana use, while removing the social harms and justice system costs of criminal charges.

Perhaps the greatest drawback of the decriminalization option is the issue of supply, which remains outside the regulated market. An additional option is to extend civil possession offenses to include a small number of plants for personal use, thereby creating a source external to the black market. The de-facto decriminalization of larger supply sources, comparable to the coffee-shop model in the Netherlands, is another option, but one that relies heavily on black market sources and carries a greater regulatory burden.

Diversion is an option that can fit within either a criminal or civil offense scheme. Diversion provides the apprehended individual with the opportunity to access treatment rather than face sanctions. The primary challenge with diversion is ensuring the availability and accessibility of evidence-informed treatment options. To ensure effective, efficient use of resources, treatment must be responsive to the needs of the individual.[24] Net widening can also take place in a treatment context if individuals are diverted to treatment regardless of whether they have a problem with use or not.

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[*] See, for example, the LeDain Commission (1973), the Senate Special Committee on Illegal Drugs (2002); the House Special Committee on Non-Medical Use of Drugs (2002); Bill C-38 (Second Session, 37th Parliament, 2003); the Canadian Drug Policy Coalition report, *Getting to Tomorrow: A Report on Canadian Drug Policy* (2013); the Canadian Association of Chiefs of Police Resolution #04-2013 (2013).

Legalization is often promoted as the best option to address the harms of the black market. Implementing a framework in which marijuana production and distribution is licensed and regulated holds the appeal of generating tax revenue and removing the negative impacts of criminal justice involvement. Legalization also faces the great challenge of being relatively untested and easily idealized. Implementing a comprehensive legalization option requires significant investment in the development of regulatory guidelines, licensing and monitoring. However, the argument can be made that these investments could be lower than the costs associated with maintaining criminalization.

There are many options within legalization that must be considered in developing a regulatory strategy. Alcohol and cigarettes illustrate the balance required to achieve a price point that controls rates of use without encouraging diversion to black market sales — and the black market for marijuana will certainly continue to exist. Controlling access by youth is another challenge. Youth access alcohol and tobacco despite age restrictions on retail supply. Emerging research also indicates that the period of increased risk of harms associated with marijuana use extends beyond current legal drinking ages (18–19 years of age in Canada) and into the early twenties, raising the question of what and how age limitations would be set.

Different supply models offer different benefits. Personal growth or growth through membership-based cooperatives limits the role of the state in terms of regulatory burden and potential conflict of interest between health costs and sales revenue, but permits less control over access and potency. State-licensed production and distribution such as the model used for alcohol allows greater regulation, but introduces commercialism and a profit motive for increasing rates of use. Gains from tax revenue have to be measured against costs of administering the regulatory framework, and against the health and social costs of any changes in patterns of use.

Regardless of the policy option taken, reducing the risks and harms associated with marijuana use requires investment in two areas: an evidence-based continuum of prevention and treatment services and a strategy to address driving while impaired.

The highly politicized nature of marijuana policy poses a challenge for reform. Identifying mutually agreed principles on which policy should be based, such as available evidence, reduction of health and social harms, promotion of public health and equitable application of the law, will help to move the debate past Canada's traditional political stalemate on this issue.

Conclusion

CCSA promotes a national, evidence-informed, multi-sectoral dialogue to develop policy options that will reduce the negative criminal justice, social, and health impacts of marijuana use in Canada. Changes to marijuana policy should be made based on the principles of applying available evidence, reducing harms, promoting public health and equitable application of the law. Based on the evidence available, decriminalization provides an opportunity to reduce enforcement-related health and social harms without significantly increasing rates of marijuana use. This option also provides the opportunity to further investigate and learn from alternative models such as the legalization approaches being implemented internationally.

Appendix A: Summary of International Approaches

Country	Model	Year Enacted†	Summary of Approach
Australia	Decriminalization	1987 (South Australia) – 2004 (West Australia)	The states of South Australia, Australian Capital Territory, Western Australia (since rescinded) and Northern Territory have implemented ticketing schemes for personal possession of marijuana. Details vary by state, including degree of police discretion available, eligible quantities and activities, penalties, and diversion options.
Italy	Decriminalization	1980s+ 2006	Note that Italy has had various forms of decriminalization for personal use in place since the 1980s. Under the current model, possession of quantities within set personal use thresholds are subject to administrative sanctions, including warnings, fines and license suspensions.
Netherlands	Decriminalization	1976	Dutch policy allows individuals to purchase small amounts of marijuana from licensed coffee shops. Supply and production of marijuana, including for product sold to coffee shops, remains illegal.
Portugal	Decriminalization and Diversion	2001	Individuals apprehended with up to 10 days' worth of marijuana are issued a citation to meet with a dissuasion committee, who can decide on sanctions ranging from dismissal to treatment to fines.
Spain	Decriminalization	1992	Possession of up to 5 days' worth (200 g) of marijuana is punishable by a range of administrative penalties. Membership-based marijuana cooperatives for growth and use have also emerged and are currently tolerated for the most part.
United Kingdom	Decriminalization and Depenalization	2004 2009	When marijuana was re-classified to Schedule C in 2004, police in the UK had the discretion to issue a formal warning in place of an arrest for marijuana possession. When marijuana was placed back in Schedule B in 2009, an escalation penalty system was implemented, with a first offense resulting in a marijuana warning, a second in a Penalty Notice for Disorder and third and subsequent offenses with traditional arrest and charge options.
United States	Decriminalization and Legalization	1970s+ 2014	Eleven states replaced criminal prosecution with civil fines. In Alaska, personal production in the home is also protected by personal privacy rights. Colorado and Washington became the first states to legalize and establish regulatory systems for the production, distribution and possession of marijuana.
Uruguay	Legalization	2014	Uruguay is the first country to fully legalize marijuana. Use, production and distribution are licensed by the state.

† The year listed indicates the original enactment of the substantive approach currently reflected. In most cases, current policy reflects revisions to the initial decriminalization or depenalization approach.

[1] Health Canada. (2013). *Canadian Alcohol and Drug Use Monitoring Survey*. Ottawa: Author.

[2] Hall, W., & Degenhardt, L. (2014). The adverse health effects of chronic cannabis use. *Drug Testing and Analysis*, *6*(1–2), 39–45.

[3] Young, M., & Jesseman, R. (in press). *The impact of substance use disorders on hospital use*. Ottawa: CCSA.

[4] Pacula, R.L., Kilmer, B., Wagenaar, A.C., Chaloupka, F.J., & Caulkins, J.P. (2014). Developing public health regulations for marijuana: Lessons from alcohol and tobacco. *American Journal of Public Health*, *104*(6), 1021–1028 .

[5] United Nations. (1961). Single convention on narcotic drugs of 1961. *Treaty Series*, vol. 976, no. 14152.

[6] Boyce, J., Cotter, A., & Perreault, S. (2014). Police-reported crime statistics in Canada, 2013. *Juristat*, Statistics Canada Catalogue No. 85-002-X.

[7] Boyce, J. (2013). Adult criminal court statistics in Canada, 2011/2012. *Juristat*, Statistics Canada Catalogue No. 85-002-X.

[8] Nagin, D.S. (2013). Deterrence in the twenty-first century. *Crime and Justice*, *42*(1), 199–263.

[9] Insulza, J.M. (2013). *The drug problem in the Americas*. Washington, DC: Organization of the American States.

[10] Korf, D. (2008). An open front door: the coffee shop phenomenon in the Netherlands. In Rødner Sznitman, S., Olsson, B., & Room, R. (Eds.) *A cannabis reader: Global issues and local experiences*, Monograph series 8, Vol. 1. Lisbon: European Monitoring Centre for Drugs and Drug Addiction.

[11] Hughes, C.E., & Stevens, A. (2010). What can we learn from the Portuguese decriminalization of illicit drugs? *British Journal of Criminology, 50*(6), 999–1022.

[12] Williams, J., & Bretteville-Jensen, A.L. (2014). Does liberalizing cannabis laws increase cannabis use? *Journal of Health Economics*, *36*, 20–32.

[13] Donnelly, H., Hall, W., & Christie, P. (1998). *Effects of the Cannabis Expiation Notice Scheme on levels and patterns of cannabis use in South Australia: Evidence from the National Drug Strategy Household Surveys 1985-1995*. National Drug Strategy Monograph Series No. 37, Australia Commonwealth Department of Health and Aged Care.

[14] Single, E., Christie, P., & Ali, R. (2000). The impact of cannabis decriminalisation in Australia and the United States. *Journal of Public Health Policy*, *21*(2), 157–186.

[15] Fetherston, J., & Lenton, S. (2007). *Effects of the Western Australian Cannabis Infringement Notice Scheme on public attitudes, knowledge and use: Comparison of pre-and post-change data*. Perth: National Drug Research Institute.

[16] Australian Institute of Health and Welfare. (2011). 2010 National drug strategy household survey report, Canberra: Australian Institute of Health and Welfare.

[17] Moreira, M., Trigueiros, F., & Antunes, C. (2007). The evaluation of the Portuguese drug policy 1999-2004: The process and the impact on the new policy. *Drugs and Alcohol Today*, *7*(2), 14–25.

[18] Hibell, B., Guttormsson, U., Ahlström, S., Balakireva, O., Bjarnason, T., Kokkevi, A., & Kraus, L. (2012). The 2011 ESPAD report— Substance use among students in 36 European countries. Stockholm: European Monitoring Centre for Drugs and Drug Addiction.

[19] Hughes, C.E., & Stevens, A. (2012). A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalisation of illicit drugs. *Drug and Alcohol Review*, *31*(1), 101–113.

[20] Thomas, G. (2012). *Price policies to reduce alcohol-related harm in Canada*. (Alcohol Price Policy Series). Ottawa: Canadian Centre on Substance Abuse.

[21] Rødner Sznitman, S., Olsson, B., & Room, R. (Eds.) *A cannabis reader: Global issues and local experiences*, Monograph series 8, Vol. 2. Lisbon: European Monitoring Centre for Drugs and Drug Addiction.

[22] Ali, C., Christie, P., Lenton, S., Hawks, D., Sutton, A., Hall, W., & Allsop, S. (1999). *The social impacts of the Cannabis Expiation Notice Scheme in South Australia*. National Drug Strategy Monograph Series No. 34, Australia Commonwealth Department of Health and Aged Care .

[23] Shanahan, M., & Ritter, A. (2013). Confronting the challenges of conducting a CBA of cannabis policies. *Drugs: education, prevention and policy*, *20*(3), 175–183.

[24] National Treatment Strategy Working Group. (2008). *A systems approach to substance use in Canada: Recommendations for a national treatment strategy*. Ottawa: Canadian Centre on Substance Abuse.