Lower Risk Cannabis Use Guidelines: For Whom?

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Canadian proposals for a public health approach to cannabis are welcome and have a substantial history.^{1,2} Prior research with Canadian survey data has grappled with the empirical difficulties of drawing lines between problematic and less risky use.^{3,4} The importance of such developments was presaged by the Le Dain Commission's view that drug policy should shift in accordance with the provision of "effective alternatives to the punitive approach".⁵ The authors of "Lower Risk Cannabis Use Guidelines for Canada" in this issue make a useful contribution to the future of legally regulated cannabis consumption by formulating succinct guidelines for the reduction of possible harms, drawing selectively on studies mainly done in Australia, New Zealand or the UK. The recommended guidelines are clearly presented, reasonable and have a good likelihood of being effective if adopted. The authors acknowledge the limitation of the current cannabis research base;⁶ nevertheless, what is quite remarkable is how much knowledge has been amassed in the past 40 years about the world's most popular illicit drug. While debate continues over specific effects, as it does with all drugs, the undeniable general conclusion that few harms result for the majority of cannabis users leads the authors rightly to focus their recommendations on selected high-risk groups or practices.

A public health approach, however, is incompatible with the blanket Canadian prohibition currently in force for any and all expressions of cannabis use, with the minor exception of limited medicinal access.⁷ It may be argued, as the authors do, that the widespread and persistent use of cannabis across age, sex, economic status and regions of Canada demands the tools of public health, accompanied by an emphasis on the harmful end of the use spectrum rather than the current unrealistic and costly effort at total suppression. To compare cannabis to alcohol also reflects the social reality of its popularity and the moderation practised by most users. However, unlike cannabis, alcohol is a legally available and regulated substance, available to the adult Canadian public within certain time frames and conditions.⁸ Public health tolerates limited degrees of personal choice, far removed from the forbidden status of cannabis and the lack of discrimination among various mild and serious consequences. While the recognition that many young people consume alcohol before they reach the legal age may seem to warrant comparison with cannabis, and justify low-risk guidelines as a preventive measure for youth as well as adults, no threshold of acceptability in law is possible for cannabis. Users possessing any amount, no matter how small, may be the target of criminal sanctions, and face possession charges carrying the prospect of 6 months imprisonment, up to a \$1000 fine, and a criminal record.⁹

In such a climate of global as well as national prohibition, who is the target of these proposed guidelines? Is it users, and if so how would they learn about them? Would public health campaigns, such as harm reduction ads, be allowed? Are educators the target? School officials have been reluctant to tackle programs for an illicit

substance other than those promoting abstinence.¹⁰ Are the proposed guidelines aimed at policy-makers? In line with prior governments' failure to decriminalize cannabis, the Conservative government has resisted any moves towards penalty reduction, much less legal regulation, and is intent on keeping possession as a criminal offence.¹¹ Are the guidelines directed at police who are constrained to enforce the current law? They do so with considerable discretion, given the low risk of arrest for average, mainstream adult users.⁹ Would the guidelines be useful for clinicians? Possibly, in clinical settings where physicians are working with cannabis users around other forms of drug dependence or health problems, and these guidelines could set out a middle ground for reduced-use goals.⁴ Are public health officials and practitioners the target? There seems to be little role for them in the present criminalized climate other than continuing to review the evidence for short- and long-term health consequences, and possibly taking on the challenge of policy advocacy.

Despite the discordance of the proposed guidelines with the current prohibition policy in Canada, they do illustrate the social climate of normalization that is evolving for cannabis here and elsewhere.^{12,13} This describes the process by which recreational drug use – understood as "the occasional use of certain substances in certain settings and in a controlled way"¹⁴ – becomes integrated into leisure patterns of everyday life. The federal criminal law does not recognize such low-risk patterns, defining all use as personally or socially harmful, abstinence as its goal, and the threat of punishment its major policy tool.⁵

In contrast, public health allows adults the right to choose, even to choose badly, among legally permissible options, applies regulatory law to further health objectives, and provides guidance such as found in this set of recommendations. The authors' emphasis on youth is also crucial, recognizing the need to replace the current threat of arrest with a more health-focused set of cautions. However, without an acceptable legal policy context in which to put such guidelines forward, the latter are unlikely to reach any potential stakeholders or have any prospects for implementation.

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