

Considering children and young people in your cannabis referendum decision

Evidence Brief | August 2020

New Zealanders will soon be voting on a referendum to introduce a new approach to managing cannabis use.

For more information, the Office of the Prime Minister's Chief Science Advisor has released an evidence summary on cannabis which can be found at: <https://www.pmcsa.ac.nz/topics/cannabis/> or you can read the Cannabis Legislation and Control Bill here: <https://www.referendums.govt.nz/cannabis/index.html>.

The Office of the Children's Commissioner (the OCC) is not taking a public position on the legalisation of cannabis but has provided this summary of evidence to inform voters. This summary includes both the impacts of the current law, and what needs to be considered in any changes to reduce the harm to children and young people and improve their wellbeing.

"The key question isn't whether cannabis does harm – we know it does for some users, and not for others. This is true whether we legalise it or not. Rather the vote asks us to decide whether a legal regulated framework will increase or reduce cannabis-related harm"¹.


The 2020 General Election referendum question asks: "Do you support the proposed Cannabis Legalisation and Control Bill?" The Bill sets out a way for the Government to control and regulate cannabis, including potency limits, production, supply, possession and consumption². The Bill intends to reduce the overall use of cannabis (over time) and cannabis-related harm to individuals, whānau/families and communities, through a range of measures including having minimum age of purchase set at 20 and improving access to health and social services².

Cannabis use is common in Aotearoa New Zealand

- Eighty per cent of people report having used cannabis at least once by their early twenties³.
- Current laws criminalising cannabis do not stop people from continuing to use cannabis⁴.
- Currently young people are the biggest users of cannabis, with around 29% of people aged 15-24 reporting using cannabis in the last year – a figure which has increased from 15% in 2011/2012⁵. However, there has been a decrease in cannabis use in year 10 (14-15 year olds). The largest drop in use has been for Māori, younger students and students at lower decile schools⁶.
- When cannabis legislation, policy and services are designed, they must be formulated in a way that recognises the reality that cannabis is present in our communities and prioritises the safety, health and wellbeing of children and young people. In particular, an evidence-based, public health approach should invest in educational, preventative and health-based responses for children and young people under the age of 18.
- Evidence is still emerging about the impacts on use by young people in countries that have decriminalised or legalised cannabis and controlled supply⁷.

Early and/or regular cannabis use by children, young people or when pregnant can be harmful

- As a general rule, using cannabis before the age of 15 leads to poorer outcomes (compared to waiting until age 25 to use cannabis)¹. Outcome areas include education, employment and mental health.
- Children and young people's brains do not stop developing until they are about 25 years old. Therefore, early and regular use of cannabis can have harmful health effects on children and young people. There is some evidence that these harmful effects can change back after time without use¹.
- It is the combination of early use in adolescence and genetic vulnerability to mental illness that makes the risk of harm higher⁸. Harmful effects of cannabis



Children's Commissioner Judge Andrew Becroft represents the 1.1 million people in Aotearoa New Zealand under the age of 18, who make up 23 percent of the total population. He advocates for their interests, ensures their rights are upheld, and helps them have a say on issues that affect them.

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can include a reduction in cognitive capacity and heightened risks of negative effects on mental health (including depression and anxiety)³.

- The risk of psychosis has been linked to cannabis use for a small set of users with a genetic predisposition⁹.
- There are physical risks of cannabis use, including increased respiratory symptoms and impaired lung function³.
- Young people are more likely to take risks while driving, and this can be made worse while under the influence of cannabis or other drugs, like alcohol.
- Cannabis use during pregnancy can result in negative effects, such as babies being born with brain damage, cognitive impairments¹⁰, anaemia, low birthweight, and childhood developmental and behavioural problems¹. Avoiding use of cannabis during pregnancy is important.

Criminalisation of cannabis is harmful to young people, particularly rangatahi Māori

- Criminalisation of cannabis use is harmful for young people. The stigma and impacts of criminal justice processes, and potential incarceration, can be long-term and affect education, employment, credit, travel and social outcomes¹¹.
- Research from the Christchurch Health and Development Study found that the current administration of cannabis laws was: (a) inefficient, (b) discriminatory; and (c) ineffective¹².
- Offences for cannabis and cannabis utensils (possession and/or use) made up 82 percent of minor convictions in 2015¹¹.
- The criminalisation of cannabis use disproportionately and negatively affects Māori. There is currently the option for police discretion and diversion to be used. However, rangatahi Māori disproportionately do not always benefit from this policy¹¹.
- This is shown in recent research with the finding that Māori who come into contact with the police for the first time are 1.8 times more at risk of a court proceeding and seven times more likely to be charged by police, than Europeans¹³. This is for all police contact, not exclusive to cannabis.

If Aotearoa New Zealand votes to legalise cannabis, the draft Bill focuses on harm reduction

- The primary policy objective of the Bill is to focus on harm reduction – including health-related harms, social harms and harms to young people.
- The harm reduction approach for young people includes setting a minimum age of purchase of 20

years in order to increase the age at which young people first use cannabis.

- The Bill intends to: ensure packaging does not contain any design features which appeal to young people; limit public visibility of cannabis; ban advertising; and limit daily purchase volumes and potency.

Further to the proposed harm reduction approach, the OCC believes specific needs of children and young people need to be taken into account

- Health labelling should warn about the harmful effects on babies from use during pregnancy.
- Health labelling should advise about daily use limits to avoid intensive use.
- It will be necessary to provide non-judgemental information to young people along with resources and tools to support parents, families and whānau to talk about how young people can make good decisions relating to cannabis.
- Shifting resources away from a criminal justice approach to cannabis use needs to be matched by investments in education and more holistic, wrap around, physical and mental health-based responses.

Young people who have cannabis use disorder should have fast access to stigma-free drug addiction programmes

- Cannabis use can be harmful for young people. It is vital that they have fast access to stigma-free treatment.
- Children and young people say that services to support them need to be visible, appropriate and accepting¹⁴.
- According to the Bill, a young person found in possession of cannabis would receive a small fee or fine or a health-based response such as an education session, social or health service. It states that responses to young people using cannabis would not lead to a conviction or criminalisation.
- In light of what young people have told us, we encourage holistic responses to underage use, including any wider motivations behind cannabis use.
- Children and young people have told the OCC they want to be understood in their whole world; they talked about how they want to be seen for who they are, and to be understood within the context of their home life and experiences¹⁵.

For more information:

References

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For more information: