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Deconstructing the Racialized Cannabis User: Cannabis Criminalization and Intersections with the Social Work Profession

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Cannabis users have been historically stigmatized and criminalized for non-violent behaviors such as consuming, producing, and distributing cannabis. Racialized cannabis users in particular have been constructed as fundamentally different, dangerous, and mentally unstable, while state actors have benefited from the subjugation of this group. The following article reviews the history of cannabis prohibition with an emphasis on the social construction of racialized cannabis users and role of social workers in the treatment of this group. As laws liberalizing cannabis use and trade are passed across North America, an emergent legal framework is maintaining racial divides and marginalizing non-White cannabis users. Recommendations for social work professionals to advocate for change and take a stand on ongoing social justice issues are provided.

Key words: Cannabis, history, social work, criminalization

Introduction

Policies and attitudes related to cannabis consumption, production, and distribution are rapidly changing across North America, with significant implications for cannabis users and the social work profession. A drug once commonly available as medicine, later vilified and prohibited by state powers, is now

being exposed to neoliberal economic forces. For over a century, government actors, corporate interests, and xenophobic impulses have stigmatized cannabis users while shaping public perceptions around this drug. Racialized cannabis users in particular have been constructed as different, dangerous, and mentally unstable to suit the interests of North American elites (Covington, 1997; Potts, 1997). Social workers have played a variety of roles in the treatment of cannabis consumers and must be aware of the history of racism and exploitation experienced by racialized cannabis users in order to meaningfully address ongoing injustices.

Under the pretexts of public safety, moral hygiene, and health promotion, state actors have contributed to manufactured fears associated with cannabis to direct the lives of racialized peoples. Notions of civilized society and the "American dream" were developed by politicians, police, magistrates, and social workers to set certain types of drug users outside the boundaries of acceptable culture (Covington, 1997). While alcohol was widely consumed and normalized throughout Western society, with its health and social impacts known at every level of the socioeconomic ladder, cannabis use was made out to be particularly sinister. Homogenous narratives defining racially marginalized cannabis users as aggressive, unpredictable criminals were produced to justify state-sanctioned management through police profiling, incarceration, treatment, and supervision. These exercises of authority were applied because cannabis users were thought to pose a rebellious threat to the social order. Non-violent behaviors such as growing, distributing, or smoking cannabis represented acts of resistance that pushed certain groups who were already visible due to their skin color to the margins of mainstream society.

From the American criminalization of Blacks and Hispanics, to Canadian discrimination against Asian, Black, and Aboriginal peoples, laws and norms around substance use were essentially established to control minority communities. The historical analysis in the following section will demonstrate how people of color were used as scapegoats by powerful individuals who were driven by racist assumptions and self-interest. Incentives of career advancement, gaining public support, profit, and securing agency resources latently shaped how elites approached issues of race and substance use across

North America. Social workers operated within the legal and moral frameworks set by dominant groups and played a variety of roles in the lives of cannabis users, from enforcers of conventional morality to rehabilitation professionals. While the explicit goal of drug policies was to eradicate cannabis use, the reality of the "War on Drugs" was the widespread repression of racialized peoples. Alongside lawmakers and criminal justice representatives, social workers applied religious dogma, bigoted assumptions, and pseudoscientific explanations to separate and subjugate people they deemed to be different. A brief overview of the history of criminalization and intersections with the social work profession will shed light on how easily social workers can be pulled into implementing unjust policies. Through deconstructing public perceptions of racialized cannabis users, facts can begin to guide interventions needed to address ongoing contradictions and social justice issues.

Criminalization Across North America

Since the 1800's, cannabis (like alcohol and opium) was a popular ingredient in American over-the-counter medicines for its analgesic and euphoric properties (Bonnie & Whitebread, 1999; Dolce, 2016). The drug became problematic for U.S. lawmakers once it began to be associated with Mexican immigration. Following the onset of the Mexican Revolution in 1910, Mexican citizens fleeing violence travelled north and introduced casual smoking of the dried herb *mariguano* for the first time in the United States (Warf, 2014). Immigration swelled alongside xenophobic fears throughout the Southern States, and Mexicans were frequently blamed for property crimes, sexual misconduct, and murderous rampages (Bonnie & Whitebread, 1999; Warf, 2014). American politicians seized on opportunities to villainize Mexican immigrants as violent, drug-dependent criminals. During early discussions of how to address drugs and immigration, one Texas state legislator proclaimed on the senate floor: "All Mexicans are crazy and this stuff [cannabis] is what makes them crazy" (cited in Dolce, 2016, p. 39). It did not matter that Mexican laborers were highly in demand and exploited on American farms after the abolishment of slavery; Americans wanted cheap workers and policies to manage them. At that time, the drug was deliberately referred to by officials as

marijuana (sometimes spelled *marihuana)* in a conscious effort to associate it with Mexicans and foreigners (Steiner et al., 2019). Lack of evidence and racial intolerance tied this drug to notions of danger, disorder, mental illness, and dark-skinned men, sowing the seeds of prohibition across America.

The 1920's saw cannabis become popular in American counter-culture, with sailors and Caribbean immigrants introducing it to coastal cities and spreading acceptance among jazz musicians, bohemians, and some African American communities (Warf, 2014). Lawmakers observed the proliferation of cannabis among marginalized groups and attempted to consolidate power through amplifying pre-existing racial biases (Bonnie & Whitebread, 1999; Potts, 1997). Tough on crime narratives and legislation were promoted to broadcast concerns about intoxicated Black and Mexican men committing crimes and corrupting White youth. Regional laws criminalizing cannabis coincided with alcohol prohibition during the 1920's and 30's, though the Federal Bureau of Narcotics (FBN, now the Drug Enforcement Agency) made escalating bigoted fears around drug users a priority for subsequent decades to secure funding and expand operations (Abel, 1980; Dolce, 2016). Although representatives from the American Medical Association asserted there was no evidence of its alleged dangers in 1937, Harry Ainslinger (head of the FBN) claimed before congress, "marihuana is an addictive drug which produces insanity, criminality, and death" (cited in Dolce, 2016, p. 42). A well-funded propaganda campaign ensued. The FBN, alongside commercial industries with financial interests antithetical to cannabis propagation (such as alcohol and cotton corporations) began engineering moral panic through media outlets and movies to suggest cannabis caused mental illness, lawlessness, and indiscriminate murder (Warf, 2014). This resulted in harsh federal penalties for cannabis distribution, widespread misconceptions about the drug, and a billion dollar budget for the Drug Enforcement Agency.

Cannabis prohibition occurred north of the border at a time when most Canadians had not heard of the plant, though similar xenophobic sentiments drove reactions against immigrants and drug use (Carstairs, 1999; Gordon, 2006). The government's reaction to opium use resembled its reaction to cannabis use. In 1907, thousands of White men held an anti-Asian demonstration in Vancouver's Chinatown, which descended into widespread

destruction of property and threats against immigrants. When the Chinese community requested help from the Canadian government, then deputy labor minister William Mackenzie King investigated and sounded the alarm about opium manufacturing by Asians in British Columbia, emphasizing the risk of white women being corrupted by Chinese drug dealers (Allen, 2013; Carstairs, 1999). A police officer's testimony at a government commission on immigration exemplifies attitudes during this time: "Opium is the Chinese evil…used in every house without exception. This evil is growing with the whites… principally working men…and white women prostitutes" (cited in Gordon, 2006, p. 63). The movement against drugs like opium and cannabis was joined by women's rights activist Emily Murphy shortly after she became Canada's first female magistrate. In her book *The Black Candle* and related publications, Murphy reduced all mind-altering substance use to moral failure and enmeshed race, immigration, violence, and drug use in the Canadian imagination (Carstairs, 1999). In her words: "A visitor may be polite, patient, preserving…but if he carried poisoned lollypops in his pocket and feeds them to our children, it might seem wise to put him out" (Murphy, 1922, p. 187). Although police made their first physical seizure in 1937, cannabis was legally prohibited in Canada fourteen years earlier, shortly after publication of Murphy's book in 1923 (Allen, 2013). As thousands of people of color were persecuted for drug and immigration offenses, Murphy's profile in the national media rose and McKenzie King later became Prime Minister. Like in the United States, elite crusaders manufactured racist narratives using fear-invoking imagery to galvanize the public against the use of a substance and construct of a person deemed to be different and dangerous.

Laws against cannabis possession and distribution in Canada and the States have had a devastating impact on racialized populations. "War on Drugs" policies resulted in the disproportionate incarceration of Black and Hispanic men across America, creating a scenario where the number of Black men incarcerated in 2001 was equal to the number of men enslaved in 1820 (Boyd, 2001; Fornili, 2018; Warde, 2013). As the prison-industrial complex exerted pressure on courts and police to enforce harsh laws against non-violent drug infractions, twenty-first century scenes of racialized men working in prison labor camps

re-created images of chattel slavery across the United States. Between 2001 and 2010, cannabis arrests increased and accounted for 52% of all drug arrests in the US, with Black people three to six times more likely to be arrested than Whites despite similar rates of use (American Civil Liberties Union, 2013; Ashford et al., 2019). In 2018, people of color made up 84% of all federally sentenced cannabis convictions in America, though White people constitute more than 60% of the population (Rivers, 2019).

Prior to Canadian cannabis legalization, Black and Indigenous people were also overrepresented in possession arrests across major cities despite similar rates of use among White and racialized groups (Browne, 2018; Ejeckam, 2019). In Regina, Indigenous people were nine times more likely to be arrested for cannabis possession than Whites despite making up only 9.1% of the city's population (Browne, 2018). In Toronto and Halifax, Black people with no criminal convictions were three to five times more likely to be arrested for possession. In Ottawa, Indigenous, Black, and Middle Eastern people are notably overrepresented in cannabis arrests despite each group's minority status (Browne, 2018). Systematic racial profiling of non-White people has been well-documented across Canada, and simple possession has historically served as a pretext for harassment and intrusive searches (Bundale, 2018; Ejeckam, 2019; Warde, 2013). Beneath the surface of these racially charged statistics and interactions lie socially constructed assumptions of dark-skinned people posing a threat to law-abiding (White) society. As cannabis laws are liberalized across the West, it is imperative for social workers to examine their professional past and position in relation to racialized people who use this drug.

Social Workers: From Christian Volunteers to Treatment Professionals

North American social workers have encountered individuals who use mind-altering substances and their families since the beginning of the twentieth century, with the roots of early practice steeped in Christian ethics and moral discernment (Hick, 2002; Straussner, 2001). Christian charitable organizations funded by wealthy businessmen and operated by upper class volunteers were known to apply dogmatic models of

"deserving" and "undeserving" poor to distinguish who was worthy of material relief (Hick, 2002, p. 41). While the deserving poor were often clean, tidy, and perceived to be of good moral character, the undeserving poor were deemed to be lazy and morally inferior. Due to the subjective nature of the deserving and undeserving categories (and considerable amount of discretion in the hands of faith-based workers) assumptions related to substance use and race could quietly influence who would be denied aid. Christian volunteers and missionaries working among the marginalized were known to decry the "vile weed" and generally framed all non-medical drug use as moral failure (Warf, 2014, p. 428). The perception of social workers as gatekeepers of resources and enforcers of conventional morality was established during this time and persisted through the progression of the profession, despite later efforts to depart from moral judgements of deservingness.

Notions of scientific philanthropy became popular from the 1920's to 60's and social work shifted from a religious and charitable practice to a more secular and state-administered vocation (Hick, 2002; Irving, 1992). Freudian thought, behaviorism, and diagnostic approaches became popular alongside the medicalization of the profession. The "scientific imperative" was central to social work research and education in the 1940's and the scientific method was seen to be a key instrument in promoting social reform (Irving, 1992, p. 9). Social work courses and placements extolled the virtues of "objective" assessments and "rational" advice-giving while quietly guiding clients to conform to White, middle class norms. The work of Mary Richmond advanced notions of substance abuse as an incurable illness requiring physical and mental examination and affirmed the role of social workers in the treatment of people with substance use problems (Straussner, 2001). During this time, Alcoholics Anonymous and the Minnesota Model became cornerstones of addiction rehabilitation, framing addiction as a disease and promoting abstinence-based approaches for all illicit substance use (Anderson et al., 1999). Social workers grew to be a significant presence in addictions and mental health services, eventually constituting one of the largest groups of mental health professionals in North America (Bentley & Taylor, 2002). The venues of rehabilitation, child protection, and social service provision, as well as schools and criminal justice systems, became common

settings where social workers engaged with socially and racially marginalized cannabis users.

A consequence of the 1960's "War on Drugs" policy and 1980's "Just Say No" anti-drug campaign was that cannabis use and abuse became conflated (Bonnie & Whitebread, 1999). All cannabis consumption was perceived to be problematic due to its criminal status, no matter the frequency, effects, or motivations for use. Cannabis consumers caught by family, police, school administrators, and courts were routinely chastised and referred to abstinence-based programs to manage their disease and cure their moral failures. Across North America, social workers became responsible for identifying, reprimanding, monitoring, and managing cannabis users through drug testing in settings such as child welfare, drug courts, and probation/parole (Christensen, 2018; Dietz, 2013; National Center on Substance Abuse and Child Welfare [NCSACW], 2019; Roberts et al., 2014). To this day, penalties for using cannabis and failing a drug screen in certain circumstances can range from incarceration to losing access to one's children. In states where obtaining income support involves submitting to drug tests, case workers of clients who test positive for cannabis are required to mandate drug treatment or cut people off life-sustaining benefits (Greenblatt, 2010; Widelitz, 2011).

Over the past three decades, social workers have become a "natural gateway" to rehabilitative services for people with cannabis-related problems (Thyer & Wodarski, 2007, p. 185). Approximately 30% of American cannabis users develop problematic consumption patterns and associated family, financial, academic, employment, legal, and psychological difficulties (Hasin, 2018). In many mental health and addiction settings, people with Cannabis Use Disorders (CUDs) are treated through assessment, individual psychotherapy, group support, and pharmacotherapy (Sherman & McRae-Clark, 2016; Thyer & Wodarski, 2007). These programs are built on the foundations of the Minnesota Model and typically utilize evidence-based approaches such as motivational enhancement, contingency management, relapse prevention, and cognitive-behavior therapies (Davis et al., 2015; Gates et al., 2016). Abstinence from all mind-altering substances is mandatory, even when clients wish to decrease rather than discontinue use. These models continue to conceptualize addiction as a disease originating within the individual,

family, and social environment while broader socioeconomic forces are ignored. Evidence-based treatments tend to decontextualize substance-related challenges, leading to the omission of discussions related to race, history, and social policy during treatment. This can facilitate clients being blamed for their legal and psychosocial problems rather than educated about root causes such as racism, stigma, and unjust laws. Importantly, stigma toward cannabis and its users have produced barriers to recovery for those who may be struggling with CUD's, mental illness, and related life challenges (Kerridge et al., 2017).

Cannabis use among adolescents is of particular concern for school social workers due to the potential for this drug to impair memory, learning, and academic functioning (Coyle, 2017; Melchior et al., 2017). Almost all secondary schools in the United States and Canada have drug deterrence guidelines, and in some regions social workers play important roles in policy development, enforcement, and counselling. School social workers are often tasked with identifying and reforming "at-risk" youth who use cannabis while coordinating surveillance with guardians. This counselling can occur alongside threats of suspension, expulsion, or criminal charges. Drug policies and police presence in schools have been linked to the "school to prison pipeline," wherein young people of color are disproportionately arrested for cannabis possession, fall behind in studies, disengage with school, and end up at risk for criminal justice involvement (Lee, 2014). In addition to exacerbating racial disparities, this approach has proven to be ineffective in deterring cannabis use. A longitudinal study of schools in Washington State and Australia reported students who attend schools with harsh punitive drug policies are actually more likely to consume cannabis than peers at schools without such policies (Evans-Whipp et al., 2015; Ingraham, 2015). Furthermore, referring cannabis-using students to drug education programs, school counselors, or police has been found to have no significant impact on cannabis use. Due to the heavy focus on cannabis-related risks, many school social workers have adopted a "zero tolerance" ethos, though this approach may be further marginalizing non-White students who use this drug.

The professional orientation of social workers begins with their education and training. Conventional social work instruction typically emphasizes the need for change at the individual

level alongside limited social reform while minimizing systemic problems such as racism or regressive legislation (Mullaly & Dupré, 2018). In an analysis of major social work journals, Corley & Young (2018) report social work literature and educators are "still failing to address institutional racism and are relying heavily on micro-level interventions when working with minoritized groups" (p. 317). Badwall (2015) suggests social workers' desire to be "good" and socially just often collides with race-based realities in daily practice. The North American history of colonization and imperialism is generally overlooked in social work schooling, leading to a centralization of Whiteness in the profession which assumes professional moral superiority over people of color. Vinsky (2018) describes racial anxieties, reactivity, and fragility on the part of White social workers which inhibit confrontation of historic and current systemic mistreatment of racialized people. These factors have shaped social workers to maintain a social order that racializes and criminalizes cannabis use.

The function of social work professionals in the lives of racialized cannabis users over the past century has been complex. Since the 1970's, some social workers have diverged from conventional practice and adopted progressive roles through resisting unjust drug policies, supporting the harm reduction movement, and advocating for alternatives to criminalization (Hick, 2002; National Association for Social Workers, 2013). Others have acted as paternalistic overseers through coercing people to stop using this drug or face dire consequences. Mullaly (2001) describes oppression as a process by which people are "excluded from full participation in society or assigned second class citizenship not because of individual talent, merit or failure, but because of…membership in a particular group or category of people" (p. 312). Historically, social workers have participated in the oppression of racialized cannabis users by disregarding their histories and facilitating their exclusion from schools and communities. Social workers have also been tasked with drug testing clients, withholding material benefits, and preventing parental access to children for using cannabis. Non-White cannabis users have been inordinately affected by these practices and it is essential to deconstruct the forces behind the differential treatment of this group in order to begin exploring viable solutions to ongoing injustices.

Deconstructing the Different, Dangerous, and Deranged

Across nations, cultures, and races, a variety of factors contribute to cannabis use, including biological, psychological, social, familial, political, and societal influences (World Health Organization, 2016). People also take cannabis to alleviate medical conditions, as there is substantial evidence cannabinoids are effective in treating chronic pain, chemotherapy-induced nausea, and multiple sclerosis symptoms (National Academies of Sciences, 2017). There is additional anecdotal evidence supporting its use in the treatment of other health problems, though more research is needed to substantiate claims of broader medicinal benefit. Regardless of racial or ethnic background, people have personal reasons for using this drug. However, the color of a cannabis user's skin has been demonstrated to impact the manner in which they are depicted and treated in the public sphere.

Contradictions between social perceptions toward cannabis use among White and non-White people are glaring. While consumption among minorities has been linked to deviance, dysfunction, and crime, use among White people in affluent communities has been portrayed as normative and essentially harmless (Covington, 1997; Ejeckam, 2019). Perhaps the clearest example of this was Canadian Prime Minister Justin Trudeau's unapologetic admission of subverting laws by smoking cannabis as a sitting member of Parliament in 2013. Though his confession was seized upon by political opponents and some who lamented his lack of judgment, Trudeau's ability to joke about the matter and frame it as a minor indiscretion during a poolside dinner party made the event largely uncontroversial (The Canadian Press, 2013). This occurred while significant numbers of Black and Aboriginal people across Canada were being harassed by police and pushed into the criminal justice system for the same behavior (Browne, 2018). The discrepancy between how White and racialized cannabis users are treated is directly related to the perception that Black and Brown people are inherently more aggressive than Whites.

Dark-skinned people have been fallaciously constructed as dangerous in the West for centuries (Bell, 1993; Delgado &

Stefancic, 2017; Potts, 1997; Ross, 1998) and cannabis has been a part of that problematic narrative. Since the colonial era, Canadian and American economies have relied on the exploitation of cheap labor from immigrants and racialized communities, though fears of labor market disruption and nonconformity to norms facilitated racist policies and speculation to control these groups (Gordon, 2006). Media outlets fuelled the conjecture by repeatedly showcasing faces of Black and Brown men during stories of violence and drug seizures to solidify the misrepresentation of these groups as more dangerous and drug-consuming than others (Potts, 1997). Television news, talk shows, advertisements, Hollywood movies, and the commercial music industry have been especially insidious avenues for corporate elites to profit from the construction of non-White, cannabis smoking men as dangerous. Moreover, minority drug use has been coupled with "ghetto pathologies" like unemployment, crime, gang violence, and moral breakdown in policy literature, resulting in risk discourses around racialized young men in government bureaucracies and policy settings (Covington, 1997, p. 136).

Research examining the relationship between cannabis and aggression tells a more nuanced story. Studies have indicated that cannabis-intoxicated humans and animals are less likely to act aggressively than non-intoxicated controls, though withdrawal from regular use may be related to elevated irritability (Abel, 1977; Hoaken & Stewart, 2003). One literature review identified contradictory findings in the research and cautioned against inferring causation between cannabis and aggression, noting that confounding variables such as alcohol/other drug use, geographic location, learning disabilities, and violent victimization may lead to spurious associations (Ostrowsky, 2011). The World Health Organization (2016) suggests social disadvantage, childhood adversity, and negative peer associations may explain the links between cannabis use and psychosocial outcomes such as aggressive behavior. In spite of the evidence, some journalists and media figures have continued to propagate sensationalized stories of cannabis use causing violent and homicidal behavior. To address the issue, an open letter signed by dozens of scholars and clinicians states: "Associations between individual characteristics and violence are multi-factorial. Thus, establishing marijuana as a causal link to violence at the individual level is both theoretically and empirically problematic" (Ashford et

al., 2019, para. 1). Separating the social effects of cannabis from its historically criminal status and other confounding variables is difficult due to the American classification of cannabis as a schedule one substance (Angell, 2018). This policy, which categorizes cannabis as a drug with high abuse potential and no medicinal value, has restricted rigorous study in the United States. Limited empirical analysis has set the scene for anecdotal evidence, biased accounts, and studies with unrepresentative samples to maintain erroneous perceptions of cannabis users.

Although the construct of racialized cannabis users as violent criminals can be debunked as a translucent control mechanism, claims that connect cannabis use to mental illness are less propagandistic. Substantial evidence suggests frequent and high dose intake of the cannabis component **Δ**-9 tetrahydrocannabinol (THC) in youth with genetic predispositions can increase risk for psychotic disorders and psychiatric hospitalizations (Hasan et al., 2019; Large et al., 2011; Proal et al., 2014). Though the link exists, the association between cannabis and psychosis is complex and multi-faceted (Baudin et al., 2016; Compton & Manseau, 2017). There is also considerable evidence connecting traumatic experiences and stress in childhood to the development of psychotic symptomology, including paranoia and hallucinations (Bailey et al., 2018; Bendall et al., 2008; Seow et al., 2016). Trauma and post-traumatic stress disorder (PTSD) have additionally been implicated in the emergence of CUD's among young people (Cornelius et al., 2010; Kevorkian et al., 2015). One study examining the relationship between cannabis and psychosis that adjusted for childhood trauma found the effect of cannabis on psychotic symptoms was attenuated and not statistically significant (Houston et al., 2011). While elites have historically painted a picture of racialized cannabis users as crazed due to their cannabis use, it is now clear that trauma, THC dosage, genetic pre-disposition, and frequency of intake are more relevant factors than race when considering the relationship between cannabis and psychosis. Furthermore, recent studies have highlighted the potential for the non-intoxicating cannabis component cannabidiol (CBD) in producing therapeutic effects for people with psychosis and/or PTSD, though more research is needed in these areas (Bhattacharyya et al., 2018; Greer et al., 2014; Lake et al., 2019; McGuire et al., 2018; Shishko et al., 2018).

Over the past decade, North American governments have been loosening cannabis regulations and public perceptions toward the drug are softening. A 2017 national survey reported only 28% of Canadians felt cannabis use was socially acceptable, though the number increased to 45% in a follow up survey after the drug was legalized in 2018 (Government of Canada, 2017, 2018). At the onset of 2020, 11 States and Washington D.C. had fully legalized the drug and 33 States had legalized for medicinal purposes (McNamara, 2020). Several other states are debating further liberalization, with the potential for increased tax revenues weighing on government decision-making. According to a recent poll, 65% of Americans now support federal cannabis legalization, including groups traditionally opposed (McNamara, 2020). This data suggests cannabis is becoming a mainstream mind-altering substance. As the stigma diminishes, the once fear-invoking image of the aggressive, unhinged, dark-skinned cannabis criminal may begin to fade as well. However, this does not mean historical injustices or racial inequities have been overcome. A new landscape of power and privilege is taking shape in a climate of contradiction that implores social workers to re-examine how racialized cannabis users are treated.

The Business of Cannabis and Role of Social Workers

As cannabis transitions from criminalization to commodification, racial divides are being maintained and unexpected actors are capitalizing on financial opportunities within the legal industry. In the United States, former conservative lawmakers are downplaying their involvement in criminalization and taking positions as shareholders in multinational cannabis corporations (Breslow, 2019; Gangitano, 2019). In Canada, former law enforcement officials are joining politicians at lucrative cannabis companies despite a range of conflicts of interest in their profiteering (DiMatteo, 2018). A reflection of the power dynamics in the legal North American trade is the racial makeup of the industry. At the time of this writing, 81% of American companies are owned by Caucasian men and only 3% of the top five Canadian producers have hired people of color in managerial positions (Ejeckam, 2019; Rivers, 2019). Many non-White

producers and distributors who operated in the black market are now shut out of employment in the legal trade due to strict restrictions and mandatory criminal background checks. The preponderance of wealthy, White, politically connected men making millions in this industry is concerning, especially given the thousands of racialized people currently serving sentences in the United States for distributing cannabis. In the words of Ferrell Scott, a Black man incarcerated in Pennsylvania for trafficking cannabis, "You would think that selling marijuana is the worst thing in the world because I was given a life sentence for it" (Rivers, 2019, para. 5).

Social workers have a unique responsibility to take a stand on current social justice issues while advocating and educating for change. At the professional level, social workers must support the scrapping of laws in regions where cannabis criminalization persists and propose shifts in policy toward a public health (rather than free market) approach (National Association for Social Workers, 2013). This includes fighting for the release of people currently incarcerated for cannabis offenses and the expungement of cannabis-related criminal records. There is also a need to advocate for racialized communities most negatively affected by prohibition to benefit from legalization through government intervention, redistribution of resources, and corporate responsibility programs. In the words of Ejeckam (2019), revenue obtained from legal cannabis sales and taxes should be used to fund "meaningful reparations for communities targeted for decades by racist drug laws and enforcement" (para. 4).

At the organizational level, social workers in criminal justice and child welfare systems can strive to resist policies that maintain intrusive and unreasonable surveillance of their clients. Anti-oppressive practices and recognition of latent and overt racism in organizational settings are valuable in addressing systemic social problems (see Mullaly & Dupré, 2018). School social workers should advocate for harm reduction strategies which discourage "zero-tolerance" policies and promote interventions that foster meaningful student-teacher relationships (Evans-Whipp et al., 2015). One-size-fits-all approaches are ineffective in deterring drug use or helping young people achieve their potential. Therapeutic discussions should avoid lecturing and be tailored to meet the unique needs of students (Coyle, 2017).

At the individual and family level**,** social workers have an integral role in fighting stigma and dispelling myths. As the evidence base expands, there is a need to bridge the gap between budding research and public knowledge. Social workers can apply fact-based, inclusive, non-judgmental educational frameworks that mobilize the most recent findings regarding the risks and benefits of cannabis consumption (see Valleriani et al., 2018). In treatment settings, contextualized psychoeducation which acknowledges systemic factors can be integrated with evidence-based therapies to reduce unproductive emphasis on individual deficiencies. Workers must also strive to distinguish cannabis use from dependence or abuse through utilizing validated assessment tools and client-centered approaches (López-Pelayo et al., 2015). Harm reduction strategies (Marlatt et al., 2011) and lower-risk use guidelines (see Fischer et al., 2017) are practical when addressing the known harms related to cannabis use, though gaps in knowledge should candidly be acknowledged. The foreseeable loosening of restrictions around cannabis research is sure to spark a rapid increase in studies from the scientific community. However, a need remains for multidimensional analyses which take into account the intersecting structural, historical, socioeconomic, and political contexts that shape drug use and policy. Most importantly, social work researchers, educators, and practitioners can help change the discourse around cannabis and its users through listening to, learning from, and amplifying the voices of the people with whom they work.

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