



Dianova International

Study on the Regulation and Legalization of the Therapeutic and Recreational Uses of Cannabis and their Addiction, Social and Health-Related Risks

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Abstract

The international debate on the legalization of the various uses of cannabis (chiefly, medical use and recreational use) has reached a critical moment. Changes to laws in Uruguay, several States of the USA, and Canada are challenging international conventions. The objective of this study is to clarify some of the key issues of this debate, its scientific, legal and political bases, as well as its principal consequences for both the general population and the main risk groups. The study was conducted through a bibliographic review of secondary sources and a series of interviews (18) with key informants, selected among prominent international experts. The main consequences found are as follows: therapeutic use can be legalized, provided that its effectiveness is based on evidence, and that it is administered under medical control; recreational use requires a global debate, taking into account the conditions of its regulation, such as the age of access, quantities, previous studies on these issues and prevention and health promotion strategies; the participation of commercial companies and the advertising of the products should be restricted and under state control; lastly, quality control measures should be enforced to avoid unintended consequences and other problems and prevent the products from being even more accessible on the illegal market.

Key concepts: *Regulation of cannabis, legalization of cannabis, therapeutic and medical use, recreational use, qualitative research, scientific-based evidence, public health, international conventions.*



Resumen

El debate internacional sobre la legalización de los diferentes usos de cannabis (fundamentalmente, el uso médico y el uso recreativo) se encuentra en un momento crucial, debido a los cambios en las leyes de Uruguay, varios estados de los Estados Unidos de América y Canadá, que son un desafío a las convenciones internacionales. El objetivo del presente estudio es clarificar la idoneidad de ese debate, sus bases científicas, legales y políticas, así como las principales consecuencias tanto para la población general como para los principales grupos de riesgo. El estudio se ha realizado mediante una revisión bibliográfica de fuentes secundarias y una serie de entrevistas (18) a informantes clave, seleccionados entre los principales expertos internacionales. Las principales consecuencias encontradas son: el uso terapéutico puede ser legalizado, utilizando evidencia científica para demostrar su eficacia y con control médico; el uso recreativo requiere de un debate global, teniendo en consideración las condiciones de su regulación, como la edad de acceso, las cantidades, estudios previos de los sujetos y estrategias de prevención y promoción de salud; la participación de empresas comerciales y la publicidad de los productos deben estar restringidas y bajo control estatal; finalmente, se deben aplicar medidas de control de calidad para evitar problemas y consecuencias imprevistas y evitar que los productos sean más accesibles desde el mercado ilegal.

Conceptos clave: *Regulación de cannabis, legalización de cannabis, uso medical y terapéutico, uso recreativo, investigación cualitativa, evidencia científica, salud pública, convenciones internacionales.*



1. Introduction

Studies on the different uses of cannabis and its derivatives remain rare, despite the social controversies involved. The composition of cannabis has been known since the 1970s (especially through the research of chemist Raphael Mechoulam); it consists of about a hundred substances (most of them still undetermined) and two main active compounds: THC and CBD. The difference between these compounds is key to understanding the controversy: THC is believed to be responsible for most of the psychoactive effects of cannabis, while CBD usually provides therapeutic applications. The balance between these compounds is essential to clarifying the controversy around cannabis regulation and legalization. Cannabis is currently one of the psychoactive substances classified under the framework of the global drug control regime, based on the United Nations 'Single Convention' on Narcotic Drugs in 1961. Since the adoption of this convention, cannabis and cannabis resin have been classified in Schedule IV, i.e. as 'harmful substances with few therapeutic properties'. Since then, all uses of cannabis have therefore been prohibited under international law, a decision which gave way to the controversies and tensions that we now know.

The debate on the legalization of the various uses of cannabis has been widespread since the 1980s. The first clear and official references to the need to regulate the use of THC derivatives (and now also of CBD or 'Cannabis Light') appeared in that decade. The various uses of cannabis have since been differentiated. However, in many discussions, the interests of various groups have intermingled, and advocates have justified their positions based on the use they sought to legitimise.

The therapeutic/pharmacological/medical use of cannabis, for example, is specifically based on the analgesic and antiemetic properties of cannabis and its derivatives. However, the strongest movement advocates the legalization of recreational cannabis use, promoting controlled cannabis use and emphasising the low addictive potential and danger generally attributed to THC. Debate positions have hardened, especially since the beginning of the 21st century, producing a body of research that helps both sides defend their positions. Advocates frequently cite studies and research to justify the danger or harmlessness of cannabis use.

The debate has moved on and nowadays positions based on individual rights and liberties allow us to speak openly about the legalization and/or regulation of the different uses of cannabis. Experiences abroad with countries that have opted for the regulation of recreational use (the Netherlands, Uruguay, Canada and the States of Alaska, Oregon, Washington, Colorado and California in the United States, etc.) have given rise to a growing debate in such international forums as the UNODC and WHO. It thus appears necessary to analyse the pros and cons of these positions in more depth before adopting a position on the legalization of cannabis use.



A controversial point of the debate should be clarified, i.e. legalization and/or regulation (Rolles & Murkin, 2016). In Spain, for example, a normalized market for cannabis and its derivatives has been developed, and hundreds of thousands of people use it for recreational or medical purposes. The problem is that these uses are normalised and decriminalised, but not regulated. Medicinal use is still prohibited, despite the fact that some 120,000 patients with multiple sclerosis, epilepsy, cancer or chronic pain have documented self-administration (EMCDDA, 2017).

Various countries have regulated recreational and medical uses, such as Canada, the United States and Uruguay. Others are drafting legislation, as in New Zealand, Portugal (Baptista-Leite, 2018), Germany and Italy. Some companies in these countries have faced accusations of commercialising cannabis and pursuing global business, as they do not aim only to improve quality of life for cannabis users. Rather, they also seek profits from the potential legal industry that could generate around 50 billion euros globally. (Riboulet-Zemouli, Anderfuhren-Biget, Díaz Velásquez & Krawitz, 2019). We therefore need to conduct a full analysis of the different perspectives. This will establish a clear position on the advantages and disadvantages of regulating or legalizing the various uses of cannabis. It will also clarify the assumptions underlying regulations and their local, national and international consequences (Rolles & Murkin, 2016).

This study aims to develop a policy position in order to promote a consensus across the Dianova network on regulating and/or legalizing therapeutic and recreational cannabis use. Specifically, this study aims to provide an in-depth analysis of the problematic use of cannabis, using therapeutic, social, recreational and policymaking approaches (Hall & Linksey, 2009). Lastly, the objective of this study is to prepare a clear position paper about the legalization of medical/therapeutic and recreational uses of cannabis, in order for the Dianova Assembly to eventually reach a consensus on this issue.

The Dianova network has multiple reasons for conducting this study, both external and internal:

- Basic external reasons include international requests and suggestions, made specifically among the participants in international fora on drugs and addiction (UNODC, WHO, EMCDDA, etc.) For example, the World Health Organization recommended, among other issues, that the original placement of cannabis within the international drug control framework be re-examined. We expect that the UNODC Commission on Narcotic Drugs (CND) will soon reach a decision about this issue. Moreover, the regulation and legalization experiences in countries where the Dianova network operates (Uruguay, USA, etc.) compels us to develop a position, however basic, to respond to the demands of the organization's stakeholders.
- Dianova's internal motivation, and the basic grounds for this study, is the call for more information before taking position. The arguments for and against legalization/regulation seem contradictory and require deep analysis before we



take a firm position. Furthermore, the Dianova assembly will be mandated to achieve consensus on a common position – based on comprehensive information from leading experts rather than arbitrary data or personal opinions – to be discussed later by the various stakeholders of Dianova.

We have therefore used a 2007 study that the Spanish Society of Psychiatry prepared on cannabis use in Spain (Casas, Bruguera, Roncero & San, 2007). This debate has a more biomedical basis, and the current Dianova study includes aspects of policymaking and international fora. However, the *raison d'être* of both studies is to achieve common positions on such a controversial social and health phenomenon as the legalization and/or regulation of the different uses of cannabis.

It should be emphasized that the three countries in the Americas where the sale of cannabis is legal (Canada, Uruguay, United States of America), are among the ten countries with highest cannabis consumption (WHO, 2016).

Some countries, such as Uruguay or Canada, have tried to adopt legal steps relating to recreational cannabis use. Nonetheless, the discrepancies between the positions of different countries on this issue are significant. Seven Latin American countries have taken legal steps on the medicinal use of cannabis: Mexico, Colombia, Ecuador, Peru, Argentina, Paraguay and Chile. However, none of these countries have shown any inclination to extend legalization to recreational use.

The United States is one of the countries where recreational cannabis use has been made legal. However, legalization does not apply nationwide.

Another country where recreational cannabis use is legal is the United States. But legalization does not apply nationwide: only five states (Alaska, California, Colorado, Oregon and Washington) have advocated legal measures allowing the purchase and sale of cannabis products (Hall & Lysnskey, 2015). In 2018, multiple bills were submitted to state legislatures urging federal agencies to consider policies relating to marijuana legalization in greater depth. California approved a resolution in 2018 urging Congress to approve legislation allowing financial institutions to provide services to the cannabis industry.

In addition to the states where recreational use is legal, 18 states in the USA presented bills advocating cannabis legalization in 2018. These projects have been enacted in the states of New Hampshire and Rhode Island, leading to the establishment of state commissions to evaluate the legalization, regulation and taxation of the sale of cannabis products (NCSL, 2019).

Five states have legal frameworks allowing the sale of cannabis products, but they are inconsistent, with some regulations overlapping across states, and others differing. For example, these five states have set the minimum age for purchase at the age of majority, 21 years. They also set the maximum quantity allowed for legal sale at 28.5 grams. Notably,



each state imposes its own taxes on plants for individual consumption and limits their number (Hall & Lysnskey, 2015).

Using comparative methods to study nations that have legalized cannabis use, we can see differences in national approaches. The states of Colorado and Washington have focused a market model similar to that of alcohol and tobacco. Despite the establishment of a set of rules controlled by the state authorities for the sale of the product, the legalization of cannabis has originated from a commercial stance in which the producers and ultimate suppliers are profit-making companies. According to Obradovic (2019), the rapid expansion of the industry is largely due to the low levels of control over the type of product legally available. An example of such a boom is illustrated by the fact that during the first two years after the opening of legal cannabis outlets, the state of Washington collected profits of \$900 million, while the state of Oregon collected \$1.3 billion from the sale of cannabis products (Firth, Davenport, Smart & Dilley, 2019).

The model adopted by Uruguay uses a mixed approach. The government has a monopoly on retail sales and regulates activity by imposing restrictions on cannabis social clubs and domestic cultivation. In Uruguay, only two national companies, Symbiosis and IC Corp, have obtained licences to grow and sell recreational marijuana in pharmacies (Pardo, 2014). Unlike the measures adopted by US states, cannabis in the form of marijuana can only be marketed in licensed pharmacies, allowing up to a maximum purchase of 10 grams per week at a fixed cost of \$1.30 per gram. Preparing and selling cannabis in specific places guarantees product quality and avoids the proliferation of the black market. It also reduces addiction-related risks: only cannabis products with a THC concentration of between 6-9% are authorised for sale.

The latest country to approve the legalization of cannabis for recreational purposes has been Canada. As of 17 October 2018, people aged 18 or 19, depending on the province, can legally acquire up to 30 grams of cannabis for recreational use under a previously granted licence. Most regions allow individuals to keep up to four plants for cultivation for private use (Obradovic, 2019). It should be noted that, according to Statistics Canada (2015), cannabis is the most widely consumed illicit substance in the country. Prevalence of cannabis consumption is especially high among young people aged 20-24 years where the prevalence of use is close to 30 per cent. One in ten people claim to have used marijuana at least once during the past year.

Since this legalization took effect, the number of Canadians who have started to use marijuana has increased by 4%. Despite the increase in use, illegal cannabis purchases have fallen by 13% and governments have collected 139 million dollars through the sale of cannabis products (Wallingford, Konefal & Young, 2019).

The Canadian government aimed to draft legislation to avoid the problems encountered in Colorado. The proposed law advocates a "cautious approach" based on regulations that guarantees an optimal balance between prevention and public health. This approach seeks



a "third way" halfway between those adopted by governments in Uruguay and Colorado (Obradovic, 2019).

2. Methodology

2.1. Type of Analysis

This study used a qualitative research methodology. The instruments used for qualitative analysis were interviews, discussion groups and a panel of experts as primary sources. Various articles, reports and studies were reviewed as secondary sources. This study proposes a traditional participatory approach as a working strategy:

1. Identification of the interested parties,
2. Organization of a working group,
3. Selection of evaluation questions and topics,
4. Decision-making on design, methods and measurement,
5. Collection of information/data,
6. Data analysis,
7. Involvement of working group in the analysis,
8. Decision on how to use and apply findings.

Using this strategy, we have implemented a qualitative research model whereby we chose a series of categories followed by the selection of the questions and analysis of the information based on these categories. Both questions and categories have been reviewed by experts in qualitative research, in order to test the validity of these choices. As a starting point, we initially relied on the various categories of the consensus paper by the Spanish Society of Psychiatry (Casas, Bruguera, Roncero&San, 2007), with additional elements related to policy development (Hall&Linskey, 2009), international conventions, and major discussion forums on drugs and addiction (EURAD, 2012). The selected analysis categories included:

- Historical backgrounds and relevant context of the debate
- Problems related to the different uses of cannabis (direct and indirect)
- Regulation/Legalization at the local/national/international levels
- Control and legal frameworks (national and international)
- Impact of debate in international forums
- Evolution of debate
- Vulnerable groups
- Socio-sanitary responses (prevention and intervention)
- Status of the research on cannabis and its effects/derivatives
- Psycho-social characteristics of users (culture, gender, religion, etc.)



2.2. Selected Techniques

In collecting the initial information, a **bibliographic** review of current reports and research on the various uses of cannabis was conducted. This review used the previously selected categories as well as various databases (Google Academics, Medline, and Pubmed) and key publications from leading international forums (UNODC, EMCDDA, NIDA). Finally, 20 publications between 2015 and 2019 were listed as references in the different positions of the debate.

Following the review, a series of **semi-structured interviews** have been conducted. This technique was chosen because it allows the researcher, prior to the interview, to prepare a draft of the topics they want to discuss with the interviewee and ask open-ended questions, so that the interviewees can express their opinions, nuance their answers, and even deviate from the initial draft whenever it seems necessary to explore additional issues. The researcher must hold the interviewee's interest to ensure their answers address the topics that are of interest for the study, while maintaining a natural flow in the conversation. In conducting the interview, the researcher may relate responses from the interviewee on one category to others arising in the course of the interview and develop new questions by linking topics and answers.

The interviews were conducted with individuals knowledgeable about the issue and considered prominent international experts. The criteria for selecting the interviewee's were as follow:

- Relevance in the national and international network,
- Active locally, nationally and internationally,
- Tested knowledge on the matter to be analysed (cannabis),
- Having a long-term involvement in the problem and its evolution.

Eighteen interviews have been conducted with individuals recognized in the area of policy-making, prevention/intervention in addictive behaviours and research/academic studies on the issue. Interviewees were selected from various countries, and the interviews were conducted by video conference and recorded. The interviews were conducted in English, Spanish and Italian.

Following analysis of the interviews, we proceeded to form a **Focus group** (Wilkinson, 2004).

Focus group methodology employs an interviewing technique to collect relevant information on the issue at hand. Interviewees respond to a systematic questionnaire through a carefully designed conversation held in a relaxed, comfortable and pleasant environment. Motivation of participants can therefore be reinforced while they respond to questions and comments arising from the discussion itself (Wilkinson, 2004). The number of participants should not be high, varying between 5 and 8 individuals. The group should be homogeneous, in keeping with the research objectives.



Selection and recruitment of the group's participants was carried out on the basis of a list of people from the Dianova network with profiles similar to those of the interviewees so that the results are as applicable and adaptable as possible. After being recruited, participants were provided with basic information on the subject matter, presented in an attractive format likely to generate interest. It was also necessary to follow up with the individuals recruited through email, written confirmation, telephone contacts, etc. Naturally the selection had to be based on certain criteria, and to this end the researcher had to:

- Define the target population,
- Define the segmentation of the population,
- Identify the composition appropriate for each group,
- Develop participant selection and exclusion criteria,
- Develop recruitment questionnaires and draft invitations,
- Make the initial contact for recruiting potential participants,
- Determine follow-up procedures to ensure participation.

Organizationally, participants had to be representative of the following groups:

- Health care and therapeutic field (uses of cannabis as a prescribed drug),
- Treatment field (treatment interventions for cannabis misuse/abuse),
- Investigation/teaching field,
- Direct Intervention,
- Legal aspects,
- Beneficiaries of programmes,
- Policy-makers.

Following the focus group, a panel of experts (Creswell, 2014) was convened to compare the validity of the findings and proposals. The criteria for selecting interviewees were as follow:

- Relevance in the national and international network,
- Comparative knowledge of the regulation of cannabis from different perspectives (investigation, prevention and treatment, policy-making and international conventions; and role of civil society),
- Having a long-term involvement in the problem and its evolution.

The final products of this process consist of this report as well as an executive report or synthesis document, in digital format, covering the procedures used in the study and including a series of findings, recommendations, and proposals aimed at promoting consensus within the Dianova network on the various uses of cannabis and their risks.



2.3 Phases of the Study

Action	Deadlines
1. Bibliographic review	February-March 2019
2. Study Design	March - April 2019
3. Selection of the Participants	March - April 2019
4. Interviews	April - November 2019
5. Analysis of the Information	August - November 2019
6. Internal Focus Group	November 2019
7. Drafting Internal Findings	December 2019
8. Panel of Experts	January 2020
9. Drafting of the Final Report/s	January 2020 - February 2020
10. Internal Review of the Report/s	February 2020
8. Presentation to the Board of Directors	March 2020
9. Internal Distribution of the Document	March 2020 - June 2020
10. External Distribution	June 2020 - December 2020

2.4 Study Participants

Table 1: Participants during the Interview Phase

	Name	Organization	Country
Policy-makers	Dr. David Bewley-Taylor	Transnational Institute	Netherlands



	Dr. Ricardo Baptista Leite	Parliament - Social Democrats Group	Portugal
	Dr. Kevin Sabet	Smart Approaches to Marijuana	United States
Researchers and/or Teachers	Dr. Ana Adan	University of Barcelona	Spain
	Dr. Susana Henriques	CIES-ILU Centre for Research and Studies in Sociology	Portugal
	Dr. Wayne Hall	Queensland University	Australia
	Dr. José Ángel Medina Marina	Complutense University of Madrid	Spain
	Dr. Susan Tapert	University of California San Diego	United States
Health Arena	George Ochieng	Slum Child Foundation	Kenya
	Dr. Rowdy Yates	European Federation of Therapeutic Communities	United Kingdom
	Dr. Pierangelo Puppo	Dianova Italia	Italy
	Dr. Maximiliano Gutiérrez	Dianova Uruguay	Uruguay
	Dr. Durello	Lombardy Region	Italy
Users	Barbara	Dianova Italia	Italy
Legal Aspects	Tania Ramírez	Mexico United Against Crime	Mexico



	Dr. Martian Koyman	EURAD	Netherlands
Civil Society	Ana Afuera	ENCOD	Spain

Table 2: Focus Group Participants

Name	Organization	Country
Ombretta Garavaglia	Dianova Italia	Italy
Lucía Goberna	Dianova International	Switzerland
Rui Martins	Dianova Portugal	Portugal
Jordi Alós	Dianova Uruguay	Uruguay
Rodrigo Sanhueza	Dianova Chile	Chile
Pierre Bremond	Dianova Switzerland	Switzerland
Alberto León	Dianova Nicaragua	Nicaragua
Gisela Hansen	Dianova Spain	Spain

Table 3: Expert Panel Participants

Name	Organization	Country
Dr. Ana Adan	University of Barcelona	Spain



Researchers and/or Teachers	Dr. Susana Henriques	CIES-ILU Centre for Research and Studies in Sociology	Portugal
Legal Aspects	Tania Ramírez	Mexico United Against Crime	Mexico
	Ana Afuera	ENCOD	Spain

2.5. Products

The products include research documents (draft interview, recording and transcription of interviews and focus groups), an executive report with project abstract (in Spanish and English), and an operational report with clear and accurate information on the therapeutic and recreational uses of cannabis, its potential for addiction and other health and social risks nationally and internationally, as well as a series of proposals and recommendations related thereto. This document was subsequently debated in the focus group and panel of experts, to look in more depth at the principal aspects of the problem. The final stage of this process, including whatever decision should be taken as regards the dissemination of findings, will take place after the Assembly of Dianova has analysed the report.

This document has been drawn up based on the information garnered from the interviews and the literature review. It will then be submitted to the directors of the Dianova network who participated in the various stages of the study, the experts involved, as well as any other participant if deemed appropriate. The interview script can be found in Annex I. All quotations are extracts from the interviews, translated in the English language.



3. Results

What follows is a presentation of the key findings by categories of analysis, together with extracts from the interviews.

3.1. Historical Background and References to the Debate

The debate on the decriminalization of cannabis and the injustices associated with the penalties imposed against cannabis consumption began in Great Britain during the late 1960s. It then expanded in Canada, the Netherlands and the United States of America in the 70s and in Australia in the 80s. The debate arose in response to the imprisonment of young consumers whose only crime was to consume cannabis, especially among middle-class youth. The initial discussion in this debate were based on the argument that the criminal and legal repercussions of cannabis use were far worse than any other possible consequences of such use. From that point on, all charges for possession and use were dropped in the countries mentioned earlier, although cannabis use was not openly authorised, except in the Netherlands. This debate generated a polarizing effect between "soft" and "hard" policies on drugs; in practice, the latter were dominant during the following years and resulted in the so-called "War on Drugs", i.e. a war waged against all illicit psychoactive substances, including cannabis (Hall & Linksey, 2009).

"The recommendation to decriminalize the consumption of cannabis is not usually accepted by policy makers because public opinion opposes soft policies on cannabis.

"The most commonly adopted policy was the de facto decriminalization under which the criminal sanctions were maintained, however were not applied or were applied selectively, especially against minority groups".

In the past two decades the debate has become more widespread and mainstream in our society. The problem is that this debate was based on various ideas that do not always correspond to reality".

"When the law was being debated (in Uruguay), discussions focused on the one hand on the decriminalization of the use of all drugs, of course not that of their trade, and on the other hand on the various uses of cannabis, not just recreational use."

"This debate is nothing new, however it has become more creative in recent years, more focused on the medical and therapeutic side of the debate. Discussions about cannabis have gained momentum and some consensus has been reached on its medical applications while discussions on recreational use are now driven by this evidence of medical use."

In Mexico the debate has gained more strength over the past six years, cannabis activism has existed for 40 years. During the 1940s we had a period in which it was legal for several months. Activism has been around for the past 40 years and the debate has permeated civil society and government circles. Undoubtedly the events and forums held within the framework of United Nations have had something to do with the rise of the debate."



“In Europe, the debate on cannabis arose between the 1960s and the 1970s. In Italy, it began in the 70s, when a representative of the Radical Party, Marco Panella, began advocating in defence of marijuana users, even allowing himself to be seen in public with a ‘spinello’ in hand” (a joint).

“The objectives of the debate also need be considered from a positive standpoint: there are individuals with good intentions who want to regulate the product that is being consumed. Then there is the medical argument, which has greatly fuelled the debate but which shows results, especially economic ones that are very modest. And finally there is the natural-product issue, which facilitates its use. If we were speaking about a synthetic substance with the same effects, we would be more reticent.”

“I think it is possible to find evidence for both sides. Some will say that it has all manner of properties and that it is a cure-all for all illnesses. Others will only focus on the risks and damages associated with cannabis. Personally, I’d rather base myself on the recommendation made by WHO to review the classification of cannabis in the schedules of psychoactive substances. We should recognize the therapeutic uses of cannabis and accept that it also presents a variety of health risks. We should however recommend that it be placed on a list of less harmful substances.”

“When we compare, on an individualised basis, the social and health impacts of cannabis use with that of alcohol and tobacco, we realise that the latter substances are far more harmful than cannabis. Alcohol is more harmful socially, the difference is that we, as a society, have agreed to accept the use of these two substances within a regulatory framework.”

3.2. Problems Related to the Different Uses of Cannabis (Direct and Indirect)

The interviewees have identified a considerable number of consequences associated with cannabis use, especially in the psychosocial and mental health fields. The problems mentioned most frequently were psychiatric disorders, especially psychotic and affective disorders, but also cognitive disorders, anxiety disorders, personality disorders, attention deficit hyperactivity disorder and mood disorders.

Cannabis use may also lead to loss of short-term memory, alterations in balance and spatial orientation, difficulties in performing motor coordination tasks, and difficulties in walking. Various research studies on consumption patterns in adolescents show that there is a direct relationship between the consumption of cannabis and the subsequent incidence of psychotic disorders, with the risk level increased by higher THC dosages, frequency use and early onset. In most studies however, prevalence discrepancies appear, usually due to the use of other drugs, making it not possible to determine whether cannabis acted as a cause or as a catalyst for the symptoms. In addition, the samples generally include individuals with associated alterations rather than epidemiological studies of the general population.



Some studies show that cannabis use may lead to cardiovascular problems and gastrointestinal symptoms (Hall, 2014). The primary effect following consumption is an increase in heart rate, in most cases within one to three hours following use, resulting in a greater risk of cardiomyopathy in predisposed individuals.

Cannabis use has been shown to impair cognitive functions, leading to higher risks of traffic or work-related accidents. After quantifying these risks however, researchers determined that they are lower than those associated with alcohol use. These studies also show that a number of young cannabis smokers suffer adverse effects on their life trajectories, such as school dropout.

“Cannabis causes acute dose-related cognitive and psychomotor performance impairment that can contribute to traffic accidents when people drive under the influence of cannabis”.

“Epidemiological studies have shown a modest link between the recent consumption of cannabis and the risk of having an accident (RR 1 · 3-2 · 0), which is lower than for the consumption of alcohol (R 5-10)” (Hall, 2015)

One of the most controversial aspects of this debate is whether cannabis causes dependence. Scientific evidence indicates that a small percentage of consumers who become regular users and "binge" use, may have an addiction to cannabis (Budney, Sofis, & Borodovsky, 2019). In Australia, Canada, the United States and the European Union, problematic cannabis users are one of the largest groups of users in addiction treatment centres, behind alcohol and tobacco users (Hall, 2015). In the 1990s, 1-2% of adults were said to have consumed cannabis in the past year and 4-8% of adults had consumed it during their lives. According to various studies, only 9% of non-regular cannabis users develop a dependence, as compared with 32% with nicotine, 23% with heroine, 17% with cocaine and 15% with alcohol (Hall, 2014). That risk is greater now, due to the presence of cannabis derivative products whose toxicity and addictive potential have not yet been ascertained. These studies, however, are problematic, in that they do not discriminate between the consequences of the different uses of substances. In this research, it would have been difficult to find one person who had consumed a single substance, so a multitude of interacting causes and effects are at play.

Regular recreational use of cannabis increases the risk of traffic accidents, as shown by data from Colorado and Delaware (Hall & Lynskey, 2015). The use of cannabis during pregnancy has also been related to obstetric risks. There is evidence that continued use in adolescents increases a number of psychosocial problems, especially school dropouts and peer-related problems.

“Today we know that cannabis has a beneficial effect on anxiety, stress and on certain types of depression. However by reviewing literature we realize that these beneficial effect is short term while cannabis use may have a harmful effect on mood in the longer term.”



“Adolescents who began using cannabis early and frequently and who continue in the same way as young adults are more likely to: exhibit cognitive deterioration, drop out from school, use other illicit drugs, develop schizophrenia and affective disorders; and have suicidal thoughts.”

“The debate continues over whether cannabis is the cause of these negative outcomes, or whether they result from associated genetic risks, use of other drugs, or the personal characteristics of regular cannabis users that may increase the risks of suffering these adverse consequences.”

“The problem is that cannabis today is very different from what it was 15 or 20 years ago. Cannabis is now more toxic and harmful for young people whose brains are developing; we’re now are talking about drugs that are much different, powerful and much stronger than 20 years ago.”

“If we take something that we do not need, there are consequences in our brains. In my opinion, the most worrying things are the amotivational syndromes, the effects on inhibition, which affects people on a neuro-cognitive and behavioural level. And it doesn't take a high level of consumption or long-term use, we're talking about very young children. Most of them recover after they stop using. But not all of them...”

“Young people who use cannabis may face a neurodegenerative risk. Not all of them are concerned but a pattern has been detected. There’s no way for us to detect who’s at risk and who’s not. This is a problem that could possibly be linked to the use of new, modified plants that have a much higher alkaloid strength”

“And of course, there are psychosocial problems and psychiatric disorders. When we engage in prevention, what we encounter most is the trivialisation of cannabis use and associated problems. In clinical terms, these problems cannot all be related to cannabis use, however they definitely are made worse by cannabis, particularly in young people.”

“Speaking of THC and CBD, we have uses of cannabis associated with schizophrenia in young adults. When we look at the data, what we see is that psychosis is associated with the early use of high doses of very strong drugs that are mixed with other chemicals.”

“It is very clear to us that cannabis use should be restricted to those aged 21 years or older, since there is no evidence of schizophrenia in young adults who are over 21, however, cases of schizophrenia following cannabis use have been reported at 17, 18 or 19 years of age.”

“We know little about the effects of the increased availability and sale of stronger cannabis products, like edibles and extracts.”

“Adolescent are more likely to develop dependence than adults. It is not clear whether or not the regular use of cannabis over a period of years negatively affects health. Chronic bronchitis is the most permanent adverse effect of cannabis use. Cannabis smoke contains carcinogens in concentrations similar to cigarette smoke, but an increased risk of lung cancer has been difficult to detect. Case series and case-control studies suggest that



excessive cannabis smoking may increase the risk of heart attacks and strokes. A hyperemesis syndrome may also occur in daily, heavy cannabis smokers.”

“As regards the effects on workplace and traffic accidents, I do not believe that cannabis is worse than alcohol in increasing danger and the risks of having an accident. But if it continues to be sold and bought on the Internet and the black market, with high THC percentages, it may well become a very dangerous substance.”

“Talking about the relationship between cannabis and psychosis, there is also a danger here. These cases are normally associated with high doses of cannabis and the use of other chemicals. For policy makers, it is very clear: consumption should be restricted to those aged 21 years and above.”

“I believe that now that we see so many types of cannabis and so many synthetic cannabis derivatives, we are beginning to come across effects that did not happen with normal, conventional cannabis. Before consuming, it is very important to be informed of the quantity of THC and CBD.”

3.3 Regulation and or Legalization at the Local, National & International Levels

The decriminalization of cannabis use in some countries has contributed to reducing the harm resulting from the legal consequences of this use (Eastwood, Fox & Rosmarin, 2016), however it has had very little impact on the availability of the drug on the black market, which is a problem for cannabis policies (EURAD, 2012). When they opt for the legalization of cannabis, governments have to regulate the potency of products (as happened in Uruguay), to control the use of contaminants and pesticides, and to impose taxes that make intensive use more difficult (Riboulet-Zemouli, Anderfuhren-Biget, Díaz Velásquez & Krawitz, 2019).

As regards the medical use of cannabis, there is a problem associated with the scant evidence about many of the recommendations given to potential patients. It is not that cannabis doesn't have therapeutic applications but rather that its effectiveness as compared to other drugs available is still unclear. In addition, due to the high cost and poor accessibility of pharmaceutical products derived from cannabis, low quality drugs are often used, with unregulated active ingredients, making it more difficult to compare their effects and associated risks, not to mention the fact that they are being used under limited medical supervision.

In this context it is important to consider the influence of commercial companies interested in regulating cannabis, or rather, in promoting its regular use. Governments should therefore stay one step ahead and closely supervise this potential market (Riboulet-Zemouli, Anderfuhren-Biget, Díaz Velásquez & Krawitz, 2019).

“Before even considering legalization, it would be important to present and develop some kind of regulation, that is to say a regulated implementation that would enable the



development of a somewhat controlled use of cannabis, with a series of predetermined rules. Over time, we could review whether or not these rules were respected before moving on to the legalization of the substance".

"Both sides of the debate – the prohibitionists and the liberals – have strong, uncompromising positions, entrenching it in an ideologically rigid manner which makes it very difficult to have an open discussion about legalization".

"I believe that we need to make a distinction between decriminalization and legalization. Often, these things are discussed together. Decriminalisation means reducing the penalties associated with drug use, and it's a good thing I believe. Legalization however is quite different, it relies on promotion and marketing, and that's what's happening now. Lastly, there's the issue of the black market and whether or not it is going to disappear. Well, I don't believe it ever will, and my fears are therefore increasing".

"When talking about the way in which cannabis is going to be distributed, we should consider that tobacco and alcohol are banned for people under 18 and yet they are widely available to them... Do we really want, through cannabis regulation, to continue implementing procedures that don't work?"

"We're all waiting for the implementation of the law with bated breath. The thing is that we don't have any results yet, because, as we all know, we'll only find out about the results in the medium to long term. Passing this law has been something brave and innovative, but we do not yet know what will be the consequences in the long run."

"Well, I think that (legalization) could be something positive, based on adequate education – not so much information – about the legalization process and with the participation of the media and social stakeholders who know what to explain, and for which purpose, about each issue associated with the legalization process."

"Moreover, there is one advantage with legalization; it is the fact that the marijuana being sold today on the black market is genetically modified and very strong from a chemical point of view. Conversely, the marijuana supplied by the government cannot be modified. It is regulated and controlled. What was criticized initially is now being seen as an advantage, because it greatly reduces certain types of risks, for example psychiatric risks, that of developing a mental illness, or substance-related risks. At first, it was thought that people wouldn't buy it, wouldn't take to it, but then they realize it was of good quality, with no side effects, that it wasn't harmful, and eventually that it was better to consume the plant in a regulated way".

"I believe that it is very important at an international level, in global discussions, to share the lessons learned on the basis of evidence rather than the basis of dogma."

"As policymakers, it is better to gather data and to take small steps forward. When we look at the impact of cannabis compared with other legal drugs like alcohol or tobacco, it is clear



that alcohol and tobacco are more harmful than cannabis and that alcohol, in particular, is much more harmful than cannabis.”

“Another problem was to consider the concentration of THC and CBD, which should be controlled; there should be a threshold. There is some agreement that a concentration of 15% of THC should be safe. However, this is an area that needs to be continually studied, examined and verified. It should therefore be restricted in terms of active ingredients concentration, and we should also prohibit such inducements as giving it flavour or mixing it with food products. Of course, it should also be totally banned in the workplace, while driving, and near schools.”

“In a country like ours, Uruguay, which had a huge drinking problem, there are still about 200,000 people with an alcohol problem. Our consumption of whisky per capita could almost make us world champions, and the consumption of wine is excessive as well... It’s much more complicated to legislate and regulate the use of alcohol than to propose the regulated use of marijuana”.

“Regular recreational use of cannabis increases the risk of traffic accidents, of having a dependence on cannabis, particularly at the onset of adolescence. Using cannabis during pregnancy increases the risk of poor obstetric outcomes. Regular use by young people increases the risk of psychosocial problems, including cognitive impairment and school dropout”.

“The problem in our countries is that when laws are not well grounded in society and adequately disseminated to the public, they don’t work. Look at what’s happening with gambling, the law exists and, despite this, people under 18 are gambling all the time, which is a huge problem. The law is based on economic factors and that is what continues to make it viable, despite all the social and health problems that it generates”.

3.4 International Control and Legal Frameworks (National and International)

Policies and legal frameworks on cannabis are different in every country (EURAD, 2012). Technically, all countries are subject to international conventions, but in practice many use the legislation according to their own interests. Many countries in Asia and Africa (as well as Russia) continue to use criminal penalties against drug users (Eastwood, Fox & Rosmarin, 2016); many other countries have got rid of criminal penalties against drug users (Eastwood, Fox & Rosmarin, 2016) although they may also have other types of penalties, such as administrative ones, for example (EURAD, 2012).

In this context, the influence of the legalization of the recreational use of cannabis in Canada and various states of the USA may create the momentum to make it difficult for more restrictive countries to continue to apply criminal sanctions against cannabis use, which could eventually lead to an international consensus on the regulation of cannabis (Eastwood, Fox & Rosmarin, 2016).



Another problem to be addressed is the difference between cannabis producing, transit and consuming countries, which might generate huge socio-economic and geopolitical inequalities between countries. Possible international trade may result in overproduction, easier access to the product and an increased risk of handing back power to the black market and organized groups involved in controlling this business (Riboulet-Zemouli, Anderfuhren-Biget, Díaz Velásquez & Krawitz, 2019).

“Above all, the objective of the legislation was to combat drug trafficking. It was something concrete, it was to remove marijuana buyers from the black market where they could also be sold ‘Paco’ (cocaine paste) or some other kind of substance. The objective was to get them away from that circuit, from that world.”

“Countries can be producers, distributors and users, all at the same time. If you consider that countries where marijuana is legal are still in the conventions, what about other countries, with other problems and other ways of addressing these problems, why shouldn’t they be in the conventions too? When countries do not respect international conventions, it is a problem. It’s not only about drugs, it also affects all kind of issues around the world.”

“As it is not a harmless substance, we need to have controls over quality and not only access. We’ve got to have control about what, how, when and where, in order to be able to recommend its use, just as is done with the use of other pharmaceuticals. This is a very complex issue, in fact I would say that as with all substances, it is essential to control all the elements in the chain. And for that you can use many regulatory tools, including taxes, prices and son on. It seems to me that quality control is one of the tools that is absolutely essential to reduce the risks associated with cannabis use. I believe that we do not currently have control over what is being sold in the black market and what it is that people are consuming. Therefore, we could implement, as it is happening in Uruguay, as it is happening in Canada and as it is happening with prescription drugs, tracking mechanisms, from production to the final product. In this way, if there were any problems they could be rapidly identified. At present, we cannot control anything at all. We would talk about control mechanisms over prices, over quality, over sales outlets, over the people who buy and over what, when and where these products were bought. And all elements could already be introduced as desired: will the product be available for people over 18, over 21? Will it be sold in pharmacies, in shops, etc.?”

“Another important lesson is the transfer of knowledge and the importance of counting on monitoring frameworks. This is fundamental for policy makers. Therefore, one of our challenges is the development of good monitoring systems which will allow us to analyse the data available on market intervention in terms of variables like health, criminality, and other indicators. I believe that the metrics and indicators are very important”.

“It seems that New Zealand is pushing hard to become a country with a nationally and internationally regulated market. And eventually, Mexico. This is a wave and we don’t know if it will continue or stop”.



“The sales outlets pose another problem. We believe that people should be able to buy it, we’ve already established it. However, they should buy it in regular pharmacies, understanding that it is a drug, a medication. That’s why I believe that technical staff are needed to provide public health services, which takes us to the pricing problem. We understand that in Colorado, taxes were basically able to eradicate the black market because marijuana was sold at the same price. If you charge lots of taxes however, the black market will continue to flourish because opposite to the black market, our proposal is based on the need to use taxes in a positive manner.”

“They are selling CBD as if they were shamans, as if it were used to treat all manner of conditions including depression, anxiety and so on. I was in a tobacco shop the other day when I saw an ad poster. They are selling it this way; it’s an issue that is being overlooked by health authorities. No one seems to be aware of the fact that in reality all this synthetic THC type stuff has no other use than being toxic”.

“Ongoing studies using consumption as a cohort to monitor the impact of legislation could help the authorities to reduce harm and to provide public health services. And when it comes to addiction and consumption problems, we should be able to provide a hotline for those not able to seek advice from professional pharmacists. Of course we should be able to provide law enforcement agencies with the resources they need against trafficking.”

“I believe that the influence of the legalization cannabis use on human rights and basic freedoms is positive. I particularly believe it is very positive in relation to the freedom of the drug user. Getting potential buyers out of the underworld’s drug selling hangouts, where anything can be bought or sold, this is quite positive.”

“One of the essential elements is everything that’s related to advertising and marketing. If we are a bit careless about it, it could well end up as it did with other industries, especially the tobacco and alcohol industries. So we have to pay a lot of attention to how information is provided, how the product is presented. Will it be presented in an attractive way? Or will it be presented as a pharmaceutical product, as in Canada, or as a neutral substance, as in Uruguay? All of these are regulatory instruments. Same thing for pricing. Prices should be attractive, not so high that people would rather stick with the black market to get something cheaper but maybe more dangerous – but not so low either, because it would encourage consumption and attract new clients”.

“A variety of studies have been conducted following the experience of the Netherlands, where cannabis is sold openly and possession of up to 5 grams for personal use is decriminalized. At the time, there were doubts about the extent to which its accessibility would increase to other people. Based on these studies, we now know that there was no increase in the number of users, even though people have the possibility to buy cannabis in coffee shops whenever they want to. So we should also look more into this idea of cannabis as a gateway to other substances.”



3.5 Influence of the Debate in International Forums

Technically speaking, countries that have legalized cannabis, be it for recreational or therapeutic use, are in breach of the international drug control conventions. These treaties set out clear guidelines for all countries to apply the prohibition of all non-medical use of cannabis as well as all forms of advertising. Therefore, the decision of Canada and Uruguay as sovereign states to legalize the use of cannabis is a challenge to the treaties and allows other countries to challenge them in this respect, or in those issues that are beneficial to them. The problem is that any decision to amend these conventions should be taken by the Commission on Narcotic Drugs (CND), which is highly unlikely due to the blunt refusal of a majority of the CND member countries to seek changes to these treaties. Actually, the debate on cannabis was not even included in the agenda of the United Nations Special Session on drugs held in 2016. This breach in the conventions could mean that other challenges to the international drug control conventions may emerge, leading some countries to have a legal and controlled production of MDMA, LSD, mescaline and psilocybin derivatives (Hall, 2017).

“If the question is what the regulatory model is going to be like, my answer is that I believe there are going to be as many regulatory models as there are countries willing to regulate. I don’t believe that a single model could be regarded as a standard to be applied in all countries. Each country should opt for a regulation system adapted to its own needs. In Mexico for example, I’d say that we can’t regulate with the sole user in mind, because consumption is quite low actually. You’ve got to regulate by taking into account everything that lies behind, including traffickers, growers, farmers, all those who have been criminalized.”

“What I think should be included in the global debate on cannabis, for example at the UN, is whether or not these different description levels should be allowed. If they are to be allowed, the national level and the organizational level will be adapted to their socioeconomic situation, to loosen policies on cannabis through different stages for different communities. For example, Uruguay’s law on cannabis regulation is neither movable nor transferable to Canada. I believe that these lessons can be learned and that it is important in terms of global dialogue.”

“Regulatory models vary greatly from one to another, one could even say that they are widely divergent. Uruguay for example has developed a state-controlled model, while Canada gives each region flexibility as regards the opening hours of sales outlets, the maximum quantity distributed, or the monthly consumption per person. In the case of Colorado, for example, in the United States, the model is very different: advertising is allowed and marijuana food products are even permitted. That’s because the model is largely based on tax collection. Still, they’ve got certain controls to avoid the worst problems for public health. In Canada and Uruguay the motivations were different. In fact, if you look



at the laws, you realized they put the focus on human rights, on public health, on individual freedoms, the right to health (...)"

"At the international level, it is essential to commit to the fact that the public health approach is much more efficient than the judicial approach. If we don't criminalize people who use drugs, our efforts will always be successful. That's how I see it, and of course if we are committed to putting an end to infectious diseases, including HIV and hepatitis, as a threat to global health".

"It is a trend already, with two countries outside the very strict margins of the conventions that seemed inviolable ten years ago. (...) Questioning the UN and CND processes is very important, however, the CND is inflexible, and we also have the Vienna Consensus that all decisions have to be by consensus. I do believe that a debate with the UN and the CND would be crucial, and civil society is a very important player".

"In regards to how countries approach legalization, the UN still does not have very clear guidelines on this issue, and each country has a different approach. If we monitor these different experiences, it is very important to build on the many lessons learned and, hopefully, to create a framework that most countries feel comfortable with and then start moving in this direction, trying to learn from each other and potentially find new solutions to deal with reality".

"When regulation was implemented in Uruguay, there were certain reactions in Vienna. At the Commission on Narcotic Drugs and UNODC there is a block of strongly prohibitionist countries, to express it in their terms. It is a very strong block, with countries from Asia, from Africa. Not only strong, but also very cohesive. When the law was passed in Uruguay, my perception was that it was seen as an isolated case. When you add an economy the size of Canada, things start to change. At an international level, the tipping point is going to be the United States, because federal law continues to maintain the ban on cannabis use and it is a question that has been asked of those responsible: what are you going to do, when there are 11 states that already have some strategy for regulating cannabis use within the American borders. When you add up Mexico and New Zealand, this is no more an isolated case. It's becoming a trend that will start to cause much more concern and the pressure will start to grow. Still, I do not believe that there is going to be an amendment to the conventions in the short and medium term".

"We are obviously wasting resources against something that evidence has shown to be at the same level as tobacco and alcohol, when it is clear that our main drug-related problems are still involving cocaine, heroin, ecstasy and other chemical drugs".

3.6. Evolution of the Debate

There is currently a strong political pressure for the regulation of cannabis in Canada and in the United States similarly to that of alcohol and tobacco, as an example for the rest of



the world (Rolles & Murkin, 2016). Actually there are already similar strategies in Luxembourg, the Netherlands and Switzerland. The example of Canada and the USA is the prevailing model of marketing in the western world, much more financial (albeit with considerations for human rights and individual freedoms), with much greater restriction on advertising in Canada (Wallingford, Konefal & Young, 2019) and with the use of taxes as a regulatory strategy in both cases. The example of Uruguay is very different, with a very active participation by the State, with a much more restrictive access policy (as well as production and distribution) and a State register of cannabis users.

From this perspective, the legalization of cannabis use is more respectful of human rights and individual freedoms than prohibition. Legalization allows the involvement of companies interested in the cannabis marketing and distribution, as in the case with tobacco and alcohol. In fact, the objective of these companies is to achieve control over frequent use, as a way of guaranteeing business and profits (Riboulet-Zemouli, Anderfuhren-Biget, Díaz Velásquez & Krawitz, 2019). It is the same argument that allows pharmaceuticals to test and seek drugs that will become widely used and famous. Hence, the huge availability of antidepressants, cholesterol lowering drugs, hypertension medicines, etc. Regular and long-term uses are much more profitable for industries (Hall, 2017).

“I believe that it is limited because most of the markets are still illegal, even in the Netherlands, which is probably the oldest example, what’s being sold in the coffee shops comes from the black market. The countries that have legalized cannabis use are the ones that have been investing the most in research. Universities and communities have been very interested and I believe that it is the responsibility of international agencies to monitor these data and make reports that summarize these data, so they can support policy making decisions.”

“We should regard cannabis as a medicine that will endure and there are many other things we consume without needing them. This is ultimately what we should be educating people about at all levels: why take a sleeping pill if you don't need one, why take an antidepressant if you don't have depression. Now, raising this issue like this would be better than letting it become a big business in the hands of big pharma.”

“In terms of health, I believe that I have made it very clear that there is tremendous potential in adopting a public health approach, because what we understand today in most western societies is that cannabis is not legal and not controlled, without being resolutely prohibited”.

“We’ve got to recognize the potential benefits and uses of cannabis and set up a barrier there, following the same scheme as with other drugs. Therapeutic use should require clinical trials, however potent the substance is naturally. Rigorous clinical trials and appropriate conditions are the only way of guaranteeing what, how, when and how much should be used”.



“I believe that regulation in countries that have different levels of production is going to be a greater challenge. One example has been the legalization of marijuana in California, which has resulted in a decrease in production in Mexico, where many small marijuana producers were cultivating it to distribute in the United States. If regulation is implemented in Mexico, they’ll have to figure out how these small scale farmers will be integrated in the Mexican regulation system. It may even be an interesting challenge in the sense that, if it is done well, it may set an example for every country. If it’s done badly however, people will say: “Look at this country, they’ve done it and it’s gone wrong”.

“The discussions are becoming more sophisticated now and pressure groups are presenting data that tend to favour one perspective or another. I can see that the debate is moving in that way. Therefore, I believe that it will become broader, more generalised, increasing comparisons with other substances with effects similar to that of nicotine or alcohol, but at the same time the debate will more and more be based on business rather than health.”

“In the debate on cannabis, there is an element that I had not mentioned previously: the industry is pushing hard, because they view cannabis as a potential business, they want it to become a market product. And we’re not only talking about medicinal use but also about recreational use. They are waiting for the market to open up and pushing very hard for it and for strengthening the debate”.

“Legalization guarantees a legal supply and allows governments to regulate the strength of the products, control the contaminants and impose taxes that discourage intensive use, for example, in terms of potency. It also creates commercial business opportunities with an interest in promoting regular use and opposing regulation and government taxes intended to reduce use.”

3.7. Vulnerable Groups

It is generally assumed that adolescents are the largest risk group, due to the very characteristics of adolescence, the experimental drug status of cannabis, accessibility, possible consequences on the developing adolescent brain and psychosocial consequences. This is the case of adolescents with lower school performance, who tend to be one of the groups identified by studies as being most at risk due to early and intensive use, in addition to the consequences on their life trajectory, such as later problems of integration into the labour market (Stockings, Hall, Lynskey, Morley, Reavley, Strang, Patton & Degenhardt, 2016). François Legault, Premier of Quebec, has already proposed to amend the recently passed Canadian act on cannabis, by requiring that the age of purchasers be increased to 21 years rather than the current 18 years. The Canadian Medical Association has recommended the change to avoid harm to the developing brains of adolescents.



What is particularly sensitive is the case of young people with mental health problems, such as those who suffer from anxiety, depression and early symptoms of psychosis. We do not know whether cannabis could be the cause, or whether these patients are self-medicating. What we do know from different studies is that their situation deteriorates due to the combination of mental illness and the use of cannabis (Casas, Bruguera, Roncero & San, 2007).

Evidence shows that cannabis consumption during pregnancy may cause alterations to the foetus, including limited weight. In addition, cannabis has an endocrine disrupting effect, resulting in testicular atrophy in men and alteration of the menstrual cycle in women. Exposure to THC (tetrahydrocannabinol) before birth may also cause neurological alterations leading to memory and learning disorders as well as structural alterations in the hippocampus (the area of the brain associated with memory) (WHO, 2016).

Other risk groups include regular users over 40 with cardiovascular disorders, who are known to be at greater risk of heart attack and angina pectoris as a result of cannabis smoking.

“Young people are the most vulnerable group, not only because of psychiatric problems, but also because they abandon everything, including their studies. The fact is that when there’s more (cannabis), they tend to use more, while convincing others and themselves that everything’s all right.”

“I am really concerned about the long term consequences for young people and for what may happen if marijuana becomes an industry, just like tobacco.”

“Teenagers smoking marijuana, that’s what we see every day. And ultimately they give up everything, they drop out from school or neglect their work. That’s what’s most disturbing, their relationship with marijuana. We don’t know however if marijuana is the only cause of these problems, or if it’s just for them a way of dealing with other kinds of problems that led them to dropping out from school. That is definitely what concerns us most about young people.”

“Pregnant women and women of childbearing age who smoke cannabis can increase their chances of having a premature birth and low birth weight babies. Older adults, who have a higher risk of heart disease by virtue of their age, may increase their risk of heart attacks and strokes, if they smoke cannabis”.

“The problems is that marijuana alters physical and motor skills and it should therefore be prohibited when driving. Mental health is always the main problem; medically, it has been shown that high concentration levels have an incidence on other chemical products. Potentially, within 10 years we will be able to see whether there is any control over THC and CBD concentrations. Maybe it will then be safe to lower the age to 18, but we have to gather more data to have stronger arguments, however the responsibility for that falls to the State.”



3.8. Public Health Responses (Prevention and Treatment)

With regard to how prevention and treatment programmes for people who are at risk are being developed, participants emphasized a series of problems which can be summarized as follows:

- With regard to prevention, the failure of current prevention approaches has been underlined in general terms, in particular their inability to address ambivalent and unclear messages on the so called harmless and ‘ecological’ nature of cannabis use.
- These messages, coupled with a general lack of effective prevention strategies based on capacity-building, decision-making, conflict management, and the ability to avoid or cope with cannabis-related risks, in particular those related to secondary socialization, represent a problem in responding to cannabis use. In addition, the participation of people’s family and immediate circle in programmes remains scarce (Vázquez, Muñoz, Juárez & Ariza, 2018).
- Most interviewees criticized cannabis-related prevention programmes and approaches for being ineffective, outdated, and for generating mixed messages. In addition, some experts denounced these services for their ongoing use of fear-based strategies and for not being developed with the participation of the beneficiaries of relevant programmes.

“The problem is they do too little and too late, they talk about all sorts of things, about eating disorders, about drugs, but they do not address people’s behavioural patterns or emotional issues. Then they have discussions and the police come along to explain the legal consequences (and they do it very well, mind you). But that’s not prevention.”

“You have to be very careful with prevention: one of the advantages of the law is that it prevents marijuana from being advertised, because if we happen to promote this drug, whether directly or indirectly, people will use it more and more, it will reduce the perception of associated risks. That’s what should be avoided. The law we have contribute to this fact, it prohibits all forms of advertisement.”

“The approaches available to prevent alcohol, cannabis and tobacco use are moderately effective, and the best programmes are rarely implemented adequately. It will even be more difficult after cannabis becomes legal, because we will have to dissuade from using a drug that happens to be legally used by adults. We will have to include cannabis in existing alcohol and tobacco prevention programmes, and, preferably, address the multiple factors involved. We also need to improve the responses of parents when confronted to their children’s oppositional behaviour and impulsivity.”



“When it comes to legalization, the doubt I have is the issue of risk perception. I believe that a lower perception of risk may increase consumption, that’s something obvious. That’s why I think that prevention and health promotion policies need to put a lot of emphasis on this issue, so that people don’t see it as something harmless, so that people know that even if it is authorized, it doesn’t mean that they have the all-clear to do whatever they want. There will be consequences. This is something that needs to be explained and clearly defined. And even in cases where it might be acceptable for the person to use cannabis, it would be better not to, because the consequences can be dramatic.”

“The issues in this debate need to be viewed much more from an evidence-based rather than a biased perspective. This perspective would also help us a lot in implementing prevention campaigns, because many of these are still based on the approaches used in the 80s, with such catch phrases as ‘Just Say No’ or ‘Say No to Drugs’”.

- As regards treatment programmes, one of the most criticized issue was the strong similarity between programmes destined to problematic cannabis users and those directed at other substance abusers. Treatment experts mentioned the use of evidence-based programmes, including motivational treatment programmes, Community Reinforcement Approach (CRA) therapy, and other approaches based on the use of ‘rewards’. In spite of this, evidence suggests that patients treated for problematic cannabis use have a high degree of non-compliance not only due to specific beliefs about cannabis, but also to: treatment expectations; type of treatment; contact with other substance abusers; age of access to treatment; differences in psychosocial and socio-health factors as compared to other substance abusers; treatment duration; motivational work; treatment intensity (residential treatment programmes, however intensive, do not appear to improve outcomes); and other factors mentioned to a lesser extent.

“Psychological treatments for cannabis dependence are modestly effective and similar in their effects to that used for alcohol dependence. Treatment programmes should be made more attractive and effective after legalization to give better help to people who develop a dependence.”

“As people working in treatment programmes, we tend to see the most problematic side, because we do not come across people who don’t have a problematic use of cannabis. The people we see have a polydrug use problem actually. Only rarely do we encounter problem drug users who exclusively use cannabis. Problematic cannabis use tends to involve multiple substances, including alcohol, cocaine derivatives. For example, users of ‘paco’, or cocaine base paste, a drug which is very common here, are more and more found to be using marijuana as well.”

“We do not have the treatments we need and I believe that it is a big problem because we need treatment, we need treatment programmes. We have more children being treated



now for marijuana use than for any other drugs combined. I'm worried about that. We need to research it in more detail and we definitely need to pay more attention to the results of research."

3.9. State of Research about Cannabis and its Effects/Derivatives

There is reasonable scientific evidence that synthetic cannabinoids are effective in treating a variety of symptoms in specific medical conditions. Among others, these symptoms include: nausea and vomiting (cannabis is a powerful antiemetic, which can be important in preventing patients from discontinuing chemotherapy). They can also be used to treat epilepsies without defined treatment, and chronic pain, as caused by multiple sclerosis. Evidence is lacking for other medical problems; their effectiveness is considered limited, and they should be administered in conjunction with other treatments (EMCDDA, 2017).

Prescribing and accessing pharmaceutical grade cannabis can be difficult due to the high cost of these substances. In addition, many medical professionals appear to be reluctant prescribe them. Proponents of therapeutic use argue that cannabis can be used in different dosages and formats, although always under medical supervision to reduce risks and possible side effects. When therapeutic use is not available, many potential patients turn to the illicit market to self-medicate, and contribute thus to the ongoing problems associated with access and control over the use of this substance.

"I think we need to separate the use of cannabis from the medical use of its components because they are two different things. Medical use of cannabis components requires clinical trials and it can be effective as an analgesic, but it does not mean that everyone can use marijuana."

"Many of the medical uses of cannabis have been documented: in cancer, for anorexia, eating disorders, in childhood epilepsy or when no other treatment can be used, for Tourette's syndrome, glaucoma, sclerosis, etc. There's plenty of documentation and information about the medical uses of cannabis."

"The use of approved cannabinoids under medical supervision provides the best opportunity for appropriate medical use and minimal diversion to the illicit market. Patient advocates often criticize this approach for restricting access because the medical profession is reluctant to prescribe and cannabis pharmaceuticals are expensive. Many advocate the use of herbal cannabis for broad indications under minimal medical supervision. This type of regulation could easily result in a de facto legalization of non-medical cannabis use. And could in turn pave the way for the legalization of recreational cannabis use, without any way of providing patients with adequate protection against lower quality cannabis products."

"Most legalization advocates have utilized some of the therapeutic applications of cannabis as a springboard toward legalization for personal use. Honestly, I regret that it has been



their main leitmotif. I think the number of patients is quite minimal, if you think in terms of the number of pharmaceutical drugs available worldwide. In my opinion, however, I don't believe that the argument for medical use is undermining legalization for personal use because we are not dealing with a medical approach."

3.10. Psychosocial Characteristics of Users (Culture, Gender, Religion, etc.)

Interviewees have not highlighted any relevant characteristics or significantly correlated with cannabis, whether religious, racial or cultural. The higher prevalence in men than in women has been mentioned, although both genders appear to be similarly represented in certain risk groups, especially young people. Higher cannabis use has been identified in some countries among lower socio-economic groups, primarily in South America and Africa.

Several studies highlight a higher prevalence of problematic cannabis use among young men experiencing social inequalities. In many cases, these are people with mental health problems, low academic performance, who maintain behaviours that are somewhat antisocial, and who essentially relate to other drug users. These people are mostly found among men, although women with these profiles tend to present similar psychosocial problems (Hall, 2014).

"We have found that it was more common among the lowest socio-economic groups, but we are concerned because we believe that it will become more common at all levels."

"Boys are those most engaged in marijuana use, but more and more girls are now starting to use it."

"Some campaigns have been designed to disassociate from the typical image of a drug user. One of them was called 'Nice people take drugs', where several politicians, artists and famous people would talk about their experiences with drugs and try to demystify drug use. Well, at least part of it was to demystify and to disprove the belief that there is one single sociodemographic, cultural, epidemiological or socioeconomic profile of a cannabis user".

"Of course, women who use cannabis or other drugs experience an additional burden. It has to do with gender stereotypes and roles that place a greater burden on them in addition to stigmatizing them."

"Research to date has mainly focused on the psychosocial consequences of adolescent cannabis use in adulthood. For example, effects on learning achievements, other drug use and mental health. We have very few studies on the adverse health effects of regular, long-term cannabis use into adulthood."



4. Conclusions

4.1 Conclusions of the focus group

The Dianova internal expert focus group reached the following conclusions:

- Important themes about the debate over the regulation of cannabis use were raised, including: the inclusion of prevention and risk reduction in regulatory frameworks; concerns for the situation of young people and the implementation of cannabis regulation in developing countries; the relation between models and the possibility to access treatment; concern for the lack of evidence-based prevention services; the relation with alcohol and tobacco policies; risk minimization and/or low risk perception, the influences of the cannabis industry, etc.
- There was clear unanimity that the debate over cannabis legalization is completely politicised. The approach to the debate is essentially dogmatic, due to a lack of scientific research. Thus, it was concluded that the cannabis issue is primarily a political question that should be included within debates about public health.
- On the issue of legalization or regulation, there is broad agreement that medical cannabis should be regulated, but there was more uncertainty about recreational cannabis. It was stressed that these uses should be clearly differentiated in the debate. Uruguay was discussed as a reference for the regulation model, whereas the case of Colorado was highlighted as an example of a mercantile practice with little control over risks or negative experiences. One of these risks is that of having the substance genetically improved and available for sale on the market. Such improvement can be biotechnologically carried out, giving rise to new strains with high THC and CBD contents. The 'testing' of these new substances is done by consumers who note the organoleptic characteristics of THC use, with no understanding of the consequences of cannabis in the brain, at the neuronal level.
- Thus, the two types of regulation were also discussed according to the institution that assumes control, whether it is the market (commercialisation) or the state. The participants agreed that if the state had control, production of the substance would be monitored, as would the quality of its components. This is specifically based on Uruguay's experience with the product's THC levels, health controls and the harm reduction strategy, including prevention plans. However, the group recognised that there is not just one regulation model and choosing an option very much depends on each country's capacity and level of development.
- With regard to the psychosocial effects, participants mentioned that minors would be the most vulnerable group in the face of legalization due to a potential increase in their using of cannabis.



- It was emphasised that in developing the cannabis regulation process, the focus should be on human rights and public health. This implies taking a very respectful stance towards consumers and protecting the social context where the laws are being implemented. Furthermore, it implies including strategies – such as harm reduction practices – for health promotion and the prevention of negative outcomes. However, in developing countries, such as those in Asia and Africa, consumption is a serious public health problem. The group discussed the possible effects that legalization may have. In addition, it was noted that the countries advocating regulation are a minority, and these are usually Western countries.
- As regards the potential benefits of cannabis regulation or legalization, there was disagreement about the general belief that it will put an end to the black market. It was concluded that, even though legalization will take part of the profits from the black market, it will be unable to completely eliminate it. In addition, many people will not be able to grow their own plants and it is unlikely that most adolescents will obtain their parent's permission to plant in their own homes. While it is true that legalization reduces some risks, it does not solve the underlying problem related to outlawed use and the involvement of the organized crime in wider traffics. In addition, there was concern that the perception of risks will decrease and that it will not be possible to address them from the point of view of treatment, an area in which the participation of the Dianova network must be fundamental and well-structured and prepared in order to respond to legalization.
- However, there are also opinions that progress should be made towards regulation, with the development of pragmatic policies including the reduction or elimination of penalties for cannabis use and possession, as well as the implementation of control mechanisms over substance production, shipping and access in order to combat drug trafficking. It is also important that these policies include measures to protect users and to prevent access by minors.
- With regard to international organizations and conventions, it was emphasised that WHO, when addressing the whole issue of regulation, does not recommend recreational use. In addition, there was criticism of the Commission on Narcotic Drugs for not addressing the issue with the appropriate consideration or urgency. There was also criticism of the scarcity of unbiased scientific evidence to support the decision-making process. The experience in Canada was also discussed, including the fact that, due to its breach of several of the clauses of the conventions, it has clearly revealed their latent legal vacuum. However, it was affirmed that an agreement on decriminalization of cannabis use should be reached through the UN.



4.2 Conclusions of the Expert Panel

The expert panel was asked to review the meeting notes and conclusions of the discussion. They added and/or clarified the following points:

- They generally agreed on the pertinence of the points and foci of the study and its conclusions, adding the following series of clarifications on specific elements.
- There is a need to clearly differentiate the debate about the regulation of medical and therapeutic uses of cannabis from that of recreational use. Both debates are seen as politicized, with different approaches to each of these uses. Experts mentioned that the recreational use of cannabis is a social reality and that it is the most widely used illegal drug on the planet. Therefore, given the impossibility of eliminating demand, it is necessary to find out ways for consumption to occur in the best possible circumstances and for an effective control of the substance.
- Interviewees have accepted the current, global consensus on the therapeutic use of cannabis, provided that it be implemented based on a number of rules and conditions not depending on the substance or active ingredient. The debate is more active and less obvious for the recreational use of cannabis and its conditions and consequences. In addition, experts tended to consider that discussions on therapeutic uses should be conducted by specialists and experts with no interference from the public opinion, thus avoiding external biases and influences.
- This debate is not global, nor does it have equal relevance at the international level. The severity of cannabis use in the Northwest hemisphere cannot be viewed with the same concern in Asian or African countries, where cannabis use is not a major public health problem. However, in American and European countries there is a social and political demand for the regulation of the different uses of cannabis.
- The WHO resolution on the rescheduling of cannabis will hopefully help to clarify the debate and allow for a more nuanced picture, while providing the grounds to reshape the conventions on the issue of the recommended uses of cannabis and its derivatives. With regard to the international conventions, there is a clear 'laissez faire, laissez passer' stance, especially in light of the fait accompli by Canada and various states of the USA, i.e. their decision to legalize recreational use. As there were no consequences nor verbal warnings, further cannabis regulations are expected in New Zealand, or possibly in Mexico. It should lastly be mentioned that international organizations have the duty to respect the sovereignty of countries even though they are entitled to recommend regulation and risk prevention strategies to reduce unintended consequences.
- It will be necessary to analyse thoroughly and without bias the psychosocial, public health and legal data that arise from the various regulation frameworks. The data are mixed about the suitability or lack thereof, the increase or decrease in



consumption in youth, the number of work-related and traffic accidents and consequent mental illnesses. It will be necessary to implement monitoring and follow-up strategies, designed without bias to properly assess the processes and outcomes of regulating the different uses of cannabis.

- It appears necessary to develop prevention policies and to significantly reinforce the risk perception associated with the regulation of cannabis use, especially among vulnerable groups, with an emphasis on adolescents. We need to have a debate on health promotion and education of at least the same magnitude as the debate over regulation. We must endeavour to develop prevention and health promotion strategies based on scientific evidence and implemented by qualified, trained professionals. This would avoid risks, biases and misconceptions about the possible consequences of cannabis use.

4.3 General Conclusions

The major conclusions of this study are summarised in the following paragraphs:

- There are great difficulties in achieving a consistent international debate, in which all countries and actors are on the same page. This is due to the extreme politicisation of the issue and the lack of interest of some of the signatory countries of the international conventions on the matter. It should be noted that the various levels of this debate depend on the geographic area of countries and on the impact a potential legalization or regulation would have in their various countries. In some countries, especially Western countries, the impact might not be of great consequence due to the state having sufficient capacity to manage the situation. In other countries however, the effects of legalization or regulation could be devastating. Nevertheless, in some Western countries major public movements are arising to demand that cannabis legalization be discussed at a political level, based on human rights and individual freedoms.
- The debate should clearly differentiate between medical and recreational uses of cannabis. Regarding medical use, it is absolutely necessary to carry out unbiased scientific studies on the benefits and consequences of cannabis use as a method of treatment for specific diseases. It should be emphasised that these studies must not be driven by social prejudices.
- When discussing legalization or regulation, it is vital to consider the psychosocial impact and the groups that are primary at risk. One such group are the adolescents, who may fall more easily into problematic cannabis use and consequently suffer psychological and psychosocial disorders, such as school dropout. In addition, one should not forget that cannabis is falsely presented as a harmless drug, even though it has been shown to cause neurodegenerative damage and can have negative



psychosocial consequences. In this sense, there is a need to put more emphasis on health education, health promotion, and drug awareness policies, so that risk perception is not lowered. Harm reduction policies are also needed. Thus, it is essential to make treatment plans and effective intervention available, as a complement to the legalization or regulation process.

- Should cannabis be legalized or regulated, one of the main concerns is the behaviour of the organized crime and the black market. Many experts agree that legalization would not eliminate the availability of cannabis on the black market, especially in the first stages. Moreover, they agree that over time, the goal is to have more and more users switch to regulated supply chains. Therefore, it is true that should the trade of cannabis be state-controlled, it would be easier to control the quality of the substance and prevent the use of genetically modified plants. This would help to avoid the unforeseen consequences of these types of cannabis on people's mental and physical health. It is also important that public policy and legalization or regulation models be flexible and easy to evaluate and monitor, so that decisions can be made about what to reinforce, what to eliminate, and what to modify if necessary or according to problems and needs arising from the implementation process.
- Finally, it is necessary to depoliticise the debate and be able to carry out an objective analysis of the consequences of legalization or regulation. Above all, the debate on therapeutic use must be conducted by specialists and experts rather than by public opinion, to avoid biases and external influence. In this way, and with truthful and verified information, the debate could be conducted in an objective manner and with a focus on human rights, public health and the well-being of individuals. In addition, it would be interesting to thoroughly analyse the experiences that have taken place in of the Netherlands, Uruguay, Canada and the United States in order to provide more information on their consequences and benefits, always keeping in mind the different contexts of these countries.

“Cannabis policy involves trade-offs between problems arising from excessive consumption and problems caused by the criminalization of consumption. These trade-offs must be made in the absence of a social consensus on how to weigh competing values of freedom, human rights, and public health and order. Currently, the major risk is that changes in policy will take place without good deliberative process and planned evaluations of the impacts of policy change. The global prohibition on cannabis was introduced in 1961 without deliberation because at that time cannabis use was very rare in most developed countries. The use of medical and recreational cannabis is now being legalized without any plan to reduce harm from overly strong cannabis. There is also a lack of planning to monitor the impacts of policy change so that policy can be adjusted if necessary”.



“I would add that although it is true that the addictive potential of drugs differ (and cannabis is a drug), the addictive potential of cannabis has recently been going through the roof. This is connected to the plants’ genetic manipulations and that's what people are selling and using. I think we have to work on prevention, treatment, and harm reduction in order to know how to deal with the problems related to cannabis consumption. It's a neurodegenerative drug, and not all drugs are. There are life-threatening drugs, but this specific one is neurodegenerative. This should be stated every time cannabis is described as harmless”.

“We need change. It's coming slowly, but there's still a long road ahead. I believe it'll be a big help. I heard, you know, twenty years ago, that cannabis consumption leads to schizophrenia. Without detailed analysis, the conclusions are extremely dangerous because they create preconceived ideas and huge prejudice in the real world and the proof is in scientific conversations. The proof has to be based on data, but should also be geared toward what action needs to be developed. People are conscious of this need for change and are supportive. The creation of this environment is something that I believe isn't there yet in the majority of communities and countries worldwide, including in Europe. I think we all have work to do in terms of regeneration and bringing this forward”.

“I think it's positive, especially in terms of personal freedom. People do this so habitually and frequently that it seems logical that the state will regulate it at some point. In terms of rights, it's a big step”.

“I think it's a big problem. I think we should pay more attention, and we should start with the problems associated with drugs. People don't start with heroin, cocaine or methamphetamine. They usually start with alcohol and marijuana. It worries me that we don't put more emphasis – enough emphasis – on cannabis. The other things that worry me are the lobbyists who want to make money on cannabis. They're dangerous. They want to make money on marijuana. They're sending messages through the media, in meetings and forums. They have a lot of money and want to make more. I'm very worried about this”.

“Coming up with better prevention campaigns, having better treatment plans and interventions don't conflict with regulation; on the contrary, I believe they're complementary. And we have to keep in mind that prohibiting the use of cannabis does not work, nor does the concept of having a drug-free world. And not only in terms of regulation: in countries where regulation isn't feasible, there are other strategies that are more humane and policies that are more viable, accessible and respectful than prohibition”.

“I think what’s needed is basic and accurate information to fuel the public debate, not dogma. We’ve got to make sure that the public debate is based more on the evidence of cannabis as a substance, but also in terms of the right market structure. It's important to understand the harm associated with current policies.”

“In conclusion, it would be wonderful if we could have a reasonable and sensible debate in Europe, and worldwide, about drug policies in general. We know that various positive



experiences are taking place with cannabis around the world, and we know that there are mafias that want to maintain the status quo as well as their profits. I think that if we start to effectively analyse all the data we have from Uruguay, Canada, various states in the US, and from the Netherland, which has had legal cannabis use for many years, we could have a pretty good idea of what we can don. One thing we know for sure is that repression does not work”.



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ANNEX 1: INTERVIEW GUIDE FOR DIANOVA INTERNATIONAL

1. How and when (in your opinion) did the debate about cannabis start? What are the objectives? Do you have an example regarding this debate?
2. What problems do you identify as directly associated to cannabis use? (emotional, psychological, health)
3. What problems do you identify as indirectly associated to cannabis use? What do you think the link is between cannabis use and these problems?
4. What aspects of cannabis use should be included in the legalization debate? What types of use should and should not be legalized? Why?
5. How do you think we should handle the debate about the legalization of cannabis? Regulate or legalize? What should be, in your opinion, the oversight process by public authorities (licensing process, control of cultivation, THC percentage)?
6. What do you think the implications or risks of the global debate not reaching a consensus, with different levels of legalization or regulation implemented in other countries? In countries with different levels of development, what do you think could be the implications?
7. In your opinion, what would be the impact of regulation or at the international level? How would it affect the current international conventions?
8. How do you think regulating or legalizing cannabis could influence human rights, public health, safety, etc.?
9. How do you think the debate about cannabis use is going to progress? What are the similarities and differences with that on alcohol use or gambling?
10. What would be, in your opinion, the most vulnerable groups in the face of a legalized or regulated use of cannabis? What would be its medium- and long-term consequences (e.g. adolescents and mental health, school dropouts, traffic accidents)?
11. What medical uses do you identify as directly associated to cannabis use? What do you think of the medical use of cannabis? How (in your opinion) should medical cannabis be distributed, with or without a prescription?
12. How has this problem evolved? What do you think of the current scientific research about the consequences of cannabis use?
13. What do you see as the future challenges in relation to cannabis?
14. What type of information is being given in terms of prevention or prevalence of cannabis use? And treatment? What are the differences in the interventions of people with problematic cannabis use versus other addictive behaviours?



15. What are the characteristics (psychosocial, sociodemographic, socio-medical) of people with problematic cannabis use? What about gender differences, if any? What other differences may arise from other causes (cultural, economic, etc.)?
16. What conclusions and proposals would you like to make regarding this issue? What are the next challenges? What are the obstacles to overcome?

SPANISH VERSION

1. ¿Cómo y cuándo (en su opinión) surgió el debate sobre el cannabis? ¿Cuáles son los objetivos? ¿Tiene algún referente en relación a este debate?
2. ¿Qué problemas identifica usted como directamente vinculado al uso de cannabis? (emocionales, psicológicos, sanitarios)
3. ¿Qué problemas identifica usted como indirectamente vinculado al uso de cannabis? ¿cuál cree usted que es la vinculación entre el consumo de cannabis y estos problemas?
4. ¿Qué aspectos del uso del cannabis deberían incluirse en el debate sobre la legalización? ¿Qué tipos de uso pueden ser legalizados y cuáles no? ¿Por qué?
5. ¿Cómo cree usted que se debería afrontar el debate sobre la legalización del cannabis? ¿Regulación o legalización? ¿Cuál debería ser, en su opinión, el proceso de fiscalización por las autoridades públicas (proceso de licenciamiento, control del cultivo, porcentaje de THC, etc.)?
6. ¿Cuáles considera que son las implicaciones/riesgos de que el debate global no llegue a un consenso y existan diferentes niveles de legalización/regulación en otros países? ¿Y en países en diferentes niveles de desarrollo, cuáles cree que pueden ser las implicaciones/complicaciones de la situación actual?
7. ¿Cómo considera que va a repercutir la regularización y/o legalización legalmente a nivel internacional? ¿Cómo afectaría respecto a las convenciones internacionales actuales?
8. ¿Cómo considera que podría influir la regularización y/o legalización de cannabis en aspectos como los derechos humanos, la salud pública, seguridad, etc.?
9. ¿Cómo considera que va a evolucionar el debate sobre el uso de cannabis? ¿Qué semejanzas y diferencias presenta el debate del cannabis frente al consumo de alcohol o al juego?
10. ¿Cuáles son, en su opinión, los grupos más vulnerables ante una apertura legal al consumo de cannabis? ¿Qué tipo de consecuencias a medio y largo plazo pueden aparecer (ej. adolescentes y salud mental / baja escolar, accidentes de tráfico, etc.)?



11. ¿Qué usos médicos identifica usted como directamente vinculado al uso de cannabis? ¿Cuál es su opinión sobre el uso médico del cannabis? ¿Dónde (en su opinión) se distribuiría el cannabis terapéutico, de libre prescripción o apenas con prescripción médica?
12. ¿Cómo han evolucionado este problema? ¿Cómo considera el estado de la situación actual de la investigación científica sobre las consecuencias del consumo de cannabis?
13. ¿Cuáles cree usted que son los futuros desafíos sobre el cannabis?
14. ¿Qué tipo de respuestas se está dando desde la Prevención a la prevalencia del consumo de cannabis? ¿Y desde el tratamiento? ¿Qué diferencias hay entre la intervención con personas con problemas de consumo de cannabis y otras conductas adictivas?
15. ¿Cuáles son las características (psicosociales, sociodemográficas, sociosanitarias) de las personas que presentan problemas por consumo de cannabis? ¿Qué diferencias existen por causa de género? ¿Y qué diferencias percibe usted por otras causas (culturales, económicas, etc.)?
16. ¿Qué conclusiones y propuestas le gustaría a usted realizar acerca de este tema? ¿Cuáles son los próximos retos? ¿y los obstáculos/barreras a vencer?

ITALIAN VERSION

1. Come e quando, secondo te, è iniziato il dibattito sulla cannabis? Quali erano/sono gli obiettivi di tale dibattito? Hai qualche fonte da citare in relazione a questo dibattito?
2. Che tipo di problemi pensi siano direttamente correlati all'uso di cannabis? (emozionali, psicologici, fisici)
3. Che tipo di problemi pensi siano indirettamente correlati all'uso di cannabis? Quale pensi sia il collegamento tra la cannabis e tali problemi?
4. Quali aspetti dell'uso di cannabis dovrebbe essere incluso nel dibattito sulla legalizzazione? Quali tipi di uso possono essere legalizzati, e quali no? Perché?
5. Come pensi debba essere indirizzato il dibattito sulla legalizzazione? Regolamentazione o legalizzazione? Quale pensi dovrebbe essere il processo di controllo da parte delle autorità pubbliche (processo di licenza, controllo della coltivazione, percentuale di THC, ecc.)
6. Quali pensi siano le implicazioni/i rischi nel caso che il dibattito globale non raggiunga un consenso e si possa arrivare a livelli diversi di legalizzazione



- /regolamentazione nei vari paesi? E in paesi con livelli di sviluppo diversi, quali pensi possano essere le implicazioni/complicazione nella situazione attuale?
7. Quali pensi possa essere l'impatto della regolamentazione e/o legalizzazione a livello internazionale? Quale influenza avrebbe sulle attuali convenzioni internazionali?
 8. In che modo pensi che la regolamentazione e/o legalizzazione della cannabis possa influenzare aspetti quali i diritti umani, la sanità pubblica, la sicurezza, etc. ?
 9. In che direzione pensi si possa evolvere il dibattito sull'uso di cannabis? Quali sono le similitudini e le differenze rispetto al consumo di alcol o al gioco d'azzardo?
 10. Quali sono, secondo te, i gruppi più vulnerabili rispetto alla legalizzazione dell'uso di cannabis? Che conseguenze possono sorgere a medio e lungo termine (per es, adolescenti e persone con problemi mentali, dispersione scolastica, incidenti stradali, etc.?)
 11. Quali sono gli usi medici che identifichi come direttamente correlati con l'uso di cannabis? Qual è la tua opinione sull'uso di cannabis per scopi terapeutici? Dove pensi dovrebbe essere distribuita la cannabis terapeutica? Dovrebbe essere reperibile con o senza ricetta medica?
 12. Come si è evoluto questo problema? Come consideri la situazione attuale della ricerca scientifica sulle conseguenze dell'uso di cannabis?
 13. Quali pensi che siano le sfide future nel dibattito sulla cannabis?
 14. Che tipo di risposte vengono date dalla Prevenzione rispetto all'uso di cannabis? E dal Trattamento? Quali sono le differenze tra l'intervento con persone che usano cannabis e persone che hanno altre dipendenze?
 15. Quali sono le caratteristiche (psicosociali, sociodemografiche, socio-sanitarie) delle persone che usano cannabis? Esistono differenze di genere? E che differenze ritieni siano riferibili ad altre cause (culturali, economiche, etc.?)
 16. Che conclusioni e proposte vorresti fare su questo argomento? Quali sono le prossime sfide? E gli ostacoli/barriere da superare?