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

Executive Summary

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1. Abstract

This study has been conducted to investigate the validity of the discussions on the legalization or regulation of cannabis; analyse their scientific, legal and political grounds and what would be their main consequences for the population at large as well as for specific groups, in order to foster a clear and concrete position on this issue, for the benefit of the Dianova Network. The study has been carried out through a qualitative methodology including the following instruments: 1) a bibliographic review; 2) interviews with experts from various areas of expertise in this field; 3) a focus group; and 4) a panel of experts. The main conclusions are as follows: the legalization or regulation of the medicinal use of cannabis could be envisaged after reaching a consensus, while that of recreational use requires further discussions at the international level; legal, state-controlled regulation would be crucial; and quality control, health promotion, and risk and harm prevention measures should be implemented for the benefit of both vulnerable groups and the general population.

2. Methodology

The initial information has been garnered through a bibliographic review of international evidence-based documents, including current reports and research studies on the different uses of cannabis. After having analysed this information and defined the various categories to be studied, 18 semi-structured interviews have been conducted with experts from the various areas to investigate as determined previously. Experts have been chosen based on a number
of selection criteria, including: relevance in national and international networks; activity at the local, national and international levels; high proficiency levels in cannabis-related issues; and long-term vision of the evolution of the problem.

In order for this research study to be adapted to the needs of Dianova International, a focus group has also been held with some of the professionals of the Dianova Network. Lastly, a panel of experts was organized to verify the validity of the conclusions and proposals made during all phases of the study.

3. Results

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. The decriminalization of cannabis use in some countries has contributed to reducing the harm resulting from the legal consequences of this use, however it has had very little impact on the availability of the drug on the black market. The differences in the policies and interests of each country are variables that have made it difficult to address legalization in international forums. The breach in international conventions by countries that have legalized the recreational use and production of cannabis poses a challenge for international drug control and may act as a catalyst to achieve a higher level of debate in the future. Beyond international forums, the discrepancies found in the various models implemented by the countries that have legalized or regulated cannabis represent an unknown factor in terms of effectiveness.

The interviewees have identified a considerable number of consequences derived from cannabis use and abuse, especially in the fields of mental health and psychosocial repercussions. The problems mentioned mostly included psychiatric disorders, especially psychotic disorders and affective disorders, but also cognitive disorders, anxiety disorders, personality disorders, attention deficit hyperactivity disorder and mood disorders. In spite of dissenting studies about some of these repercussions, there is homogeneity in the identification of certain psychosocial consequences that may result from the inappropriate use of cannabis.

In general, it is assumed that young people and adolescents are the greatest risk group, not only due to the characteristics of adolescents more prone to seeking new experiences, but also due to the availability of cannabis, its potential consequences in the developing brain, and its psychosocial consequences. This is the case among teenagers with lower school performance, one of the groups with the highest risk of early and intensive consumption according to studies, in addition to the consequences on their life trajectory, such as subsequent problems of integration into the labour market.

As regards the medical use of cannabis, there is no consistent evidence that it helps with most of the conditions for which it has been reported to be effective. It is not that cannabis doesn’t have therapeutic applications but rather that its effectiveness as compared to other, available drugs is still unclear. In addition, due to the high costs and poor accessibility of cannabis-
derived compounds, low quality products with unregulated levels of active ingredients are often used which make it difficult to assess their associated risks and side effects, in addition to being used under minimal medical supervision. Certain therapeutic properties of synthetic cannabinoids have been reported, including antiemetic and pain management properties. However, high production costs and lack of scientific evidence (especially as compared to other drugs already approved) stand out as two variables that compromise its use in the therapeutic field.

As mentioned earlier, the decriminalization of cannabis has contributed to reducing the harm associated with the legal consequences of its use but did nothing to minimize its availability on the drug market, resulting in an ongoing problem for cannabis policies. Under a regime of legalized cannabis, governments have a duty to regulate the potency of cannabis products (as in Uruguay), control the use of pollutants and pesticides, and impose taxes that make intensive use more complex.

In that respect, it is necessary to consider the influence of commercial companies interested in supporting cannabis regulation, or rather in promoting its regular use. In view of such interests, governments must be held accountable for the adequate control and regulation of this potential market.

Cannabis-related policies and legal frameworks may vary depending on countries. All of these are subject to international drug control conventions, but in practice many of them enforce these obligations based on their own interests. Technically, the countries that have made cannabis use, production and sale legal, whether for recreational or therapeutic purposes, have infringed the terms of these conventions, including the prohibition of recreational use, that of its use and commercialization outside of the strict bounds of medical purposes, and that of all kinds of cannabis advertising. Therefore, the decision of sovereign states such as Canada and Uruguay to legalize cannabis use poses a challenge to international conventions by enabling other countries to question their validity in this respect on in other areas that they may consider beneficial. Many African and Asian countries (in addition to Russia) continue to consider people who use drugs as criminals; however, many other countries have now refrained from using overly harsh penalties against them, although they may maintain administrative sanctions. In this sense, the legalization of the recreational use of cannabis in Canada and various states of the United States of America may influence the international agenda, making it more difficult for the most restrictive countries to maintain overly severe sanctions against drug use, which in turn could lead to a first international consensus on cannabis regulation.

There is now a strong political pressure to make cannabis regulation in Canada and the United States similar to that of alcohol and tobacco and set an example for the rest of the world. Actually, similar strategies are being developed in Luxembourg, the Netherlands and Switzerland. The model set in the USA and Canada reflects the marketing model favoured in the western world, one based on economy (with considerations for of human rights and individual freedoms), with greater restriction on advertising in Canada, and the use of taxes

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as a regulatory strategy in both cases. The model developed in Uruguay is quite different, with an active participation of the State, a much more restrictive access policy (as well as production and distribution) and a state registry of consumers.

With regard to the responses given to the questions relating to the development of prevention programmes for people at risk, 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, couple with a general lack of effective prevention strategies based on capacity-building, decision-making, the emotional management of conflict, and the ability to avoid, or cope with, cannabis-related risks, in particular those related to secondary socialization, represent a problem in the response given to cannabis use. In addition, the participation of people’s family and immediate circle in programmes remains scarce.**

- **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.**

- **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.**

High costs represent one of the major problems encountered in the prescription and access to pharmaceutical cannabis, in addition to the resistance by health professionals to prescribing such treatments. Proponents of the therapeutic use of cannabis argue that it can be provided through different dosages and means but always under medical control which helps reduce associated risks and potential side effects. When therapeutic cannabis is not available for whatever reason, many of the potential patients concerned are likely to the illicit
market to fulfil their needs, which then results in an enduring problem of substance availability and use.

4. Conclusions

The legalization of cannabis in various countries (Canada, Uruguay and the USA) has brought the debate on cannabis uses to international forums. However, the politicization of debate and lack of joint interest make international dialogue difficult. Such a debate must be focused on human rights, public health and scientific evidence in order to reach global agreements without bias or limitation, while recreational use is much more integrated within the sphere of individual freedoms.

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.

In view of a possible legalization, there is concern about the non-disappearance (even proliferation) of mafias and black markets, as well as about the marketing and advertising of cannabis use, resulting in decreasing the perception of cannabis use associated risks. A thorough analysis of the psychosocial, social, health and legal data collected on the basis of the outcomes of the various cannabis regulation models implemented so far should be conducted provided that such analysis are free of any political bias. There is conflicting information about the accuracy of figures regarding the increase (or decrease) of cannabis use among the youth, numbers of work-related and traffic accidents, subsequent mental health problems, etc. It is necessary to implement monitoring and follow-up strategies designed with no bias, either pro or con, in order to adequately evaluate the processes and outcomes of the regulation of the different uses of cannabis.

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.

Adolescents are identified as the most vulnerable group, and their probability of suffering psychological and psychosocial disorders, such as school dropout, is increased. It seems necessary to reinforce prevention and risk perception policies associated to the regulation of cannabis use, especially in vulnerable groups and with a strong focus on adolescents. This debate requires health promotion and education responses of at least the same magnitude as the debate on the regulation of cannabis. It is essential to make a commitment to develop evidence-based prevention and health promotion initiatives, implemented by duly qualified and trained professionals in order to avoid risks, biases and false interpretations with regard to the potential consequences of cannabis use.

5. Proposals of intervention

• The debate should clearly differentiate between the therapeutic use of cannabis, on which a strong international consensus has been built, and its recreational use, which still requires further discussion. In addition, experts consider that the debate on therapeutic use should be conducted by specialists and experts, not so much by public opinion, thus avoiding external biases and influences.

• Prevention and risk perception policies should be reinforced, especially among vulnerable groups and with a strong focus on adolescents. This debate demands a response from an educational and health promotion perspective of at least the same magnitude as the debate on cannabis regulation itself.

• An in-depth analysis of the various regulation and legalization models is required to anticipate and monitor the impact of these policies at the social, health and political levels, both globally and nationally. Be that as it may, it is understood that large 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 is essential to build on a strong commitment to develop evidence-based prevention and health promotion initiatives, implemented by duly qualified and trained professionals in order to avoid risks, biases and false interpretations with regard to the potential consequences of cannabis use.