Brief

by the Fédération des médecins spécialistes
du Québec

Bill C-45

An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts

Government of Canada

Submitted to the Standing Committee on Health

August 18, 2017
TABLE OF CONTENTS

Introduction.........................................................................................................................................3
Background.......................................................................................................................................... 3
Concerned medical specialists........................................................................................................3
Brief overview of the situation........................................................................................................3
FMSQ survey results.......................................................................................................................5
Necessary prevention.....................................................................................................................5
Recommendations.......................................................................................................................... 6
Conclusion........................................................................................................................................... 6
Introduction
The Fédération des médecins spécialistes du Québec (FMSQ) represents over 10,000 physicians working in 59 medical specialties. As the only entity recognized by the government to represent all of Quebec’s specialized physicians, the FMSQ works closely with the ministère de la Santé et des Services sociaux (MSSS) du Québec on a variety of issues. As they treat all sorts of clients and all diseases, including cases of severe addiction, Quebec’s specialized physicians are in a front-line position to provide an objective consideration of the organization and operation of the public health care system and to assess the health status of the population from a comprehensive and integrated perspective.

Background
The legalization of recreational cannabis use raises many currently unanswered questions. First, how will legalizing that substance impact the health of young people, in particular, and the safety and security of the general population? What measures will be implemented to properly oversee this “new market”, to avoid the possibility of circumventing the act and the regulations that will come into force? How can we ensure that cannabis legalization will not lead to more users under the age of 18 while the most recent data indicates that youth consumption has remained relatively stable since the 2000s? We should point out that tobacco products are currently prohibited to individuals under the age of 18, but that does prevent them from easily accessing and consuming such products. The same goes for cannabis and its derivatives.

In terms of deterrent effects, restrictions on sales and consumption, as well as restrictions in the public space, it will be difficult for the new legislative and regulatory framework that will be proposed for cannabis to go further than the framework that was implemented for tobacco. The challenge for the government will consist in avoiding adverse effects that would thwart the objectives. The legislators must ensure to maintain a balance between protecting public health and safety, on the one hand, and the advent of this previously illegal market, on the other hand.

Concerned medical specialists
From a medical standpoint, a number of specialties are directly interested in and concerned by the legalization of cannabis, particularly because of the anticipated health effects on the general population and especially young people or more vulnerable clients. The FMSQ decided to consult all its members to learn about their perceptions and opinions on the main issues raised. A survey was conducted between June 9 and 27, 2017, with some 1,249 medical specialists—667 men and 582 women—answering all the survey questions. That sample is statistically reliable, and the survey results are representative in terms of the control variables used. They are provided further on.

Moreover, the FMSQ has decided not to comment on some of the more technical aspects related to cannabis legalization, as it feels that they mainly depend on the decisions governments will make.<

Brief overview of the situation
In fall 2013, the Institut de la statistique du Québec (ISQ) carried out a survey on tobacco, alcohol, drugs and gambling among high school students. In November 2016, the Institute prepared a profile of

cannabis consumption among Quebeckers in the Zoom health newsletter. Here are the key highlights from the ISQ studies.

A person’s smoking—be it cigarettes or tobacco by-products—predisposes them to cannabis consumption. That causal relationship has been demonstrated in many studies, including the one conducted by the ISQ. In 2013, 12% of high school students had consumed a tobacco product available on the market. Although tobacco products are prohibited to people under the age of 18, 23% of minor students who are smokers have been able to purchase their own cigarettes in a store and 48% of them have obtained them from friends. Among young people, smoking initiation increases with age. While 2.9% of first-year high school students had consumed tobacco products in the past 30 days, the proportion jumps to 23% among fifth-year high school students.

The same study shows that, even though it was illegal, in 2013, cannabis was the most frequently used drug among high school students, with 23% of them having consumed it over the 12 months prior to the survey. However, cannabis consumption has decreased since 2000, going from 41% to 23% in 2013. The number of consumers increases significantly between the first year of high school and the fifth year, jumping from 15.4% to 60.6%. In the November 2016 issue of the Zoom health newsletter, the ISQ indicates that 15% of people aged 15 and older were consuming cannabis or its derivatives in 2014-2015. The ISQ notes an increase of 3% since 2008, but does specify that it is mostly attributable to occasional use, while regular consumption has remained stable.

The legalization of cannabis use and the implementation of a formal framework to regulate its sale and distribution will theoretically make it more accessible than it is currently. That “increased” accessibility could result in increased consumption both among young people and among adults. However, compared to the cannabis of 10 or 15 years ago, the cannabis being consumed now has a significantly higher tetrahydrocannabinol (THC) content, and that may lead to a higher level of addiction among some consumers. Since very few studies have been carried out to identify a potential causal relationship between the THC content and people becoming addicted to the product, the FMSQ recommends that a longitudinal epidemiological study be carried out on the issue. That study should also help provide an overview of the addiction to the product based on consumers’ socio-economic profile. The FMSQ also feels that the THC content in cannabis or its derivatives must be prescribed by regulation and be controlled by authorized producers. Future regulations must be balanced so as not to produce negative effects that that would enable the ongoing activity of the alternative and unregulated market, which we want to eliminate. The government will also have to implement a proper monitoring system that will make it possible to keep track of changes in consumption, especially among young people, and will have to remedy the situation, as needed.

If our understanding is correct, an amendment must absolutely be made to Bill C-45. In subclause (a), under definitions, the term “young person” is defined, among other things, as: “for the purposes of sections 8, 9 and 12, an individual who is 12 years of age or older but under 18 years of age”. Clause 8 of Division 1, titled Criminal Activities, concerns possession. Subclause 8(1)(c) states that “it is prohibited for an individual who is 18 years of age or older to possess ... cannabis of one or more classes of cannabis the total amount of which, as determined in accordance with Schedule 3, is equivalent to more than 5 g of dried cannabis”. As drafted, it appears that the current provision of the bill would make it possible for a young person under the age of 18 to have in their possession 5 g of dried cannabis or less. For the FMSQ, that provision is unacceptable. The gap must be closed, and cannabis possession must be limited to people 18 years of age and older. Therefore, the FMSQ recommends that an amendment be made to clause 8 to address the above.
FMSQ survey results

With the issue having attracted a great deal of media coverage, 93.9% of Quebec medical specialists who responded had heard about Bill C-45. While they are favourable to the use of cannabis for medical purposes (63.7%), they are against legalizing recreational cannabis use (58.3%). That opposition to legalization is even more marked among the parents of children under the age of 18 (60.7%), among women (62.7%), as well as among people in the 46-55 age group (64.9%).

The Quebec medical specialists who responded to the survey disagree (71.8%) with the provision of Bill C-45 whereby the legal age for obtaining cannabis is 18. For 42.9% of them, the acceptable legal age should be 21, while 40.2% of the respondents believe it should be 25 and older. Nearly identical percentages show that the minimum age of 18 must be rejected in favour of 21 years of age and older.

As significant proportion of respondents (47.3%) believe that cannabis legalization will have a moderate or strong effects on health, and 59.3% say that legalization involves issues that are of concern to them in their medical speciality. Hundreds of comments were gathered to that effect, and a literature review should be carried out to confirm those concerns. Here is a summary of the medical issues raised by the respondents:

- Increase in the cases of lung and oropharyngeal cancer, obstructive pulmonary diseases (OPD), asthma and bronchitis.
- Increased number of high risk pregnancies, children born with health problems (low birth weight, intoxication leading to withdrawals).
- Increase in sexually transmitted infections (STIs) and elective pregnancy terminations.
- Adverse and life-threatening interactions with certain types of medications used in anesthesia or other types of molecules used in neurology to treat chronic pain, epilepsy and neurodegenerative diseases.
- Increase in myocardial infarction cases.
- Increase in involuntary intoxication cases among children and young people.
- Increase in the cases of multi-drug use in emergency rooms.
- Increase in traffic accidents and the resulting polytrauma.
- Effects on the prevalence of obesity, diabetes, hypertension (HT) and metabolic syndromes.
- Increase in the impact of high digestive problems (dyspepsia, gastroparesis, nausea).
- Increase in the cases of cannabinoid hyperemesis syndrome and impacts on reproductive health (hypogonadism leading to infertility).

The survey addressed other specific issues. 68% of Quebec medical specialists who responded believe that the legalization of cannabis should be accompanied by the same regulations as those applied to tobacco products; 79% feel that legalization should be preceded by more scientific studies; 95% think that it could affect road safety, and 89.7% feel that it could have an impact in workplaces. In addition, 84.1% are of the opinion that legalization could become a public health issue and could increase the cost of care for the population (75.3%). Some 64.8% of respondents feel that legalization would help generate revenue for the government, which could use that revenue to invest in prevention (51.1%). Finally, the respondents are skeptical about legalization being necessary to combat illegal sales (46.3% agree, while 43.3% disagree).

Necessary prevention

The significant health effects of tobacco use are reflected in the expenditures related to health care and services for the treatment of chronic diseases and comorbidities associated with tobacco use. Furthermore, cannabis use, which is comparable to tobacco use, is already leading to expenditures in health care and services that are neither documented nor accounted for, but may be as high as those related to tobacco. Therefore, the government must implement a prevention, education and awareness-raising policy for young people, in particular, but also for the rest of the population.
A significant portion of the taxes levied on the sale of cannabis should be used to provide adequate and long-term funding of that policy. Canada and the provinces would benefit from learning from the State of Colorado, which created the *Marijuana Tax Cash Fund* when it legalized cannabis use in 2012. Colorado deposits all the taxes collected into that fund, which is used to fund various initiatives in a number of key sectors.

**Recommendations**

In light of the above, the FMSQ, on behalf of its members, is also issuing the following recommendations and urging the government to implement them:

- That cannabis and its by-products be subject to the same legislative and regulatory framework as tobacco and its by-products;
- That the minimum legal age to obtain cannabis be set at 21;
- That ongoing monitoring and tracking mechanisms be implemented to assess marketplace behaviours and changes in consumption, especially among young people;
- That monitoring mechanisms be put in place to measure the effects of cannabis legalization on the health and safety of the public;
- That specific mechanisms be put in place to help isolate, from all the costs and expenditures in health care and services, the portion of costs directly related to cannabis consumption. That, to that end, the Canadian Institute for Health Information (CIHI) be formally mandated by the government;
- That CIHI create and make available, in collaboration with the provinces, various databases to enable researchers to carry out long-term epidemiological studies on the effects and consequences of cannabis legalization;
- That Health Canada, through learned societies, fund training programs specifically designed for all health care professionals;
- That the provinces come to an agreement so that their legislative and regulatory frameworks would be similar in order to avoid discrepancies that would make the management of cannabis in the Canadian public space complex, disparate and dysfunctional;
- That the federal government and all provincial governments provide an assessment two years after the implementation of their respective legislations, and that the federal government make a formal commitment to acknowledge those assessments and amend Bill C-45 accordingly;
- That the federal government make public all the impact studies on the legalization of cannabis before Bill C-45 is passed;
- That the definition of the term “young person” and subclause 8(1)(c) of Bill C-45 be amended to make it illegal for a young person under the age of 18 to have 5 g or less of cannabis in their possession.
- In light of the above and the impact the legalization of recreational cannabis use will surely have on the health care system—increased traumas, health side effects—and in order to ensure that databases would be accessible as soon as the legislation goes into force, the FMSQ recommends that the government extent the July 2018 deadline for Bill C-45.

**Conclusion**

The repercussions of legalizing recreational cannabis use will be difficult to estimate. Will the legalization of that substance lead to increased consumption, especially among young people? Will the legalization of that substance lead to the trivialization of its use, especially among young people?

The fact that cannabis is currently illegal does not prevent young people from acquiring it, as is the case for tobacco and its by-products, even though they are subject to strong oversight, it should be pointed...
out. Therefore, neither legislation nor its accompanying regulations will ensure that this new market will remain inaccessible to young people. As in the case of tobacco, the black market and the contraband market could always find new niches to continue with their illicit activities.

Regarding the major issues cannabis legalization raises in terms of the health and safety of Canadians, it would have been highly desirable for the government to be more flexible by not imposing a binding deadline. By refusing to extend the deadline, the government may create more problems than the current situation involves. By forcing the provinces to adopt parallel legislation sooner than necessary, the government is running the risk of the legislation being incomplete or poorly drafted. As in the case of tobacco legislation, consensus is required to produce this kind of a piece of legislation.

The government cannot say the situation is urgent in this case, since people have been able to obtain and consume cannabis illegally without oversight for over 50 years. Consequently, la FMSQ urges the government to extend the deadline past July 2018 and to take action, not based on political or strategic considerations, but based on public health and safety interests. In this case, rushing matters would be the worst road to take.