Cannabis regulation outcomes – A rapid review

Authors:
Liana Rawlings[1], Linda Gay[1], <u>Robert Taylor</u>[1], Aaron Bachelor[1], Elle Perriman[1], Inez Winters[1], Nataly Bovopoulos[1], Yujie Zhao[1,] Simon Lenton[2], Claire Wilkinson[3]

[1]Alcohol and Drug Foundation (ADF), Melbourne, Australia, [2]National Drug Research Institute (NDRI), Curtin University, Perth, Australia, [3]National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, Sydney, Australia

Presenter email: robert.taylor@adf.org.au

Introduction: Cannabis law reforms are trending internationally, with growing social acceptance and support of cannabis legalisation domestically**.** Research is also emerging on the outcomes of cannabis legalisation. This rapid review aimed to examine the evidence on outcomes of cannabis regulation in jurisdictions with legal non-medical adult use of cannabis across multiple domains, including health, legal, and social outcomes.

Method: We used a systematic search strategy based on a main research question and five sub-questions to identify relevant peer-reviewed publications using the ADF Library, Google Scholar and PubMed Central in the last five years. Additional relevant results from Google for grey literature and outside the publication window were identified and included. 480 studies were screened, with a total of 95 included in the final review. Publication bias and certainty of evidence were assessed via a modified GRADE framework. Results were synthesised via outcome domains.

Key Findings: The review found developing evidence, overwhelmingly from North American jurisdictions, in certain outcome domains, including cannabis use and Cannabis Use Disorder prevalence, health, social and legal harms, and cannabis markets. Rates of cannabis use have increased among adults but generally remained stable for adolescents. Weak evidence was found that road safety harms may increase in jurisdictions following legalisation. Prices decrease and product variation increases in legal jurisdictions, though this varies with regulation type. Some evidence showed emergency department presentations and poisonings increased, particularly in jurisdictions with edible cannabis products. Findings suggested several harm outcomes increased in jurisdictions with more highly commercial models. Evidence on outcomes of non-commercialised models was limited.

Discussions and Conclusions: Whilst there are some increases in harms in certain outcome domains, these may be higher in jurisdictions with more commercial models. More evidence is needed regarding non-commercial models of regulation to better understand outcomes of alternative models of cannabis legalisation.

Implications for Practice or Policy: Findings indicate that commercialised models of cannabis regulation seem to be associated with higher harms across health and road safety domains, which is applicable for cannabis policy advocacy and harm minimisation practices.