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Subject: Prioritizing the health and safety of children within the Legislative Review of the *Cannabis Act*

February 7, 2024

Dear Mr. Rosenberg,

We are writing on behalf of the Drug Therapy Committee of the Canadian Paediatric Society (CPS) to strongly urge you to uphold the primary policy objectives of the *Cannabis Act* by firmly prioritizing the health and safety of children within the final report of the legislative review. As Canada's national body of paediatricians and paediatric sub-specialists, the CPS is dedicated to advancing the health and well-being of children through evidence-based research and recommendations. A strong and growing body of evidence, including our recently updated position statement "Medical cannabis for children: Evidence and recommendations",¹ informs the recommendations presented below as well as those in our formal consultation submission.² While we recognize the positive role that a well-regulated cannabis industry may have in Canada, we simultaneously recognize the substantial risks to health and healthy development associated with recreational cannabis exposure, and wish to emphasize the critical need to prioritize children's safety in the regulation and oversight of legalized cannabis in Canada. As such, we urge you to prioritize safety as the primary consideration within the final report of the legislative review.

After a thorough analysis of the October 2023 Legislative Review of the *Cannabis Act: What We Heard Report* (WWHR), we are greatly troubled that the final report may not adequately reflect the urgent need to institute new and critically important evidence-based safeguards to protect children from the significant physical and psychological harm caused by accidental or intentional exposure to recreational cannabis products. Moreover, we are concerned about the potential adoption of some of the recommendations captured in the WWHR as they would dilute existing protective measures that themselves have been inadequate in terms of ensuring the safety and well-being of children.

We, therefore, respectfully draw your attention to the following issues:

Issue 1: The principal public policy objectives (including minimizing health risks to the paediatric population) must be prioritized over secondary business objectives.

The purpose of the *Cannabis Act* is to protect public health and safety, and particularly, to protect the health and safety of young people. While the WWHR does outline health and safety risks as identified by health professionals, it places undue equivalence of these risks with the suggested harms of regulation as seen from the perspective of the recreational cannabis industry. Many of the reforms suggested by this sector will almost certainly directly, and negatively, impact child health and safety. More specifically,

many of the proposals outlined in the WWHR disregard the current, best-available clinical and public health science in this space, and risk substantial harm for Canada's youngest citizens. Prime examples of this include the proposal to increase the maximum quantity of tetrahydrocannabinol (THC) in single packages of edible cannabis products to more than 10 milligrams, and the request to decrease restrictions on the promotion, packaging, and labelling of cannabis products.

Recommendation 1: Canada must not increase the current limit of 10 mg of TCH per edible package.

Even with both the current limit of 10 mg of TCH per edible package as well as the plain and child-resistant packaging restrictions, rigorous, peer-reviewed, population-based health services research has demonstrated a significant association between the legalization of edible cannabis products and unintentional cannabis poisonings (requiring ED visits and hospitalization) in children 0 to 9 years of age.³ Importantly, these studies demonstrated that those provinces permitting edible cannabis sales experienced much larger increases in rates of hospitalization for unintentional paediatric poisonings as compared to provinces that prohibited cannabis edibles.⁴ Any move to increase maximum THC limits per package would significantly increase the exposure risk and severity of poisonings of young children, continuing the upsurge in negative health and health system outcomes.

Recommendation 2: Consistent with evidence-based public health policy, Canada must not diminish any restrictions on packaging, promotion, or approved venues for sale.

The WWHR included industry-led calls to decrease product packaging restrictions and increase avenues for product promotion of legal cannabis products in Canada. The suggestion that a dangerous substance should be made both more accessible and more appealing to everyone, including children, flies in the face of years of successful public health policy, as codified in the World Health Organization's Framework Convention on Tobacco Control, considered the global standard for policy coherence in managing risks associated with unhealthy commodity industries.

The permissive changes suggested by those in the cannabis industry would fundamentally contradict the original policy aims of cannabis legalization, compromising the health of those populations most in need of protection. We urge government to ensure that any policy changes honour the primary public health goals of the *Cannabis Act* and ensure that business interests do not usurp pediatric health outcomes.

While industry-backed cannabis groups have claimed that there is "no evidence that legal cannabis edibles are the source of child poisonings" and that "abundant evidence points to illicit cannabis edibles are the source of the increase in media reports of child poisonings from edibles", we would strongly disagree.⁵ We submit that these claims are not supported by scientific evidence, and as clinical and research leaders, we are affronted by this flawed claim. There are currently no validated clinical and/or health services data sources that distinguish between legally or illegally sourced cannabis products. In fact, in most clinical scenarios, the legality of the source of the cannabis product is unknown, would not be part of standard medical questioning and would most likely not be included as part of the official medical record. Even if this detail was included in the child's medical chart, industry would not have access to this information, as it is protected by provincial health privacy laws. Data to support the

industry's claim simply does not exist and this claim should not be part of any deliberations moving forward.

Further, the characterization of legal cannabis as 'safe' requires reconsideration. The primary psychoactive compound in recreational cannabis, THC, is also responsible for its toxic effects. It is imperative to note that the pharmacological impact of THC remains consistent regardless of the source, be it pharmaceutical, legal, or illegal. Recent peer-reviewed studies have demonstrated alarming outcomes, with a substantial number of children experiencing intoxication and severe neurological or respiratory complications following exposure to THC.⁶

The current upper limit of THC in a single cannabis product package in Canada is 10mg. Despite this threshold, accidental ingestion by young children can lead to serious negative health outcomes. A recent peer-reviewed study from the United States is the first to systematically quantify the toxicity symptoms associated with measured THC doses in children younger than 6 years exposed to edible cannabis.⁷ Within the study, 80 children exposed to doses as low as 5 mg THC were brought to the hospital for emergency care. Further, 46% of children exposed to THC at a dose of 1.7mg/kg THC or higher developed severe intoxication, manifested by heart problems (e.g., arrhythmias), breathing problems (e.g., stopped breathing, a need for oxygen) and/or neurological (e.g., epileptic seizures, coma) symptoms. Any increase in allowable THC per package would significantly increase the risks of accidental ingestion for infants and young children, including of hospitalization and life-threatening symptoms. As such, maintaining the current 10 mg THC limit and ensuring all packages are plainly labelled and child-resistant are essential and fundamental measures to ensure children are appropriately protected against the harms of this recreational product.

Recommendation 3: Reframe the problem of paediatric exposure to cannabis products to ensure that risks to both young children and adolescents are highlighted.

It is essential to employ precise scientific terminology within the final report of the legislative review to accurately depict the issue at hand. Chapter 6 of the WWHR, entitled "Youth" makes the following statement: "One of the key drivers for the legalization and regulation of cannabis in Canada was to protect youth, and as such, the *Cannabis Act* (the Act) seeks to restrict youth access to cannabis and to protect youth from inducements to use cannabis". The term "youth" in this context minimizes the magnitude and scope of the paediatric impacts of recreational cannabis. The CPS and other health stakeholders have provided the Legislative Review Secretariat with rigorous evidence on the negative health impacts of recreational cannabis exposure on young children, mostly 0-9 years old, including infants, toddlers, and young elementary school-aged children. Recent evidence from Canada indicates that cannabis has become the leading cause of hospital admissions for poisoning in children 0-9 years across the country, surpassing all other common substances.⁸ Similar trends have been observed in the United States, including increasing severity of toxicity and critical care admissions.⁹ Therefore, framing the health risks as "youth-specific" does not accurately address the gravity of the situation and may inadvertently downplay the risks to Canadian children.

Issue 2: This Legislative Review must effectively incorporate emerging science that includes the significantly increased lifetime risk of developing neurological conditions and mental illness after cannabis use.

Recommendation 4: Given the evidence supporting an association between cannabis use and early onset schizophrenia, as well as evidence supporting significant changes in brain anatomy, increased funding for cannabis education and supports/treatment for misuse are needed to protect and support Canadians.

While the relationship between cannabis use and psychosis is discussed in the WWHR, given the magnitude of the problem, we feel strongly that this critical issue was given insufficient attention. New health services data support robust science relating cannabis use to early psychosis and a transition to schizophrenia. In a 2023 study of thousands of cannabis exposure cases in Canada, researchers showed a dramatically increased risk of developing schizophrenia, and a higher risk compared to all other studied drugs of abuse.¹⁰ For example, it found that boys between 14-18 years of age who presented to an emergency department with cannabis-induced new onset acute psychosis have an approximate 41% risk of developing schizophrenia within the ensuing 3 years.¹¹ Cannabis dependence has also been associated with structural gray and white matter changes, such as thinning of the cortex in the human brain.¹² Further, according to the 2022 Canadian Cannabis Survey, 37% of Canadian teens between the ages 16-19 reported using cannabis products in the previous year, and 1 in 5 reported daily or almost daily use. Given the high prevalence of use and the profound, lifelong impact of schizophrenia on individuals, families, communities, and the health system, we strongly urge you to consider this alarming data within the final report of this legislative review.

Conclusion

This review represents an opportunity to bolster existing cannabis regulations, focusing on the principal public policy aims of the *Act*. This legislative review must ensure that the comprehensive dangers associated with cannabis products are more clearly communicated to all Canadians, especially as they relate to children and young Canadians. We advocate for scaled-up investments in pediatric-friendly, accessible, informative, and culturally appropriate public education about cannabis use by children and adolescents, specifically highlighting the increased risks associated with high-potency cannabis products. In parallel, for those already struggling with addiction, targeted investments in treatment and supports must match the demand for service.

In summary, the evidence indicates that the *Cannabis Act* has not fully realized its original public policy objectives, and has overlooked significant health hazards, particularly to Canadian children. Recreational legal cannabis is a consumer product associated with a significant risk of harm to infants, children, and adolescents. As such, we were alarmed that the WWHR included suggestions to potentially expand consumer access to higher-concentration products with fewer labelling, packaging, and point-of-sale regulations. We implore you to uphold the primary aims of cannabis legalization and ensure Canada is prioritizing the health and safety of its citizens as the legislative and regulatory framework for legal cannabis evolves.

Sincerely,

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Dr. Geert 't Jong
Chair, CPS Drug Therapy Committee

Dr. Yaron Finkelstein
CPS Drug Therapy Committee

Dr. Sam Wong
Director of Medical Affairs, CPS

¹ Kelly LE, Rieder MJ, Finkelstein Y. Medical cannabis for children: Evidence and recommendations. Canadian Paediatric Society, Drug Therapy Committee 2023: <https://cps.ca/en/documents/position/medical-cannabis-for-children-evidence-and-recommendations> (Accessed February 5, 2024).

² Canadian Paediatric Society. A Review of the *Cannabis Act*: Written Submission from the Canadian Paediatric Society, November 2022: https://cps.ca/uploads/advocacy/CPS_Submission.Cannabis_Act_Review_Final_.pdf (Accessed February 5, 2024).

³ Myran DT, Tanuseputro P, Auger N, Konikoff L, Talarico R, Finkelstein Y. Edible Cannabis Legalization and Unintentional Poisonings in Children. *N Engl J Med.* 2022;387(9):757-759.

⁴ Myran DT, Cantor N, Finkelstein Y, Pugliese M, Guttman A, Jesseman R, Tanuseputro P. Unintentional Pediatric Cannabis Exposures After Legalization of Recreational Cannabis in Canada. *JAMA Netw Open.* 2022;5(1):e2142521.

⁵ Cannabis Council of Canada. Response to Online Questionnaire: Cannabis Act Legislative Review, November 2022: https://cannabis-council.ca/files/advocacy/CA-Review_C3-Consultation-Response_Nov-21-2022.pdf (Accessed February 5, 2024).

⁶ Pepin LC, Simon MW, Banerji S, Leonard J, Hoyte CO, Wang GS. Toxic Tetrahydrocannabinol (THC) Dose in Pediatric Cannabis Edible ingestions. *Pediatrics.* 2023;152(3):e2023061374.

⁷ Ibid.

⁸ Myran DT, Tanuseputro P, Auger N, Konikoff L, Talarico R, Finkelstein Y. Pediatric Hospitalizations for Unintentional Cannabis Poisonings and All-Cause Poisonings Associated with Edible Cannabis Product Legalization and Sales in Canada. *JAMA Health Forum.* 2023;4(1):e225041.

⁹ Tweet MS, Nemanich A and Wahl M. Pediatric Edible Cannabis Exposures and Acute Toxicity: 2017-2021. *Pediatrics.* 2023;151(2):e2022057761.

¹⁰ Myran DT, Harrison LD, Pugliese M, Solmi M, Anderson KK, Fiedorowicz JG, Perlman CM, Webber C, Finkelstein Y, Tanuseputro P. Transition to Schizophrenia Spectrum Disorder Following Emergency Department Visits Due to Substance Use With and Without Psychosis. *JAMA Psychiatry.* 2023;80(11):1169-1174.

¹¹ Ibid.

¹² Manza P, Yuan K, Shokri-Kojori E, Tomasi D, Volkow ND. Brain structural changes in cannabis dependence: association with MAGL. *Molecular Psychiatry.* 2020;25:3256-3266.