SENATE SOCIAL AFFAIRS, SCIENCE AND TECHNOLOGY

Dr. Laurent Marcoux, CMA President
Wednesday, April 18, 2018

(CHECK AGAINST DELIVERY)

Mr. Chair - Thank you.

My name is Dr. Laurent Marcoux, and I’m pleased to be here in my role as president of the Canadian Medical Association. I’m joined here today by Dr. Jeff Blackmer, Vice-president of Medical Professionalism at the CMA.

As the national organization representing over 85,000 physicians and physicians-in-training, the CMA has a mission of empowering and caring for patients, with a vision for a vibrant profession and a healthy population.

Since 2002, the CMA has taken a public health perspective regarding cannabis. In the interest of Canadians’ health, we continue, as health professionals and physician scientists, to urge the government to exercise caution in legalizing cannabis for non-medical purposes.

Our position is rooted in four key areas:

Firstly, we believe and urge the government to adopt a public health approach in the legalization and regulation of cannabis.

Such an approach includes: the promotion of health through adequate regulation of marketing and appropriate education; prevention of drug dependence; access to assessment, counselling and treatment services; and a harm reduction perspective; all of which should be consistent with the Lower Risk Cannabis Use Guidelines. We support the steps announced in Budget 2018 for funding for research and education.

We know that children and youth are especially at risk of harm, given their brain’s development — and they are among the highest users of cannabis in Canada. This is why we continue to stress that the age of legalization be 21 years. In addition, the quantities and the potency of cannabis should be more restricted for those under age 25.

Second, education is required to develop awareness of the health, social and economic harms of cannabis use. The CMA submits that young people should benefit from public health education. The lifetime risk of dependence to cannabis is estimated at 9%, increasing to almost 17% for those who initiate use during adolescence. In 2012, about 1% of people aged 15 years and over met the criteria for cannabis abuse or dependence — double the rate for any other drug — because of the high prevalence of cannabis use.

The harm reduction strategy should include the development of educational interventions, including training programs, social marketing interventions and mass media campaigns. Education should focus
not only on cannabis’ general risks but also on its special risks for the young and its harmful effects on them.

**Thirdly, the marketing and advertising of cannabis should be tightly regulated.**

We support strict packaging and labelling of cannabis and believe the same strict approach should apply to health products containing cannabis. Canadians must be protected from any misleading claims and be made aware that health products such as natural health products, non-prescription drugs or cosmetics containing cannabis are not scrutinized like prescription drugs, despite being regulated by Health Canada.

In some cases, these products – or the companies producing and marketing them - don’t even need to provide scientific evidence to support the claims made on the label.

Like tobacco and cigarettes, cannabis packaging and labeling provide an opportunity to raise awareness of the health, social and economic harms. This is why we recommend that packaging and labelling must be designed by governments and health professionals – not cannabis producers and distributors, or those with a financial or conflict of interest.

**Finally, we believe that with the legalization of cannabis on the horizon, the need for two systems is significantly reduced.**

Once legalized, cannabis will be available for those who wish to use it — either with or without medical authorization. We therefore recommend only one regime for both medical and non-medical use.

Should the government decide to maintain two separate systems, we agree with the amendment made by the House of Commons that the legislation be reviewed within three years. Criteria for evaluation should include the number of users in the medical system and the number of physicians authorizing medical cannabis use. The CMA welcomes the opportunity to be involved in the determination of such criteria and evaluation process.

The use of cannabis is linked to health risks. Legalizing cannabis won’t change the risks. In fact, legalization without strict regulation and public health education may lead to adverse outcomes for youth and adults who underestimate the consequences of cannabis consumption. The government has a responsibility to the public; its focus should therefore be first and foremost on protecting Canadians – especially young people - and reducing harms to health.

Thank you. Dr. Blackmer and I available to answer questions you may have.

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