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Commentary

Could cannabis liberalisation lead to wider changes in drug policies and outcomes?

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ABSTRACT

Cannabis policies are changing in some countries. This may have consequences that extend beyond cannabis-specific outcomes, such as an impact on the consumption patterns of other substances. Changes in cannabis policies may also influence policy responses to other drugs, as countries re-assess the balance between law enforcement and public health objectives. If this happens, it could have important health and social consequences, especially in those countries where a 'war on drugs' policy perspective has inhibited investment in evidence based responses in areas such as treatment and harm reduction. The burden of disease associated with opioid use for example is large and this is an area in which treatment and harm reduction have been shown to deliver benefits. Thus if the changes in cannabis policies result in a greater willingness to invest in effective interventions for other drugs, the potential net health gains could be considerable. On the other hand, if cannabis policy changes are associated with an increase in health risk behaviours, such as driving under the influence or increased use of harmful substances such as tobacco, then significant increased health costs could result. To date most attention has been focused on recent cannabis sales liberalisation in the Americas, but experiences from elsewhere are also informative. In Europe, for example, moves towards decriminalisation of drug possession are resulting in lower rates of incarceration and arguably have reduced barriers to treatment uptake. Robust monitoring and assessment of the impact of these different policy changes is crucial to evaluating and understanding their results. It is important that such monitoring is international in scope, is not limited to issues around the use of cannabis only, and considers the interactions that may exist between cannabis policies and the approaches taken to other substances.

Introduction

Important changes in drug policy are occurring in the Americas. Following commercialisation of medical cannabis in the USA under the reassurance of the Ogden memo in 2009, several US states have legalised the sale of recreational cannabis. Uruguay has legalised home growing and social clubs, and will soon start selling cannabis for recreational use in pharmacies, while Canada may soon become the second American country where cannabis can be legally bought for that purpose (NYT, 2017).

These changes are profoundly different from what has been the historical consensus for global drug policy, and may have important health and social implications (Hall & Lynskey, 2016; Subritzky, Pettigrew, & Lenton, 2016). To understand fully the consequences of these developments however a narrow focus on cannabis policies and cannabis use is not sufficient. We argue here that, first, the current rapid changes in cannabis policy may have the potential to affect wider drug policies, such as law enforcement policies around opioid and stimulant use, both in the Americas and elsewhere; and second, if such wider policy changes occur, they could have a far more significant impact on health than the current changes in cannabis policy alone. For this reason, robust and systematic monitoring and evaluation of the outcomes of changes in cannabis policy, both in terms of drug use and of their wider health and social consequences, is important (Wiessing, Des Jarlais, Hughes, Ferri, & Griffiths, 2015).

International drug control, currently framed by three UN Conventions, was introduced with an explicit intention to protect public health (UNODC, 2008). The 1961 and 1971 Conventions on

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narcotic drugs and psychotropic substances insisted on criminal penalties for drug traffickers, but the 1988 UN Convention against illicit traffic in narcotic drugs and psychotropic substances provided additional legal mechanisms; for the first time it requested (although did not oblige) criminal penalties for personal possession. This was an attempt to balance the existing obligations of producer countries to reduce production and trafficking with new obligations of consumer countries to reduce demand (United Nations Office on Drugs and Crime, 2005). For this reason, drug control has tended to be seen as a predominantly criminal justice issue (UNODC, 2008). As one of several drugs addressed by these Conventions, cannabis policies do not work in isolation but form part of a wider system of drug laws (EMCDDA, 2016), regulating the supply and use of other drugs such as opioids and cocaine. Despite some calls for the revision of the Conventions, such a move would be complex (Bewley-Taylor, Blickman, & Jelsma, 2014). In more recent years, policies have been developed to address the health and public safety threats posed by new psychoactive substances, though criminal penalties for personal possession might be omitted in Europe (European Monitoring Centre for Drugs and Drug Addiction and Eurojust, 2016). The issue of the interaction of policies addressing different drugs has nevertheless been somewhat neglected in the scientific literature, and this paper attempts to bring this to the fore.

Limitations

Some national policy interventions to protect public health, in areas such as prevention, treatment or harm reduction may be limited in variety or scope, or even prohibited, due to the nature of the drug being illicit. There are many direct examples of this, such as opioid substitution treatment and needle and syringe provision being strictly regulated or not allowed in some countries. More indirectly, if health concerns are not taken sufficiently into account in criminal justice policies and practices they can result in negative consequences; for example drug users may be less willing to call for help for overdose victims if they fear arrest, or people who inject drugs may avoid needle and syringe programmes if there is a risk of being arrested for carrying accessories for drug use. These limitations to public health policy interventions may stem from concerns of worse public health outcomes due to increasing drug use, either actively by encouraging or assisting use, or passively by sending a message of reduced condemnation of use. They may also reflect a more ideological than evidence-based attitude to drug policy. We observe that, at the international level, a 'war on drugs' rhetoric has sometimes appeared to result in 'intervention grouping' within the discourse on drug policy options; i.e. specific interventions are not pragmatically evaluated based on their scientific evidence for effectiveness, but rather grouped together as a category of approaches that are viewed as either supporting or undermining existing drug control policies.

Cannabis liberalisation could impact on how countries see an appropriate response to drug problems in a number of ways. Historically, approaches to cannabis prohibition have formed a central part of the 'war on drugs' rhetoric in the international debate. The concept of cannabis liberalisation, like that of harm reduction, was seen by many as forming part of a set of measures that could undermine drug control efforts. It is worth noting the important role played by the United States in this history, and changes in the US may continue to be influential internationally. Cannabis liberalisation could potentially fracture this consensus and lead to some countries re-evaluating the relative costs and benefits of their policy approaches to this drug. Moreover, if cannabis policy changes are shown not to result in negative outcomes, this may gradually result in countries being more open to extending this approach and prioritising public health approaches over law enforcement in interventions addressing the use of other drugs. Public opinion may also have a significant impact; this is self-evident in the US states voting for cannabis legalisation, while US-wide opinion in favour has increased to become the majority over the same period (Swift, 2016). By contrast, there is no comparable scientific or popular support for legalising other drugs.

Interrelations

Changes in cannabis policy may have not only the potential to affect non-cannabis specific outcomes; they may also ultimately push changes in wider drug policies. Such changes, especially if they impact on countries that currently restrict the use of interventions that have proven value, could potentially have a much greater health and social impact than policy changes for cannabis alone, since harms from other drugs—in particular opioids—are associated with substantial mortality and morbidity (Degenhardt et al., 2013). In European Union countries, a move in the last two decades towards a 'balanced approach' (European Commission, 1999) involved strengthening public health oriented policies for users, while focusing law enforcement action on supply. It also resulted in greater investments in evidence-based public health interventions such as needle and syringe programmes (NSP) and opioid agonist therapy (OAT). These are likely to have contributed to the decline seen in newly diagnosed HIV infection among people who inject drugs across the EU (EMCDDA, 2016). In contrast, in some countries bordering the EU, investments have been far lower and HIV among PWID remains a major public health concern (UNAIDS, 2016; Wiessing et al., 2009). In Portugal, the decriminalisation of illicit drug use was followed by large reductions in drug-related incarceration, reducing the number of heroin injectors and people living with HIV in prisons (Hughes & Stevens, 2010).

There are various examples of the interrelations of different drugs in drug policies. In the law amendments of Colorado and Washington State, the first stated aim of cannabis legalisation is the "efficient" use of law enforcement resources (Colorado) and a focus on violent and property crimes (Washington), either of which social outcomes are not restricted to cannabis but are also affected by the use of other drugs. Another example regards the increase in use and supply of synthetic cannabinoids recently observed in Europe and North America, which has been suggested to stem in part at least, from the prohibition of cannabis and accompanying drug testing policies (Perrone, Helgesen, & Fischer, 2013; Werse & Morgenstern, 2012). Furthermore, in Europe, penalties for cannabis possession have been decreased for reasons specific to cannabis or for reasons applying to all illicit drugs, such as proportionality of health risks or prioritising (other drug) treatment over punishment; there does not seem to be a common trend in reasons (European Monitoring Centre for Drugs and Drug Addiction, 2017).

Innovations

It is not just cannabis-related policies which are reducing the criminal justice approach to users—a number of countries are experimenting with new policy approaches to other drugs. In Europe, while there is no legalisation of cannabis, penalties for personal possession of all drugs—not only cannabis—are generally decreasing (EMCDDA, 2016). Surveys of young Europeans suggest slightly under half support the regulation of cannabis, but they are strongly opposed to the regulation of other substances (European Commission, 2014). In addition, many of the new laws introduced to address new psychoactive substances prioritise restricting production and supply, but do not define personal possession of these substances as an offence. In the US, increases in the use of

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