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Kisely, Stephen, MD, MSc
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In Debate

Applying the Lessons of Tobacco and Alcohol Control to Cannabis

Stephen Kisely, MD, MSc[1]

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It is clear there is agreement on numerous issues. First, cannabis is associated with psychosis, although there is some divergence on the degree of certainty about direct causality, especially in chronic psychosis. Second, reliance on a single legal remedy has been ineffective. Third, education should play a greater role in strategies to tackle cannabis use.

Where there is disagreement is whether education and de facto decriminalization will go far enough. As Dr Wayne Hall and Dr Robin Room acknowledge, health education has not been very effective in discouraging use to date. If future efforts prove as unsuccessful as they have in the past, what do they then propose? Inevitably, there will be the risk of renewed pressure to return to criminalizing cannabis use.

I would suggest that the community should be investing in a range of measures including prevention, treatment, and research. Although the number of cannabis users seeking specialist help has doubled over 10 years, existing services still focus on opiates rather than cannabis.[1,2]

Primary prevention would entail the evaluation and comparison of different models of decriminalization, whether these are de facto or more formal measures, and whether sales are regulated as in the Netherlands. Secondary and tertiary prevention would include developing and evaluating earlier, and more specific, treatments for people with dual diagnosis, rather than applying treatments developed for the general population. These should be integrated into the general management of the psychiatric disorder and occur as early as possible in the course of a patient's psychosis.[3]

However, if these measures do not halt the increase of cannabis use, the possibility of further applying lessons from alcohol and tobacco control should at least be investigated. Is it at all possible that regulated supply with strict controls on sales to under-aged people, and levels of taxation to further discourage use, may result in falls of cannabis use that match those of tobacco?[4]

As with the end of alcohol prohibition, a public health approach to cannabis control may reduce substantially, if not eliminate, the illegal market and the associated crime, violence, and corruption.[4] Additional measures could include greater tolerance of milder versions in safer forms, accompanied by education about risks and less dangerous use. This would be analogous to the promotion of low- or mid-strength beer while aggressively targeting driving while intoxicated.

Lastly, Dr Hall and Dr Room's view that cannabis use is already free of criminal penalties, and that the argument is over recriminalization, may apply to some jurisdictions in Australia and Europe, but it is not the case elsewhere, such as in Canada or the United States. Indeed, in Canada, prohibition could be strengthened. Further, contrary to common perception, cannabis has not been decriminalized in the United Kingdom either; it has only been reclassified from a Class B to a Class C drug. Possession of a Class C drug still carries a maximum penalty of 2 years imprisonment and (or) a fine.[5] This hardly resembles decriminalization. Therefore, there is still much work to do to persuade decision makers to even consider alternatives to prohibition in many countries.

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[1]Professor, School of Medicine, Griffith University, Meadowbrook, Queensland, Australia; and Departments of Psychiatry and Community Health and Epidemiology, Dalhousie University, Halifax, Nova Scotia.
Address for correspondence: Dr S Kisely, School of Medicine, Room 2.15d, Building L03, Logan Campus, Griffith University, University Drive, Meadowbrook, Queensland 4131 Australia; s.kisely@griffith.edu.au

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