Evidence Brief

Provincial responses to federal cannabis legalization: A multi-jurisdictional study

What you need to know

- We interviewed Canadian health and social service providers and decision-makers about the perceived risks and benefits associated with cannabis legalization.

- Many interviewees said more time was needed for federal and provincial planning for and implementation of cannabis legalization.

- Participants made strong recommendations for investment in education, research and evaluation related to drug-impaired driving and cannabis use among youth.

What's the problem?

On October 17, 2018, the Government of Canada legalized cannabis production, distribution, sale and use for non-medical purposes. The provinces and territories are responsible for setting additional rules and legislation regarding how cannabis is distributed and sold within their jurisdictions. As a result, there are 13 distinct cannabis regulatory systems across Canada. There is an ongoing need to examine perspectives on legalization across jurisdictions, including service providers' and policy makers' perceptions of the challenges and opportunities. These stakeholders can provide crucial perspectives on cannabis legalization to help us to better understand the impacts of legalization and identify solutions that improve practice and policy.

What did we do?

Between September 2018 and March 2019, we conducted 42 one-to-one interviews with health, safety and social service providers and decision-makers from each of the four provinces with the highest populations in Canada: Québec, Ontario, Alberta and British Columbia (BC). Participants included medical officers of health, municipal public health officials, policy analysts, community agency managers and police representatives. Each province had distinct experiences with community consultation and planning at the early stages of legalization. The different provincial plans for cannabis distribution and retail included a government monopoly model and hybrid systems that permit private retailers (see Watson et al., 2019 for a review of cannabis policy frameworks in these jurisdictions).

To explore perspectives on policy planning for cannabis legalization, we asked participants about their knowledge and opinions regarding: potential public health risks and benefits created by cannabis legalization; how their respective jurisdictions responded to cannabis legalization and new regulations; and what resources are

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needed to address major changes associated with legalization.

Interviews were audio-recorded and transcribed, and we analyzed key themes from the data. This study was approved by the Research Ethics Boards at the Centre for Addiction and Mental Health and University of Toronto.

What did we find?

Perceived risks of legalization

Participants discussed a range of potential health and safety risks associated with cannabis use, including harms to brain development, dependency/addiction, mental illness (including psychosis), exposure to secondhand smoke, respiratory problems and drug-impaired driving. Some expressed concerns that legalization would lead to greater availability of cannabis which would, in turn, lead to the normalization of use, increased consumption and health-related harms. Participants expressed concerns that greater cannabis availability would lead to more young people using cannabis. Many also noted the need for more research to monitor and understand the impacts of legalization and cannabis use on health.

I think the message that public health has been trying to deliver is that just because it's legal, doesn't mean that this is a completely benign substance. As with any other psychoactive substance, there are potential health effects with which we're concerned. (medical officer of health, Ontario, Nov/2018)

Perceived benefits of legalization

Many participants emphasized the importance of balancing the risks and benefits to legalization. They see legalization as a harm-reduction strategy with health and social benefits that will outweigh the risks. Participants noted that a major benefit of legalization is a reduction of the stigma associated with cannabis, which over time will help support safer and responsible use. In particular, participants pointed out that reducing this stigma encourages patient-provider conversations about prescribing cannabis for therapeutic use and reduces individual barriers (e.g., shame) to seeking

help for problematic use. Additional benefits mentioned included safer, regulated cannabis products for consumers (including labelled information about cannabis product content) and increased opportunities for research on cannabis and its effects.

So the fact that now [cannabis is] a legal substance, we will be able to talk about it and to do prevention for youth and also for adults [...] we can open a discussion, a conversation. This is one of the greatest things about the fact that now it's legal. The other thing is, there's a lot of people consuming cannabis in Québec, in Canada. And now they have access to a controlled substance [...] At least you have a choice and you can make decisions. (Provincial public health representative, Québec, Nov/2018)

Participants also identified legalization as beneficial for members of Black, Indigenous and people of colour (BIPOC) communities that have been disproportionately affected by the stigma associated with cannabis use. (Perspectives shared in focus groups and interviews with members of BIPOC communities are provided in a separate evidence brief.) Some also expressed hope that legalization will produce wide-ranging economic benefits for communities through employment and entrepreneurship opportunities.

Federal versus provincial legalization planning

When reflecting on how federal and provincial jurisdictions managed cannabis legalization, most participants said that more time was needed to adequately plan and prepare for implementation.

[W]e needed more time [...] our teams, working on the new laws are just like being put in place right now, as we speak today. So there's not [...] full-fledged enforcement. And legalization started in October, so yeah, so it was too short. We couldn't be ready when it was legalized, but we did what we could. (Police representative, Québec, Feb/2019)

Some reported a lack of federal support and direction during local planning and implementation. They also expressed concern about the resulting "patchwork" of legislative frameworks across provinces.

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I think that was one of the things that was the most challenging, is trying to do this work with very short timelines and trying to stitch together all the different provincial approaches. So, you know, we've ended up with quite a patchwork of legislative frameworks. (City councillor, Alberta, Sep/2018)

Participants from Ontario and Québec described how changes to their provincial governments disrupted plans and contributed to public confusion regarding the new legislation and laws.

I think that, unfortunately, to have that shift in government happen right in the middle of basically the rollout of legalization did make a confusing framework for Ontarians. (Senior policy analyst, Ontario, Mar/2019)

Some participants described the success of stakeholder consultations by federal and provincial governments. Others noted that additional consultations were needed, especially with Indigenous communities. Some said that the federal consultations were not as robust as those conducted provincially. They also mentioned a lack of municipal consultation on matters such as operating budgets and available resources.

Participants also expressed concerns about how industry influence might have impacted federal and provincial decision-making around cannabis retail models. Some felt that the federal decision to legalize cannabis was motivated by political and/ or financial interests rather than by concerns for public health and safety.

A lot of municipalities have really focused on industry perspectives and, in some cases, tourism as being key drivers in decision-making, and wanting to be fair from a kind of corporate perspective. And not wanting to be overly restrictive about approaches to things like store locations and setbacks and hours of operation, wanting to cultivate things as being, you know, in terms of business opportunity. (medical officer of health, Alberta, Oct/2018)

Despite the challenges and critiques concerning the federal rollout of legislation, many participants indicated the government did a "good job" considering the complexity of drafting and enacting legislation within tight timelines.

I would say that [legalization has] been handled well from a federal perspective, knowing that to implement a highly regulated industry that was previously prohibited is an enormous task [...] there's so many stakeholders involved. (Former provincial politician, BC, Oct/2018)

The amount of work that was done by federal officials, to work in concert with their provincial and territorial counterparts was enormous. It was impressive [...] on the Ontario end, we had an equally energetic, enthusiastic, well-equipped group of public policy professionals. (Senator, Ontario, Feb/2019)

Lastly, participants indicated that federal and provincial partnerships in research and evaluation of cannabis legalization are essential to assess impacts moving forward.

Drug-impaired driving

When asked how they perceived their jurisdiction was addressing cannabis-impaired driving, many participants noted that drug-impaired driving is not a new phenomenon. They stressed that impaired driving is a longstanding public health issue due to widespread public misperceptions about the safety of operating a motor vehicle while drug impaired. Many noted a need for increased investment in educational campaigns, research and evaluation of interventions to address these misperceptions and prevent drug-impaired driving. The importance of collaboration and coordination among municipal, provincial and federal governments was highlighted as a way to ensure effective delivery of public health messaging.

You know, I think the conversation about legalized cannabis, perhaps shone a bit of a light or focus on the fact that [...] people had been consuming cannabis and driving and certain people thought that perhaps it was safer to do than alcohol and driving. (Senior advisor with a municipal organization, Ontario, Nov/2018)

I think public education is a real important piece [...] we have people that clearly have not got all their facts right. And I'm suggesting that from things like comments that, 'I'm a better driver when I use cannabis.' (Provincial cannabis distributor, Alberta,

Some also viewed concerns about cannabis-impaired driving as exaggerated and wondered if new approaches are warranted under legalization.

When [drivers are] driving really erratically, [the police] pull them over. They smell cannabis; they arrest them [...] we didn't need to invent a special machine to catch people from driving stoned five years ago. It happened all the time. (Executive leader of cannabis commerce organization, BC, Nov/2018)

It's a complex [issue], but at the same time, I think it can be quite simple. Just take fatigue. Fatigue is dangerous. It impairs people. It's dangerous. It causes a lot of accidents, fatal crashes. And there's no saliva test for that. (Substance use researcher, Québec, Nov/2018)

In terms of the enforcement of drug-impaired driving laws, participants mentioned technical and logistical challenges resulting from the lack of reliable roadside technology for assessing drug impairment. Several participants explained their concerns about the fairness of zero-tolerance measures given the lack of reliable technology and clear procedures for assessing drug-impaired driving. This relates especially to non-impaired medical cannabis users who, if tested, may have residual levels of tetrahydrocannabinol (THC) in their system. Reliable measurement of THC in drivers and accurate assessment of impairment were noted as areas in need of additional research.

But with respect to cannabis, obviously, the increased challenge is we do not have any really good, validated tests and thresholds that can be used to determine impairment. That makes it harder [...] there may be some opportunity as we go forward to have better tools for law enforcement to use, that's something that they're going to need to continue to work on, and we're going to need to do our part in public health and in government, I think, to make sure we continue to try and develop the right approaches to avoid the need for that enforcement. (medical officer of health, Alberta, Oct/2018)

Minimum age

Participants were asked how they thought their jurisdiction had handled setting a minimum age for cannabis purchase and sale. (Minimum age varies by jurisdiction: 19 in most provinces/territories, 18 in Alberta and 21 in Quebec.) Many suggested that, ideally, people under age 25 should not be using any substances that could negatively affect the developing brain. However, they also acknowledged that young people make up a considerable proportion of cannabis consumers. Participants noted that a lower minimum age would at least allow younger users to legally purchase a safe, regulated product while also diverting them from illegal markets. In line with public health goals, participants mentioned that a legally regulated point of sale also provides opportunities for education and intervention for younger consumers.

Well, from a public health point of view, there's no safe age for using cannabis, so, (laugh) we tend to point people in the direction of evidence, and 'When you're making decisions, please understand that there's significant risks to young people, under the age of 25. We know that brain development happens 'til around that age.' (Provincial health system coordinator, Alberta, Sep/2018)

Realistically, you know, you put an unrealistic age on it, people will turn to the illegal market, which has additional risk associated with it. So, it's that balance, between delaying youth, as long as possible, but ensuring that when individuals would be eager and looking, and you know, at that age where experimentation may happen more so, that they can get it legally and safely. (Municipal public health representative, Ontario, Dec/2018)

Despite the risks associated with unregulated cannabis markets, some participants felt that the minimum age should have been set higher due to health risks associated with early use.

I'm hearing from the medical community now that they think that's too young. And I heard it actually during a presentation [...] with the House of Commons a while ago [...] the Canadian Medication Association was quite vocal in saying that it should be into a person's twenties. (Police representative, BC, Nov/2018)

Several participants suggested that the minimum

age for alcohol and tobacco should be set higher as well, given the evidence of associated harms.

> *If we really believe that kids should not have access to legal pot before 21, it raises the spectra of having to deal with alcohol and tobacco [...] the lobbies that are around alcohol, I believe, are much stronger than the ones around pot and have been around longer. So, this is a very complex social engineering issue. (Psychiatrist and public health expert, Québec, Nov/2018)*

Participants noted the potential for confusion when the minimum age for cannabis use varies across jurisdictions. Some proposed that harmonized age limits would provide greater clarity for both consumers and law enforcement.

> *I think one of the challenges of any public policy is being transparent and making sure everyone knows what the rules are. So if you have different ages for access to those different products, it becomes very confusing. So I like the idea of setting it the same as alcohol access; 19 makes sense. (Former provincial politician, BC, Oct/2018)*

Participants also discussed the need for governments to invest in research and evaluation related to youth cannabis use, and for flexibility to adapt policy as new evidence emerges.

What are the limitations of this review?

Our findings do not reflect the perspectives of stakeholders from all provinces and territories, as we interviewed individuals from only Québec, Ontario, Alberta and BC. In addition, important perspectives from BIPOC community members are not reflected in this brief. It is crucial to include BIPOC community voices in research as they offer perspectives on legalization impacts within important historical and sociocultural contexts. We have engaged with members of these communities and developed another evidence brief to share the findings.

What are the conclusions?

Interviewed health, safety, and social service providers and decision-makers view legalization as a strategy with public health and social benefits that outweigh the risks for both adult and youth populations. There is a crucial need for additional education, research and interventions to prevent health-related harms, especially in youth. Drug-impaired driving is one of these harms, so reliable technology and clear protocols to detect cannabis impairment are needed. To ensure the continued protection of public health and safety, federal and provincial partnerships and coordinated investments in research and evaluation are needed to monitor the long-term impacts of legalization. It is essential to be flexible and adjust policy and law in response to emerging evidence.

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Acknowledgements

Reference

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