Canadian Centre on Substance Use and Addiction

Evidence. Engagement. Impact.

A Public Health Perspective on Cannabis Legalization and Regulation in Canada

Submitted to Health Canada in November 2022.

Introduction

In November 2022, the Canadian Centre on Substance Use and Addiction (CCSA) participated in the federal government's public consultation on cannabis legalization, *Taking stock of progress: Cannabis legalization and regulation in Canada* (Health Canada, 2022). CCSA was created by an act of Parliament in 1988 to advise and address substance use in Canada. Therefore, CCSA is uniquely situated to provide an objective, evidence-informed perspective that centres around public health and safety. We support policy makers across Canada in making informed decisions about substance use, including cannabis. CCSA also plays an important role as a convenor among all levels of governments and other key stakeholders, such as people with lived and living experience, and many other crucial voices on the issues surrounding cannabis.

In 2018, CCSA received $10 million to advance cannabis research in Canada through the Cannabis Research Initiative under the Substance Use and Addiction Program funding. This submission is informed by evidence generated from this initiative, as well as consultation with partners and experts in cannabis research and policy, including the CCSA-supported Cannabis Policy Network.

CCSA supports maintaining an evidence-based public health and safety approach to cannabis legalization and regulation in Canada, including the following recommendations:

- Ensuring that strategies aimed at fostering a legal cannabis market centre around public health and safety.
- Maintaining restrictions on tetrahydrocannabinol (THC) limits in cannabis products, packaging and labelling; and advertising and promotion to best minimize risks to health and safety.
- Expanding and sustaining comprehensive public education to empower people to make informed decisions about the benefits and harms of cannabis use, particularly among youth, older adults and other priority populations.
- Increasing surveillance and enforcement of illegal cannabis distribution, particularly online.
- Ensuring people using cannabis for medical purposes receive guidance from healthcare providers to mitigate the risk of adverse health outcomes.
- Committing to regular, ongoing monitoring and assessment of the public health and safety effects of legalization.

These recommendations come with the view that not enough time has passed to adequately and effectively evaluate the effects of cannabis legalization and regulation. Market stabilization has not yet occurred, and essential research on public health and safety is still limited. The COVID-19 pandemic has also disrupted data collection and knowledge mobilization, and has introduced an unexpected variable, complicating the interpretation of available evidence.

CCSA has and continues to support research on the effects of cannabis legalization in Canada. Some of this evidence is not presented here as data have not yet been published or the research is ongoing. A large body of evidence generated by CCSA's *Cannabis Research Initiative* (see the section Additional Evidence and Future Consultation) produced findings that are beyond the scope of specific questions in this consultation, although relevant to the legislative review of the *Cannabis Act*.

Minimizing Harms to Protect Canadians

What is your view of the current legislative and regulatory restrictions in place to safeguard public health?

Minimum legal age. A large body of evidence indicates that adolescents are significantly more likely than those who are older to experience harms associated with cannabis use (Hosseini & Oremus, 2019; Kaur et al., 2022). Therefore, policies aimed at preventing or delaying cannabis use among youth play an important role in protecting their health and well-being.

Minimum legal age had initially been a complex and controversial issue, with various thresholds being recommended. While the federal government recommended age 18 years, the medical community argued for 21 or even 25 years and public consultations led most provinces and territories to adopt age 19 years. A study that evaluated different minimum legal age thresholds relative to various health and education outcomes found that 19 years of age was an optimal age to permit cannabis use (Nguyen et al., 2020). Notably, increasing the minimum legal age in Quebec from 18 to 21 years reduced the rates of cannabis use among people aged 18 to 20 years that was observed in other provinces, but it did not affect cannabis use among those aged 15 to 17 years (Nguyen & Mital, 2022).

With this evidence in mind, CCSA supports current regulations that restrict access to cannabis for people younger than 18 years of age but encourages all provinces to adopt a minimum legal age of at least 19 years.

THC limits in cannabis products. In Canada, there are no THC limits on dried cannabis, which has a natural biological maximum of about 30%. However, legally available cannabis extracts, including vape oils, can contain more than 90% THC. While permitting cannabis products with extremely high levels of THC allows for competition with the illegal market, higher potency cannabis products have been associated with increased risk of harms, including psychosis and cannabis use disorder (Petrilli et al., 2022). An appraisal is needed about whether the benefits of permitting high potency THC products outweigh the risks to public health and safety. Examining data from Quebec, which prohibits the sale of cannabis products with greater than 30% THC, relative to other provinces can help inform whether extremely high THC products are needed in a legal cannabis market.

Edible cannabis products, including beverages, are capped at 10 milligrams (mg) of THC per package. A dose of 2.5 mg of THC is sufficient to produce psychoactive effects for some individuals (Health Canada, 2018), and considerations for a standard dose of 2.5, 5 or 10 mg of THC are being made (e.g., Freeman & Lorenzetti, 2020). However, concerns have been raised that a THC limit per package can be interpreted as a serving size. Packaging restrictions are therefore important to

minimize risk of overconsumption by an inexperienced consumer, while providing sufficient THC to produce an effect for most consumers. Indeed, since the onset of effects are delayed with edible cannabis products, they present an elevated risk of overconsumption relative to products that are inhaled (Gabrys, 2020). Raising the THC limit in edible cannabis products can increase the risk of harm, such as accidental poisoning (e.g., Hancock-Allen et al., 2015). Therefore, increasing the THC limit of edible cannabis products does not appear to be necessary and does not support a public health approach to cannabis regulation.

CCSA supports maintaining the THC limit of edible cannabis products at 10 mg of THC per package.

Product packaging and labelling. A large body of research shows that plain packaging and health warnings on tobacco products reduces product appeal and increases awareness of tobacco-related harms (Dronvandi et al., 2019; Gravely et al., 2021). Plain packaging and health warnings have also been shown to be effective at decreasing smoking rates, decreasing smoking initiation and increasing attempts to quit (Pang et al., 2021).

Research on cannabis similarly shows that plain packaging and health warnings reduces brand appeal and increases health knowledge among youth and young adults (Goodman et al., 2019; Leos-Toro et al., 2021; Mutti-Packer et al., 2018). By contrast, brand imagery on cannabis packaging can promote lifestyle associations and increase the appeal of cannabis products (Leos-Toro et al., 2021).

Based on this evidence, CCSA supports maintaining regulations requiring plain packaging and comprehensive health warnings.

Parenthetically, while presenting total THC content on a label informs the consumer of the potency of a cannabis product, research shows that many people do not know what is considered high or low THC or what THC-A means (Hammond, 2022). In fact, most people do not even know how much THC, or CBD, is in their product (Hammond & Goodman, 2022). People also generally do not know how much of a product to consume. Ongoing research by CCSA indicates that older adults are interested in seeing information about recommended dosage on cannabis products (CCSA, *in press)*. Communicating information about dose (or serving size) on product labels help prevent overconsumption, especially among inexperienced cannabis consumers (Hammond, 2022). However, this may be challenging to do as information about THC (and CBD) varies across different product formats. One solution could be to establish a standard THC unit (e.g., 2.5 or 5 mg) and have this present across the range of cannabis products (Freeman, 2022; Hammond, 2022). A standard THC unit might not only play an important role in consumer education but also in communicating lower-risk cannabis use (Le Foll, 2022) and in monitoring and surveillance of cannabis consumptions and related harms (Abramovici, 2022).

Product appearance that may appeal to children and youth. The introduction of edible cannabis products to the legal market has been accompanied by increased rates of accidental cannabis poisoning among children. Importantly, rates of cannabis poisonings in Quebec, which prohibits the sale of most edible cannabis products, were considerably lower than in other provinces. These findings suggest that restrictions on the sale of attractive and palatable cannabis edible products may be key policy considerations for the prevention of cannabis poisonings among children (Myran et al., 2022).

CCSA recommends further clarifying S.31 of the *Cannabis Act*, which prohibits the sale of cannabis or cannabis accessories that have "an appearance, shape or another sensory attribute or function that appeal to youth that there are reasonable grounds to believe could be appealing to young persons." CCSA is concerned that the current scope of products available — including cookies, brownies, and colourful and sweet gummies (or soft chews) — would in fact reasonably be

considered appealing to young people. A remedy to this concern could be to have cannabis producers demonstrate, through established research criteria, that their products do not contain elements that appeal to children and youth.

Promotion of cannabis products and accessories. Data on the effects of cannabis promotion are limited. However, a large body of evidence indicates that promotion and marketing of alcohol can influence the start of alcohol use, frequency of use and quantity consumed among youth and young adults (Finan et al., 2020; Sargent & Babor, 2020). This evidence can provide a knowledge base for policies aimed at restricting promotion and marketing of cannabis, which are important to preventing cannabis consumption and cannabis-related harms among youth.

Despite restrictions around cannabis advertising and promotion, promotional activity is present, particularly online (Asquith, 2021a, 2021b There is evidence that youth are being exposed to cannabis advertisements (Noël et al., 2021) and ongoing research also shows that a significant proportion of online promotion by licence holders is more than informative. Many of these promotions include features that incite the use of cannabis or make cannabis use attractive. CCSA and our partners look forward to sharing this research once it has been completed.

CCSA recommends greater monitoring and enforcement of cannabis promotional activities, particularly those online and in-store. The current *Cannabis Regulations* (Part 6.1 Promotion) could also benefit from a re-evaluation of what is considered promotion and what is not.

What controls, if any, would you like to see changed and why?

Based on the available evidence, CCSA recommends the following changes:

- Re-evaluating the need for high (greater than 30%) THC cannabis products;
- Taking steps toward establishing a THC standard dose or unit in Canada;
- Requiring product testing protocols that assess appeal to youth;
- Enhancing monitoring and enforcement of cannabis promotional activities, particularly online; and
- Clarifying what constitutes promotion in Part 6.1 of the *Cannabis Regulations*.

CCSA emphasizes maintaining existing controls as important elements in safeguarding public health, including:

- The THC limit of edible cannabis products of 10 mg per package;
- Strict restrictions on promotion and advertising; and
- Regulations requiring health warnings and plain, child-resistant packaging.

Are the current safeguards, outlined above, adequately restricting access and helping to protect the health of youth?

OPTIONS: Yes / No / **Do not know** / Prefer not to say

Although some promising survey data exist (Health Canada, 2021; Nguyen & Mital, 2022; Wadsworth, Driezen, et al., 2022), more, long-term research is needed to determine whether current safeguards adequately restrict access to cannabis and help protect the health of youth.

Under the current framework, what presents the greatest risk to youth in accessing and consuming cannabis?

While establishing a minimum legal age has prevented underage youth from accessing cannabis from legal retailers (Wadsworth, Driezen, et al., 2022), it does not prevent them from accessing cannabis through other means. A large percentage of youth and young adults who use cannabis get their cannabis from a family member or friend (53.9%), sharing in a group of friends (53.0%) or from a dealer in person (47.3%) (Sikorski, et al., 2021).

Not surprisingly, the illegal cannabis market poses a significant threat to youth due to the limited barriers preventing underage individuals from accessing cannabis, whether it be in person (e.g., from a dealer) or online. The illegal, unregulated market has no measures in place to control product quality and composition (e.g., THC limits), packaging and labelling, nor promotional activity. One approach to mitigating risk is working with youth, parents and youth allies to develop effective public education strategies to amplify messaging about the risks of cannabis use, particularly from illegal sources.

Advertising and promotional activities promote youth access and consumption of cannabis. Preliminary research suggests that youth are exposed to cannabis advertisements despite current regulations. A pilot study conducted between March 2020 and February 2021 reported that youth, age 14 to 18 years, are being exposed to cannabis advertisements online and from public figures (Noël et al., 2021). Further examination of advertising content and targeted populations, as well as enhancing capacity for investigation and enforcement, are needed to better inform approaches to ensure compliance with regulations.

From a public health and safety perspective, the increase in cannabis vaping, with higher rates among youth and young adults, is concerning (Chadi et al., 2021; Fataar & Hammond, 2019; Health Canada, 2021). Health Canada's recent consultation on regulatory changes to limit the use of flavours in cannabis extracts may provide an opportunity to reduce the appeal of vaping, particularly among youth.

Education and Awareness to Support Informed Choices

To what extent have public education efforts delivered the appropriate messages and reached the appropriate audiences, including youth and young adults?

- Public education efforts have targeted the appropriate audiences but have fallen short of consistently reaching them.
- Sustained investment in public education and awareness is needed.
- More innovative campaigns, communication and knowledge mobilization strategies are required.

Public education efforts have targeted the appropriate audiences, including youth and young adults, marginalized populations, Indigenous people and communities, and populations at increased risk of experiencing harms related to cannabis use. However, as suggested by the 2021 Canadian Cannabis Survey, current public education efforts seem to be largely unsuccessful in reaching the appropriate target audiences (Health Canada, 2021). Many people living in Canada (39%) do not notice any education campaigns or public health messages, and less than 1 in 10 are aware of the

Lower-Risk Cannabis Use Guidelines. Only 1 in 3 notice health warning messages on cannabis products and packages or on Health Canada's website.

More innovative campaigns, communication and knowledge mobilization strategies are required to reach priority audiences and increase the amount of people who are exposed to and retain cannabis health information. This involves working with stakeholders and community partners to codevelop culturally and community-relevant resources, knowledge products and public education campaigns. St-Jean et al. (2022) found that lower-risk cannabis consumers understand that cannabis use is not risk-free. Being informed on the risks associated with cannabis use can support consumers in developing beliefs and behaviours — such as creating informal rules to monitor and manage personal use — to reduce the risk of harm. Public education must focus on empowering people living in Canada to make informed choices about their cannabis use to reduce the risk of harms.

There is a need for sustained investments in public education and awareness. As an independent, nonpartisan organization, CCSA has an important role to play providing trusted, evidence-based information to reduce substance use harms and working with community partners to create accessible and relevant educational resources.

What additional measures or areas of focus could be considered to continue to close the gap between perception of risks and harms and scientific evidence?

- Public education campaigns targeting misinformation about cannabis use for medical or health purposes;
- Increased public education campaigns to improve informed cannabis choices to reduce adverse health outcomes;
- Implement standardized THC dose or unit; and
- Guidance on lower-risk use.

There is growing interest in cannabis use for medical or health purposes (Health Canada, 2020). This has occurred at the same time as a growing prevalence of sellers marketing products based on potential health benefits, particularly related to cannabidiol (CBD) content (Zenone et al., 2021). Research on the medical application of cannabis has certainly progressed (Health Canada, 2018). While the use of cannabinoids might be helpful in managing specific symptoms associated with certain health conditions, the current evidence does not yet suggest that cannabis and cannabinoid products are effective for treating many of the health conditions for which claims are being made (College of Family Physicians of Canada, 2022; Health Canada, 2018; Renard et al., in press). It is essential to produce public education campaigns that address misinformation about cannabis use for health or therapeutic purposes and clarify the areas that are supported with evidence.

Cannabis literacy among people living in Canada is generally low. As reported by the International Cannabis Policy Study in 2020 (Hammond, 2022), 75% of people who use cannabis did not know the amount of THC in the product. When asked if 30% THC is a low, medium or high amount for dried flower, 34% said they did not know, and the remaining responses were low (7%), medium (20%), high (24%) and very high (15%) (Hammond, 2022).

Earlier it was noted that less than 1 in 10 are aware of the Lower-Risk Cannabis Use Guidelines (Health Canada, 2021) developed in 2017 by Fischer and colleagues. People in Canada need more guidance on the distinction between lower- and higher-risk use. For example, frequent heavy use;

products with high THC concentration; use in conjunction with other substances; and use to cope with loneliness, depression, anxiety or other mental health concerns are associated with greater risk of harm (CCSA, 2022a; Fischer et al., 2017; Gabrys, 2020). Smoking as a method of consumption can also come with heightened risks (Lo, MacCallum, Yau, & Barr, 2022; Renard, 2020).

People in Canada are not able or empowered to make informed choices about their cannabis use health when there is little understanding of high-risk behaviours, inconsistent guidance across the country regarding what constitutes a low, medium and high dose, and with the absence of a standard THC dose or unit. Therefore, these areas should be further explored through consultation and research, and highlighted in future public education materials.

More public education on the following areas is also required given an increased risk of harm and gaps in public knowledge and understanding:

- Safe storage to address increasing rates of accidental cannabis poising among children (Myran, et al., 2022), although we recognize that this is not simply a matter of public education;
- Benefits and harms of cannabis use for older adults (CCSA, in press;
- Risks associated with cannabis use and driving (Beirness & Porath, in press);
- Further campaigns aimed at people who are pregnant or breastfeeding to reduce the stigma of discussing cannabis use with healthcare providers (Renard & Konefal, 2022); and
- Risks associated with cannabis use for youth and making informed decisions about use (Fleming & McKiernan, 2020).

Progress Toward Establishing a Safe and Responsible Supply Chain

Do adult Canadians have sufficient access to a quality-controlled supply of legal cannabis?

Options: Yes / No / **Do not know** / Prefer not to say

The legal cannabis market has significantly expanded since legalization, both in terms of retail store density and product diversity (CCSA, 2022b). These observations, along with 90% of Canadian Cannabis Survey respondents reporting that they accessed cannabis products from the legal retail market (Health Canada, 2021), suggest that people living in Canada have reasonable access to legal cannabis.

Perhaps a more important question is what constitutes “sufficient” access to cannabis. Research on alcohol shows that increasing access and availability is associated with increased consumption and alcohol-related harms (Gohari et al., 2021; Myran et al., 2019; Stockwell et al., 2019). Similarly, as noted earlier, increased commercialization of cannabis has been associated with elevated rates of cannabis-related harms (Myran et al., 2021; 2022). Therefore, unlimited and unrestricted access to cannabis does not favour a public health and safety approach to cannabis legalization. Instead, sufficient access to cannabis could be represented by a legal cannabis market that effectively competes with and displaces the illegal market while minimizing an increase in cannabis consumption and cannabis-related harms.

The market has not yet stabilized, and **more research is needed to determine whether current access to regulated cannabis supply is equitable.** This involves assessing who does not have access

to a quality-controlled supply and the barriers they encounter, and which communities are oversaturated, potentially leading to adverse health outcomes.

What alternative measures, if any, could the government consider to further strengthen and diversify the legal market?

Strength of a legal cannabis market could be defined and evaluated by various metrics. While profitability and sales could be one set of indicators to assess the strength of Canada's legal cannabis market, they are certainly not the only ones. Indeed, market strength should not be confused with commercialization.

Progress toward transitioning consumers from the illegal to the legal market and minimizing harms associated with cannabis use could be important indicators of legal market strength. An industry that participates in public education, harm reduction and social responsibility activities can also be indicators. A strong legal cannabis market could also be one that is inclusive and equitable for business owners, employees and consumers. Regular consultations with underrepresented groups are important to ensure an inclusive, equitable and strong legal cannabis market.

What alternative measures, if any, could the government consider to better meet the needs of racialized, under-represented or Indigenous communities within the cannabis licensing program?

Data indicate that 84% of licensed cannabis producers and their parent companies in Canada were white and 16% were non-white, with Black people comprising just 1% and Indigenous people 2% of cannabis industry leaders (Maghsoud, et al., 2020). Taking race and gender together, white men (73%) were most commonly industry leaders, followed by non-white men (14%), white women (12%) and non-white women (2%) (Maghsoud, et al., 2020). CCSA is supporting research on equitable participation in the legal cannabis market and, together with partners, looks forward to sharing the findings.

CCSA understands the value of having people who are most effected by policy changes at the table and encourages the government to heavily weigh and actively seek out the voices and needs of racialized, underrepresented and Indigenous communities in the cannabis licensing program. There are also significant gaps in racial, sex and gender data required to conduct equity-based analysis, which is critical in evaluating the effect of the *Cannabis Act* on populations, such as racialized youth and Indigenous people.

To what extent have the current restrictions on home cultivation of four plants or less supported the safe and responsible production of cannabis?

The maximum plant number per household may serve as a partially effective control measure in prohibiting the production of cannabis for nonmedical use at a larger scale and provide more equitable access to legal cannabis. For those who engage in home cultivation after legalization, most appear to be growing within the nonmedical limit of four plants (Wadsworth, Cristiano, et al., 2022). However, there are many other health and safety factors to consider in the safe and responsible production of cannabis, including increased access to cannabis flower among youth and trafficking of home cultivated cannabis on the illicit market (Cristiano et al., 2022).

Health Canada does not provide regulatory oversight of licence holders nor are grow operation locations disclosed due to privacy protections. This may present issues for authorities to control

residential production sites that may be operating in an unsafe or illegal manner. To illustrate this point, a city-wide inspection of residential medicinal production sites conducted between 2005 and 2017 in Surrey, British Columbia, found that all sites were in violation of electrical and biological safety protocols, as well as in breach of zoning and legislative requirements relating to land use, building safety and structural integrity (Clare et al., 2017). With the current administrative structure, capacity for residential inspection is limited due to privacy considerations. Further, many of the biological risks, including accidental poisoning, reduced indoor air quality, inappropriate use of pesticides, electrical or fire hazards and radiation hazards (from ultraviolet lamps) (Eykelbosh & Steiner, 2018) may result in secondary harms through direct impact on others living in the same space.

More timely investigation is needed to address concerns around safe production practices in residential areas, including considerations for wiring and electrical safety, as well as biological hazards including mould and other contaminants.

Protecting Public Safety

What are your general impressions of legal retailers' progress to date in capturing the legal market? Please explain.

Complete elimination of the illegal market is an unreasonable objective, especially over a relatively short period. Moving existing consumers from the illegal to the legal market will take time, particularly where supply chains and trusted relationships are well-established. Nonetheless, some data indicate that the process of increasing legal market share is well underway.

National survey data indicate that many consumers have been transitioning to the legal cannabis market (Health Canada, 2021; Rotermann, 2021; Wadsworth et al., 2021). For example, the International Cannabis Policy Study found that the percentage of consumers purchasing all their cannabis legally increased from about 40% in 2019 to almost 60% in 2021 (Wadsworth et al., 2021). However, legal purchasing, appears to vary by province. Quebec has had the highest percentage of consumers purchasing legally whereas Nova Scotia has had the lowest.

While these findings are promising, **the illegal cannabis market is still present, particularly online** (Décary-Hétu et al., 2021). It can be difficult for consumers to determine whether online retailers are legal or illegal. Greater surveillance and enforcement of this cannabis distribution channel and having a clear way to identify legal sources can play an important role in combatting the illegal cannabis market.

What additional steps or measures should the government consider to combat the illegal cannabis market?

In January 2022, CCSA and Public Safety Canada hosted a virtual Cannabis Policy Research Symposium that shared knowledge about the effects of cannabis legalization on law enforcement and public safety. Research and accompanying discussions covered many topics, including illicit cannabis markets, organized crime, impaired driving and impacts on youth. For a detailed summary, see Public Safety and Cannabis: Taking Stock of Knowledge Since Legalization: A Virtual Cannabis Policy Research Symposium Report.

It was generally agreed on at the symposium that law enforcement can play an important role in regulating the illegal cannabis market. Increased surveillance and enforcement had been offered as strategies to disrupt the illegal online cannabis market. However, there are significant barriers to

these efforts, including limited resources, agility of illegal online sites and competing drug priorities. Participants in the symposium agreed that **more collaboration, engagement and financial investments among researchers, law enforcement and policy makers are needed to regulate the illegal cannabis market.**

The appearance of legitimacy and ease of payment were noted as two key factors that favour the online illicit market over the street-level illicit market. These factors also put the online illegal market on par with the online legal market. **Public education was suggested as a strategy that could help protect consumers** from buying from illegal online sources and thereby further limit the scope of the illegal market. This could include increasing knowledge and understanding of the health and safety benefits of accessing cannabis through legal sources and how to identify legal retailers in physical and online stores.

Access to Cannabis for Medical Purposes

What are your views on the current medical access program for cannabis?

The current medical access program provides people who use cannabis for medical purposes with fundamental rights and processes to assist them in accessing and using cannabis products. While the current medical access program would benefit from a thorough review, there are several program elements that should remain to protect the health and safety of people in Canada who use cannabis for medical purposes, namely:

- Access to information and guidance from healthcare providers on the use of cannabis for medical purposes.
- Access to the quantities of cannabis — by the person using it for medical purposes or their caregiver — that are required for their care, which may exceed the recreational limit for both possession and home cultivation.
- Access in hospitals and other institutions for people who use cannabis for approved medical purposes.

Is a distinct medical access program necessary to provide individuals with reasonable access to cannabis for medical purposes, or can access needs be met through the non-medical framework?

Cannabis use for medical or health-related purposes is common in Canada. As indicated by the Canadian Alcohol and Drugs Survey, more than 30% of people who use cannabis report using for medical purposes (Statistics Canada, 2021). Yet, among those who report using cannabis for medical purposes, almost 75% do not have a medical document from a healthcare professional (Health Canada, 2021). Indeed, there seems to be growing interest in using cannabis products, especially those containing CBD, for medical or health reasons (e.g., Health Canada, 2020). At the same time, there has been a growing prevalence of sellers marketing products based on potential health benefits, particularly related to CBD content (Zenone et al., 2021). CCSA views these observations as an area of concern.

While medical cannabis and cannabinoid research continues to grow with promising outcomes for certain health conditions, the available evidence does not support the use of cannabis for most health conditions. In fact, in most clinical studies, adverse events are often reported (Pratt et al.,

2019). Moreover, people who use cannabis for medical or health reasons may be at increased risk of developing problematic cannabis use and cannabis use disorder (Lo, MacCallum, Yau, Panenka, & Barr, 2022; Turna et al., 2020). Therefore, CCSA believes that the decision to use cannabis for medical purposes should be informed by a healthcare professional and require some level of monitoring or followup, as would be expected for any other medical product. For these reasons, CCSA suggests that cannabis for medical purposes continue to exist as a separate program overseen by Health Canada.

With a distinct medical access program that requires people to receive authorization and to register with Health Canada, there are certain safeguards and considerations for people who use cannabis for medical purposes. Under Part 14: Access to Cannabis for Medical Purposes of the *Cannabis Regulations,* the following factors should be carefully considered, as their removal may impact the health and safety of those who use cannabis for medical purposes:

- **Section 264(1):** Healthcare professionals are clearly defined, outlining who can provide support to people who are seeking cannabis for medical purposes. This may be blurred if this is not maintained somewhere in the act as people could look for health supports from retail employees and others rather than healthcare professionals.
- **Section 266(1)(2)(3)(4):** A person with approval for cannabis for medical purposes can have 150 grams on their person, which is significantly higher than the 30 grams of dried cannabis a person can have for recreational purposes. Reducing the medical limit may have adverse effects on people who need more than the recreational limit for their care.
- **Section 266(4):** There are clear considerations of cannabis possession in a hospital for a person approved, enshrining the rights for individuals who need cannabis for medical purposes to have access to it.
- **Section 266(5)(6):** This also includes designated caregivers (“responsible adult”) to possess greater quantities of cannabis than those who do not possess medical approval. If this is revoked, it would limit the amount that caregivers can have on their person to support people who consume cannabis for medical purposes.
- **Section 267:** This section legally permits children and youth access to cannabis for medical purposes as determined by a healthcare professional.
- **Section 269(1)(2):** If this section is removed, caregivers will be restricted in their ability to distribute or administer cannabis to the people they care for in ways that are not permitted by recreational cannabis legislation.

Are there specific reforms that you would recommend?

The barriers to accessing cannabis for medical purposes for people who are seeking it need to be considered, potentially resulting in reforms. If changes are made, the factors highlighted above should remain in the *Cannabis Regulations* or should be carefully considered how their removal will affect the health and safety of those who use cannabis for medical purposes.

People who are seeking cannabis for medical purposes — despite how they obtain their cannabis products — need to have greater points of access to healthcare professionals who can provide them with services. Any reform should consider how to make guidance and information from healthcare professionals available and accessible to all people in Canada who are eligible to use cannabis for medical purposes.

Physicians are not obligated to authorize cannabis for medical purposes (see Cannabis for Medical Purposes by the College of Physicians & Surgeons of Alberta). Health Canada could explore avenues to remove barriers for people who may be eligible to receive cannabis for medical purposes with the help of a healthcare provider. This may include working with regulatory colleges to encourage increased evidence-based training on cannabis for medical purposes and relevant treatment practices that prioritize patient safety, such as the importance of followup assessment and screening for potential transition from medical use to a cannabis use disorder.

General Comments

What are your views on the impacts of legalization of cannabis on the environment, small businesses and social and economic impacts on diverse groups of Canadians, in accordance with the government of Canada's commitment to implementing sex- and gender-based analysis plus (SGBA+)?

CCSA is supporting research related to the social impacts of legalization on diverse groups of people in Canada. As data are still being collected, we are not in a position to effectively respond to this question. CCSA supports the commitment to implementing SGBA+ and looks forward to informing this area once evidence has been collected and analyzed.

Please provide additional comments you would like to share on the administration and operation of the Cannabis Act *and its regulations that were not addressed in the previous sections. In particular, we are interested in hearing from you on additional impacts the* Cannabis Act *has had since its implementation, including trends that you have observed and evidence sources that substantiate such trends. Please include additional sources of information or data that should be considered to support the legislative review.*

Additional Evidence and Future Consultation

In the 2018 federal budget, CCSA received $10 million in funding over five years to support research on the effects of cannabis legalization in Canada. The funds came from the Cannabis Research Initiative of the Substance Use and Addiction Program. As such, CCSA has significant research, evidence and expertise that extends beyond the scope and character limits of this consultation. CCSA looks forward to providing further information and briefings to Health Canada and to the expert panel.

1. Cannabis Research in Urgent Priority Areas

In 2018, CCSA, the Canadian Institutes of Health Research (CIHR) and the Mental Health Commission of Canada (MHCC), through CIHR's Integrated Cannabis Research Strategy, supported 26 cannabis research projects. In November 2020, we hosted a three-day virtual Cannabis Research in Urgent Priority Areas End-of-Grant Virtual Workshop bringing together researchers, policy makers, community members, people with lived and living experience, partners and other knowledge users.

2. Partnerships for Cannabis Policy Evaluation

In 2018, CCSA and the CIHR Institute of Neurosciences, Mental Health and Addiction created the Partnerships for Cannabis Policy Evaluation (PCPE) funding opportunity. The PCPE program was meant to support projects that evaluate and monitor the implementation and effects of cannabis-related policies at the provincial and territorial levels, toward identifying best practices from public health and public safety perspectives. On Nov. 22, 2021, CIHR and CCSA hosted a knowledge exchange workshop for the five projects funded through the PCPE program. Funding for these projects continues to March 2023. A final knowledge exchange workshop is planned for June.

3. Closing the Gaps

Through the Closing the Gaps research initiative, and with financial support from Health Canada and the MHCC, CCSA has also supported 19 cannabis research projects. Topics included polysubstance use, mental health, illegal cannabis markets, youth impacts and consumer preferences, as well as a focus on specific populations, such as Indigenous people and veterans. In October 2021, CCSA and MHCC hosted a three-day webinar showcasing all emerging knowledge from this research. CCSA is working on a compendium of the 19 projects, to be released in March 2023. As well, CCSA is developing a knowledge mobilization initiative synthesizing the findings from the Closing the Gaps research across themes, making them accessible to various target audiences to inform policy, public health and future research. These products may include plain-language summaries, policy briefings, data visualization tools and videos. The final body of work is expected to be complete by spring 2023.

4. Closing More Gaps

CCSA is supporting six projects that address additional gaps in cannabis research, such as cannabis advertising and promotion, equity, effects of retail policy and outlet density and factors involved in youth seeking treatment. Findings from this work will help inform the development of policies, programs and practices that will optimize a public health approach to nonmedical cannabis use.

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