

Schizophrenia Society of Ontario
Discussion Paper on the Cannabis Act

Overview

The Government of Canada intends to bring the Cannabis Act into force by July 1, 2018. At that point, adult Canadians will be able to legally possess, grow and purchase limited amounts of cannabis for recreational use.

Given the potential health effects of cannabis use on people with schizophrenia and other vulnerable groups, the Schizophrenia Society of Ontario (SSO) has developed a discussion paper, informed in part by surveying our membership as well as individuals living with mental illness, their families and caregivers, healthcare providers and other community frontline workers.

SSO is a charitable health organization that supports individuals, families, caregivers and communities affected by schizophrenia and psychosis. For over 30 years, we have made positive changes in the lives of people affected by schizophrenia through counselling support programs, educational initiatives, community outreach, advocating for system change and researching the psychosocial factors that directly impact mental illness.

SSO supports a health policy framework for laws and regulations which emphasizes the Canadian Drugs and Substances Strategy pillars including prevention, treatment, enforcement of regulations and harm reduction (Health Canada, 2016a).

Summary of Recommendations

Youth are most susceptible to the mental health risks associated with cannabis use; at the same time Canadians under 25 have a relatively high rate of cannabis use.

Prevention and Awareness

- Health Canada should provide immediate funding to the provinces and territories to support comprehensive, cross-ministerial public health campaigns in each jurisdiction to build awareness and knowledge of cannabis, including the risks related to youth and mental health (particularly psychosis), the harms of using and driving and the risks associated with second-hand smoke.
- The Ministry of Health and Long-Term Care should collaborate with other ministries, including the ministries of Children and Youth Services, Community and Social Services, Community Safety and Correctional Services and Attorney General to immediately invest in a comprehensive prevention strategy working with schools, campuses, professional organizations and community organizations that work with youth, young adults and parents/caregivers.

- The federal and provincial governments should consistently monitor and gather data on the impacts of regulations, including intended impacts (e.g., savings to the criminal justice system; reduction of the illicit cannabis market) and unintended impacts (e.g., increases in the use of hospital and community health care services due to cannabis use; access to cannabis by young people under the legal age of use) in order to make adjustments to regulations and to target education campaigns and prevention strategies accordingly.

Persons under the age of 25 are also most likely to be charged with a cannabis-related offence and most of these charges are related to possession. At the same time, people with mental illness who lack access to services and supports may be at increased risk of coming into contact with the criminal justice system.

Prevention and Awareness

- The Ministry of Community Safety and Correctional Services should work with police services across Ontario to incorporate education about cannabis use and stigma related to substance use as part of their broader mental health training.
- The federal and provincial governments should consistently monitor illicit sources of cannabis to minimize access for people under the minimum age.

Laws and Regulations

- Possession should be decriminalized and criminal sanctions like custody or probation for youth should be replaced with mandatory education or prevention programs, community service, and fines for people who can realistically afford these.

In Ontario, the need for increased investment in community mental health and addictions services, a traditionally neglected area of health, is clear. What is unclear, however, is if the system is prepared to respond to possible increases in mental health issues, including Cannabis Use Disorder (CUD) and concurrent disorders as a result of a potential influx in cannabis use and if the federal and provincial governments are prepared to make crucial investments.

Prevention and Awareness

- The Province of Ontario should immediately invest in a comprehensive public awareness campaign on mental illness and addictions, including less prevalent mental health conditions like psychotic disorders, to reduce stigma and increase knowledge of these health issues.

Enhanced mental health and addictions treatments and supports

- The federal and provincial governments should invest all proceeds from revenue from cannabis sales in the mental health and addictions system and reinvest related cost savings by:
 - Earmarking a portion of revenue from cannabis sales for investment in community mental health and addictions programs, services and supports; this should include:

- Targeted investment in treatments for concurrent disorders, CUD and youth-specific services.
 - Investment in supportive housing, employment supports, income and food security and recreational opportunities for people with mental illness and addictions.
- Investing in building capacity for acute care and inpatient units to deal with the potential influx of cannabis-related cases.
 - Re-directing resources that are saved from processing cannabis-related possession charges to mental health and addictions diversion programs.
 - Earmarking a portion of revenue from cannabis sales for research to improve scientific understanding of the relationship between substance use and psychotic disorders and other mental illnesses, and to improve treatments for both.

Laws and Regulations

- The Province of Ontario should establish an oversight body to oversee all aspects of cannabis regulation including regulation of strengths and quality, licensing, sales and distribution, marketing and labeling:
 - Limit cannabis potency to safe levels based on best available evidence.
 - Clearly label products with information including strengths (i.e., tetrahydrocannabinol [THC] and cannabidiol [CBD] content) and warnings of risks and harms associated with cannabis use including second-hand smoke, driving under the influence and harms to children and youth.
 - Strictly prohibit marketing which targets youth or encourages people to use.

Background

On April 13, 2017, Bill C-45, *An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts* (the Cannabis Act) was introduced in the House of Commons to legalize and regulate the use of cannabis (marijuana) for non-medicinal purposes in Canada.

The proposed legislation aims to meet public health and safety objectives including (Health Canada, 2017):

- Protecting the health of young persons by restricting their access to cannabis.
- Reducing crime related to an illegal cannabis market.
- Protecting young people and others from incentives to use cannabis.
- Reducing the burden on the criminal justice system in relation to cannabis offences.
- Enhancing public awareness of the health risks associated with cannabis use.

The Government of Canada intends to bring the Cannabis Act into force by July 1, 2018. At that point, adult Canadians will be able to legally possess, grow and purchase limited amounts of cannabis – meaning that possession of specified amounts of cannabis would no longer be considered a crime.

Many important details related to the regulations and their implementation, are yet to be determined. Although the federal government has established a legal framework, jurisdictional minimum ages for buying cannabis and the systems for distributing it will fall under the purview of each province and territory.

The Schizophrenia Society of Ontario's (SSO) Position

SSO is a charitable health organization that supports individuals, families, caregivers and communities affected by schizophrenia and psychosis. For over 30 years, we have made positive changes in the lives of people affected by schizophrenia through counselling support programs, educational initiatives, community outreach, advocating for system change and researching the psychosocial factors that directly impact mental illness.

Schizophrenia is a serious but treatable mental illness that has a profound impact on all areas of a person's life. It affects 1 in 100 people; that is almost 140,000 Ontarians. Although symptoms and experiences vary, schizophrenia is characterized by profound disruptions in thinking, affecting language, perception and sense of self and symptoms of psychosis such as delusions and hallucinations. People with schizophrenia are at a significantly increased risk of substance use, homelessness, victimization and suicide compared to the general population.

Despite the presence of symptoms or diagnoses however, recovery from schizophrenia and other mental illness¹ is possible, and is supported by a range of treatments and supports.

Given the potential health effects of cannabis use on people with schizophrenia and other vulnerable groups, SSO has developed a discussion paper to highlight key concerns about and recommendations for its legalization and regulation.

To inform this paper and to better understand the implications associated with the proposed legislation, we surveyed our membership, as well as individuals living with mental illness, their families and caregivers, healthcare providers and other community frontline workers.

Many respondents welcomed legalization as a move away from a punitive approach to drug policy and towards a more health-focused one which emphasizes prevention, treatment and harm reduction. Several respondents expressed concern that the criminalization of substance use leads to stigma and discrimination that can have lasting effects on people's lives and that certain groups, like racialized communities, have been disproportionately affected by criminal sanctions related to the possession of cannabis. While hopeful that the legalization of cannabis would ultimately result in a reduction of harm

¹ The term "mental illness" refers to symptoms and conditions which may take the form of changes in thinking, mood or behaviour, or some combination of all three, that impact a person's ability to function effectively over a period of time. It should be noted that not all individuals living with a mental health issue would identify with this label.

related to criminalization, respondents were clear that effective regulations and their strict enforcement are critical to alleviating potential short- and long-term health and social harms.

In light of current evidence and concerns about the potentially harmful effects of cannabis use on mental health, particularly in adolescents and young adults, some people have concerns that cannabis is being legalized at all. We heard from people whose families have experienced the adverse effects of cannabis use on mental health and are distressed that a substance that is clearly not benign will likely become more accessible through legalization. There is also concern among some respondents that legalization will normalize cannabis use and undermine its potential harms, particularly for youth.

It is clear that an approach which balances both health and safety with reducing the harms related to criminalization is warranted. As such, we support a health policy framework for laws and regulations which emphasizes the Canadian Drugs and Substances Strategy pillars including prevention, treatment, enforcement of regulations and harm reduction (Health Canada, 2016a).

SSO's values for a preventative framework for legalization and regulation are that it:

- 1. Promotes education and prevention, including targeted strategies around mental health in general, and schizophrenia and psychosis in particular.**
- 2. Takes an evidence-based health policy approach which aims to reduce health, social and criminal justice-related harms.**
- 3. Supports increased investment in mental health and addictions services and supports and in further research on the effects of cannabis use on mental health.**

Discussion

Implications for psychosis, schizophrenia and other mental health conditions

Notably, research has found that traditional public health efforts to reduce substance use have been unsuccessful in individuals with severe psychotic disorders (Hartz et al., 2014), one of the groups most vulnerable to substance use and its potential harms. Substance use can complicate and exacerbate symptoms of psychotic disorders like schizophrenia and can adversely affect the course of treatment and rates of relapse (Canadian Centre on Substance Use and Addiction [CCSA], 2009; Archie and Gyömörey, 2009). Research also finds that individuals with schizophrenia and other psychotic disorders experience higher rates of substance use compared to the general population (Duva et al., 2011; Hartz et al., 2014), with one review finding that one in four people with a diagnosis of schizophrenia had a concurrent diagnosis of CUD (Koskinen et al., 2009).

As with substance use in general, the reasons some people with schizophrenia use drugs and alcohol vary, including to feel better or different, to achieve intoxication, to relax and have fun and to be part of a group (Schizophrenia Society of Canada, N.D., Asher and Gask, 2010). For others, use may be associated with managing the symptoms of their illness, including positive (e.g., hallucinations) and negative (e.g., feelings of hopelessness) symptoms, or to manage medication side effects (Schizophrenia Society of Canada, N.D.; Asher and Gask, 2010).

Evidence also suggests that even occasional use can put people at risk of certain mental health conditions, with cannabis users having an estimated 40 per cent higher risk of experiencing psychosis than non-users (CAMH, 2014). Cannabis use may increase the risk of depression (Canadian Psychiatric Association [CPA], 2017) and may worsen depressive disorders, bipolar disorders and anxiety disorders (CCSA, 2016) although more research is needed to determine the precise relationship between cannabis use and mental illness.

Youth and cannabis use

Cannabis use has been associated with increased risk for poor mental health, particularly among youth. This is particularly problematic because Canada has the highest rates of cannabis use among youth (ages 11-15) compared to other developed countries (Halah et al., 2017; George & Vaccarino, 2015). This increased vulnerability is said to be related to the fact that the human brain continues to undergo important developmental processes until about the mid-20s, making it more susceptible to the potential negative impacts of cannabis than the mature brain (Volkow et al., 2014).

Research has consistently found an association between cannabis use and increased risk for developing psychosis and in some cases, a primary psychotic disorder such as schizophrenia in those who are vulnerable (i.e., people who may have a pre-existing genetic risk) (Gage et al., 2016; Volkow et al., 2016; CCSA, 2016). The risk of relapse of psychosis is also increased if a young person continues to use while in treatment (Archie & Gyömörey, 2009). Available evidence strongly suggests that the association between cannabis and developing psychotic symptoms or a lasting psychotic disorder is increased the earlier one begins to use (e.g., before 18), the more frequently they use and the higher the THC level in the cannabis (Volkow et al., 2016; Gage et al., 2016; CAMH, 2014).

The risk for developing CUD is significant, particularly for individuals who start using earlier and who use frequently (Volkow et al., 2014). Research from the United States, which has shown a marked increase in CUD in the population since 2001 (Hasin et al., 2015), presents implications for an expected increase in these conditions with legalization in Canada. This is particularly concerning for those with conditions such as schizophrenia which have been associated with significantly higher rates of CUD compared to the general population especially because the presence of CUD is linked to poor outcomes, increased rates of hospitalization and lower quality of life (Halah et al., 2016). Chronic cannabis use has also been associated with deficits in memory, attention, psychomotor speed and other cognitive functions (CCSA, 2016; CPA, 2017) that in some cases may be enduring (CCSA, 2016; CPA, 2017).

There are also serious implications for the safety of youth in terms of driving under the influence of cannabis. Motor vehicle crashes are a leading cause of death among 16 to 25 year olds and alcohol and/or drugs are a factor in the majority of these cases (MADD Canada, 2006). According to evidence cited by CCSA, it has been estimated that cannabis use can increase the risk of serious or fatal injury in a motor vehicle crash by two to three times (CCSA, 2017). Significantly, studies also find that both youth and parents of adolescents do not consider driving under the influence of cannabis to be “as bad” as

drinking and driving (MADD Canada, n.d.) suggesting the need for better public education around this issue.

At the same time, the Task Force on Cannabis Legalization and Regulation, convened by the federal government to inform the legislation, points out that current research does not indicate a specific age for safe cannabis use (Health Canada, 2016b); however age restrictions for legalization ranging from 18 to 25 have been suggested by healthcare providers and public health professionals (Health Canada, 2016b). The respondents to our survey strongly supported the need for a strictly enforced age restriction and their suggestions for this age also ranged from 18 to 25.

Although suggested ages varied, the general themes that emerged were that the age restriction imposed needs to take into account the currently known risks of cannabis on the developing brain; the fact that adolescents and young adults in Canada are more likely to use cannabis than the adult population; and that the higher the age restriction, the greater the number of people at risk of turning to illicit sources, which can have higher potency levels and/or could be mixed with other substances and may carry criminal justice-related consequences.

The federal government has set the age of use at 18, however provincial and territorial governments can decide to raise the age restriction. Ontario announced that it will prohibit individuals under the age of 19 from possessing or consuming recreational cannabis (which will allow police to confiscate small amounts of cannabis from young people) and that the province's approach to protecting youth will focus on prevention, diversion and harm reduction (Ministry of the Attorney General, 2017). We support the government's approach to restrict use to those 19 and older to align with alcohol and tobacco age restrictions, but emphasize the importance of ensuring that prevention and diversion strategies are comprehensive, well-funded and based on best practice.

Although most people who use cannabis do not experience psychosis or develop schizophrenia, the evidence is strong enough overall to support a public health message that cannabis use can increase the risk of psychotic disorders, particularly for individuals with a genetic predisposition (Gage et al., 2016; Volkow et al., 2016; CPA, 2017), and to consider cannabis use to be a key environmental risk factor for psychosis that is preventable (The Schizophrenia Commission, 2012) in vulnerable people. Further studies are required to determine the extent of the effect of cannabis on mental health, the effect of different strains, and to further identify high-risk groups particularly susceptible to these effects (Gage et al., 2016).

Recommendations

Prevention and Awareness

- Health Canada should provide immediate funding to the provinces and territories to support comprehensive, cross-ministerial public health campaigns in each jurisdiction to build awareness

and knowledge about cannabis, including the risks related to youth and mental health (particularly psychosis), the harms of using and driving and the risks associated with second-hand smoke.

- Start with materials that already exist, like Canada’s Lower-Risk Cannabis Use Guidelines (Fischer et al., 2017) for the public and for professionals.
- Include plain-language public education resources about the legislation and regulations themselves to help the public understand changes to legislation and the rationale for these changes.
- Identify and develop public education campaigns and prevention programs that are geared to higher-risk groups, like youth and people with mental illness and based on evidence, best practice and co-designed with these groups. For instance, research by CCSA found that the young people they interviewed recommended the following for cannabis prevention efforts (Porath-Waller et al., 2013):
 - There should be increased focus on cannabis content in prevention programs and materials.
 - Prevention efforts should be delivered earlier.
 - Those delivering the prevention message should as much as possible have firsthand experience with the drug as well as an ability to connect with youth.
 - Approaches aimed at reducing the harms associated with cannabis use would be valuable.
- The Ministry of Health and Long-Term Care should collaborate with other ministries, including the ministries of Children and Youth Services, Community and Social Services, Community Safety and Correctional Services and Attorney General to immediately invest in a comprehensive prevention strategy working with schools, campuses, professional organizations and community organizations that work with youth, young adults and parents/caregivers; this should include:
 - Education in schools targeting groups such as children (the earlier the better), adolescents, young adults and parents/caregivers;
 - Education to professional bodies including educators, elementary school, college and university administrators, and other public agencies that work with children, youth and families (e.g., Children’s Aid Society; youth shelters) and professional colleges and associations (e.g., nurses, social workers, occupational therapists, etc.).
- The federal and provincial governments should consistently monitor and gather data on the impacts of regulations, including intended impacts (e.g., savings to the criminal justice system; reduction of the illicit cannabis market) and unintended impacts (e.g., increases in the use of hospital and community health care services due to cannabis use; access to cannabis by young people under the legal age of use) in order to make adjustments to regulations and to target education campaigns and prevention strategies accordingly.

Implications for Criminalization

In addition to being more likely to consume cannabis, persons under the age of 25 are also most likely to be charged with a cannabis-related crime (Cotter & Karam, 2015). Most charges are related to

possession – in 2016, for example, of the 23,329 people charged with cannabis-related offences, 17,733 (76%) were charged with possession (Keighley, 2017). Under the proposed act, individuals under the age of 18 would not face criminal prosecution for possessing or sharing small amounts of cannabis (i.e., up to 5 grams of dried cannabis). Any violations of this provision would be subject to punishment under the *Youth Criminal Justice Act*. The proposed legislation also strictly prohibits people 18 and over from providing or selling cannabis to anyone under the age of 18. These provisions seek to discourage use among youth and to minimize an illicit market while reducing criminal justice-related consequences for simple possession.

In Ontario, according to the Ministry of the Attorney General’s announcement, people under 19 years of age would not be allowed to possess or consume recreational cannabis and the province will focus on diversion and harm reduction “without unnecessarily bringing them into contact with the justice system” (Ministry of the Attorney General, 2017). What this approach will look like has yet to be communicated.

We strongly support a diversion and harm reduction approach that minimizes the potential for criminal justice-related harms. Evidence shows that criminal sanctions are not an effective way to deal with substance use, particularly for young people (Ammerman et al., 2015) and especially if they have a mental illness or a substance use disorder. Yet, according to a Statistics Canada 2015 report, sentences for youth found guilty of a cannabis-possession charged between 2008/2009 to 2011/2012 included probation, fines and custody (Cotter et al., 2015) – penalties that could have a lasting impact on a person’s life.

At the same time, people with mental illness who lack access to services and supports may be at increased risk of coming into contact with the criminal justice system for several reasons. One reason may be simply being more visible in the community because of the symptoms of their illness. This population also experiences unique and significant challenges when incarcerated, including barriers to accessing mental health treatments and supports, disproportionate placement in segregation and increased vulnerability in an environment that is punitive, distressing, crowded and often unpredictable.

For these reasons, we support decriminalization and diversion, rather than criminal sanctions for simple possession of cannabis, particularly for those who are under 18. Alternatives to criminal penalties for possession could include mandatory education or prevention programs, community service and fines for people who can realistically afford these.

Recommendations

Prevention and Awareness

- The Ministry of Community Safety and Correctional Services should work with police services across Ontario to incorporate education about cannabis use and stigma related to substance use as part of their broader mental health training.
- The federal and provincial governments should consistently monitor illicit sources of cannabis to minimize access for people under the minimum age.

Laws and Regulations

- Possession should be decriminalized and criminal sanctions like custody or probation for youth should be replaced with mandatory education or prevention programs, community service, and fines for people who can realistically afford these.

Implications for the mental health and addictions system

It is well known that the current mental health and addictions system in Ontario is ill-equipped to support the needs of people and families, particularly those with complex health issues, including concurrent disorders. People with chronic and complex mental illness and addictions continue to experience disproportionate rates of poverty, homelessness and/or precarious housing, contact with the criminal justice system and difficulties accessing community care and social supports, placing people at higher risk for poor health outcomes.

Through our work we have seen the devastating impact that persistent barriers to accessing timely mental health care can have: (re)hospitalizations, contacts with police, social isolation, poverty and most tragically, deaths by suicide. In fact, the lifetime risk of suicide among persons with schizophrenia is between four and 10 per cent (Hor and Taylor, 2010). In addition, although research on the prevalence of mental illness in Canada's prisons varies, it is estimated that mental health issues are two to three times more common in prison than in the general community (Office of the Correctional Investigator, 2015). Moreover studies in various Canadian cities indicate that anywhere between 23 and 67 per cent of people who are homeless report having a mental illness (CAMH, n.d.). The need for increased investment in community mental health and addictions, a traditionally neglected area of health, is clear. What is unclear, however, is if the system is prepared to respond to possible increases in mental health issues, including CUD and concurrent disorders as a result of a potential influx in cannabis use and if the federal and provincial governments are prepared to make crucial investments.

Cannabis should not be easier to access than mental health or addictions care, yet in many ways it is and will likely become more so with legalization. In light of current barriers to accessing mental health and addictions care in the community, it is critically important that laws and regulations prevent the commercialization of recreational cannabis at the expense of individual and public health. Early learnings from Colorado and Washington state, the first two states to legalize non-medical cannabis, suggest that avoiding commercialization (i.e., active promotion and marketing of the substance) by, for example, ensuring a tightly controlled government distribution model, is the most important factor in preventing significant public health impacts (CCSA, 2015).

To prevent the commercialization of cannabis, CAMH has recommended establishing a government monopoly on sales through control board entities with a "strict social responsibility mandate to control consumption and reduce harm" (CAMH, 2014). In line with this, Ontario has stated that the legal retail of cannabis in the province will be overseen by the LCBO through standalone cannabis stores and an online order service. This will ensure a controlled process for legal sales and distribution of cannabis. In addition, it is critical that profits from cannabis sales are invested into public education and awareness

efforts, substance use prevention programs, mental health and addictions courts, diversion programs and mental health and addictions services.

Recommendations

Prevention and Awareness

- The Province of Ontario should immediately invest in a comprehensive public awareness campaign on mental illness and addictions, including less prevalent mental health conditions like psychotic disorders, to reduce stigma and increase knowledge of these health issues.

Enhanced mental health and addictions treatments and supports

- The federal and provincial governments should invest all proceeds from cannabis sales in the mental health and addictions system and reinvest related cost savings by:
 - Earmarking a portion of revenue from cannabis sales for investment in community mental health and addictions programs, services and supports; this should include:
 - Targeted investment in treatments for concurrent disorders, CUD and youth-specific services.
 - Investment in supportive housing, employment supports, income and food security and recreational opportunities for people with mental illness and addictions.
 - Investing in building capacity for acute care and inpatient units to deal with the potential influx of cannabis-related cases.
 - Re-directing resources that are saved from processing cannabis-related possession charges to mental health and addictions diversion programs.
 - Earmarking a portion of revenue from cannabis sales for research to improve scientific understanding of the relationship between substance use and psychotic disorders and other mental illnesses, and to improve treatments for both.

Laws and Regulations

- The Province of Ontario should establish an oversight body to oversee all aspects of cannabis regulation including regulation of strengths and quality, licensing, sales and distribution, marketing and labeling:
 - Limit cannabis potency to safe levels based on best available evidence.
 - Clearly label products with information including strengths (i.e., THC and CBD content) and warnings of risks and harms associated with cannabis use including second-hand smoke, driving under the influence and harms to children and youth.
 - Strictly prohibit marketing which targets youth or encourages people to use.

Summary

SSO strongly believes that legalization must be supported by effective targeted public awareness campaigns and prevention strategies and investment into timely, quality mental health and addictions care. Regulations alone cannot address the potential harms associated with cannabis use.

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