



Recommendations for the Legalization of Cannabis in Canada

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The Canadian Psychological Association (CPA) is the national association for the science, practice, and education of psychology in Canada. CPA's chief mandate is to improve the health and welfare of all Canadians which we accomplish by supporting and promoting the development, dissemination and application of psychological knowledge. CPA is committed to working with government and other health and science stakeholders in advocating for public policy that is evidence-informed and best meets the needs of the publics it serves. It is the science and practice of psychology, particularly in the areas of mental health and addictions, that CPA brings to the following set of recommendations about the legalization of cannabis in Canada.

Cannabis is the most commonly used illicit drug in Canada, with highest use among those ages 15 to 24. In 2017, the federal government has taken steps to legalize cannabis. Policy frameworks now need to extend beyond discussions about legalization, and move toward how best to protect the health and wellness of Canadians.

Research to date into the use and abuse of cannabis evidences the following:

- Regular or heavy cannabis use in adolescence is related to poorer educational outcomes, lower income, suicidality, greater welfare dependence and unemployment, as well as lower relationship and life satisfaction.
- Acute cannabis use is associated with an increased risk of motor vehicle collisions, especially for fatal collisions.
- Functional imaging shows clear differences between cannabis users and non-cannabis users in several areas of the brain.
- Cannabis use can disrupt normal adolescent brain development.
- Verbal learning, memory and attention are most consistently impaired by acute and chronic cannabis use, and in youth, some of these effects remain even after cannabis use is discontinued.
- Heavy or chronic cannabis use adversely affects cognitive performance on measures that assess attention, working memory, verbal memory, and executive functioning.
- Cannabis use is linked with an earlier age of onset for psychosis, and the risk of psychosis onset is greater at higher levels of cannabis use.
- There is a modest positive relationship between cannabis use and the onset of depression and bipolar disorder. The findings regarding anxiety are less clear, with researchers finding only a small, positive relationship between cannabis use and anxiety. In all studies, associations are stronger with heavier cannabis use.
- Structured school-based universal and selective programs targeting a range of individual skills, particularly decision-making, healthy coping, and substance use resistance skills offered in early adolescence can have strong effects on reducing substance use, including cannabis use.

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- Early identification and brief motivational enhancement approaches have shown positive effects on reducing youth cannabis use and negative consequences. Cognitive-behavioural therapy and multi-dimensional family therapy have also shown positive effects on cannabis use in youth.
- Cognitive-behavioural therapy, Motivational Interviewing, and their combination have been shown to be effective interventions for cannabis use problems, specifically in reducing cannabis use and severity of dependence. Evidence also supports that the addition of Contingency Management (i.e., abstinence based incentives) improves outcomes.

Following from the above findings, the CPA recommends that:

- Legalization should be accompanied by public health messaging and education, including awareness of the potential harmful effects of cannabis use.
- Investments should be made in education, treatment, and research to help understand and mitigate some of the negative psychosocial harms of cannabis use.
- Awareness campaigns for brain health and cannabis use, and the effects of cannabis use on the developing brain should be created.
- Those with mental health concerns should be made aware of the potential impact and negative consequence of cannabis use. Special attention should be paid to those adolescents and young adults with vulnerabilities to mental health disorders.
- When cannabis use problems are identified, treatment should be made available by trained service providers, using evidence-based approaches.
- Psychologists should routinely screen for problematic cannabis use with validated tools. Based on screening, psychologists should further assess for cannabis use disorders and readiness to change cannabis use as part of their comprehensive assessment. Psychologists should provide evidence-based psychological therapies with concrete treatment goals for those who want treatment for cannabis use disorder.
- Like other substance use disorders, abstinence rates are low and relapse is common. Thus, harm reduction approaches should be routinely incorporated to reduce the harms associated with cannabis use.
- Psychologists should provide treatment for cannabis use disorders and for other mental health disorders concurrently.
- Psychologist training and continuing professional developmental programs should include attention to substance use and its associated problems

There are important gaps in what is known about the use and abuse of cannabis. Funding is needed to support further research, which includes the meaningful involvement of stakeholders (e.g. young people who use cannabis and their families), to:

- Better understand the complex relationship between cannabis use and mental disorders, with a particular focus on prospective, longitudinal research with adolescents and emerging adults.

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- Better understand the effects of the legalization of cannabis on the incidence and prevalence of psychosis, depression, anxiety, and bipolar disorders.
- Further examine the relationship between cannabis use and suicidal ideation and suicidality
- Further investigate the efficacy of psychological and pharmacological treatments for cannabis use disorders, with a focus on effective interventions for those with concurrent mental disorders and other comorbid substance use.
- Further examine the risks to memory, attention, and executive function with increased cannabis use.
- Further investigate the effects of acute cannabis use on driving and motor vehicle accidents.
- Determine the relationship between the effects of cannabis and individual characteristics, such as sex/gender, age, race, ethnicity, and other co-morbidities.

Summary statement

The legalization of cannabis in Canada has the potential to enhance the safety and quality control of the substance. It could also remove the criminal element from the cannabis market and the negative consequences that illegal or black-markets entail.

CPA has long been concerned about the inaccessibility of evidence-based psychological treatments for mental and substance use disorders because these interventions are inadequately resourced through our public and private health insurance plans. The legalization of cannabis will bring about increased tax revenue for governments, revenue which could be allocated to the prevention and treatment of mental health and substance use disorders.

Canada's psychologists, and other mental health and addictions stakeholders, need to work collaboratively to guide and inform the implementation of the regulation and legalization framework for cannabis in the best interests of the health, safety, and welfare of Canadians. Attention needs to be paid to factors attendant on cannabis use that in themselves affect the health and safety of the public. These include the health hazards of inhaling combusted cannabis or otherwise consuming cannabis, as well as the public safety hazards that result from the use of cannabis while performing certain jobs and/or functions. This implementation work can be informed by the experience of other countries where cannabis has already been legalized.

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