

BRIEFING NOTES TO THE REPORT OF THE HEALTH SELECT COMMITTEE INQUIRY INTO CANNABIS

SUMMARY OF OUTCOMES

The report of the committee sets the foundation for cannabis law reform by:

1. Answering the question, how ‘harmful is cannabis?’ It reaffirms that moderate, adult use of cannabis has low risk, but heavy, chronic use and underage use are associated with clear harms.
2. Identifying that the most effective public health strategy is one based on harm reduction and community development. It highlights the problems of many current drug education initiatives and expresses concern about the punitive approach to cannabis use taken by many schools.
3. Clarifying that the aim of cannabis legislation should be preventing young people using cannabis and protecting them from the harms associated with its use. Non-problematic adult use should not be criminalised.
4. Stating that the current policy of cannabis prohibition does not prevent underage use and creates significant problems of its own, including acting as a ‘gateway mechanism’ to hard drugs. A number of specific concerns about the way cannabis prohibition is implemented are also highlighted, including discriminatory policing.
5. Recommending a series of mechanisms to progress reform, including provision for medical use of cannabis, wider use of police diversion for cannabis, reclassification of cannabis by the Expert Advisory Committee on Drugs, and work by the Justice and Electoral Committee to look at the justice and civil rights issues and focussing on determining the best model for law change.

1. THE HEALTH EFFECTS OF CANNABIS

Moderate use has a low risk of harm

“For the majority of occasional cannabis users, there is a low risk of cannabis related harm” p15

Heavy chronic use is associated with harm

“Lethal overdose is almost impossible. However, harmful acute and chronic effects of cannabis use are associated with frequent and heavier use” p14

In agreement with other studies cited, “One study estimates that about 9 % of all cannabis users and about 33 to 50 % of daily users meet the criteria for dependence at some point” p13

High risk groups

“Numerous reports and studies... identify problems associated with frequent cannabis use by adolescents....People with co-existing drug use and other mental disorders, poly drug users, and pregnant women have also been identified as being at greater risk of drug-related harm” p14

Mental Illness

“extant research does not appear to substantiate a link between cannabis use and psychosis...there is not evidence that a chronic psychosis is induced by cannabis” p15

“The Royal College of Australian and New Zealand Psychiatrists noted that there is no convincing evidence that cannabis use causes schizophrenia....the absence of an increased incidence of schizophrenia over the past 30 years, during which time cannabis use has become much more prevalent, is strongly against such a possibility” p15

“Research into residual cognitive changes after cessation of cannabis use has found only minor defects or no difference between users and non users” p16

Violence

“We understand that most currently available research demonstrates that (a relationship between cannabis and violence) does not exist and that human violent behaviour is either decreased or unchanged with cannabis administration” p17

Lung damage

“smoking cannabis carries a similar risk of lung cancer and other cancers as tobacco. However it must also be recognised that, with the exception of extremely heavy users, cannabis users tend to smoke less than tobacco users” p18

“We recognise that the use of high THC cannabis may have the effect of decreasing harm by reducing the amount of smoke inhaled by the user” p18

“the current practise in New Zealand of users holding smoke in to maximise the effect of the THC has been shown to increase risk of lung damage without increasing the high. We encourage the provision of harm reduction information that makes this clear” p19

Compared to alcohol and tobacco

“The World Health Organisation and the United States Institute of Medicine both state that cannabis use is less harmful than alcohol or tobacco” p21

Cannabis and driving

“Cannabis as consistently been shown in laboratory behavioural studies to impair psychomotor performance on a range of skills related to driving” p22, However “People who are intoxicated with cannabis tend to drive more slowly on laboratory simulators, and engage in less risky behaviours, than those intoxicated by alcohol...Recent Canadian and Australian studies that suggest that cannabis use does not adversely affect driving” p23

Potency of cannabis

“The Institute of Environmental Science and Research Limited (ESR) has concluded that there is no evidence of a significant general increase in cannabis potency over the past 25 years. (however)...The ESR states that there is a glaring omission in the available data on yields and potency of cannabis grown under artificial conditions in New Zealand” p12

2. EFFECTIVE HEALTH PROMOTION AND HARM REDUCTION

Information is poor

“We are concerned that information (about what constitutes an effective drug education strategy) is fragmented and difficult to obtain” p35

Support for community based approaches

“We support the public health strategies recommended by the Ministry of Health (focussed on community based approaches)” P35

“We recognise the importance of local community research and strategies...We are encouraged by the initiatives ... which include a holistic education and motivation programme that places drug issues in the context of personal, whanau, hapu and community development, is tailored to local needs, and is bicultural and bilingual, with a Maori focus where appropriate” p42

Harm minimisation supported

“The philosophy that public health policy and programmes should be planned, funded and delivered within a harm minimisation strategy was supported by the highest proportion of the submissions” p36

RECOMMENDATIONS:

- That the Government ensure provision of harm reduction information designed to minimise lung damage resulting from the smoking of cannabis
- That it note our concern that most young people who use cannabis do so in an environment that is not conducive to well-informed decision making, and ensure that useful information is readily available.

School-based drug education programmes ineffective

“Consistent results over two decades indicate that school-based drug education alone is ineffective in delaying or reducing drug use” p43

“We believe that for school-based programmes to be effective, information on drug-related harm must be integrated into the health and physical education curriculum and linked with comprehensive community programmes” p43

“We are not convinced that (Police-led school drug education programmes) is the best use of police resources, and would prefer to see drug education being funded through, and provided by, a more relevant ministry” p45

School suspensions

We are concerned that the number of school suspensions for cannabis-related incidents exceeds stand-downs alone among all offences including violence, which indicates that schools treat cannabis more seriously than violent incidents, including those involving weapons. We believe that schools need to receive support so that they can respond to cannabis use in a way that preserves educational opportunities” p44

3. AIM OF CANNABIS LEGISLATION TO PREVENT UNDERAGE USE

“We agree that the aim of cannabis legislation needs to be focussed on preventing young people from using cannabis, and protecting them from the harms associated with use of this controlled drug. However we have not been able to agree on the most appropriate legal status for cannabis” p6

“There were strong feelings among submitters about the harm to youth resulting from cannabis use, and support for a clearly defined age limit was almost unanimous” p10

“One of the themes emerging from the expert submissions was the view that policies should avoid criminalising non-problematic cannabis users. Various social harms result from giving criminal convictions to occasional cannabis users who do not pose a risk to themselves or others”p49

4. PROHIBITION IS NOT WORKING AND CREATING FURTHER HARMS

“The current high levels of use and the level of black market activity indicate that the current prohibition regime is not effective in limiting cannabis use. Prohibition results in high conviction rates for a relatively minor offence, which inhibits people’s education, travel and employment opportunities. Prohibition makes targeting education, prevention, harm minimisation, and treatment measures difficult because users fear prosecution. It also facilitates the black market and potentially exposes cannabis users to harder drugs” p56

The cannabis economy

“The total quantity of cannabis purchased from the black market was...an estimated wholesale value of \$55.2 million and estimated retail value of \$84.3 million. Other estimates of the value of the cannabis market vary widely from \$140 million to \$900 million for Northland alone” p29

“The cannabis economy provides seasonal employment and ready cash, but it also causes widespread social harm, including cannabis dependence, truancy, youth exposure to cannabis, contact with criminal gangs, and the consequences of criminalisation, with many of the people in these communities imprisoned for minor cannabis-related offences” p28

The ‘Gateway Effect’

Research supports the view that “the relationship between cannabis use and ‘harder’ drugs arises from the legal status of cannabis rather than its pharmacological effects” p20

Prohibition “facilitates the black market and potentially exposes cannabis users to harder drugs”p56

“the Netherlands has fewer hard drug addicts per capita than Italy, Spain, Switzerland, France, Britain, and the United States of America, and fewer young people in the Netherlands are becoming hard drug addicts. This was a stated aim of the Dutch Government’s policy of separating the cannabis market from the marker for hard drugs”p21

“Cannabis law reform in the Netherlands “has resulted in very low levels of cannabis use amongst youth and some of the lowest rates of hard drug addiction in the Western world” p56

Number of convictions

“On average about 22,000 people were arrested for all cannabis offences each year in New Zealand between 1994 and 2000. In 1999, there were 9,399 prosecutions for the use of cannabis” p30

Police resources

“Cannabis law enforcement accounted for \$19 million of the total Police budget in 2000 -01, or approximately 2 percent of total police activities...Table 3 indicates that the police spent more of their time policing minor – rather than serious – cannabis offences”p29

Chance of getting caught

“Police state that officers generally detect the majority of possession offences at the street level in association with other matters such as disorder and other behavioural offences, or through vehicle searches directly related to road safety issues. We remain unconvinced by this, noting that 42 percent of convictions for cannabis do not include other offences. These offences usually involve very small amounts of cannabis” p32

“The APHRU (study) states that there is roughly a 4 percent chance each year of arrest for a minor cannabis offence in New Zealand, compared with a 1.25 percent chance in Australia and a 2 percent chance in the United States of America” p30

Discriminatory policing

(Search without warrant powers were) “intended by parliament to be used primarily for serious trafficking and supply offences, not for personal possession charges... Today these powers are used as part of routine activities or street patrols” p33

“The Police Association president admitted that the police have targeted people on the basis of their dress” p33

“Maori would appear to be at greater risk of harm resulting from the criminalisation of cannabis. Maori convictions for cannabis offences are disproportionate to the Maori percentage of the population and Maori cannabis use rates” p26

“Police figures would appear to bear out the idea that Maori are disproportionately apprehended both in general and for cannabis related offences in relation to the total population” p27

RECOMMENDATION: That the Government follow up the allegations that the police discriminate against Maori as highlighted in the Christchurch Health and Development Study.

5. STEPS TOWARDS LAW REFORM

“We are advised that very strict prohibition of cannabis, where even minor personal use is criminalised, could contribute to a range of problems, including creation of a large-scale black market; causing disrespect for a widely broken law; hampering provision of effective health promotion information and provision of, and access to, best treatment services; hampering access to cannabis for medicinal purposes; and encouraging punitive, harmful policies in schools. *Removing the criminal penalties for cannabis offences to some extent may alleviate these problems by providing more options for dealing with cannabis*” p49 (our italics)

Majority of submitters in favour of cannabis law reform

“The majority of submissions to this inquiry supported legalisation of cannabis, with 52.3% favouring legalisation and regulation. Combined with the 20.8% of submissions that supported decriminalisation in some form, approximately 75% of submissions favoured some change to the legal status of cannabis” p 48

NB This analysis of 531 submissions does not include the 1978 form submissions sent in favour of a regulated and taxed market (legalisation).

Law reform does not increase use

“In the Netherlands, which operates a more laissez-faire approach to cannabis (than Sweden), there has not been a high incidence of cannabis use. In the United Kingdom, cannabis use is higher, despite the penalties being stricter than in the Netherlands” p57, while “recent research (into decriminalisation) has found no discernible impact on the rates of cannabis use” p61

Medical use

RECOMMENDATION: that the Government pursue the possibility of supporting the prescription of clinically tested cannabis products for medicinal purposes.

Diversion

“there may be some merit in the police expanding the diversion scheme to further reduce the number of prosecutions and convictions for minor cannabis offences. We would expect this to free up police resources for more serious crime” p60

RECOMMENDATION:

- That the Government consider diverting minor cannabis offenders into compulsory health assessment for first possession and use offences, rather than a criminal conviction
- That police expand the diversion scheme for cannabis offences

Reclassification by the Expert Advisory Committee on Drugs

Reclassification would not be a legislative change, but a regulatory one. Cannabis is currently classed as a C1 drug. Classification of cannabis as a C2 or C3 would recognise its therapeutic value, and allow it to be more easily prescribed. It would also remove the search without warrant powers of the police in relation to cannabis.

RECOMMENDATION: That the EACD give a high priority to its reconsideration of the classification of cannabis.

Further inquiry to determine the best model for change

RECOMMENDATIONS: That the Justice and Electoral Committee consider the use of search without warrant powers by the police under the Misuse of Drugs and that it consider an appropriate legal status for cannabis