

DRAFT NOTES ON RESEARCH TO DATE

Cannabis Legislation and Control Bill (CLCB)

The referendum will give the public the opportunity to vote on whether the **recreational use** of cannabis should become legal.

- The Government has released a draft Cannabis Legalisation and Control Bill for public consideration.
- The draft Bill describes the key aspects of proposed rules about growing, selling and purchasing cannabis for recreational purposes.
- The draft Bill is being published now to ensure that New Zealanders are informed about the direction being taken and the decisions that have been made to date.
- The final draft Bill, which will be released in early 2020, will contain more detail and take into account feedback on the current draft.

Key Terminology used

- **Cannabis – For the purposes of the referendum, we have divided Cannabis into three types:**
- **recreational cannabis** - It is currently illegal in New Zealand to use or possess cannabis for recreational use. It is also illegal to grow or supply cannabis for recreational use. The draft Bill outlines a proposed law that could regulate Cannabis for recreational use.
- **medicinal cannabis** – Certain medicinal cannabis products have been available by prescription for some time in New Zealand, although in a limited way. A medicinal cannabis production scheme is being established in New Zealand to widen access to different products. Regulations for the scheme will be released in December 2019.
- **hemp** – contains very low amounts of psychoactive chemicals and is used to create various products such as oil, rope fibre and hemp seeds. In New Zealand, hemp growers have a specific license to grow the plant. The current scheme to regulate production and sale of industrial hemp has existed since 2006.

The proposed referendum question is:

Do you support the proposed Cannabis Legalisation and Control Bill?

- Yes, I support the proposed Cannabis Legalisation and Control Bill.
- No, I do not support the proposed Cannabis Legalisation and Control Bill.

Regulatory objectives

The primary policy objectives agreed by Cabinet are to:

- address the wellbeing of New Zealanders and harm reduction - the model should minimise harms associated with cannabis, such as health-related harm, social harms and harm to young people; and
- lower the overall use of cannabis over time through education and addiction services, with a focus on lowering the use amongst young people by increasing the age of first use for those disposed to using it. Revenue raised through the regulation of cannabis should contribute to relevant health-related measures.

The agreed secondary policy objectives are to:

- disempower gangs and the illegal trade in cannabis;
- lower the prison population over time and lower the number of New Zealanders (especially Māori) whose future opportunities are negatively affected by cannabis use charges;
- ensure product safety and control of THC levels via legislation and regulation;
- ensure consistency with the rule of law – the model should uphold New Zealand’s constitution. It should also minimise opportunities for the illicit market and be clear and easy to follow;
- be tailored and workable for New Zealand – the model should recognise and reflect our cultural practices and the values of New Zealand society, so that it can be accepted by New Zealanders; and
- be fiscally sustainable – the model should seek to fund mechanisms that directly address cannabis-related harms, while also aiming to lower use over time.

Key regulatory settings

The key settings agreed by Cabinet are for a model that:

- establishes a minimum age of 20 to use and purchase cannabis;
- controls and regulates the potency of cannabis and cannabis products available;
- limits and regulates consumption of cannabis to private homes and specifically licensed premises;
- limits and regulates the sale of cannabis through physical stores only (not online or by remote sale);
- requires the inclusion of health and harm minimisation messaging in the marketing and retailing of cannabis;

- controls and regulates the parameters whereby small amounts of cannabis may be legally shared socially with those over the legal purchase and use age, while reinforcing penalties for individuals who share with those under the designated purchase and use age;
- establishes the regulated market controls over seed and/or plant purchase to permit private cultivation of cannabis at home, including the requirement to keep children and underage individuals safe;
- establishes the regulated market controls that would permit cannabis-infused products to be made at home, but prohibit extraction of resins and other concentrates at home;
- ensures through a state licensing regime that all stages of the supply chain are licenced and controlled;
- controls through a state licensing regime all manufacture of cannabis products, including resins and other concentrates;
- controls through a state licensing regime all commercial manufacture of cannabis- infused products, such as edibles;
- restricts marketing activities, including a ban on all advertising of cannabis products.

Detailed policy work

Overarching purpose statement for the Bill

1. The Bill will include the following draft overarching purpose statement:

“The purpose of the Act is to regulate and control the cultivation, manufacture, use and sale of cannabis in New Zealand, with the intent of reducing harms from cannabis use to individuals, families, whānau and communities, by:

- a) exercising controls over the availability of cannabis in New Zealand and deterring the illegal supply of cannabis; and
- b) raising public awareness of the health risks associated with cannabis use; and
- c) protecting the health and wellbeing of New Zealanders, particularly young people, through restricting their access to cannabis and prohibiting inducements to use cannabis; and
- d) improving access to health and social services, and other whānau supports, for those who require assistance to address issues associated with cannabis use; and
- e) providing access to a legal and quality-controlled supply of cannabis for adults who choose to use cannabis; and
- f) limiting the public visibility of, and exposure to, cannabis use in New Zealand; and
- g) placing controls on the potency and content of licensed cannabis; and
- h) providing for the limited growing of cannabis for personal use, within a regulated environment; and

i) ensuring that responses to contraventions of the Act are proportionate, encourage compliance, and incorporate a focus on reducing overall harms”.

The purpose statement establishes the broad objectives of the legislation; provides the framework for the Bill as a whole; and reflects the objectives of the regulation as agreed by Cabinet. Officials are providing further advice on how Treaty obligations and equity for Māori can best be reflected, following engagement with iwi and Māori groups.

Statutory review of the operation of the Act

The Bill will incorporate a statutory requirement for the responsible Minister to review and report on the operation of the legislation following five years of operation of the licensed regime. The review will be undertaken by an independent body of academics, scientists and researchers, including individuals with iwi and Māori expertise brought together specifically for this task.

The purpose of the review is to assess how well the regulatory approach is delivering on harm-reduction and other objectives, drawing on data and other evidence. The review will include recommendations on the potential reform of the regulatory approach if it were judged that reform could help achieve the harm-reduction objectives and other stated legislative purposes.

The Bill establishes a regulatory authority and will include a number of regulatory functions that will be identified in due course.

The Bill will require the regulatory authority to prepare and publish a national plan setting out how it intends to give effect to the objectives of the Act.

The first national plan will be developed soon after the regulatory authority is established, with a second plan to follow a statutory review of the Act, and subsequent plans to be developed at five-yearly intervals.

An independent advisory group to be consulted on national plan.

The Bill will provide for the establishment of an independent advisory group comprising individuals with a range of expertise in relevant areas. The regulatory authority must consult with the advisory group in the development of the national plan.

The independent advisory group will include representation of Māori and iwi interests, and the Chief Executives from the broader health, justice and social sectors, together with the population agencies.

Controls in relation to licensed activities

Overarching purpose statement for the licensing regime

The Bill will include the following overarching purpose statement for licensed and otherwise authorised activities:

“The purpose of this Part of the Act is to contribute to harm reduction, including the harm caused by illicit supply, by establishing a regime to control the supply of cannabis in New Zealand by:

- a) establishing a licensing regime for the regulated, commercial supply of cannabis and cannabis products and related accessories;
- b) prioritising social equity outcomes through decisions on market allocation and authorisation requirements;
- c) setting and maintaining quality and safety standards for the licensed supply of cannabis and cannabis products and related accessories;
- d) controlling the potency and content of licensed cannabis and cannabis products available for use;
- e) promoting, as far as possible, equitable access to a stable supply of licensed cannabis and cannabis products available for purchase in New Zealand;
- f) ensuring that the retail prices of licensed cannabis and cannabis products reflect a balance between the harm reduction objectives that seek to lower the overall use of cannabis, while also drawing people away from the illicit cannabis market;
- g) supporting people to make informed decisions when purchasing cannabis and cannabis products and to understand the risks of use;
- h) limiting the marketing, advertising and promotion of cannabis and cannabis products and accessories;
- i) ensuring that the proceeds of cannabis sales contribute to the formal economy and are taxed appropriately.”

A purpose statement establishes the broad objectives of the regulatory licensing regime and provides the framework for the approach to licensing. The statement incorporates a focus on achieving social equity outcomes as a part of the market allocation approach.

Controlled activities within the regulatory regime

10. The Bill will identify the following activities as requiring appropriate authorisation by the regulator:

- a) importing cannabis seeds;
- b) cultivating and manufacturing of cannabis and cannabis products;
- c) production and processing of cannabis and cannabis products;
- d) analytical testing of cannabis and cannabis products;
- e) wholesaling cannabis and cannabis products;
- f) retailing cannabis and cannabis products to consumers;
- g) operating cannabis consumption premises;
- h) transporting cannabis and cannabis products;
- i) destruction of cannabis, cannabis products and raw cannabis;
- j) conducting research on cannabis, cannabis products and raw cannabis.

The Bill will make it clear that these activities cannot be undertaken without the appropriate authorisation by the regulatory authority and that doing so without that authorisation will be an offence.

Establishing a state licensing system via legislation

11. The Bill will set out the types of licence available (e.g. cultivation, manufacture of products, retail), with requirements for each type of licence, and the processes for licence applications, renewal, appeals, and associated fees and charges.

The licensing regime should not create unnecessary barriers to operators entering the market, as growers, manufacturers or retailers of cannabis products. Equally, it will be important that licensed cannabis retailers are located throughout New Zealand ensuring, as far as possible, access to licensed cannabis products.

Offences and Penalties

40. The Bill will include the following offences:

Knowing sale or supply of cannabis to a person age 19 or under, except in certain limited circumstances.	In the case of an individual: up to 4 years' imprisonment. In the case of a body corporate: a fine of up to \$150,000.
Knowing sale or supply of cannabis without a licence to a person aged 20 or over, except in cases where: - the supplier did not gain any material benefit; and - the amount supplied is 14g or under.	In the case of an individual: up to 2 years' imprisonment. In the case of a body corporate: a fine of up to \$100,000.
Knowing import of more than 14g or equivalent of cannabis without a licence.	In the case of an individual: up to 2 years' imprisonment or a fine of up to \$10,000. In the case of a body corporate: a fine of up to \$50,000.
Knowing production of cannabis oils, extracts or resins without a licence, with an exception for cannabis-infused oils/fats.	In the case of an individual: up to 2 years' imprisonment or a fine of up to \$10,000. In the case of a body corporate: \$50,000.
Knowingly growing 10 or more cannabis plants at home.	In the case of an individual: up to 3 months' imprisonment or a fine of up to \$2,000

41. The Bill will include the following infringement offences:

Exceeding the individual, or household, cultivation limit (up to 9 plants).	A fee of \$500 or a fine of up to \$1,000.
Growing cannabis in a public place.	A fee of \$500 or a fine of up to \$1,000.
Supply of cannabis sent through mail- order or courier.	A fee of \$500 or a fine of up to \$1,000.
Import of 14g or less of cannabis without a licence.	A fee of \$200 or a fine of up to \$500.
Growing cannabis in a publicly visible and accessible place.	A compliance notice, followed \$200 or a fine of up to \$500.
Possession of over 14g of cannabis in public	A fee of \$200 or a fine of up to \$500.
Use of Cannabis in public	A fee of \$200 or a fine of up to \$500.

The proposed approach to non-compliance seeks to reduce cannabis-related harm (including the negative effects of involvement in the criminal justice system), while acting to disempower the illegal trade in cannabis.

Note: further work is underway regarding the approach to 14-19 year olds, and non-compliance within the licensed sphere.

Overview of Cannabis laws

- The evidence for public health risks is clear, including increases in impaired driving, increases in adverse effects among pregnant and/or nursing women who use cannabis, increases in acute psychosis and emergency department visits, increases in cannabis use disorder and dependence, and increases in vaping-related lung injuries.¹
- According to the World Health Organization (WHO), 147 million people, or 2.5 percent of the world population, use cannabis (marijuana), making it the world's most widely cultivated, trafficked, and abused illicit substance.² Use is high in the adolescent age group. As an example, among surveyed adolescents in the United States (2017), approximately 6 percent of 8th graders, 16 percent of 10th graders, and 23 percent of 12th graders reported cannabis use in the past month.³
- Cannabis laws have been passed in Canada, Uruguay, Australia (Canberra), Luxembourg and in several states in the USA. In the United States, over 30 states have decriminalized medical cannabis or are reviewing legislation to allow low-dose delta-9 tetrahydrocannabinol (THC) products for specific medicinal indications. As of 2018, nine states have allowed the retail sale and possession of recreational cannabis.^{4 5}
- Public health experts have advocated that the most appropriate approach to cannabis legislation is to utilise an interdisciplinary, evidence-based approach to then in turn promote public health, inform policy, and provide patient-centred care.⁶
- Public health campaigns to enhance knowledge about the risks of exposure in children, as well as regulations limiting home production, may mitigate the potential for cannabis toxicity from unintentional ingestion by children but remain unproven.⁷
- It is generally considered that cannabis is less harmful than alcohol.

Children and cannabis use

- Unintentional cannabis ingestion by children is a serious public health concern and the concerns have been well-documented in numerous studies and case reports.⁸
- Children are more sensitive to the effects of the active ingredients in cannabis. Exposed to excessively high doses of cannabis will tend to make children extremely drowsy, and in some children begin to slow their respiratory drive to the point of needing assistance with breathing.⁹
- Cannabis can be detrimental to the developing brain and has been linked to the development of psychosis in youth. In young children, ingestion of cannabis (marijuana) may cause life-threatening coma with apnea or depressed respirations. Seizures have also been reported. Other features following limited paediatric exposures include behavioural changes, lethargy, and physiologic effects of intoxication which is also seen in adolescents and adults.¹⁰
- A 2017 paper which undertook a systematic review of unintentional cannabis ingestion in children found that there were numerous cases of unintentional ingestion of cannabis in younger children. The paper recommended that their findings should prompt clinicians to inquire about the possibility of access to a parent's or caretaker's cannabis.¹¹

- The incidence of unintentional cannabis ingestion by young children has been shown to have increased in states that have legalised medical and recreational cannabis. This trend is expected to continue increasing. Several studies have detailed differences in cannabis use, toxicity, and public perception in certain states before and after decriminalization of recreational cannabis. *For example, In Colorado, hospitalizations among cannabis users doubled after legalization of medical cannabis, and emergency visits doubled after legalization of recreational cannabis, notably for paediatric ingestion, acute intoxication, uncontrolled vomiting, acute psychosis, and burns from butane hash oil.*^{12 13 14}

DRAFT NOTES

Examples of jurisdictions with cannabis laws.

USA	<ul style="list-style-type: none"> • Nationwide, children’s exposure to cannabis products rose 148% from 2006 to 2013, and in states allowing medical cannabis, that figure increased by 610%¹⁵
Colorado	<ul style="list-style-type: none"> • In Colorado, after cannabis use (recreational) was legalized in 2012, <ul style="list-style-type: none"> - For children aged 0 to 9 years, the number of cannabis-related calls to the regional poison centre increased after both medical and recreational cannabis use came into law. - Edible cannabis products accounted for nearly half of the cases.¹⁶ - ER visits linked to cannabis use tripled over the next five years at one of the state's largest hospitals.¹⁷ - Psychiatric ER visits were more common after people consumed cannabis edibles, compared to smoking or inhaling cannabis products.¹⁸ • the rate of cannabis exposure cases reported to a regional poison centre increased by 34% during the 5 years after decriminalization in 2009, which was significantly greater than the remainder of the country.¹⁹ • Unintentional ingestion of recreational cannabis accounted for nearly one-half of cannabis toxicity cases admitted to a Colorado children’s hospital in 2014 and 2015.²⁰
Calgary (Canada)	<ul style="list-style-type: none"> • Hospital visits related to cannabis use have increased by 25 per cent in Calgary since recreational use of the substance was legalized.²¹ • Calgary hospitals have seen dramatic drop in the number of opioid overdose admissions - A year ago, every ER was seeing five or six overdoses a day, now it’s down to one or two a week.²²
Washington State	<ul style="list-style-type: none"> • For children aged 0 to 9 years, the number of cannabis-related calls to the regional poison centre increased after both medical and recreational cannabis use came into law. Edible cannabis products accounted for nearly half of the cases.²³ • Since legalising cannabis in 2014, Washington State has raked in \$1 billion in tax revenues, almost 80 percent of which has been directed towards health and judicial systems²⁴
Massachusetts	<ul style="list-style-type: none"> • Cannabis-related poison control calls involving Massachusetts children have doubled since legalization, especially from edible products.²⁵ • Paediatric cannabis exposure cases increased in Massachusetts after medical cannabis was legalized in 2012, despite using childproof packaging and warning labels.²⁶

California	<ul style="list-style-type: none"> The number of calls to the poison control centres in 2018 more than doubled the reports in 2015. Nearly half of the calls received involved children 5 and younger, including children under 12 months old.²⁷
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Pregnancy/ new mothers and cannabis use

- Evidence suggests cannabis use during pregnancy may be linked with premature birth.²⁸ Fetal, youth, and adolescent exposure to THC is associated with negative health effects, including impacting brain development.²⁹ However, the effects of cannabis on maternal and fetal outcomes remain generally unknown. Further research is required.^{30 31}
- There is inconsistent, insufficient evidence to determine the long-term effects of cannabis and cannabinoid use while breastfeeding.³² However, THC has been detected in breast milk for up to six days post-cannabinoid use, and exposure to cannabinoids is known to impact development in children.³³
- Increasing numbers of pregnant women report using cannabis to self-treat nausea, anxiety, depression and vomiting.³⁴
- Recommendations to help protect pregnant women, their babies, and everyone else who uses cannabis:
 - Train board-certified pharmacists who are knowledgeable about cannabis products and require that they be on staff at dispensaries, as is the model now in Minnesota, Connecticut, and New York.
 - Require health departments to proactively engage in community education of physicians, parents, and patients about the known health benefits and risks of cannabis, providing a strong counter to the false information being provided by some cannabis dispensaries.
 - Impose significant financial penalties on producers and/or retailers — as well as their employees — who communicate inaccurate health information to consumers.³⁵

Cannabis advertising/ marketing

- The notion that cannabis is not harmful — which is strongly promoted by the expanding cannabis industry — has taken particular root among the young, who are vaping nicotine and cannabis in record numbers. Even though use of cannabis among non-adults is illegal, a new study by the National Institute on Drug Abuse found that 21 percent of 12th graders had vaped cannabis in the past year, as had 19 percent of 10th graders and 7 percent of 8th graders.³⁶
- Evidence indicates adolescents who are exposed to medical cannabis advertising are more likely to have positive views of and subsequently use cannabis.³⁷ Those exposed to medical cannabis advertising were more likely to report past use and expectant future use.³⁸

- Adolescent exposure to medical cannabis advertising was also associated with self-reporting negative consequences associated with cannabis use, including missing school and concentration issues.³⁹
- Clinical expert groups such as the American Academy of Family Physicians (AAFP) call for immediate regulation of advertising of all cannabis and cannabinoid products to decrease youth exposure and to aid in preventing use of cannabis.⁴⁰

Cannabis products

- Toxicity in children is most often reported after ingestion of a highly concentrated food product or hashish resin.⁴¹
- Clinical experts believe that edible cannabis products pose a risk because they are designed to be appetizing and appealing to eat, taking the form of edible treats such as brownies, cookies, and candies. As a result, Emergency departments in the U.S are reporting more paediatric patients admitted to the hospital compared to adults. Toddlers are being admitted to the paediatric intensive care unit for airway monitoring due to accidental overdose of these edible cannabis products.⁴²
- State regulatory agencies have not paid enough attention to the development of cannabis products that can be mistaken for non-cannabis merchandise or that target younger users. Edibles and extracts — cannabis oils, vape cartridges, and concentrates — are surging in recreational markets and deliver substantially more concentrated tetrahydrocannabinol (THC) (60% to 80% THC) than dried flowers (20% to 30% THC).⁴³
- Critics argue that states with cannabis laws should devote more regulatory resources to checking cannabis products being sold in stores, ensuring honest product labelling, developing regulatory processes for the development of new products before they go to market, ensuring proper and honest testing by independent labs, and restricting high potency waxes, oils, and the like from the market.⁴⁴
- Parents and other adults need to remember that edibles look like the sweet snacks most kids love: from brownies to gummy bears. A child (or an adult) can't see the difference between an edible and the same products without cannabis.⁴⁵

Storage practices

- A number of studies have called for public health messaging around cannabis use in the home, to focus on educating caregivers on safe storage practices to prevent unintentional exposures in young children and diversion to adolescents,⁴⁶ as well as pets.⁴⁷
- As adult or teenage family members use cannabis at home, the probability of unintentional ingestion increases from failure to securely store or dispose of the drug out of reach or sight of children.⁴⁸
- Healthcare providers need to help inform parents and child caregivers of the danger of unintentional ingestion and the importance of safe storage at home.⁴⁹

- In a retrospective cohort study of unintentional cannabis exposures among children between 2009 and 2015, researchers reported the following:
 - high prevalence of exposures associated with poor storage practices or supervision (41 percent).
 - Among caregivers who reported cannabis in the home, 91.4 percent reported storage locations inaccessible to children, such as ‘out of reach’, but fewer (67.0%) caregivers reported storage in a locked container, such as a cabinet, drawer or safe.
 - Caregivers play a critical role in limiting children’s access to cannabis in the home. The safest practice is to store cannabis in a locked location, particularly for older children.
 - Safe storage is of particular concern given the increased number of homes with cannabis stored in or around the home in Colorado. The prevalence of cannabis use in the home was higher in 2017 compared with 2014, which is suggestive of changes in perceptions of risk of using cannabis in homes where children live.
 - Consequences of poor storage practices in homes with children have been observed in Colorado in poison centre calls, which have increased from 45 in 2014 to 64 in 2017 for children 0–8 years old.
 - Few sources exist to guide parents in safe storage of cannabis in the home, and parents may have to be proactive in seeking out such guidance.
 - Cannabis retailers could play a larger role in providing storage advice at the point of sale.
 - Given the lack of research on cannabis storage practices, it is not well understood how parents understand and implement this advice. Parents may be lacking specific direction on how to prevent diversion of cannabis to adolescents when it is present in the home for use by adults.⁵⁰

Packaging

- Much of the available literature agree that child-resistant packaging can help stop accidental poisoning.⁵¹
- In U.S. states that have decriminalized medical and recreational cannabis, provisions for child-resistant packaging and warning labels are not uniform. Regardless, child-resistant packaging represents a deterrent but does not guarantee that a child will be unable to open the container.⁵²
- In February 2017, the Washington State Liquor and Cannabis Board established a requirement to place a distinctive “Not for Kids” warning symbol on all commercial edible cannabis products. Unfortunately, warning labels may not be understood by children who cannot yet read or do not understand English. It is also paramount that the packaging remains intact with repeated use and is properly and safely stored, preferably in a locked cabinet.⁵³
- Adult family members who create their own cannabis-infused edibles are under no legal mandate to store them in child-resistant packaging. In the United States, The Poison Prevention Packaging Act of 1970 requires opaque child-resistant packaging for toxic household products,

over-the-counter medication, and prescribed medication. However, this federal legislation does not apply to cannabis.⁵⁴

- As the legalization, availability, and potency of cannabis increases in the US and worldwide, it is important that city, state, and federal regulators and clinicians maintain surveillance for adverse effects on public health. Regulations around labelling, packaging, and marketing of cannabis products similar to those in place for other pharmaceuticals or recreational drugs could mitigate the risks of unintentional exposures in children.⁵⁵
- Most states in the USA with legal cannabis sales require cannabis to be sold in packaging meeting federal guidelines for child-resistant packaging to prevent unintentional ingestion by young children. However, this packaging is child resistant, not childproof, and only tested with children under the age of 5. Thus, retail packaging alone may not be sufficient to prevent unintentional or intentional child access to cannabis products.⁵⁶

NZ's Cannabis legislation

- In New Zealand, ethnic disparities in arrest, prosecution and conviction related offending will persist without legislative changes to Cannabis laws. Maori make up 15 percent of total NZ population. However, Maori aged 17-25 make up 37 percent of all convictions of drug possession.⁵⁷
- According to Cannabis legislation supporters, the Cannabis legislation does two things: reduce prisoner numbers and reduce Maori incarceration numbers, which is a positive for social justice and equity^{58 59}
- Like the American based AAFP, the New Zealand Medical Association (NZMA) does not condone the use of cannabis for recreational purpose and opposes legislation. Instead it would rather see the Government undertaking more targeted initiatives to reduce the social inequalities that increase the risk of harm from drug use and meaningful investment into education and treatment programmes.⁶⁰
- NZMA also believe that to reduce social inequalities, possession of cannabis for personal use should attract civil penalties such as court orders requiring counselling and education (particularly for young and first-time offenders), or attendance at 'drug courts' which divert users from the criminal justice system into treatment.⁶¹
- NZMA would also like to see a public education campaign to demonstrate that 'soft' or 'recreational' drugs, as any drug, can have serious and harmful effects.⁶²
- The new Bill makes no reference to marketing via social media platforms. Evidently, this is where most alcohol marketing takes place.
- As a signatory to the Framework convention on Tobacco Control, NZ agreed to prevent Tobacco industry influence on policy control. The new cannabis bill has no recognition of similar intention for the Cannabis industry. Alcohol is not subject to an international health treaty – the harm caused by alcohol is well-established.⁶³
- Impaired driving - people often feel the effects from smoking or vaping cannabis within minutes, while it may take hours to feel effects from edibles. The effects and the time before effects are felt can be different for everyone.⁶⁴ Cannabis slows reaction time and decision making,

substantially increasing risk for traffic accidents. In the U.S., some states have a zero-tolerance policy, where there is no allowable detectable level of THC while driving, while other states have set minimally-detectable amounts of THC. It is recommended that people wait at least 6 hours after smoking or at least 8 hours after eating/drinking cannabis before driving, biking, skiing or doing other activities⁶⁵

- No specific details about child resistant packaging regulations for cannabis-infused edibles created at home.

Summary of main points

- What do we know already know?
 - That unintentional ingestion of cannabis by children presents health risks with demonstrated links between cannabis use and psychotic episodes, resulting in violent behaviour, as well as a link between teenage cannabis use and mental illness.
 - Countries/regions where medical or recreational cannabis use is legalised have increased hospitalisation admissions due to unintentional ingestion of cannabis products.
 - To prevent unintentional ingestion, it is essential and critical that cannabis be stored where children/young people cannot access it.⁶⁶
- Much of the literature on cannabis laws is based on U.S examples where there is a lack of uniformity of how cannabis legislation is applied across states. The challenges for New Zealand will be different due to the size and the nature of its political, social and economic structures.
- Much can be learnt from the U.S experience. New Zealand has a great opportunity to carefully consider and debate the potential issues that could arise should the NZ Cannabis Bill be legalised.
- The issues being contended with – such as the incidences of accidental ingestion, ingestion by pregnant women, cannabis advertising/marketing, cannabis products, storage practices and packaging can be further explored and informed through further research.

¹ <https://saynopetodope.org.nz/2020/01/27/states-need-to-wake-up-to-public-health-risks-from-cannabis/>

² Cannabis. Management of substance abuse. World Health Organization. http://www.who.int/substance_abuse/facts/cannabis/en/ (Accessed on October 15, 2018).

³ Johnston LD, Miech RA, O'Malley PM, et al. Monitoring the Future national survey results on drug use: 1975-2017: Overview, key findings on adolescent drug use. Institute for Social Research, University of Michigan; National Institute on Drug Abuse at the National Institutes of Health, Ann Arbor, MI 2018.

⁴ <http://medicalmarijuana.procon.org/view.resource.php?resourceID=000881> (Accessed on October 15, 2018).

⁵ <https://www.uptodate.com/contents/cannabis-marijuana-acute-intoxication>

⁶ <https://hempoilart.com/2019/09/23/aafp-american-academy-of-family-physicians-releases-marijuana-cannabinoids-position-paper/>

⁷ <https://www.sciencedirect.com/science/article/abs/pii/S0022347617309393>

⁸ <https://www.sciencedirect.com/science/article/abs/pii/S0022347617309393>

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- ⁹ <https://www.metrowestdailynews.com/news/20190828/despite-safeguards-young-children-accidentally-ingesting-marijuana-products-at-increasing-rate>
- ¹⁰ <https://www.uptodate.com/contents/cannabis-marijuana-acute-intoxication>
- ¹¹ <https://www.sciencedirect.com/science/article/abs/pii/S0022347617309393>
- ¹² <https://saynopedo.org.nz/2020/01/27/states-need-to-wake-up-to-public-health-risks-from-cannabis/>
- ¹³ <https://www.sciencedirect.com/science/article/abs/pii/S0022347617309393>
- ¹⁴ <https://saynopedo.org.nz/2020/01/27/states-need-to-wake-up-to-public-health-risks-from-cannabis/>
- ¹⁵ Unintentional Cannabis Ingestion in Children: A Systematic Review - John R. Richards, MD, Nishelle E. Smith, MS, and Aimee K. Moulin, MD
- ¹⁶ Incidence of Pediatric Cannabis Exposure Among Children and Teenagers Aged 0 to 19 Years Before and After Medical Marijuana Legalization in Massachusetts - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6704738/>
- ¹⁷ ER visits linked to marijuana rose at Colorado hospital after legalization, study finds - <https://www.nbcnews.com/health/health-news/er-visits-linked-marijuana-rose-colorado-hospital-after-legalization-study-n987161>
- ¹⁸ ER visits linked to marijuana rose at Colorado hospital after legalization, study finds - <https://www.nbcnews.com/health/health-news/er-visits-linked-marijuana-rose-colorado-hospital-after-legalization-study-n987161>
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- ²⁰ Unintentional Cannabis Ingestion in Children: A Systematic Review - John R. Richards, MD, Nishelle E. Smith, MS, and Aimee K. Moulin, MD
- ²¹ Cannabis-related hospital visits spike since legalization: physicians - <https://calgaryherald.com/cannabis/cannabis-health/cannabis-related-hospital-visits-spike-since-legalization-physicians>
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