

## **In Debate**

# **The Case for Policy Reform in Cannabis Control**

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This is not a debate on the harms of cannabis. These are well-known. Acute effects include accidents with motor vehicles or machinery, and adverse reactions.<sup>1,2</sup> In the longer-term, cannabis has been associated with cognitive impairment<sup>3</sup> and psychosis,<sup>4</sup> although not consistently,<sup>3</sup> and direct causality is more difficult to establish than for acute effects. It is possible that cannabis precipitates schizophrenia in those who are predisposed through a personal or family history.<sup>5</sup> The relation is also 2-way, with cannabis being the most commonly used illicit drug in those with schizophrenia.<sup>3</sup>

Rather, this is a debate of how best to address the mental health consequences of cannabis. More specifically, it is a debate about overreliance on just one supply-side strategy, prohibition, at the expense of demand-side approaches, such as education, treatment, or prevention. This is of particular relevance to Canada as proposed legislation (Bill C-26) will place an even greater emphasis on law enforcement. This article discusses the origins and effectiveness of prohibition, and argues that we should apply the lessons from alcohol or tobacco control to cannabis.

### **The Origins of Prohibition are Sociocultural, Not Evidence-Based**

In many English-speaking countries, approaches that emphasized law enforcement started with laws against opium, introduced against a background of anti-Chinese sentiment, while other opiates, such as those in patented medicines, remained unregulated.<sup>6</sup> These regulations were often extended to drugs such as cannabis for similar reasons. For example, in the United States, cannabis use was linked to Mexicans in the same way as opium was linked to Chinese immigrants.<sup>6</sup>

The lack of evidence for prohibition is highlighted by the fact that penalties bear little relation to the actual harm associated with cannabis. The Runciman Report, commissioned by the Police Federation<sup>7</sup> in the United Kingdom, no less, concluded that both alcohol and tobacco were more harmful than

cannabis; nonetheless, there is no suggestion that prohibition should play a part in controlling their use.

Other justifications for prohibition include deterrence and that cannabis is a gateway drug, which is becoming more potent and harmful. The evidence for these is also limited. The Science and Technology Committee<sup>8</sup> of the United Kingdom House of Commons could find no evidence to either support a deterrent effect or the gateway theory, noting that most cannabis users never move on to more harmful drugs. If anything, the evidence for alcohol and tobacco as gateway drugs was stronger.<sup>8</sup> Similarly, the potency of so-called traditional herbal cannabis and cannabis resin seized in the United Kingdom has not increased, although the strength of the less widely used sinsemilla, the extrapotent flowering tops of the cannabis plant, has doubled.<sup>8</sup> Where potency has increased, this could actually be due to the drug's illegal status.<sup>5</sup> Reducing the bulk of contraband enhances logistics of supply and profitability. For instance, the major effect of alcohol prohibition in the United States was an increase in the consumption of spirits at the expense of beer.<sup>9</sup>

### **Prohibition Is Ineffective**

Canada spends almost three-quarters of its federal drug policy budget on enforcement, with annual costs of between \$700 million and \$1 billion.<sup>1</sup> A further \$5 million is spent in prosecuting people for cannabis possession.<sup>1</sup> In Toronto, drug investigations account for up to one-third of the police budget.<sup>1</sup> This leaves very little for treatment, research, or prevention.

Despite the emphasis on supply reduction, a comparison of the United States, Australia, Canada, and 3 European countries showed that cannabis consumption is unaffected by expenditure on law enforcement.<sup>1</sup> Changing the legislation on cannabis could produce substantial savings or redeployment of police resources to more effective areas. If anything, consumption of cannabis continues to grow irrespective of the degree of law enforcement, and the increase has not been greater in countries where laws have been liberalized.<sup>1</sup> In the 11 American states that effectively decriminalized cannabis

use in the 1970s, use has not risen beyond that experienced by comparable states where it is prohibited.<sup>10</sup> This mirrors the experience in Australia where use has increased in all states irrespective of the degree of law enforcement.<sup>5</sup> Similarly, use in the Netherlands, where cannabis was effectively decriminalized 25 years ago, is no higher than in Germany or France, and well below that of the United States.<sup>10</sup> In the United Kingdom, liberalization of the law on cannabis led to a reduction in arrests for cannabis possession by one-third in the subsequent year—a saving of 199 000 police hours without any increase in cannabis use.<sup>8</sup> Neither is there any relation between consumption and public policy.<sup>1</sup> Very liberal countries have low rates (for example, Spain, the Netherlands, and Portugal), while countries that emphasize prohibition and abstinence show high rates (for example, United States and France). Informal social controls and sociocultural norms may be more important than formal controls in influencing drug use.<sup>2</sup>

Apart from the financial costs, social costs include the stigma of arrest, lost incomes, and ruined careers.<sup>1</sup> Imprisonment of otherwise law-abiding citizens for the use of cannabis can criminalize them and have unnecessarily harsh consequences.<sup>2</sup> Many are already socially disadvantaged and therefore criminal penalties are particularly difficult to bear.<sup>1</sup> This is particularly relevant for people with chronic psychiatric illness. In the United States, there is evidence that certain racial groups are disproportionately represented in arrests for cannabis possession, with one-half of those arrested of Hispanic origin.<sup>2</sup> Young males are also more likely to be charged than other groups.<sup>1</sup>

The failure of prohibition to reduce cannabis use is in contrast to the success of strategies to reduce tobacco use. Smoking is falling in high-income countries<sup>11</sup> and is now less than cannabis use in some surveys of young Canadians.<sup>12</sup> Anti-smoking strategies have concentrated on demand-side, as opposed to supply-side, interventions favoured for cannabis, and include tax increases, health education, restrictions on smoking in work- and public places, advertising bans, and better access to treatment. Interestingly, when the same supply-side initiatives favoured for cannabis were applied to tobacco, results have been equally disappointing. Directly limiting production or access has had little success, while prohibition was dismissed as being politically infeasible, ineffective, or uneconomic.<sup>11</sup>

### A More Balanced Approach

This would see greater emphasis on demand-side interventions such as education and treatment. It would also entail consideration of legislative alternatives to prohibition such as decriminalization (a reduction in the penalties to users to a

fine), or legalization (a regulated system of supply and distribution).

For over 30 years, government or parliamentary inquiries in Canada, Australia, and the United Kingdom have recommended decriminalization on the basis that cannabis is not a gateway drug and should be treated more like tobacco or alcohol.<sup>1,2,8,13</sup> A consistent theme has also been the need to spend more on education and treatment. While the United States spent about Can\$12 per capita on prevention awareness, Canada spent less than Can\$1.<sup>1</sup> The only comprehensive education program in Canada is run by the Royal Canadian Mounted Police. However, changes in behaviour appear to be short term and the program has been criticized for reliance on uniformed officers.<sup>1</sup> It is possible that interventions aimed at high-risk populations may be more effective.<sup>5</sup>

In terms of treatment, existing services have focused on opiate, rather than cannabis, users,<sup>1,14</sup> even though the number of cannabis users seeking specialist help has doubled over 10 years.<sup>14</sup> Their needs ought to be met, too. Further, the effectiveness of interventions developed for the general population is unclear when they are applied to people with concurrent mental health and substance use problems.<sup>15</sup> Therefore, further research is needed into developing intervention strategies that are tailored to these patients.

### Conclusions

A heavy reliance on supply-side measures focusing on law enforcement has failed to arrest the increase in cannabis use, especially among young people. This is in contrast to tobacco, where supply-side interventions, such as taxation and health education, have been considerably more successful. Tobacco use is now less than that of cannabis in some surveys of young people.<sup>12</sup> The fact that demand-side interventions appear to be equally as unsuccessful when applied to tobacco also suggests that failure is due to the intervention, rather than inherent differences between the 2 substances.<sup>11</sup>

Approaches to dealing with cannabis should be similar to those for tobacco and alcohol. This would entail investment in targeted education and treatment, accompanied by decriminalization. Liberalizing laws on the possession of cannabis for personal use could be accompanied by tightening legislation against operating vehicles or machinery while intoxicated as with alcohol.<sup>1</sup>

Above all, more research is needed.<sup>2</sup> What are the most effective interventions for cannabis users with concurrent psychiatric disorders? What are the differences between types of cannabis products and their physical or psychiatric consequences, including on fitness to drive. More research is also

needed on the effect of different policies on cannabis use. If decriminalization is considered, which strategy produces the best results? Is it the coffee-shop model in the Netherlands, or home cultivation of small quantities as in Alaska, South Australia, and Western Australia?<sup>16</sup> More data may mean that decisions made by policy-makers are based on evidence rather than past prejudices.

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