



# FAQ

## Lower-Risk Cannabis Use Guidelines

Canada's Lower-Risk Cannabis Use Guidelines (LRCUG) provide 10 science-based recommendations to enable people to reduce their health risks related to cannabis use. This FAQ answers some of the most common questions about the LRCUG.

1

**Why do the Lower-Risk Cannabis Use Guidelines (LRCUG) exclude some cannabis-related health risks?**

The LRCUG are a public health intervention tool based on established scientific evidence. They provide guidance focused on individual users to reduce their risks of cannabis use-related harms through personal choices or behaviors. As a result, the LRCUG do not include information that is not related to individual behaviors or health outcomes (e.g., cannabis storage or enforcement). In addition, they only include recommendations on risk factors where consistent, substantial scientific evidence supports a specific recommendation. The LRCUG were developed based on systematic reviews, followed by a grading of evidence and expert consensus methods. The guidelines were originally published in the *American Journal of Public Health* (2017) which has more information on the methods and evidence supporting the LRCUG.

2

**Why is the abstinence message first in certain versions of the LRCUG materials? Won't this turn some people off the guidelines altogether?**

The LRCUG specifically do not recommend abstinence. Rather, the goal is to inform people about the fact – based on standard precautionary principles – that the only way to avoid all risks to health from cannabis use is by abstaining from use (implying also the important message that there is no perfectly “safe” way of using cannabis). The overall purpose of the guidelines is to tell people who've made the choice to consume cannabis how they can do so more safely.

3

**Why do the LRCUG materials mention age 16 as the “cut-off” age for high-risk cannabis use? Don't the risks to the developing brain endure until at least the early 20s?**

The guidelines don't explicitly suggest a “cut-off” age for use. The overall recommendation is to delay the onset of cannabis use to as late in life as possible. Any ages mentioned reflect findings that were identified in the relevant scientific evidence. Overall, we know that the younger the age at which a young person begins consuming cannabis, the higher the risks to their health and, based on evidence, consuming cannabis below the age of 16 in particular increases these risks.

**The Lower-Risk Cannabis Use Guidelines are available in a variety of formats for different audiences:**

- Poster and postcard
- Brochure
- Pocket guide for youth, by youth
- Evidence summary
- Scientific paper in the *American Journal of Public Health* (English only)



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**Why do the LRCUG say edibles are a lower-risk method of ingesting cannabis? Edibles can be quite potent.**

No method of consuming cannabis, including ingesting edibles, is risk-free. However, based on the evidence to date, using edible cannabis products has relatively lower health risks than other ways of consuming cannabis. In particular, this relates to smoking cannabis, which may lead to respiratory problems. Some health risks do exist with the use of edibles. For example, the delayed onset of effects may lead to overconsumption, and so caution is recommended.

5

**The LRCUG recommends waiting at least six hours after consuming cannabis to drive. What is the evidence for this recommendation?**

The time-based recommendation to avoid cannabis-impaired driving comes from studies included in the scientific LRCUG publication. These studies indicate time estimates for when acute cannabis-related impairments relevant to driving – such as cognition or motor control – subside. As the LRCUG note, this timing can vary based on the individual, the type or amount of cannabis product used, and other factors. The time recommendation is based on a minimum, conservative estimate to reduce risks with driving or other activities. Applicable laws and regulations around cannabis use and driving should be followed, and supersede this recommendation.

6

**There is lots of new research on cannabis – how will the LRCUG consider this?**

Cannabis use, and its related health risks, is a timely research topic with a rapidly and continuously evolving evidence base. The LRCUG are derived from the body of scientific research that was available and that met quality standards up to the time of the original publication. As research expands and new evidence emerges, the LRCUG – given their role as a preeminent public health tool in the context of cannabis legalization – ought to consider relevant new information and adjust the recommendations as required.