Research in Context

STARLINGS COMMUNITY

Making sense of research in the broader context of practice and care.

Topic: Cannabis legalization & drug policy implications.

Reflection written by: Maya Eboigbodin, Starlings Research Lead

Research reviewed: Gibbs, B., Reed, T., Wribe, S. (2021). Cannabis Legalisation - Canada's Experience. Research Report. https://www.publicfirst.co.uk/new-research-on-canadas-legalisation-experience

Introduction

A recent Stanford Medicine piece holds Canada up as a model for getting legal cannabis "right," especially next to the more openly commercial U.S. approach. The report it draws on, Cannabis Legalisation: Canada's Experience, is more cautious than that headline suggests. It does show that Canada built a tighter, more public-health-minded system than most U.S. states. It also shows mixed results and some real holes in the evidence. From a Starlings point of view, the bigger problem is what the report barely touches at all. Parents, the work of caregiving, and the way institutions tighten around a family the moment substance use becomes visible are almost entirely outside the picture it paints.

What is the report looking at?

The report was commissioned by the Stanford Network on Addiction Policy and put together by Public First. It revisits Canada's 2018 legalisation of non-medical cannabis and asks whether the goals laid out in the Cannabis Act are actually being met, especially protecting public health and shrinking the illegal market. Its main comparative point is that Canada chose a more restrictive path than most U.S. states. Advertising and branding are tightly limited, packaging is plain, and provinces run sales their own way, which has produced a lot of variation across the country. The authors are clear that there is no single "Canadian model." Quebec's public, restrictive approach and Alberta's looser, private one are treated as two very different experiments inside the same federal system.

Key findings & takeaways

The report points to some real wins. Canada has mostly avoided the more aggressive commercialisation seen in parts of the U.S., largely by refusing to hand branding and promotion over to industry. More people are buying cannabis legally than before, and possession charges have dropped sharply. The kind of retail system a province picks also clearly matters. Quebec's tighter, public-run model has kept store numbers down and prices fairly low, while Alberta's looser, private model has produced a lot more shops and a much more visible everyday presence. Public support for legalisation has also gone up a bit since 2018.

That is not the whole story. The share of adults who said they had used cannabis in the past three months rose from about 14% in early 2018 to 20% by late 2020, and daily or near-daily use went up alongside it. Youth access does not seem to have improved. Around 44% of 16-to-19-year-olds reported using in the past year in both 2019 and 2020, according to the Canadian Cannabis Survey. The illegal market shrank but did not disappear, and driving after using cannabis is still a real concern. The authors keep flagging how thin the data still is, especially on younger people and on mental health, and they warn against calling this a success too soon.

From a Starlings point of view, the bigger limit is the way the report frames "public health" in the first place. It boils down to a fairly standard checklist of how many people are using, how often, how many shops there are, what prices look like, and how much of the market the legal side has captured. Those things matter, but they are not the whole picture. The report has almost nothing to say about parents, caregiving, family wellbeing, contact with child welfare, or the kinds of stigma in clinics and offices that decide whether telling the truth feels safe.

Even when it touches on pregnancy and breastfeeding, usually through warning labels, it never asks how those messages actually land with someone who is already afraid to ask for help.

Research in Context

STARLINGS COMMUNITY

Making sense of research in the broader context of practice and care.

What's good & what's needed?

The most useful thing the report does is take regulation seriously instead of treating it as a backdrop to personal choice. It shows that what legalisation feels like in everyday life is shaped by deliberate policy decisions, not by some neutral market. Rules on advertising matter. Pricing matters. Where shops are allowed to open matters. The authors are also honest about what they still do not know, which is welcome in a field where confident claims often run ahead of the evidence.

What the report does not do, and what work in this area badly needs, is take family and structural harm seriously. The questions it leaves out are exactly the ones Starlings cares about. **How does legalization actually change things for parents and caregivers who are already living with stigma around substance use? Does pulling back on criminal punishment really mean people are less afraid to ask for help, or does it just shift the watching and judging from police over to hospitals, child welfare, and other parts of the system?** Do families who already get the worst of racism and poverty share in whatever good comes out of legalisation, or are they still the ones most likely to be reported and pulled apart? The report gives a fairly clear picture of the cannabis market, but it says very little about how that market gets filtered through everyday family life.

This gap is not an accident. Parental substance use cannot be understood as just a personal choice or a habit. It is shaped by ideas about what a "good parent" is supposed to look like, and by whether the institutions a family ends up dealing with respond with help or with suspicion. Decriminalising a substance does not, on its own, undo the moral judgements people get hit with for using it, and it does not take away the power of agencies to remove children from their homes. Legalisation can reduce some criminal harms, which is a real and meaningful gain, while leaving the wider machinery of stigma and family breakup mostly untouched. Research that takes this seriously will need to move past store counts and tax numbers and start asking about trust, about whether people feel safe being honest, and about the basic material support that makes care possible in the first place.

Why does this matter for professionals?

For professionals, this report is a useful reminder that drug policy is never politically neutral. It shows that the way a system is designed shapes the actual conditions in which people use and ask for help. When commercial interests are allowed to outpace public-health concerns, that produces harm of its own. **It also makes clear that even Canada's more careful model still has unfinished business, from youth access to the basic quality of the data we have.**

For people working directly with those affected by substance use, though, the bigger lesson is in what the report cannot see. Families do not experience drug policy as a debate about retail formats. They experience it through intake forms, mandated reporting, the look on a clinician's face, and the very real calculation of whether being honest in a healthcare setting will be met with support or with consequences they cannot afford. **A family-centred, anti-stigma way of working asks different questions than this report does. Not just "did use go up?" but who is being watched, who is being blamed, and whether anyone is actually able to get support without losing their kids.**

That is why this research matters for Starlings and for the wider field. It is a decent starting point for thinking about what a more carefully run cannabis system could look like, and it does show that on some fronts Canada has been more careful than the U.S. But the line that Canada is "getting it right" smooths over too much.

A serious look has to keep hold of the question of parental substance use and the structural harms families face when their substance use becomes visible to institutions that have never been on their side.