

Key Takeaways Nordic Summit on Cannabis

Day 1

The first day started with reflections on the Cannabis discussion in the three different Nordic Countries, Denmark, Norway, and Sweden. Even though they have not voted for legalisation yet, the movement and discussion on legalisation is definitely apparent. In some countries more than others. What can be concluded after the three reflections, is that the three countries still have time to steer the wheel and provide facts to the general public and politicians. Facts presented by our speakers on this first day.

<u>Theiss Bendixen</u> highlighted the fact that we should step away from myths and start looking at evidence-based facts. The historical medical history of cannabis does not immediately excuse today's medical behaviour and prove its beneficial effects. We have to use modern science to define and conclude on the effects.

<u>Dr Bertha Madras (the honourable)</u> gave a strong statement in her keynote contribution. The war on drugs does not lead to addiction, which is often used as an argument by the pro-legalisation movement. The change in drug views, politics, and law cannot be dismissed before looking into a specific drug, such as Cannabis. Cannabis is also not so innocent as it is believed to be. It does cause many negative health conditions, such as psychosis, schizophrenia, mental health problems, traffic deaths, etc. there is also evidence that people using cannabis are more likely to develop opioid dependency.

<u>Dr Madeline Meier</u> shared her significant research on the cognitive effects of long-term cannabis use. Her longitudinal study has shown that there is a large difference in the development of IQ between non-cannabis users and highly frequent cannabis users. The lather has seen a reduction of 8 IQ points, which on a long-term, affects their social developments, education, work, relationships, etc.

<u>Prof Mary Cannon and Dr Emmet Power</u> continued on the topic of Madeline. They showcased that marijuana is a gateway drug and leads to poor outcomes of those using it in earlier life. This relates to the fact that adolescence their brains are still developing. Cannabis is having severe effects, sometimes even worse than alcohol. Mega-analysis show evidence of a significant increase of depression, suicide attempts, increase of homicide, etc. Therefore, legislation is powerful.

<u>Dr Peter Allebeck</u> highlighted the misconceptions of Cannabis and that there are acute effects and chronic effects after high and long-term use of cannabis, such as amotivational syndrome and anxiety syndrome. The most specific, however, be would be the development of chronic psychosis and the possible development of schizophrenia. The risks of these psychosis were also elaborated on. Therefore, his message is to warn young people on the effects.

<u>Dr Robert L. DuPont</u> elaborated on the risks of impaired driving. Whereas currently there is a strong focus on alcohol impaired driving and its effects, there is les awareness on the dangers of cannabis impaired driving. As he phrased it, if the focus is safety, you don't want anyone using drugs at all. With cannabis impaired driving, there is a more risk-taking behaviour, leading to higher fatality. Cannabis also, in general, affects the driving performance longer compared to alcohol. Therefore, the focus should be more on testing. Yet, this is also a separate challenge.

<u>Carlton Hall</u> closed the first day by sharing his personal story of his grandchildren and the changes it has led to regarding the child security in the house. The main focus of that house is no longer the adults but the children, since they have to grow up in a safe environment. The child safety focus is also



applicable to drugs. We need to start focusing on preventing children from using drugs, educating adults on the evidence-based risks, and work on a safe future for all.

Day 2

After a reflection on the key takeaways from Day 1, the second day of the Summit was opened.

<u>Dr Bobby Smyth</u> highlighted parents' role being essential. While those in adolescence are growing skills and adding responsibilities, parents have to understand that the brain is still developing and therefore have to keep the harm to the minimum and try to inhibit the harmful use. Parents are role models and a direct influence to their children with their own behaviour and youth stories. A difference in patterns of cannabis behaviour among girls and boys was showcased. Examples showed that a commitment to learning, positive learning, and positive peer network leads to a decrease of cannabis use.

<u>Cecilie Widnes</u> presented the active parent network in Norway while also presenting the Norwegian case regarding the use of drugs and the wishful plans of the Norwegian government to loosen up the legislations around drugs. Her message is to not gamble with young people with a massive experience. Even though the use is relatively low at the moment, with easier access it will increase. The current risk of imprisonment will help young people to have a good reason to say no against drugs and not start using. Instead, focus should be put on a creating loving and caring relationships that discourage usage of drugs.

Amy Ronshausen stressed the importance to educate parents and policy. The cannabis industry has very strong marketing. The big industries are not held accountable due to the fact that laws are not always enforced. The cannabis industry finds various and creative ways to advertise everywhere and normalise marijuana use. By legalising cannabis, the perceived risk goes down and marijuana will be perceived safer. Currently, there is no research on the impact of cannabis in drinks and syrups whereas it is a strong market. Therefore, marketing and products need to be restricted, education increased, and drug-free activities and health should be promoted.

<u>Dr Susan Weiss</u> showcased the risk of prenatal cannabis exposure, such as lower weight at birth, attention problems, lower scores in verbal and memory domains, etc. Cannabis use during adolescence increases risks for adverse neurodevelopmental outcomes. When researching the effects of cannabis [on infants], the possible use of other drugs needs to be taking into account. She also highlighted that cannabis is not what it used to be since its potency has increased immensely. The medical benefits were not shown with high potency marijuana. Also, policy is currently not based on science but on public opinion. She stressed that is a difficult battle to fight. Commercialisation of marijuana means profit thanks to addiction. Therefore, regulations matter, especially when they are enforced.

<u>Kevin Sabet</u> elaborated on the importance to not conflate the three separate issues of decriminalisation, medical marijuana, and recreational. They are often being mixed up in discussion but have different focus areas and outcomes. He also continued on the major corporate interest in marijuana where addiction is being used for profit. At the same time, the potency and the use increased, not through smoking but through other easily accessible products including cannabis. The increase of opioid, arrest rates, and others show that legalisation is not living up to its promises.

<u>Christian Thurstone</u> shared the historical overview of the legalisation of Colorado, where there is a strong marijuana marketing machine, a widespread commercialisation, and a strong lobby in favour of marijuana. There is not the right data available to make good comparisons between pre-legalisation and post-legalisation usage of cannabis. There is an increase of use and a higher suicide rate. The problem with legal medical marijuana is the legal age of 18. This can make it easier for high school students (up to 18) to get marijuana and deal with it at the school and expose younger students to it.



Questions Answered in written form by Dr Susan Weiss

- What is the most important and successful preventive measure to protect women and infants, regarding the transmission of the drug during pregnancy and breastfeeding?
 This is such an important question and it really requires changing norms and perceptions. This is what prompted the prior Surgeon General to issue an advisory, which does contain some practical suggestions:
 https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance
 - https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/advisory-on-marijuana-use-and-developing-brain/index.html
- How to increase the safety of infants against drug-affected parents?
 All of the professional organizations in this area have also come out with statements warning about the use of cannabis during pregnancy or while breast feeding. And what is not even being discussed yet (the issue you raise) is how cannabis use during early infancy might be affecting parent child interactions. But, as was talked about quite a lot at the summit—there is so much media promotion, implying safety and accepted medical use that really needs to be countered equally persuasively. We understand that tobacco smoking is legal, but harmful and not societally accepted, and use has plummeted dramatically (at least in the US). But we are nowhere near that type of norm for cannabis, even in those situations where we clearly should be—i.e., during pregnancy, childhood and adolescence.
- One of the reasons, at least as is shown in the United States, is to legalise to decrease inequalities and injustices. Would you be able to give us a few examples on why legalisation does not guarantee equity?
 - I've attached a report from the <u>ACLU (American Civil Liberties Union) (link)</u> in 2020 on this issue—showing that even while arrests are down overall, disparities remain. Other measures being taken by states are to expunge criminal records for those arrested for non-violent crimes associated with marijuana possession this is critically important to help people regain opportunities for education, loans, housing, jobs, etc. However, some states are also giving preferences for cannabis manufacturing or distribution licenses to those whose lives were adversely affected by marijuana criminalization. While this may be well intentioned, it is not terribly practical as the competition is more and more those with lots of money and power ("big pot").