



**Opening remarks for the House of Commons - Standing Committee on Health on Bill C-45, *An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts***

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**Presented by:**

Dr. Christina Grant  
Associate Professor, Department of Pediatrics  
Division of Adolescent Medicine  
McMaster University (Hamilton, Ontario)

Adolescent Health Committee  
Canadian Paediatric Society

Dear Members of the Standing Committee on Health,

I am an Adolescent Medicine Specialist and Associate Professor of Pediatrics at McMaster University. Thank you for the invitation to speak as a representative of the Canadian Paediatric Society on Bill C-45 – specifically regarding the age of legal possession and the impact on young Canadians of the legalization of cannabis in Canada.

I have submitted a summary of the [CPS Statement on Cannabis and Canada's children and youth](#) for your reading. My goal today is to ensure that you have up-to-date scientific information regarding the impact of cannabis use on young Canadians, including young toddlers, and to discuss our Society's stance regarding the age of legal possession.

First, there can be no doubt regarding the scientific literature that cannabis use prior to the mid 20s is associated with structural and functional harmful effects on the developing brain, which have been born out of many peer-reviewed studies.

There are rigorous studies demonstrating a relationship between regular cannabis use in youth and the increased risk of approximately 30% of developing a psychotic episode. We know that the earlier the use, the higher the dose, and the frequency of use all contribute to this risk; in addition to other predisposing factors for developing a psychotic illness, such as family history.

There are also studies demonstrating a relationship between regular cannabis use and clinical depression, though not as robust as the psychosis relationship.

There are studies indicating that youth with certain anxiety disorders are at increased risk for developing problematic cannabis use that can inevitably interfere with their everyday lives.

Strikingly, one in seven adolescents who experiment with cannabis go on to develop Cannabis Use Disorder, a psychiatric illness similar to alcoholism, where the drug use interferes with multiple areas of functioning. This can include academics, social and family relationships, and extracurricular activities – all areas that require rich development during someone's teen years in order to be well equipped for life.

For all these reasons, there is no "safe" age to experiment with cannabis and we recommend that young people not consume cannabis.

However, adolescence is a time of experimentation. We know that Canadian youth are experimenting with cannabis at the highest rate, compared to other countries around the world. The proposed legal cannabis industry in Canada has raised a dilemma regarding the most appropriate age for its legal use, which should minimize harm to children and youth, our most vulnerable population.

On the one hand, prohibiting cannabis use until the mid-20s would protect adolescents during a period of critical brain development. On the other, adolescents and young adults are *already* experimenting frequently with marijuana. Aligning the legal age for cannabis use with that of other legally controlled substances – notably alcohol and tobacco – would help ensure that youth who have attained age of majority have access to a regulated product, with a known potency. Also, they would be less liable to engage in high-risk illegal activities to access cannabis.

Of emerging concern in the United States and Europe, is the number of accidental ingestions of “edibles” by the toddler age group. Edibles are marijuana-infused food products that come in various formats, including cookies and candies, which are highly attractive to young children and often indistinguishable to regular candies, chocolate bars or baked goods.

In Colorado, rates of unintentional ingestion in children less than 9 years old rose by 34% after the legalization of cannabis. More than a 1/3 of these cases required hospitalization in a pediatric critical care unit because of overdose symptoms – most commonly the inability to breathe on their own.

A study from France published this month, demonstrated a 3-fold increase in young children (mostly toddlers) requiring pediatric emergency care presenting with coma and seizures secondary to accidental cannabis ingestion.

Because of the aforementioned concerns, I would urge your committee to consider the following CPS recommendations so that as a society, we are able to protect those who are most vulnerable:

- 1) Enact and rigorously enforce regulations on the cannabis industry to limit the availability and marketing of cannabis to minors. These regulations must:
  - Prohibit dispensaries from being located close to elementary, middle and high schools, licensed child care centers, community centers, residential neighbourhoods and youth facilities.
  - Mandate strict labeling standards for all cannabis products, including a complete and accurate list of ingredients and an exact measure of cannabis concentration.
  - Mandate package warnings for all cannabis products, including known and potential harmful effects of exposure (similar to cigarettes).
  - Mandate and enforce a ban on the marketing of cannabis-related products using strategies or venues that attract children and youth including edibles.

- 2) Fund public education campaigns to reinforce that cannabis is not safe for children and youth by raising awareness of the harms associated with cannabis use and dependence. These campaigns should be developed in collaboration with youth leaders and should include young opinion-leaders.
- 3) Consider limiting the concentration of THC in cannabis that 18 to 25 year-olds can purchase legally.