



## Viewpoint

## Cannabis legalization in Canada: What are the potential implications and barriers for people living with HIV?

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The recent legalization of cannabis in Canada is an important step towards drug policy reform in Canada. While we support this move we are concerned by the potential implications for people living with HIV (PLWH) – and people who live with a chronic illness more generally.

Despite major advancements in treatment and care, PLWH continue to experience symptoms related to medication side effects, co-morbidities, and HIV-related complications (including opportunistic infections, cancers, and chronic pain) (Wilson et al., 2016). Bothersome and poorly managed symptoms can lead to treatment non-adherence and treatment interruption (Shubber et al., 2016). They can also negatively impact quality of life (Herrmann et al., 2013) and create significant employment limitations and lower health status (DiBonaventura, Gupta, Cho & Mrus, 2012).

It is common for PLWH to use cannabis to manage sleep, pain, anxiety, depression, appetite/weight, nausea, and inflammation related conditions and symptoms (Walsh et al., 2013). Reasons for using cannabis as a symptom management strategy include its effectiveness, delivery methods, ability to treat multiple symptoms as opposed to just one, low potential for side effects and interactions in comparison to medications, and additional beneficial effects on mood, stress, and overall well-being. Recent studies have reported that cannabis use among PLWH ranges from 23% to 39% (Harris et al., 2014; Lake et al., 2017; Slawson et al., 2015).

Despite cannabis being used as a symptom management strategy, PLWH have faced important barriers to accessing medical cannabis in Canada. A study conducted by Belle-Isle et al. (2014) found that despite having a legal right to acquire, possess, and use cannabis for medical purposes and having a program in place to facilitate access via licensed producers (i.e., Access to Cannabis for Medical Purposes Regulations or ACMPR), Canada failed to deliver on five key dimensions: accommodation, accessibility, availability, affordability, and acceptability. The key findings in this study are that medical cannabis is difficult to access because the national program fails to (1) meet the needs of people affected by a range of health issues, (2) provide various low-cost

products and delivery systems, (3) make optimal use of dispensaries to increase access and personalized service, (4) educate and encourage providers to prescribe, and (5) address the stigma and controversy that surround medical cannabis – especially in clinical settings. As a result, PLWH have had to rely primarily on illegal sources to access cannabis (e.g., compassion club, dispensaries, street market) to manage their symptoms.

Cannabis legalization is a step in the right direction, but in its current form, it is not a panacea. For now, the medical and recreational markets will remain separate. From a medical cannabis perspective, it is difficult to assess how legalization will help address the issues raised above and improve access for PLWH. It could actually lead to more barriers and potentially, to the phasing out of medical cannabis altogether – a major policy shift called for by the Canadian Medical Association.<sup>1</sup> Under the current Cannabis Act, PLWH who use cannabis for symptom management will continue to be required to seek authorization from their health care provider and use the access pathways previously outlined by the ACMPR. As such, we posit that they are likely continue using the recreational (including the illegal) market to relieve their symptoms. This would be consistent with recent data, which shows that roughly 80% of Canadians continue to purchase cannabis illegally post-legalization.<sup>2</sup> The illegal market provides PLWH with more control and affordable choices while taking cannabis out of the hands of medical providers whose attitudes are often unfavorable and pathologizing. This is where things might get complicated for PLWH.

Now that the government has taken over the recreational market, it creates a major shift in access for PLWH who have been relying on illegal sources of cannabis for symptom management for years. First, PLWH who may not be able to afford or access government-sanctioned cannabis, risk harsher punishment than before if they purchase or grow cannabis outside the regulatory structure. In fact, police departments across the country have already committed to ramping up policing and interventions to tackle cannabis production, distribution and con-

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sumption that may venture outside this regulatory structure.<sup>3</sup> Second, PLWH may face a gap in access created by the threat of enhanced criminal penalties for the sale of illegal cannabis (up to 14 years in prison<sup>4</sup>) and the shortage of supply of government-sanctioned cannabis (which is already being reported<sup>5</sup>). In other words, it could limit access to previous suppliers such as a trusted dealer, friend or acquaintance while also failing to provide a constant sanctioned supply. Third, PLWH may face barriers due to forced closure of local dispensaries. For example, two days after the official legalization of cannabis, police shut down five dispensaries in Toronto.<sup>6</sup> This trend is expected to intensify and spread across the country. PLWH, and especially older adults tend to be overrepresented among dispensary users in Canada (Capler et al., 2017). As such, their access could be significantly impeded because of legalization especially considering that government-sanctioned cannabis is sold primarily online; i.e., in the two provinces with the largest number of PLWH in Canada, there are currently a total of two stores (2 stories in British-Columbia and none in Ontario). Fourth, PLWH may have limited access to alternative ways of consuming cannabis that pose fewer health risks and provide enhanced benefits for symptom management. For example, edible products are not been included in legalization and accessing them can only occur through unsanctioned channels or via home production. Finally, PLWH who smoke or vape cannabis may experience serious barriers due to newly created by-laws, zoning, renter regulations, and ticketing practices. In sum, legalization may make it harder for PLWH to access and benefit from cannabis, and even more so if they experience poverty and housing insecurity.

Research is critically needed to understand the impact of legalization on the health of all Canadians, but especially those with complex care needs who are the most likely to use cannabis for therapeutic purposes. As we embark on the process of legalizing cannabis, it is essential that we hear from PLWH in order to determine how this process impacts them and their symptom management experience. Over the course of the next four years, we will be conducting a CIHR-funded longitudinal qualitative study to document the impact of legalization on PLWH who use cannabis for symptom management. The study findings will help inform future policy and protect the rights of PLWH to access what many consider to be an essential component of their treatment. In the meantime, concrete policy changes could be made to ensure that legalization does not impede on PLWH's access to cannabis for symptom management. Guidance should be issued to not raid and close cannabis

stores that currently provide the most affordable and accessible products for PLWH. Criminal penalties for the production, distribution and consumption of cannabis outside the government framework should also be abandoned. Finally, an equity lens should be applied to newly created policies (i.e., by-laws, zoning, renter regulations, ticketing practices, roadside testing, etc.) in order to ensure that PLWH are not targeted or penalized for accessing cannabis.

### Declaration of Competing Interest

None.

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<sup>3</sup> For example, see <https://www.cbc.ca/news/canada/manitoba/roseau-river-cannabis-dispensary-bust-1.5043029>, <https://lfpres.com/news/local-news/downtown-shop-repeatedly-raided-by-police-now-plans-legal-marijuana-retail-store>, <https://globalnews.ca/news/4939351/more-hamilton-cannabis-dispensaries-shutting-down-voluntarily-police/>, <https://saskatoon.ctvnews.ca/saskatoon-police-service-cracking-down-on-illegal-cannabis-stores-1.4307904>, <https://northernontario.ctvnews.ca/sudbury-police-raid-medicinal-cannabis-store-1.4308608>, <https://www.straight.com/cannabis/1207046/vancouver-cannabis-shop-hempire-dispensary-raided>.

<sup>4</sup> See the Cannabis Act: <https://laws-lois.justice.gc.ca/eng/acts/C-24.5/>.

<sup>5</sup> For example, see <https://globalnews.ca/news/4662574/legal-marijuana-canada-shortage-cannabis-producers/>, <https://www.cbc.ca/news/business/canada-cannabis-shortage-years-1.4988195>, <https://www.straight.com/cannabis/1188366/canadian-cannabis-industry-execs-warn-weed-shortage-could-last-three-years>, <https://www.ctvnews.ca/business/legal-cannabis-shortages-could-last-years-expert-1.4291075>.

<sup>6</sup> <https://globalnews.ca/video/4575101/toronto-police-raid-5-illegal-dispensaries>.