

In Debate

Obstacles to a Regulated Cannabis Market

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We agree with Dr Stephen Kisley on the need for a reduced emphasis in Canadian cannabis policy on attempting to control supply. The major problem is that other options are limited because a drug that is prohibited cannot be regulated, and there are formidable social and political obstacles to creating a legal cannabis market.¹

First, international drug control treaties (to which Australia and Canada are signatories) prohibit the legalization of cannabis production, sale, and use. These treaties have strong support from the international community (most especially in the United States), and public opinion in Australia and Canada is generally opposed to a legal cannabis market. Any country that decides to establish a legal cannabis market would need to renounce or ignore these international treaties and then bear the strong international disapproval that would follow either action.

Second, public support for cannabis law reform (which has generally been in the minority) has probably declined in the face of emerging evidence that cannabis use can harm some users. In Australia (and, we suspect, Canada), the policy debate has often been simplified by the media to a choice of 2 options: 1) we should legalize cannabis, or, at the very least, decriminalize its use, because its use is harmless; or 2) we should continue to prohibit its use because it harms some users.² Given this simplification, evidence of harm arising from cannabis use is seen as strengthening the case against liberalizing cannabis policy. Indeed, evidence on the role of cannabis in psychosis³ was recently used by the government in the United Kingdom as a reason for reinstating the criminal penalties for cannabis use that it reduced in 2004.⁴

Third, research on the effects of cannabinoids on brain function has also been interpreted as supporting retention of criminal penalties (for example, see Murray⁵). The reasoning is that because cannabis produces similar effects on brain function to heroin and cocaine, we should continue to treat these drugs in the same way and prohibit their use. These are not necessary policy consequences of neurobiological research⁶; however, they fit with the prevailing policy framing.

Fourth, proposals for increasingly restrictive policies towards tobacco smoking make it harder to argue for more liberal policies towards cannabis. The recent advocacy for a de facto prohibition on smoked tobacco⁷ makes it harder to argue that we should legalize cannabis while ever it is primarily smoked.

For all these reasons, we see decriminalization of personal use as the most radical policy that is likely to be politically acceptable in Canada and in most comparable developed countries. This is a judgment based on the social realities of feasible policy. It does not reflect a public health analysis of the best approach to minimizing the harms of cannabis use, which arguably may well include a regulated legal market.

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