Examining the Potential Impact from the Legalization of Cannabis in Canada: A Literature Review

April McCarey

A thesis submitted to the School of Community Services in partial fulfillment of the requirements for the Honors Bachelor of Behavioural Psychology program

St. Lawrence College, Kingston, Ontario

April 22, 2018
Dedication

Mom, Dad, Oma, Opa, and Amy – I want to think you for all of the time you spent listening to me stress about this thesis for the last 8 months. Love you guys so much for your support. It makes me proud to say I finally did it!

Chris – Words cannot describe how much gratitude I have for your support. All of the late night editing sessions with me complaining over the silly things will not be in vain. Thank you for being there over the last 5 years of my schooling and helping me get through this by giving the little pushes I needed. Love you!

To my friends (you know who you are) – Thanks for being there for me and listening to me talk about this thesis all the time. Thanks for sticking with me for these last few years!

To anyone I may have forgotten, I am sorry, but thank you, I wouldn’t be here without you.
Abstract

Cannabis legalization has become a topic of interest within the last several years. New legislation for cannabis legalization has been developed by the Liberal Government and is expected to become law by July 2018. The purpose of this thesis and subsequent literature review is to provide an examination of the current literature available on cannabis legalization and policy development in regards to community corrections. The articles chosen were peer-reviewed and obtained from databases such as, EBSCOhost and St. Lawrence College, Queen’s University and Lakehead University. Articles that met specific criteria were reviewed, summarized, and placed in an annotated bibliography. These criteria included specific key words or phrases and articles must have been published within the last 15 years. The literature suggested that there was no accurate data on what to expect for Canada, as not enough time has elapsed for countries that have legalized cannabis. Further attention must be paid to concerns raised within the current legislation and how national and international regulations can affect cannabis distribution. In addition, cannabis clubs may also provide a safe method of cannabis distribution within communities. Uruguay, the first country to legalize cannabis from seed to sale, may provide a model for what Canadians could expect with the new legislation. Information summarized in this literature review provided a starting point for potential areas for further research and identified areas of concern for community corrections. Recommendations for future research are to identify the impact on marginalized populations, the effects of legalizing cannabis in the community, and gaining additional feedback and information from community resources. In addition, more research on developing accurate roadside testing for cannabis is highly recommended. These recommendations can provide further insight on how to keep the public safe and create more inclusive treatment plans for clients being supervised in the community.
Acknowledgements

First, I would like to acknowledge Lana DiFazio. I want to thank you for all of the support you have provided throughout the writing of this thesis. Thank you for all of the advice, the many edits and helping me become a better writer. You kept me on the right track during this lengthy process and I can truly say that this thesis would not have happened if it were not for you.

Also, I would like to thank my second reader, Susan Lewis. Your feedback made a world of difference and made me proud of what I have completed.

Finally, I would like to say thank you to Rosemary Spicer. Thank you for allowing me to be your placement student and providing me with resources needed for the completion of this thesis.
Table of Contents

CHAPTER I: OVERVIEW ........................................................................................................... 1
  Current Canadian Cannabis Laws ...................................................................................... 1
  Decriminalization versus Legalization .............................................................................. 2
  Proposed Legislation ........................................................................................................ 2
  Implications for CSC ......................................................................................................... 2
  Brief overview .................................................................................................................. 2

CHAPTER II: LITERATURE REVIEW ....................................................................................... 3
  Law ...................................................................................................................................... 3
  Proposed legislation .......................................................................................................... 4
  Comparison of Policies Between Countries ...................................................................... 6
    Policy ............................................................................................................................ 6
    Cannabis Clubs ............................................................................................................. 7
  Uruguay Model ................................................................................................................ 8
  Social Issues .................................................................................................................... 10
    Health Issues .............................................................................................................. 10
    Social Implications ...................................................................................................... 10

CHAPTER III: METHOD ........................................................................................................... 11

CHAPTER IV: RESULTS ........................................................................................................ 13
  Law .................................................................................................................................... 13
  Proposed Legislation ....................................................................................................... 13
  Cannabis Policies in Other Countries ............................................................................. 14
  Uruguay Model ................................................................................................................ 14
  Social Concerns ............................................................................................................... 14

CHAPTER V: CONCLUSIONS/DISCUSSION ......................................................................... 16
  Implications of Results .................................................................................................... 16
  Strengths and Limitations ............................................................................................... 17
  Applications to the Field of Behavioural Psychology ..................................................... 18
  Multilevel Challenges ..................................................................................................... 19
  Implications and Recommendations .............................................................................. 19

REFERENCES ....................................................................................................................... 21

APPENDIX A ......................................................................................................................... 23
Chapter I: Overview

In October of 2015, following the most recent Canadian federal election, the Liberal party of Canada was elected. One of the campaign promises was to legalize cannabis completely throughout the country. This has been criticized and praised by not only members of parliament but those in the general population as well. Recently there have been discussions related to cannabis and the policies that surround cannabis in both political and societal spheres. Legalization discussions tend to be polarized where some parties advocate cannabis use is safe and beneficial, while others maintain that cannabis is harmful and a detriment to society. This is maintained throughout the globe with some nations still firmly prohibitionist, while others are developing policy to remove any and all sanctions against cannabis.

Current Canadian Cannabis Laws

Currently in Canada, within the Controlled Drugs and Substances Act here are nine schedules of drug classifications (2017b). These include both legal and illegal substances known to be used, and/or abused by individuals. Generally, the first four categories comprise those substances that are prone to abuse and common in illicit markets, for example, opioids and stimulants such as heroin and cocaine, fall under Schedule 1 substances. According to the Act (2017b) a person in possession of or actively trying to obtain any substance under Schedules I to IV, unless prescribed by a licenced medical practitioner, is guilty of an indictable offence and may be imprisoned and required to pay a substantial monetary fine. Cannabis and its derivatives fall under Schedule II substances along with synthetic cannabis products (2017b).

Currently cannabis is legal only for the purposes of the presumptive medical benefits for certain conditions. In order to access this an individual must consult with a medical professional to obtain a prescription to obtain cannabis from specified sources. According to the Access to Cannabis for Medical Purposes Regulations (2016a) individuals are allowed to obtain cannabis for the following reasons: medical purposes as a registered producer, an individual who needs it for their business as a producer or dealer, or an inspector, peace officer, or scientific staff. Those individuals not specified are not permitted to obtain and use cannabis.

Decriminalization versus Legalization

It is important to note that there is a significant difference in the terms for cannabis laws throughout the globe. Distinctions must be made to ensure that citizens can understand the ramifications that could follow with illicit use. There are three distinct classifications used in regards to cannabis; prohibition, decriminalization, and legalization (Crowley, Collins, Delargy, Laird, & Van Hout, 2017). Prohibition comes into effect when policy makers create laws that state personal use and the possession of cannabis as a criminal offence. Decriminalization involves the removal of sanctions if an individual is found with small amounts of the drug (2017). It is important to note that the drug is still illegal at this stage and if more than the allotted amounts are found, sanctions will be imposed. For example, within Canada, cannabis for medicinal purposes would fall under decriminalization. Lastly legalization is when the policy makers remove both criminal and non-criminal sanctions for not only recreational use but to grow and distribute; however, there will be harsh restrictions imposed upon how the populous grows and uses cannabis (Crowley, Collins, Delargy, Laird & Van Hout, 2017).

Proposed Legislation

Bill C-45, otherwise known as the Cannabis Act, began the process of becoming law with the first reading in the House of Commons that occurred in April 2017. A task force was chosen to review the current policies around the world in addition to current studies being conducted on
the subject of cannabis. The overall goal of Bill C-45 is to legalize cannabis use recreationally and keep it out of the hands of Canadian youth; the process will mirror how alcohol is distributed. Purchased cannabis will be tracked at the point of sale and monitored carefully. According to Section 8, subsection 1, an individual over the age of 18 will be allowed to have no more than 30 grams of dried cannabis and no more than 4 plants that are not budding or flowering in their possession (2017a). However, if an individual is found with more than the allotted amount, a penalty will be enforced. These penalties can vary from a monetary fine to possible incarceration (Government of Canada, 2017c).

Implications for CSC

Given that this is a new area of concern for agencies in Canada, particularly the supervision of offenders, it is crucial to see how offenders will likely be affected by changes in the legislation. To be released to the community an offender is required to submit an application to the Parole Board of Canada (PBC). There are several types of conditional release, which include: temporary absence, day parole, full parole, and statutory release (Government of Canada, 2016b). When an inmate is released on parole, a level of supervision is required to ensure the overall safety of the community. Levels of supervision can vary from Level 1 intensive supervision (upwards of eight in-person meetings a month) and can be as low as Level E where one meeting in person every three months is required (Correctional Services Canada, 2014, p. 5-6). In addition to the required meetings some parolees may have restrictions placed upon them that prohibit them from engaging in certain activities, such as drug and alcohol use, avoiding certain persons involved with illicit drugs, and maintaining program requirements of sobriety. However, if the parolee is found to have breached these conditions they will be apprehended, suspended, and returned to an institution until the PBC makes a decision regarding the final outcome (Correctional Services Canada, 2016, p. 5-6).

Brief overview

The purpose of this project is to review and examine the current policies and research conducted in Canada and internationally to identify possible concerns for the field of community corrections if Bill C-45 is passed. The following chapters will include a literature review, method, results, and a discussion/conclusion sections. The purpose of the literature review was to identify and analyze the current legislation and policies in regards to cannabis of Canada and several countries throughout the world. In addition to using empirical studies a survey was to be conducted within agencies in the local community to identify where gaps may occur if the legislation is passed. The method section describes how the process of locating the studies were completed. The result section includes a summary of the overarching themes discussed in the literature so questions can be drawn to what the potential impact may be. Finally, the discussion section includes questions and concerns that addressed how Bill C-45 could potentially affect community corrections and the surrounding community.
Chapter II: Literature Review

Law

The process in developing new legislation requires a country to observe the current approaches and practices being employed and then use the current research being developed and effectively combine them together. In most cases of law development, a task force is developed. In Canada, several ministers including the Minister of Justice and Attorney General of Canada, created a nine-member taskforce that would consult and advise on the development of new legislation and regulatory framework that would allow citizens to legally allow access to cannabis (Wilson-Raybould, Philpott, & Goodale, 2016). This task force report consists of several chapters including an introduction, minimizing harm, launching a safe accountable supply chain, public safety enforcement and lastly medical access (Wilson-Raybould, Philpott & Goodale, 2016). During the process the members interacted with several different interest groups, such as the lower tiers of government, patients and advocates, indigenous peoples, scientific experts, the industry itself, and employers; furthermore, this list also included members of the public such as young Canadians, 30,000 submissions from a random selection of online public consultation organizations and individuals (Wilson-Raybould, Philpott & Goodale, 2016).

The Task Force on Cannabis Legalization and Regulation also reviewed different policies in countries such as Uruguay and the United States of America and their approaches for cannabis and compared it with Canada’s own approach to similar legally regulated items such as alcohol and tobacco (Wilson-Raybould, Philpott & Goodale, 2016). When the task forces’ report was completed the task force identified nine overall critical areas and subsequent recommendations for the government to focus on during the creation of the new legislation. The overall areas of focus include: implementation, oversight, capacity, coordination, communications, enforcing public safety and protection, decreasing harm, medical access, and creating a safe and responsible supply chain (Wilson-Raybould, Philpott & Goodale, 2016). Overall, the task force recommendations included, but are not limited to, maintaining separate medical access frameworks, implement clear and proportional/enforceable penalties, and implement a seed-to-sale tracking system to allow for recall of poor product (Wilson-Raybould, Philpott & Goodale, 2016). To highlight the importance of such a taskforce, Weiss, Howlett, and Baler conducted a review in 2017 on how to develop a policy for cannabis based on a strong scientific foundation.

Before making any legislation it is important to effectively understand how the processes behind cannabis influence the human body and how it may affect different individual within a population. Weiss, Howlett, and Baler (2017) focused on five different factors that are prevalent in the current academic discourse surrounding cannabis. These included the endocannabinoid system, the suspected risks with cannabis use, the prevalence of use, the potential for cannabis-based therapies, and also identifying any potential gaps in the research (Weiss, Howlett & Baler, 2017). While for the purpose of this thesis a complete understanding of the neurological processes is not imperative, a basic knowledge, however, should be required to determine not only the efficacy of the studies presented, but to understand why clients use. Cannabis is the most common illicit substance globally with 181.8 million people between the ages of 15 to 64 recreationally using the drug, mostly occurring in the 18 to 25 age bracket (Weiss, Howlett & Baler, 2017). In the United States alone, 4.2 million individuals meet the diagnostic criterion for cannabis dependence and 5.7 million admitted to daily use over the past year (Weiss, Howlett & Baler, 2017). It is important to note that these numbers may not even be wholly representative of the given population as some may not be willing to admit use due to outside pressures.
One noteworthy example was that recreational cannabis laws have not increased the use of cannabis, however, some studies have noted that medical marijuana laws caused an increase in use but this was attributed to family members distributing excess cannabis (Weiss, Howlett & Baler, 2017). In most research many authors fail to accurately collect important information that can also affect cannabis use, such as the quantity used, frequency of use, and more importantly the potency of cannabis, which has been increasing from 3% to 12% Δ⁹- tetrahydrocannabinol (THC) over the last several years (Weiss, Howlett & Baler, 2017). While both quantity and frequency are important in developing research, the overall potency should be of more importance, as potency could quite possibly directly affect both in the long run. The priority on potency is purely because of the way the psychoactive components of cannabis work in the human brain. Weiss, Howlett and Baler (2017) also recommended that policy be built upon how cannabis affects the release of neurotransmitters in the synapse where THC mimics the human body’s own natural endocannabinoids. Similarly, cannabis can also be used as potential therapies to help alleviate the symptoms of mental illness, for example, anxiety and autism spectrum disorders (Weiss, Howlett & Baler, 2017). Moreover, cannabis is used regularly for treatment in patients with chronic pain, cancer and is being investigated for use in other medical conditions, such as insomnia and irritable bowel disorder (Weiss, Howlett & Baler, 2017). While more research should be done to ensure the efficacy of such potential treatments the government must take this into account to ensure that the policy in the long run will provide benefits to science.

In addition to the benefits that cannabis may offer, the negative side effects need not be overlooked, as this will help make a more balanced policy to ensure the safety of all those who wish to participate. For example, there is not an abundance of research or focus on the long-term effects of chronic use of cannabis. Note chronic use is not to be confused with the development of a cannabis use disorder (Weiss, Howlett & Baler, 2017). Furthermore, cannabis can exacerbate certain symptoms of psychosis. An example of this phenomenon is based on research with those individuals who have a high genetic component for schizophrenia; if cannabis was used before the age of 18, participants were found to be 2.4 times more likely to develop the illness (Weiss, Howlett & Baler, 2017). For some, adolescence is when drug use begins but it is also a time when some critical brain changes begin to happen. These brain changes may affect other areas in adult life. For example, adolescents who frequently used cannabis faced decreased future income, life satisfaction, academic achievement, mental health, neural connectivity and cognitive function (Weiss, Howlett & Baler, 2017). It is also commonly known that cannabis use during pregnancy can have negative outcomes on the fetus and cortical brain development in utero (Weiss, Howlett & Baler, 2017).

Overall, it is important for legislators to ensure that they are using all of the relevant information available to them. They must also be able to identify where gaps may lie and provide grounds for future research to ensure that the future of the policy is secure and is as relevant as possible.

Proposed legislation

Not all individuals are convinced that this new legislation will be implemented smoothly and effectively. Some in the academic community have noted several challenges that Canada will likely face if Bill C-45 is passed in July 2018. One aspect of the legislation that is often overlooked is the inter-provincial relationships. Trade between the provinces is highly regulated and negotiated in order to preserve the local or regional production of goods or services, which is similar to the United States of America. This is comparable to each state having its own criminal code in conjunction with the federal law in the US, while Canada’s federal criminal code is the
same throughout each province (Bear, 2017). An example of such trade negotiations is how both Ontario and British Columbia each have their own wine sector and there is a very strict government-run business and policies that make it more difficult for each province to distribute their goods to the other (Bear, 2017). To further illuminate this from the observations taken from the task report it was recommended that the individual provinces have control over cannabis distribution plans much like the framework of the Tobacco Act of 1997 (Bear, 2017). While no model has been produced by the government as of yet, it may be fair to assume that cannabis distribution may combine both that of alcohol and tobacco. For example, the Canadian government’s policies on both tobacco and alcohol and let the provinces handle distribution for each independently (Bear, 2017). To help ease the transition over to full legalization the medicinal cannabis framework could be elaborated upon as it has been in established since 1999 and updated with the Access to Cannabis for Medicinal Purposes regulations (Bear, 2017). As much as it is a national responsibility to ensure new legislations are relevant to other Canadian laws there is an international perspective that needs to be acknowledged The United Nations have made clear recommendations on how the different nations should deal with illicit substances, for example, Canada would violate the UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 with the proposed legislation (Bear, 2017). Bear also noted that while several groups have discussed that Canada could easily remove themselves from the treaties as they did with the Kyoto Protocols, others have devised other possible avenues (Bear, 2017). However the Canadian government decides to acknowledge these concerns, it is important that the government does not ignore them.

While governments need to be involved in the legislative process, the legislators need to be aware of the biases they hold. Similar to Bear, Kalant (2016) warns that the government needs to remain objective and that while the models used for alcohol and tobacco currently exist they may not be easily duplicated for cannabis. It is known that cannabis prohibition, like other forms of prohibition, has shown to not entirely prevent the action from happening. (Kalant, 2016). In some cases, like prohibition of alcohol, it increased some harmful aspects like crime rates, corruption, or loss of revenue (Kalant, 2016). Current evidence shows that in states that have legalized cannabis, rates of use have increases between 17% and 63% but it is still too soon to observe if these increases will remain stable over the course of time (Kalant, 2016). While no reasons were hypothesized by Kalant it could be assumed that as with many new trends a large influx of individuals may try cannabis. These increases could mean that initially more people will use in the beginning of legalization but may drop off, while accurate numbers of frequent users can be gathered in the future. These demographics could help provide more strength to future bills that get produced and provide better knowledge of the population that use cannabis.

Kalant (2016) was also concerned with cannabis prohibition and if cannabis would presuppose that any harms that befall society would be eliminated with legalization. For example, Statistics Canada logs all instances where individuals are arrested for cannabis possession but it does not elaborate on whether the cannabis played a small role in the charge or the outcome of such a charge (Kalant, 2016). In British Columbia data were compiled on the charges related to cannabis; of 22,561 subjects identified only 4,299 were convicted with cannabis charges (Kalant, 2016). Of those individuals, 4,257 were considered to be minor charges when compared to some individuals who also accrued additional charges such as trafficking, impaired driving or violence (Kalant, 2016). Similar results were found throughout the rest of Canada. Within the United States, the author concluded that the difference in the number of charges laid and convictions placed were determined by the manner in which police
enforced the charges in combination with social costs, rather than a difference in charges (Kalant, 2016). All of the facts related to the policy must be known before creating legislation but the policy makers must rely on more than one source for information to ensure accuracy. Several other concerns that are identified by Kalant (2016) include protection for underage users, illicit market reduction, taxation to create additional government revenue, and a reduction in law enforcement workflow. While youth protection was focused on briefly above by Weiss, Howlett & Baler (2017), there seems to be a discrepancy in the legislation in regards to underage use. While the legislation is designed to protect underage individuals, they are allowed to carry five grams of the substance. This seems counter intuitive and provides the assumption that youth can have cannabis for recreational use. Overall Kalant (2016) remains very critical of the fact that there is insufficient evidence available to make the best choice for the country. This lack of evidence could cause a reliance of the social values and hopes for making the policy rather than the scientific aspect (Kalant, 2016). Social values or hopes, while important can promote inaccuracies that can be detrimental to the overall cause of legalisation and spread misinformation or cause a disservice to the populations noted as ‘at-risk’.

**Comparison of Policies Between Countries**

*Policy*

Internationally, changes are constantly being made to legislation with the advancement of new research and prevalence of the subject of interest. In Italy in the late 1960s the government noticed that the legislation at the time was not proving to be effective in curbing illicit drug use (Maag, 2003). Because of this ineffectiveness Italy was the first country to decriminalize recreational drug use in 1975 (Maag, 2003). However, due to the increase in popularity of illicit substances over the next decade, Italy had an influx of drug related crimes so questions arose as to whether decriminalisation/ liberalisation was still feasible or was it producing the increase (Maag, 2003). In 1990 new laws were passed that imposed harsher penalties for citizens. During this time a natural decrease in drug use occurred but even with new legislation it failed to remove the high level of drug use (Maag, 2003). Comparatively, the United States and Australia have similar experiences with decriminalisation. In Australia the overall focus on changing illicit drug polices came from reducing harm in individuals, preferring the use of fines over criminal sanctions and while there was an initial increase in offenses reported it produced a lower cost option for the government (Maag, 2003). In the United States, in 1973 Oregon became the first state to limit sanctions of cannabis to monetary fines and within other states similar actions followed. However, in time, against the empirical evidence of lower consumption, the ‘zero tolerance’ policies were introduced within the next few years with harsher sanctions than before (Maag, 2003). While laws have changed in several states, in the majority of the United States in regards to medicinal cannabis or full legalization, the original harsh sanctions remain instead of decriminalizing cannabis use for the majority of the country.

In the United States, five states have voted to legalize cannabis, these include: Colorado, Alaska, Washington, Oregon, and D.C. Of these states Colorado and Washington have been the center of media attention. Both states have actively distributed cannabis since 2014 with legislation passing through state lawmakers rather than federal (Pardo, 2014). One concern that was identified in a comparison of Colorado, Washington, and Uruguay was that due to how the federal and free speech policy is organized within the United States affect commercialization (Pardo, 2014). Cannabis legalization could be a commercialized instead rather than focus on improving health and community safety within the US (Pardo, 2014). While the current model is functional further concerns for United States drug legalization remain. The states involved have
little access to national infrastructure and lack of product testing coupled with inadequate product amounts for demand could cause increased exploitation into other markets thereby reducing public safety (Pardo, 2014). As with many newer legislations that have been passed, not enough time has elapsed to gain a full understanding of how legalization can impact the population adequately.

**Cannabis clubs**

Cannabis clubs are one way for the general public to access cannabis while it is still illegal. There are several countries that allow this type of organization to exist, which include but are not limited to: Argentina, Uruguay, Spain, France, Italy, Netherlands, and Belgium (Queirolo, Boidi, & Cruz, 2016). The overall goal of cannabis clubs is to grow cannabis for their own consumption as a collective without an aim to make a profit and to avoid the black market/dealers (Queirolo, Boidi, & Cruz, 2016). These organizations exist due to certain decriminalization policies, black holes, and lack of competent drug law enforcement (Queirolo, Boidi & Cruz, 2016). Furthermore, the use of cannabis clubs’ parallel government run cannabis distribution centers. Clubs can maintain the overall product quality, supply jobs to the community, and diminish risky use of the drug when compared to other forms of distribution (Queirolo, Boidi & Cruz, 2016). Each country has its own rules and regulations required for cannabis clubs as well as varying states of legalization or decriminalization for the drug itself.

A comparative analysis was completed on three different countries that are known to have cannabis clubs, specifically, Spain, Uruguay, and Belgium. The self-regulatory practices of these establishments were compared in addition to the legal framework each country had these included: supply, recruitment, distribution, internal structure, and house rules (Decorte et al., 2017). Of the three countries observed, only Uruguay has regulated cannabis clubs, while Spain has the highest number of clubs varying between 800 to 1000, followed by Uruguay with 20, and Belgium with between five and 10 (Decorte et al., 2017). There is no information provided if these correspond with population size or if the numbers are based on population demand. In terms of establishment all three of the countries needed to go through a registration process, and maintain a not-for-profit status (Decorte et al., 2017). All countries noted that there needs to be a way to promote public health and possibly cap the number of cannabis clubs (Decorte et al., 2017). As for house rules and the internal workings of the clubs, each country only allows adults to participate and only those who belong to each country of their birth are allowed to enter. One recommendation that was suggested for future research was enrollment limits to ensure that the clubs do not become too large and lose their integrity, as with Spain, but not too small to become impracticable as with Uruguay. A large number of members could cause a distortion of the house rules and may simply become too large to be feasible for cultivation. This would be detrimental as it may leave room for corruption from some groups and alter the goals that the cannabis clubs were originally intended for. All of the countries involved have a membership fee with Uruguay members paying monthly dues to cover the cost of maintenance and the amount of cannabis received; Spain and Belgium members pay on a per annum basis that covers only the maintenance (Decorte et al., 2017). There are also different methods of distribution and cultivation practices. For example, in Belgium the cannabis clubs only have one plant per member, while clubs in Uruguay have a limit of 99 plants, and no limit was listed for Spain (Decorte et al., 2017). It would be interesting to see the development of such organizations in Canada in combination with other modes of access.
Uruguay Model

Unlike the other countries described, Uruguay has a different approach to cannabis. In 2013, Uruguay was the first country to completely legalize cannabis from production to distribution (Cerda & Kilmer, 2017). Compared to other countries, Uruguay’s policy has deviated in a few different ways. Not only was it the first country in the world to legalize cannabis for recreational use, it was also mandated from the government, not the public. Between 61% to 66% of the population opposed the legalization process (Cerda & Kilmer, 2017). In legislation developed by Uruguay’s government there are only three options, home cultivation, cannabis club membership, and purchase from a pharmacy for citizens to access cannabis legally. An option can only be chosen once (Cerda & Kilmer, 2017). It is important to emphasize that a citizen may choose only one of these options to register as a cannabis user. Each of these options has its own positive and negative factors associated with it so careful consideration must be made before choosing.

The overall process of implementation of complete legalization has taken a slow pace and has been marred with some setbacks that have not benefited the population and some gaps have not been addressed. For example, initially when the legislation was implemented, those who wished to cultivate cannabis at home had a six-month time period to register. Once this period elapsed, recreational users had to choose between pharmacy or cannabis club options to access their cannabis legally (Cerda & Kilmer, 2017). Unlike cannabis clubs that were introduced shortly after home cultivation, the pharmacy system has not yet been put in place (Cerda & Kilmer, 2017). Several reasons have been indicated as to the specific reasoning for this, which include the government taking the process slow due to the complexity of this new system, and opposition from pharmacies (Cerda & Kilmer, 2017). Similar to the legislation that Canada is proposing, the Uruguayan government has made plans that it will control both price and potency of cannabis, as a way to reduce the public from seeking cannabis from the illicit market (Cerda & Kilmer, 2017).

While there is comparatively little research on Uruguay and its policy on cannabis, there has been some analysis of how the new policy could affect the international dimension. When comparing the amount of cannabis allowed for recreational use to that of Canada, those in Uruguay can only grow up to six plants, consume at cannabis clubs, or are allowed to purchase a maximum of 40 grams of cannabis per month (von Hoffmann, 2016). In the proposed Canadian legislation there is no monthly purchase limit available as of yet. Before legalization there was increased criticism over the current drug policies within South America, only with the advent of decriminalization and legalization within the United States did conversations occur about cannabis legalization (von Hoffmann, 2016). After a summit for the Americas, several reports were written, of which one expressed that it was deemed necessary for the countries to assess the trends of decriminalization (von Hoffmann, 2016). When Uruguay began to develop their policy the International Narcotics Control Board (INCB) strongly opposed the policy, explaining that there would be negative effects on the drug control system. To remedy the situation, Uruguay brought in experts from several different international systems as consultants to improve the legislation. Even with international perspectives explaining that the policy was feasible, the public was not convinced and international cannabis advocacy groups were introduced more heavily (von Hoffmann, 2016). It is not clear in the Canadian literature if international perspectives were a contributing force in the legislation building process. While advocacy groups exist in Canada to promote cannabis legalization, they are not needed to gain public support as demonstrated in Uruguay.
One main difference from cannabis social clubs in Uruguay and the rest of the world are the ones in the South American country are the first of their kind to exist in a state of post-legalization (Queirolo, Boidi, & Cruz, 2016). Currently in Uruguay there are three legal requirements that must be completed before they are able to commence production for members. First the club needs to be approved as a non-profit organization, then they must register with the Ministry of Education and Culture, and lastly when members become approved they must register with the Instituto de Regulacion y Control del Cannabis (IRCCA) (Queirolo, Boidi, & Cruz, 2016). Other documents required for accreditation include: land ownership for both the headquarters and where the crop is grown, a plan to describe the security measures that will be taken, and the distribution plan of cannabis to the members of the club (Queirolo, Boidi, & Cruz, 2016). This lengthy process is necessary to ensure both the safety of the club members and the general public and to further reduce growing of cannabis for illicit means. On-site inspections are also a requirement for cannabis clubs in Uruguay. The clubs must notify individuals the day and or times allowed for use (any time outside of these is prohibited), no advertising use, and each club must maintain a minimum distance of 150 meters from schools or treatment centers for addictions (Queirolo, Boidi, & Cruz, 2016). The height requirements state that any plants at the club may not be taller than the exterior walls and a security system must be in use at all times (Queirolo, Boidi, & Cruz, 2016).

An examination of 20 cannabis clubs in Uruguay by Queirolo, Boidi, and Cruz (2016) was conducted and discovered that there are some crucial set backs to this model. The lengthy process of accreditation, organization, high costs of operation, and lack of the clubs working collectively can be a deterrent for potential new clubs (Queirolo, Boidi, & Cruz, 2016). Although it can be remedied quite readily, the authors note that unless these changes are made the cannabis clubs will not be sustainable (Queirolo, Boidi, & Cruz, 2016). Since Uruguay only has three options for those who seek recreational cannabis the loss of one mode could indeed cause some individuals to seek easier ways to obtain cannabis.

As mentioned previously it is important for policy makers and legislators to understand the population that they are trying to reach. In 2016, a study by Boidi, Queirolo, and Cruz was conducted in Uruguay to observe the consumption patterns of cannabis. While this occurred after legalization had taken place, the information collected had the potential to be used to help further development of the pharmacy section of their legislation, and potentially as a guide for other countries. To determine the patterns of use the researchers used a respondent driven sample; the population of interest included those over 18 years of age and they must have consumed cannabis at least once per week (Boidi, Queirolo, & Cruz, 2016). In essence a respondent driven sample is where the first set of participants are interviewed and were called seeds; these seeds were then sent out with referrals with incentives to recruit more participants (Boidi, Queirolo, & Cruz, 2016). The results suggested some concerns as some participants stated that their consumption amount would require more than one source (Boidi, Queirolo, & Cruz, 2016). Furthermore, these same high frequency users did not intend to follow the regulations if they are continued to be limited in the amount they can possess/grow (Boidi, Queirolo, & Cruz, 2016). If the population are then limited to one mode of access and cannot obtain access to more they will most likely find a way to obtain it, strengthening the illicit market. It is important to remember the legalization process in Uruguay is relatively new and not fully functional, as the pharmacy option has not yet been introduced. Time is required to see the full effects of legalization and if the benefits outweigh the disadvantages in Uruguay.
Social Issues
Health Issues.
While there are a multitude of benefits of cannabis use to treat medical conditions and alleviate other symptoms, as with most medications cannabis does have several side effects. For example, a cannabis cigarette can contain 50% more carcinogens than the same size tobacco cigarette (Bechtold, Simpson, White, & Pardini, 2015). Cannabis smoking is also related to respiratory conditions such as bronchitis, emphysema, and cardiac conditions such as heart attack and coronary heart disease (Bechtold, Simpson, White, & Pardini, 2015). Chronic health conditions can become a burden to the community as time moves forward, individuals with the chronic conditions using resources that could be used to aid others in need. These conditions were not included within the mental health concerns presented by Weiss, Howlett and Baler.

Social Implications.
One glaring concern that the public and the government have raised is how cannabis will be detected in cases of impaired driving. Cannabis follows alcohol in the most used intoxicating substance in Canada and its use has increased significantly over the last 50 years (Owusu-Bempah, 2014). There are several types of road-side tests that could be used in the future but none have been found to be adequately reliable, for example, both saliva and urine tests have problems with collection, handling, and toxicological analysis (Owusu-Bempah, 2014). Interpreting the results can prove difficult as metabolites can be distinguished for a number of days after the primary use occurred, which means these tests may not be eligible to determine if the individual was intoxicated while driving (Owusu-Bempah, 2014). Oral road-side tests did not have a high device reliability although they can detect recent use, and there still needs to be an establishment of standard levels like there is for blood alcohol content (Owusu-Bempah, 2014). Lack of accurate testing raises concerns for the safety of the public.

The new legislation also proposed concerns on how community rehabilitation facilities will be affected. Most likely new clients will be observed on a case-by-case management system. For example, strength-based case management system may be preferred to help mitigate this concern as it will look at clients’ strengths rather than their deficits (Prendergast et al, 2011). By identifying the strengths, plans can be put into action by the case manager to prevent any relapse or to prevent clients from engaging in negative behaviour. These case-by-case systems could provide these facilities with both stability for staff and clients, resulting in fewer breaches and altercations between clients living there.
Chapter III: Method

A compilation of the literature used for the purpose of this thesis was obtained through several databases such as EBSCOhost at St. Lawrence College, Kingston, Ontario, (PSYCinfo, PSYCcarticles, PSYCbooks, MEDLINE, ERIC, Military & Government Collection, and Humanities International Index). Additional resources were obtained through the databases at Queen’s University, Kingston, Ontario (PSYCinfo, PSYCcarticles, PSYCbooks) and Lakehead University, Thunder Bay, Ontario (PSYCinfo, PSYCcarticles, PSYCbooks). Further resources were compiled through several federal government databases (Senate Info, Consolidated Acts, and Consolidated Regulations). In addition, information from the Commissioner Directives that guide the procedures within the Correctional Services Canada was used.

Initial key search terms used in the databases included: cannabis, corrections, international, health, parole, offenders, marijuana, legalization, and legislation. A search from these terms provided twelve articles that were considered for the proposal of the thesis topic. These searches seemed too narrow and other terms were used to expand and broaden the overall search. These terms included: Uruguay, Belgium, United States, societal impacts, impaired driving, regulations, cannabis clubs, and aboriginal offenders.

Chosen articles were only used if they included full text and were relevant to legalization of cannabis, effects of cannabis on health, impaired driving and cannabis, societal response to cannabis, international cannabis clubs, and the laws surrounding cannabis clubs. While empirical articles comprised the bulk of the literature search, editorials and other articles that examined the current legislation were also used as secondary sources to provide additional perspectives for cannabis legalization. If a secondary source was noted to include relevant information a search was conducted to obtain the original article. Information within the articles was considered relevant if it could fall within the several subsections of the literature review. Searches for secondary articles were obtained through the use of the databases listed above. The relevant information for the article was found within the reference section of the primary article and inputted into the search bar. Overall, 40 articles were used as an original starting point for the literature review. From those articles, only 15 were used for the purpose of the literature review. The remaining articles were used for informational purposes to obtain a better understanding of the thesis topic. An annotated bibliography of the resources used within the literature review section can be seen in Appendix A. The Task Force Report was not included in the annotated bibliography due to its length and complex language. This was to ensure that none of the information in the report was misinterpreted due to inexperience with legal terminology.

The articles that were selected for the literature review focused on the legalization of cannabis, the effects of cannabis, and the way in which other countries have legislated cannabis. The articles reviewed were primarily an in-depth empirical analysis of both foreign policy and domestic policy. In addition, some of the populations and locations used in the articles included but were not limited to: offenders, cannabis users (from various countries), cannabis clubs, and other specified populations. The articles were required to be in the English language, be published within a peer-reviewed journal within a time span of 17 years. The beginning of the time span started in the year 2000. The 17-year time span proved sufficient, as the majority of recent developments in cannabis regulation and legalization have occurred within the last 10 years. Articles that were proven successful or unsuccessful in their findings were included as well, in order to provide a critique on areas of concerns within the discussion section. Articles that were considered beneficial were summarized and used at a later date for the annotated bibliography.
The following results section was accomplished by summarizing the overall findings within the literature review. The most common themes of concern, of agreement or further recommendations for the future from the articles used were summarized. The results section was comprised of subsections entitling: the law, proposed legislation, international concerns, Uruguay and its polices, and finally the societal concerns for cannabis.
Chapter IV: Results

The overall purpose of this thesis was to examine the current literature on the legalization of cannabis globally and to identify any gaps in the literature. A review of the literature on current policies from other countries, effective policy making, social concerns of cannabis, and critiques of Canada’s own proposed legislation were used to support the research question. The results of this research were used to assess areas of concern, to provide a springboard for future research, and to provide recommendations for those working in a community corrections setting.

The following results section outlines the information that was compiled during the completion of the literature review section. As mentioned previously in the methods section, 15 articles were chosen from the original 40 identified in the research process. Overall, the data are to outline the key themes of cannabis legalization procedures and to highlight crucial findings, while keeping with the structure of the literature review headings. The information provided is focused on the current Canadian laws, proposed legislation in Canada, cannabis policies in other countries, the Uruguay model, and lastly social concerns related to cannabis and its use.

Law

The Minister of Justice and Attorney General of Canada identified the primary concerns from an assembled task force as keeping medicinal cannabis separate, implementing a detailed tracking system, and developing clear and proportional penalties for cannabis infractions. A Task Force Report was then written providing the governments recommendations for developing the bill. In regards to the steps for creating an accurate policy or legislation for cannabis several key factors were identified. These included the risks associated with cannabis use, prevalence of use, gaps in the research, the endocannabinoid system and lastly the potential for cannabis based therapies. Areas of concern included, but were not limited to, the increase in the potency of THC levels over the last several years and if THC levels will be regulated before distribution. The demographics of those who use cannabis, amount used, and how early use in adolescence can affect future facets of adult life were also reported as concerns. Overall, it was identified that all of these areas must be addressed to create a thorough legislation based in science.

Proposed Legislation

The research in the reviewed articles has provided both praise and criticism for the Cannabis Act otherwise known as Bill C-45. Two analyses of the Cannabis Act were observed in regards to domestic and international concerns. The latter concerns were strained inter-provincial relations in regards to trade of cannabis and different policies for alcohol within each province. There were two examples that were highlighted in detail to illustrate the concerns. The first came from the wine industry between Ontario and British Columbia not allowing either province to sell wine made out of province. This does not include foreign wines, simply those wines produced from another province. The second example is Canada having one unifying federal law for crimes and other legislation rather than each province having their own laws, which would be similar to the United States. Recommendations provided by Bear (2017) suggested that each province controls its own cannabis cultivation and distribution policies as it does with alcohol and tobacco. Internationally, Canada is also bound to adhere to certain recommendations set forth by groups such as the United Nations. Possible avenues recommended for Canada were to remove itself from treaties or manipulate the legislation to fulfill the criteria of the treaties. Due to the limited amount of time that has elapsed from other countries legalizing cannabis, there are no stable data to show whether or not cannabis legalization promotes cannabis use. Furthermore,
this lack of time was unable to provide data to support other negative effects of cannabis use. The research also suggested that there are no data ready to provide speculation on whether legalization will reduce cannabis related offences.

**Cannabis Policies in Other Countries**

Two sections of focus were identified in the literature; policies or legislation practiced globally and the second, use of cannabis clubs in other countries. Overall several countries were examined in the literature with a focus on Italy, Spain, the United States, Belgium, and Australia. Italy was the first country to decriminalize cannabis but due to increased popularity in illicit substances the government reinstated harsher sanctions but these did not reduce drug use. Australia found that harm reduction and the use of fines reduced cannabis use and was more cost effective than harsh sanctions. Within the United States, several states have legalized cannabis but from a federal perspective cannabis is still considered illegal and harsh sanctions remain in spite of empirical evidence suggesting otherwise. One major concern identified in the literature for the United States is that due to the disconnect between state and federal law there is an increase for exploitation of cannabis and a propensity for commercialization. Commercialization could have the potential to lose its original purpose of providing regulated cannabis to citizens and be seen primarily as income for each state.

Cannabis clubs were identified as a way for citizens to have access to safe quality of cannabis legally without breaking the law. It was identified that the majority of countries who use cannabis clubs have to go through an accreditation processes. Clubs were limited to only those who were born in the country were allowed to use the clubs and most had limits on the amount of cannabis used per month. Cannabis clubs generally also had to supply a crop and distribution plan to the government in order to be accredited.

**Uruguay Model**

The research showed that Uruguay was the only international country to have legalized cannabis from seed to sale. The government passed legislation for the legalization of cannabis against public opinion. Three ways were identified for citizens to obtain cannabis but only one option could be chosen. These options included cannabis clubs, pharmacies and home cultivation. However, home cultivation and cannabis clubs are the only options currently available, as pharmacies have not yet been put into practice. The legislation also stated that home cultivation is limited to six plants and cannabis clubs are limited to 40 grams of cannabis per person each month. It was found that cannabis clubs in Uruguay have very strict regulations and accreditation procedures that must be completed before cannabis can be cultivated and distributed. Data showed that of the 20 cannabis clubs examined the extensive accreditation process might be a deterrent for new clubs. Lastly consumption patterns in Uruguay identified that for high frequency users more than one mode of access may be required or individuals may continue to seek illicit means to access cannabis.

**Social Concerns**

The research suggested both benefits and side effects for long-term cannabis use. However, chronic conditions such as cancer, respiratory, and cardiac conditions were identified as a great concern for dependence on health care systems in the future. These health concerns have the potential to decrease bed availability in hospitals for new patients and create a burden on the health care system in general. In addition to health concerns other societal factors were
examined. One large deficit was identified in regards to impaired driving as there has been difficulty creating an accurate and easily administered road-side test. The majority of the current road-side tests either take a great amount of time for obtaining the results or they do not provide accurate results. In addition, blood or saliva tests do not provide a time frame as to when individuals used cannabis when analyzed. Finally, it was also shown that in community rehabilitation facilities clients would have to be assessed on case-by-case management systems. Lower rates of relapse or recidivism could be achieved by creating individual plans for both treatment and reintegration and should be preferred over group based treatments.

Further recommendations from the literature review will take place in the following section. A more detailed analysis of each article used in this literature review is found in Appendix A. Limitations and other areas for future research will also be identified in the next section.
Chapter V: Conclusions/Discussion

The following section discusses both the findings and potential implications from the results of the literature review. The strengths and limitations of the thesis are discussed using a multi-level systems’ perspective with focus on the client and systems levels. Implications to the field of Behavioural Psychology will also be discussed. Finally, this section provides both suggestions and recommendations for future research.

Implications of Results

Cannabis use is highly prevalent around the globe and every country has its own distinct approach on how to legislate the drug. Legalizing cannabis is a fairly new area for many different fields within the public sector and it will take time before anyone can see the true effects of legalization. Evidence dictates that there will likely be an increase in use of cannabis upon its legalization but it is shown that this may or may not be sustained over time. The results of the literature review showed that Uruguay is the only country that has legalized cannabis from seed to sale but not all of the distribution methods are functional. This infers that even with strategic planning not all aspects of the new legislation may be fully functional when made into law. Furthermore, it is hard to compare both Canada and Uruguay as both countries have variances in population, attitudes, culture and government styles. In addition, there are no current effective roadside tests to ensure public safety with intoxicated driving.

In regards to community corrections many parolees have strict conditions placed against them where any breaches of such sanctions can render them back into custody (Corrections Canada, 2016, p. 4.). The Parole Board of Canada is responsible in determining the eligibility of an offender to be released back into the community or remain in custody and return to a federal institution (Corrections Canada, 2016, p. 8). Breaches identified by the parole officer have to be assessed by the Parole Board of Canada to determine the offender’s threat level to society. The increased availability of cannabis after legalization could provide additional temptations to parolees and even the increased use of cannabis amongst the general population could be enough to trigger clients to use. Increased breaches due to temptation would create tension or additional resource time to be placed on already stressed parole officers or other community partners associated with community corrections.

The literature review did not delve deeper into individual populations that have a higher prevalence of drug use or are at increased risk of use and increased criminal activity. In Canada, the First Nation population is grossly over-represented within the correctional system and a significant proportion exhibit high use of illicit substances including cannabis. First Nations peoples have high use of illicit substances due to the effects of poverty, isolation and colonization, and 82.6% of First Nation communities report that alcohol and drug abuse was the number one concern (Canadian Center on Substance Use and Addiction, 2018). Furthermore, according to Statistics Canada (2018), while First Nations people account for only 3% of the total population, they account for 26% of the overall admissions into provincial institutions, 28% of federal institutions, and 26% of all community supervisions. It would be wise for policy makers and the government to assess this population and provide more resources to First Nations peoples and to research this population more heavily.

Additionally, other populations at risk include individuals living with low income and those with addictions. Individuals who rely on social assistance may find it difficult to safely access cannabis or even medicinal cannabis. There is little literature surrounding the interaction of medicinal cannabis and legalized cannabis so further analysis is recommended. Likewise use
of cannabis could also prevent some individuals from receiving different benefits needed for survival. As mentioned in the literature review, potency concerns may also be a risk factor for those with addictions. There has been no information that can be found as of yet that indicates what levels of potency will be used for distributed cannabis. With the timeline nearing its original goal of July 2018, the lack of information being distributed is disheartening. In the limited timeframe, policy makers could be at risk for rushing the distribution plans and failing to full analyze any potentials pitfalls and gaps of service.

Overall, this literature review includes an annotated bibliography with articles summarized in their entirety (Appendix A). With these summaries, this report can be used as a starting place for further empirical research within policy concerns and legislation within Canada and other nations globally.

**Strengths and Limitations**

**Strengths**

A strength of this literature review is the method of data collection. By using a literature review methodology, a large number of articles, editorials, and information was gathered and summarized. The summarized articles were also compiled into an annotated bibliography. The annotated bibliography provided the reader further information than what is normally found within a typical report by including more areas of reference that were not required for the main literature review section. For example, extra attention is not paid to the literature review within single or group case experimental designs.

Another strength from this literature review is that it provides a starting place for future research and defines some large gaps in the literature. By identifying the main areas of focus, the information collected allows more room for future research by laying a firm foundation of information. Various observations within the results section identified which countries currently have cannabis legislation and the results that have transpired since the laws came into effect. A firm basis in research allows for a better understanding of what might be expected for Canada in the days, months or years after new cannabis laws have been enacted.

Further strengths include the ability for future readers such as agency staff members, to receive a layman’s approach to the current legislation. Policy and other forms of legislation can be full of broad legal terms and be lengthy. Those terms and overall length of legislation result in confusion and/or misinterpretation as to what the aforementioned documents entail. By having an individual read and summarize the current information available, it reduces the time required to analyze the information and create program changes quickly. Adjustments to programs used by agencies are a necessity to remain current with both literature and any policy changes. Subsequently, this allows a targeted, client centered approach to treatment.

**Limitations**

One major limitation of this literature is that some documents that were used have language that is beyond the understanding of an undergraduate degree psychology student. The legal language used in policy or law making varies differently from that found in research articles and can be difficult to understand even after multiple readings. It could be fairly easy to misinterpret the original meanings intended by the authors. Having the opportunity to go through the entirety of Bill C-45 or the Task Force Report with the guidance of an individual well versed in policy or legislation is highly recommended.

Another limitation is that there is more literature on cannabis laws and how cannabis affects individual populations than what was described within the literature review. For example,
the areas of focus pertaining to this analysis included: what should be located in correct policy, critiques of the current legislation, policies from other countries and social concerns. While the areas listed above were identified briefly in the literature review, increased attention must be paid to specific populations and other marginalized groups. These populations were not included as the approach to this literature review was to focus on policy/legislation, how other countries approached legalization and more immediate concerns. Improvements on the research would include individual studies on specific target populations and the affects of cannabis, as this would improve the overall generalizability of this literature review.

Further limitations included the recency of the majority of the research. Therefore, it is still too early for the bulk of new cannabis legislature internationally to provide any adequate results from legalized cannabis and its affects. The use of older articles was not included as more focus and attention was paid to newer information as it was deemed to be more relevant and up to date. In addition, there has been more of a cultural push for less stigmatization of cannabis and society as a whole has become more accepting of its use. There may be useful information in older literature that was missed or is not yet known. Aside from the after effects of legalization, researching other countries previous successes or failures and specific populations can provide additional helpful information. These articles could describe policy changes to cannabis to identify further weaknesses, areas of concern or strengths of the new legislation.

Lastly, another limitation of this thesis is the lack of inclusion from different facets of community corrections. Due to time constraints and other factors out of the students control, the interviews with the different community partners could not be completed. Community corrections, not only encompasses a branch of corrections but has several community partners that assist in the reintegration of parolees into the community. The purpose of the thesis was originally to examine the current literature on cannabis in regards to policy and law, both nationally and internationally in the context of community corrections. It would be wise to obtain data from different correctional rehabilitation facilities, community partners, parolees, and community corrections to identify areas of concern. These data would ensure that community or individual perspectives are taken into account and help create more targeted programs and agency protocols. The literature provided the foundation of the prominent research but failed to give a more in-depth perspective of how community corrections could be impacted from Bill C-45.

Applications to the Field of Behavioural Psychology

This thesis has contributed to the field of Behavioural Psychology by identifying how Canada and other countries are currently working with new cannabis policies. Behavioural psychology has reaches in a multitude of different agencies to better help clients. By using this information, individuals within a multitude of professions have a better understanding of the factors associated with creating policy or legislation and what other countries are using. This would create more accurate programs that can be developed for offenders within community corrections who use cannabis. It is crucial to have a full understanding of policy and legislation before making decisions or creating programs. The types of programs could include, but are not limited to, maintenance, treatment, or educational. It is also equally important to modify programs as new information arises with respects to cannabis.
**Multilevel Challenges**

It is important to focus on the different perspectives that the ramifications of cannabis legalization will produce. Specifically, the challenges that could affect the client, program, organizational, and societal levels.

*Client Level*

The client level explores the relationships that clients have with their environment. Within the client level, parolees may find added temptation in legalized cannabis that could result in having a breach of conditions or could limit services being provided to them.

*Program Level*

The program level explores the overall effectiveness of the programs available to the clients. It may be difficult as programs may have to seek additional funding in order to provide more target programs or modify existing programs for clients.

*Organizational Level*

The organizational level incorporates the effects of how external variables can affect organizations and their effectiveness of administering programs to their clients. Organizational challenges may include agencies having to modify current living situations or reject more clients based on the new legislation. It may not be feasible given the layout of an agency to add separate smoking areas or prevent cannabis use on the premises; especially with those who use medicinal cannabis.

*Societal Level*

The societal level encompasses the three previous levels and how they interact with policy and various infrastructure in the community. There are several challenges within the societal level. First, it may be difficult to keep cannabis out of the hands of vulnerable populations as the wording in Bill C-45 allows for minors to carry cannabis and the information on distribution is lacking. Additionally, it may be difficult to protect the population with a lack of accurate roadside testing equipment and how the illicit market will react to the legalizing of cannabis.

**Implications and Recommendations**

Firstly, it is suggested to further elaborate on the research produced by this literature review. As noted in both the literature review and results sections, the literature is inconclusive on the extent to which cannabis legalization can affect the community. This is due to not enough time passing in order to determine the accurate effects. While no time frame was recommended within the research it would be wise to review the literature two years, at the minimum, to ensure important information is not missed. This would keep the research up to date and provide an understanding of cannabis legalization effects. As there are no data to prove an increase in cannabis use, the overall effects from cannabis use and its effect on the illicit market, regular examination of new research is required. Furthermore, it is recommended to examine research regarding the potential health concerns and the weight that is placed on the health care system.

Secondly, it is recommended to study more diverse and marginalized populations that are specifically known to have an increased use of illicit substances, including cannabis, and are more prone to be involved with the correctional system. These populations include but are not limited to, First Nations peoples, those who have a predisposition to addictions, those with a substance use disorder, and those with mental illness. By identifying these populations in more depth programs can be developed and further research can be conducted.
As mentioned earlier, another recommendation is to focus on the impact that cannabis will have on the different release criteria and sanctions placed on parolees during their release from federal institutions. For some individuals use of cannabis can trigger relapse and as a result render them more likely to have a breach of sanctions. It may be beneficial to further explore client-centered approaches towards creating additional programs in combination with group based therapies to reduce the likelihood of relapse.

Lastly it was recommended to research how the Canadian government is planning to distribute cannabis. There are some discrepancies in Bill C-45 that should be focused on as it is geared to protect vulnerable populations but allow youth under the age of 18 to be allowed to have cannabis on their person. Currently, there are no concrete plans from the Canadian government in regards to distribution. In addition, there is very little literature centered around Uruguay and other countries in regards to distribution procedures. Although the United States has distribution procedures in place it is not as effective as intended for two reasons: first, it varies highly between each of the states that have legalized cannabis, and second, under federal law, cannabis and its use and distribution is still illegal and heavily penalized.

Overall, it is recommended that future research on cannabis legalization focus on several key areas. These areas could include, but are not limited to, marginalized populations, health concerns, additional information produced by other countries, and social concerns. Further analysis should be partnered with someone well versed in legal language to ensure that no misinterpretations occur when analyzing Bill C-45 or other related documents. Staff within community corrections and their community partners should also review their current policies and modify or change them as new information is developed for cannabis legalization. Several years after legalization occurs, frequent analysis of other countries’ policies will provide a more concise picture of what to expect for Canadians after the initial transition period. Finally, in order to reduce the effects that cannabis may have in causing relapses with other members it is recommended that research on programming could be focussed on individual clients rather than that of a group.
References


## Appendix A

<table>
<thead>
<tr>
<th>Author/Title</th>
<th>Summary of Article</th>
</tr>
</thead>
</table>
The overall aim of the liberal government is to not only legalize cannabis but to regulate and restrict access to help protect young Canadians and the public. Elected former police chief to create a plan for the first non-medical nationwide market for cannabis. The overall goal of the editorial is to examine the positive outcomes and challenges of this legislation for both international and domestic spheres. Critics claim that moving forward with the legislation will put Canada in clear violation of specific United Nations treaties on illicit substances.  

Trade between the provinces has been overlooked and can require extensive negotiation as each province has the right to protect its businesses. Canada differs from the United States in that all provinces are governed by federal law compared to each state having its own legal framework combined with federal law. Wine distribution in retail within Ontario and British Columbia is strictly enforced within government run businesses and it is difficult for each province to get products from the other.  

Internal trade in Canada is complex and heavily regulated. The Task Force made recommendations for each province to have control of both distribution ad retail as they do with the both the Tobacco Act and Canadian Constitution Act. The Agreement on Internal Trade (AIT) was negotiated with each province and territory to end issues with interprovincial trade. While referring largely to alcohol, another agreement could be drawn up for cannabis that mirrors the AIT. Luckily there is currently the medicinal cannabis model (otherwise known as the Access to Cannabis for Medical Purposes Regulations) that can be used to help push the new system into action when it is legalized.  

As for international concerns, primarily with the UN’s 1988 Convention against legalizing cannabis, some individuals suggest just withdrawing from the treaty as with the Kyoto protocols. No definitive stance has been taken yet. |
**Findings**

The New West Partnership Agreement may be a starting model for provinces to help with trade between them. It reduces barriers and promotes business growth and maintains employment. While there is economic opportunity in cannabis, there also is a long line of stigma that surrounds its use from previous policy. Other concerns are if the provinces are left for all decision making processes, some Canadians may not have appropriate access.

Regardless of international concerns Canada is still moving forward with the new legislation. This implies that the country seeks to withdraw from the treaty and then return with its own reservations. This tactic may help other nations to do the same without having to have large system changes. Canada could also be flexible with the treaties and keep more potentially harmful drugs away from the public. Another way around the UN would be to use legalizing cannabis as a social and public health experiment. Overall Canada has the ability to change the scope of drug laws internationally.

---

**Introduction**

Cannabis is one of the most widely used illicit drugs within the United States. While large cross sectional studies have examined the health effects of cannabis there are few longitudinal studies. There are several health consequences of cannabis use. Great concerns fall under the following categories: cancer, respiratory, cardiac, metabolic problems, mental health concerns, depression, anxiety, and psychosis. The overall goal of the study was to examine cannabis use from age 15 to 26 and the psychological and mental health concerns that arose.

**Method**

A random sample of boys in the seventh grade were selected with a first assessment occurring when they were 14 years old. They received five biannual assessments followed by 10 annual assessments with the last of which occurring at around age 26. They were interviewed at approximately 36 years old. Several measures were used including: marijuana use, physical health indicators, mental health screening and some control variables.

**Findings**

---

Even after controlling for confounding variables the researchers found that chronic users were not more likely to than no users to develop both psychical or mental health problems by their mid thirties. While some developed high blood pressure this could be attributed to health disparities in some races. Further studies should seek to investigate the genetic factors between cannabis and health concerns.


Introduction

Legalization of cannabis poses several policy implications. Commercialization involves issues of retail price and taxation. Availability inputs health and unintentional consequences. While supported by some groups 60% of citizens apposed to the law and the leaders of the International Narcotics Control boards approved legislation on the grounds that the international drug control treaties.

Law 19.172 provides three ways to access cannabis: clubs, homegrown, and purchasing at a pharmacy and only one mode can be chosen.

To register as a grower, they must be present at a national post office with national ID and a utility bill. In pharmacies you need proof of citizenship. If in a club, the registration on their behalf. Registering is free and confidential. Use without registry is against the law.

This was designed for recreational consumers; medical cannabis is very limited in terms of strains for medical use. Individuals need a prescription to by medical from pharmacy, which will be part of a separate registry to control and limit dispensing.

Methods

Conducted a respondent driven sample (RDS) study of frequent cannabis users in Montevideo. Target population was 18 years or older who live in the area and use cannabis at least once a week. This is not a representation of all cannabis users. However, this group is the one at mort risk associated with frequent use. RDS requested information to form a solid network so they could interact face to face. Study surveyed 294 individuals between November 14 until December 28, 2014 and then a formative stage August until October 2015. RDS is a method that combines snowball recruitment with a sphere of webs trumpeted for the random nature of the sample. RDS is used to assess
hard to reach populations. Cannabis consumption had been legal since 1974 and has been fully regulated since 2013. In 2011 in a National household survey was home to 45,000 high frequency consumers.

Most recently a survey finds 55,200 high frequency consumers with 21,355 consuming every day and 33,845 weekly. There is a sampling problem, a very large sample would be needed to obtain reliable estimates and even though most do not mind admitting use, some could still be resistant to talking about (like more legal representation). The formative stage of research that helped frame the study. Success depended on the ability of the first set of subjects (seeds) had to be from careful selection. 5 seeds were selected and the rest of the patients were recruited from them using a coupon system.

Each participant was given three coupons to recruit new participants, each coupon was identified with a code to track chains. Coupons have two parts upper was given to the new recruit (had how contact could be made and schedule interviews) the bottom allowed the recruiter to redeem compensation. All interviewers were given three coupons to recruit new subjects. 58.8% men and 41.2% women ranging in age from 18 - 62 years of age

Findings
Currently only legal way of obtaining cannabis is through growing small amounts and cannabis club membership. Vast majority of high frequency consumers report accessing through illegal means.

Asked representatives how they obtained the product (direct purchase, purchase by third party, growing it themselves, or as a gift). Purchasing is illegal but growing is legal if a registered cannabis grower. They also asked the type of product: pressed cannabis or flowers. Pressed is imported from Paraguay and is a product of drug trafficking. Some bought locally grown flowers. High frequency users have different methods of obtaining cannabis: purchase (for, given, bought), some found joints, trade for services, stealing. Illegally supplied cannabis dominates the market 43% and 1% out of the 14% accessed the group cultivation

Cerda, M., & Kilmer, B. (2017). Uruguay’s Since 2012, eight states have passed laws to legalize large-scale production of cannabis, others have approved

legalization but only home production and gifting. Uruguay became the first country to remove the prohibition on cannabis supply for non-medicinal purposes. Uruguay’s legislation falls between complete prohibition and standard commercial. Legalization was also approved by the politicians and not the voters. The three options chosen by Uruguay citizens older than 18 include: Grow cannabis at home, join a cannabis club, and purchase from a pharmacy. Each adult is only allowed to choose one option and must comply to limits of 40g of cannabis per month or 6 plants.

Overall, 61-66% of citizens disapproved of it. The process of implementation of legalization had been slow and some gaps remain unnoticed. Mostly attributed to lack of resources in 2014 the government passed regulations, the registry for home growing in August 2014 only allowed entries in the following 6 months after an those after that time frame could not enter. October 2014 registry for cannabis clubs started.

Clubs have to register at a civil building then register with the IRCCA (lengthy process). The clubs face numerous obstacles such as comply with regulations. Theft, stability, and high degree of crop yield variety are also serious concerns. Pharmacy systems has not yet been established, the suppliers have been licences but no sale yet. This is due to seed production to sale is complex and needs to be patented, some pharmacists object to sale due to profitability and potential targeting by criminals.

They will control the price and potency and pharmacies will only be able to sell flowers (no edibles, oils, creams). The hope that as supply with quality product grows the illicit market will shrink.

|---|

<table>
<thead>
<tr>
<th>Introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three countries were chosen to compare and contrast the cannabis social clubs that exist in each country. The three countries of focus were Belgium, Spain and Uruguay. In Spain there are roughly 800 to 1,000 cannabis clubs in use in the country. In Belgium there are five cannabis clubs and in Uruguay there are 27 cannabis clubs. In each country these are not finite numbers as more are being legislated every month or are closing permanently.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Findings</th>
</tr>
</thead>
</table>
The establishment of cannabis clubs varied for each country. In Spain but have to have a minimum of three people involved, there are no formal regulations and the maximum number of 650 members who are allowed to use up to 90 grams of cannabis per month. In Belgium the cannabis clubs have to register as not for profit organizations ad have a three-member board of directors. Like Spain there are no formal rules in Belgium for cannabis clubs. In Uruguay cannabis clubs must register and follow a specific set of regulations and rules before opening. The clubs must register as a not for profit organization and have a minimum of 15 members and a maximum of 45. Out of the 27 clubs only two have completed all of the requirements. They must also supply a crop plan and details for distribution.

In Spain the club rules dictate that members must be over 18 years of age and be a regular user. A member also must pledge for someone. There is no restriction to join more than one club. Medicinal cannabis users may join but must provide documents that prove the illness. Non-residents of Spain are not allowed to partake in the clubs and cannabis must be consumed on the premises. In Belgium users must be 18 years of age and be registered citizens of Belgium. They must confirm that they use cannabis and acknowledge the laws surrounding cannabis. Like Spain, Belgium will also allow medical cannabis users to participate. While it is illegal to provide a location for cannabis use, members can not use within the club’s premises. In Uruguay members must be over the age of 18 and must be a national of the country. Once members choose this option they cannot choose other options provided by the country for legal access to cannabis. There is a cap on the maximum amount of 40 grams a member can use per month. A maximum number of 99 plants can be grown per club. Fees for service also vary between clubs with a maximum of $92 per month to be a member. No advertising of the clubs is permitted and there are no rules if cannabis is allowed to be consumed on the premises.

Management of cannabis clubs in Spain take place democratically with members vote and voice concerns at meetings. Like Spain, Belgium also is fairly democratic in its approach as well. The board of directors gather concerns and present them at a yearly meeting. In Uruguay there

|-------------------------------------------------------|

| The establishment of cannabis clubs varied for each country. In Spain but have to have a minimum of three people involved, there are no formal regulations and the maximum number of 650 members who are allowed to use up to 90 grams of cannabis per month. In Belgium the cannabis clubs have to register as not for profit organizations ad have a three-member board of directors. Like Spain there are no formal rules in Belgium for cannabis clubs. In Uruguay cannabis clubs must register and follow a specific set of regulations and rules before opening. The clubs must register as a not for profit organization and have a minimum of 15 members and a maximum of 45. Out of the 27 clubs only two have completed all of the requirements. They must also supply a crop plan and details for distribution.

In Spain the club rules dictate that members must be over 18 years of age and be a regular user. A member also must pledge for someone. There is no restriction to join more than one club. Medicinal cannabis users may join but must provide documents that prove the illness. Non-residents of Spain are not allowed to partake in the clubs and cannabis must be consumed on the premises. In Belgium users must be 18 years of age and be registered citizens of Belgium. They must confirm that they use cannabis and acknowledge the laws surrounding cannabis. Like Spain, Belgium will also allow medical cannabis users to participate. While it is illegal to provide a location for cannabis use, members can not use within the club’s premises. In Uruguay members must be over the age of 18 and must be a national of the country. Once members choose this option they cannot choose other options provided by the country for legal access to cannabis. There is a cap on the maximum amount of 40 grams a member can use per month. A maximum number of 99 plants can be grown per club. Fees for service also vary between clubs with a maximum of $92 per month to be a member. No advertising of the clubs is permitted and there are no rules if cannabis is allowed to be consumed on the premises.

Management of cannabis clubs in Spain take place democratically with members vote and voice concerns at meetings. Like Spain, Belgium also is fairly democratic in its approach as well. The board of directors gather concerns and present them at a yearly meeting. In Uruguay there
must be a board of director and they execute everything and like the other two countries meetings occur with all members at least once per year.

In Spain the clubs rent or buy everything needed for cultivation. The amount to be cultivated is based on the amount needed per month. Mostly grown in hidden venues on large plantations. There are charts of various products and strains that will be used. In Belgium each plant has a special growth card where each member cares for their own plants. All plants are grown one at a time and harvested every three months. Cultivation takes place inside. In Uruguay the clubs are allowed to grow up to 99 plants and a gardener tends them. Cultivation must be out of the public eye and indoor cultivation usually occurs only during winter months. Clubs are only allowed to produce cannabis and no derivatives.


There are several considerations of importance to be focused on for Canada and its approach to legalizing cannabis. There needs to be an understanding for how if prohibition is helping or hindering cannabis use. For example, it is known that prohibition has failed to prevent a complete stop in all use in speeding and bootlegging during the time when alcohol use was illegal. Costs and benefits to society must be observed. Since legalization states such as Colorado have noticed between a 17 to 63% increase in use in various age groups while the national average is unchanged. However, it is emphasized that it is still to early to tell if these changes will last over the course of time.

There needs to be an understanding of the societal harms that Canadians could face. For example, recent research on the charges and outcomes of cases from the RCMP in British Columbia. In 2011 out of 22,561 files flagged for cannabis 4,355 has their chargers dropped and out of the remaining only 4,257 had charges formally laid. Furthermore, out of those 4,257 when other coinciding chargers were removed only 249 were charged with possession of cannabis. When those cases went to trial only 42 were successfully convicted. While there are no figures for all of Canada currently released, similar results were found in Ontario. Over 699,000 Canadians have been indicated by statistics Canada as having a criminal record due to charges of cannabis possession.
There also needs to be a focus if prohibition causes an impediment on the harms to health that cannabis can cause and how it can affect vulnerable populations. Harm caused by cannabis is paired with its use, so with higher use, there may be increased health concerns. Young users are the primary focus of the Canadian law. For example, in a study composed in New Zealand found that those who used cannabis in adolescence had both decreased intelligence scores, lower functioning in everyday living, poor academic performance. There was also a negative impact on both memory and learning abilities in adults who used during their youth. According to a study of adult users 37% had a dependency on cannabis and that this can have an impact on lung cancer in the future.

Strict regulation has also proven to be ineffective in keeping use down for other substances such as tobacco. 18.6% of drivers have tested positive for drugs after fatal driving accidents. A larger amount of drivers in Colorado have also admitted to using cannabis while driving, even when passengers are in the car.

There are also concerns for stopping the illicit drug for cannabis market after legalization. While there is some speculation that most users will purchase legally, price incentives may cause them to look elsewhere. However, if the government prices go to low than it could cause an increase in use especially with youth. Using a model similar to tobacco may be beneficiary as tobacco use has decreased over time with it’s current regulations.

One benefit of cannabis legislation is obtaining additional revenue from the sales. However, alcohol has not shown this benefit yet as its cost to society are higher than the revenue it earns per year.

Another benefit of cannabis could be in reducing the amount of money and time spent on police and legal avenues in regards to cannabis. However, as with the statistics mentioned before the amount of time used would still remain as the majority of charges were added on to others. Furthermore, trafficking and illegal production would still be punishable in the eyes of the law.

Maag, V. (2003). Decriminalisation of cannabis use in Introduction Over the last several years Switzerland has been researching new ideas to overhauls their current legislation

of narcotics. The focus is solely on decriminalising cannabis and the aim is to provide some legal framework for medical cannabis as well.

**Findings**

Italy was the first country to begin the process of decriminalizing drugs for personal use in 1975. It provided facilities to treat those with addictions and traffickers were subjected to stricter penalties. However, Italy had the highest mortality rate for drugs deaths in all of Europe. Between the 1980s and the 1990s the opposite occurred where the country began talking about prohibiting drugs once more. Sanctions were then reintroduced.

In the United States Oregon became the first state to limit punishment on cannabis. Researchers noted that there was little correlation between consumption levels and decriminalization. Despite with this evidence the country took a zero tolerance approach to drugs and the crimes associated.

Australia has geared to drug policies for harm reduction efforts. Since 1987 cannabis use has only been punishable by fines. Drug use has not been reported to have increased with these efforts as well. However, there was little restraint in police officers pressing fines and there was an obvious rise in convictions. The government of Australia considers this as a cost savings method.

The Netherlands does not differ in cannabis use from other countries who have a fairly restrictive approach. Other countries (Denmark and Spain) that also share a liberal approach to cannabis also share similar cannabis use levels to that of more restrictive countries. In Switzerland different regions report opposite levels of use with French speaking areas as higher than German ones.

Overall the evidence within Europe suggests that decriminalization efforts do not promote drug consumption.


**Introduction**

In the United States and Uruguay’s current law reform are shaping the globe around the debate for legalizing cannabis. Amendment 64 is a recent change to law in Colorado that legalized the sale, production and distribution of cannabis. A task force was developed to
<table>
<thead>
<tr>
<th>Reference</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>International Journal of Drug Policy</em>, 25, 727-735. Doi: <a href="http://dx.doi.org/10.1016/j.drugpo.2014.05.010">http://dx.doi.org/10.1016/j.drugpo.2014.05.010</a>.</td>
<td>help create the necessary legal changes. In Washington Initiative 502 passed in 2012 legalizing cannabis within the state. The bill itself amended previous laws. The Liquor Control Board developed the regulations rather than a Task Force. The United States government is permitting both states to legalize cannabis in violation of federal law as long as the states adhere to strict regulations. In Uruguay not only did it become the first country in the world to legalize cannabis, it was purely government led. The public largely opposed legalization. There were no existing regulations before this law was passed and must establish the Institute of Regulation and Control of Cannabis. The law passed in July of 2013 and regulations were developed about four months after passing. Findings With the various constraints in federal law within the United States and due to free speech concerns, legalization of cannabis could fall under commercialization. While in Uruguay the restrictive nature of registries are likely to reduce negative health concerns but too restrictive to dismantle the illegal market. It is unsure whether Uruguay will monetize cannabis as Colorado and Washington have done.</td>
</tr>
<tr>
<td>Queirolo, R., Boidi, M.F., &amp; Cruz, J.M. (2016). Cannabis clubs in Uruguay: The challenges of regulation. <em>International Journal of Drug Policy</em>, 34, 41-48. Doi: <a href="http://dx.doi.org/10.1016/j.drugpo.2016.05.015">http://dx.doi.org/10.1016/j.drugpo.2016.05.015</a>.</td>
<td>Introduction There are three new modes of access in Uruguay. This will be the first time that any cannabis social clubs will be in use while cannabis is legalized. Cannabis clubs are private organizations where adult users grow cannabis and use it collectively. Currently these clubs exist in several countries throughout the world. Canada has a similar approach but its focus is on those with medical cannabis. Clubs have the potential to monitor the quality of the cannabis, increase employment and reduce consumption that is risky. However, the clubs run the risk of becoming a strictly for profit business. To create a cannabis club in Uruguay there are several avenues that need to be followed. First members have to gain approval to run as a not for profit organization and the register with the Ministry of Education and Culture. Then seek approval from the Instituto de Regulación y Control del Cannabis (IRCCA). The clubs need a minimum of 15 members with a maximum of 45 members and provide a list of board members to get approved. The members must also provide all member details and proof of address and</td>
</tr>
</tbody>
</table>
information about the crop to the IRCCA. The IRCCA will also perform an inspection of the facility to ensure that the following are being followed: activity times, the immediate area safety, prohibition of activity out of the reserved times, prohibition of advertising, delivery and crop plans.

Method
The research came from interviews with club members/officials and through the documents required.
Data collection started in 2015 over a period of 7 months.
Out of 20 organizations within Uruguay only eight of the clubs were able to provide enough information for the purpose of the study.

Findings
Clubs in Uruguay have the benefit of being protected with regulations and have yet to produce any issues with the legal system. Some of the weaknesses found included the rigorous regulations needed to start the club. For example, out of the original 20 clubs examined only two had completed all of the processes required. The limit on maximum and minimum amount of members was also shown to be a concern.