

23 June 2021

Tadhg Stopford
tadhg@thehempfoundation.org.nz

Our ref: OIA 87624

Dear Tadhg

Official Information Act request: Documents regarding cannabis

Thank you for your email of 20 April 2021 requesting, under the Official Information Act 1982 (the Act), information regarding cannabis from the Ministry of Health. Specifically, you requested:

What reports/briefings/emails on Cannabis/Medical Cannabis/CBD/'Synthetic Cannabis', if any, has the Minister received from officials in his capacities as Health Minister; and previously as Minister of Justice; by title, date, and contents.

If it is not too burdensome, I would request copies of each.

On 28 April 2021, the Ministry of Health contacted you to advise that the part of your request relating to Hon Andrew Little in his previous capacity as Minister of Justice was being transferred to the Ministry of Justice as this information is more closely connected with our functions.

On 11 May 2021, we contacted you to clarify your request. You confirmed that your request could be clarified to the following:

I'm curious to explore exactly what Mr Little has been told about cannabis & cannabinoids.

On the face of it, due to his comments and actions, it appears he knows very little; while it appears MedSafe regulators are running rings around him.

Therefore, I'm not really looking for referendum information, but for any and all advice provided to him in relation to cannabis, 'medical' cannabis, CBD/cannabidiol, thc, and any other cannabinoids in their endogenous, plant based, or synthetic forms.

The time frame is mr Little's period in Justice.

We are interpreting your request as:

All advice provided to him in relation to the physiological or chemical effects of cannabis, 'medical' cannabis, CBD/cannabidiol, thc, and any other cannabinoids in their endogenous, plant based, or synthetic forms.

I have appended to this letter a list of the documents that fall within scope of your request. Please note that for most documents, a significant amount of the content is out of scope so I am only providing you with excerpts of the relevant documents.

I am also refusing to provide three documents as these are publicly available here:

- Document 4: www.justice.govt.nz/assets/Documents/Publications/Cannabis-Referendum-2019-RIA-PR-MoJ.pdf
- Document 7: www.beehive.govt.nz/sites/default/files/2019-05/Proactive%20release%20-%20Cabinet%20paper%20-%202020%20Cannabis%20Referendum%20-%207%20May%202019.pdf
- Document 10: www.justice.govt.nz/assets/Documents/Publications/Evidence-to-inform-a-regulated-cannabis-market-June-2020-PROACTIVE-FINAL.pdf

If you are not satisfied with my response, you have the right to complain to the Ombudsman under section 28(3) of the Act. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz.

Yours sincerely



Brendan Gage
General Manager, Criminal Justice Policy

Appendix: Advice about the effects of cannabis to previous Minister of Justice

No	Date	Type	Title	Decisions on release
1	13/03/18	Aide memoire	Bilateral meetings in the Netherlands and Switzerland: Background for cannabis policy discussions	Some information out of scope.
2	13/12/18	Briefing	Regulatory model for personal cannabis use: Overarching decisions	Some information out of scope.
3	05/03/19	A3	Key features of the proposed regulatory model	Some information out of scope.
4	15/03/19	RIS	Regulatory impact assessment: Cannabis regulatory model	Refused under s18(d) as the information is publicly available.
5	20/03/19	Aide memoire	Talking points for SWC on 20 March 2019	Some information out of scope.
6	03/05/19	Q + A	Cannabis Referendum Q&A - 03 May 2019	Some information out of scope.
7	06/05/19	Cab paper	Legislative process and overarching policy settings for regulatory model	Refused under s18(d) as the information is publicly available.
8	05/07/19	Briefing	Cannabis Referendum – Paper one - Overview of the Cannabis Regulatory System	Some information out of scope.
9	09/07/19	Briefing	Cannabis Referendum – Paper two - The Licensed System	Some information out of scope.
10	28/08/19	Report by BERL	Evidence to inform a regulated cannabis market	Refused under s18(d) as the information is publicly available.
11	24/10/19	Q + A	Cannabis Referendum Q&A - 24 Oct 2019	Some information out of scope.
12	15/11/19	Briefing	Cannabis Referendum - Engagement with Māori on Cannabis Policy	Some information out of scope.
13	04/12/19	Note	Material for PMO - 4 Dec 2019	Some information out of scope.
14	13/12/19	Briefing	Cannabis Referendum - Market Structure and Allocation	Some information out of scope.
15	18/12/19	Briefing	Paper one - Establishing recreational cannabis classes with controls on potency and equivalences	Some information out of scope.
16	31/01/20	Briefing	Paper One: Establishing a Cannabis Product Control Framework	Some information out of scope.
17	31/01/20	Briefing	Paper Three: Retail and Consumption Premises	Some information out of scope.

No	Date	Type	Title	Decisions on release
18	21/02/20	Briefing	Cannabis Referendum - Further advice on potency limits and home production of cannabis concentrates	Some information out of scope.
19	21/02/20	Aide memoire	Information to supplement recent policy advice	Some information out of scope.
20	06/03/20	Briefing	Minimising children and young people's exposure to cannabis	Some information out of scope.
21	06/03/20	Note	Children and second-hand smoke v1	Some information out of scope.
22	06/03/20	Note	Children and second-hand smoke v2	Some information out of scope.
23	10/03/20	Note	Responding to queries from Chiefs of Staff meeting	Some information out of scope.
24	12/03/20	Note	Cross-Party Working Group: Cannabis Referendum - Excise tax	Some information out of scope.
25	16/03/20	Q + A	Questions from cross-party consultation March 2020	Some information out of scope.
26	07/04/20	Q + A	Questions from cross-party consultation 7 Apr 20	Some information out of scope.
27	05/05/20	Q + A	Responses to questions from cross-party consultation 5 May 20	Some information out of scope.
28	02/12/20	Memo	Key issues for Cannabis Cross-Party Working Group	Released in full.

**Excerpt from aide memoire 'Bilateral meetings in the Netherlands and Switzerland:
Background information for cannabis policy discussions'**

13 March 2018

[Out of scope – paragraphs 1-5]

6. Tetrahydrocannabinol (THC) is the main psychoactive ingredient in cannabis. Use of cannabis with higher levels of THC (which can range from 1% to 20%) is said to be associated with issues such as mental health, particularly when there are only low levels of cannabidiol (CBD; a non-psychoactive ingredient in cannabis with therapeutic properties), which is believed to inhibit some of the negative side effects of THC. The UK Drug Policy Commission noted in 2008 there is "little doubt" that there is a link between cannabis use and some mental health problems.

[Out of scope – paragraphs 7-22]

[Out of scope – Appendix]

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Excerpt from briefing 'Regulatory model for personal cannabis use: Overarching decisions'

13 December 2018

[Out of scope – paragraphs 1-15]

Cannabis use causes harm

16. Prohibition has not been effective in preventing or reducing regular and long-term cannabis use. Regular use increases the risks of developing depression, psychosis and schizophrenia. Use is particularly harmful for people under 25 years as the brain is still developing. Consuming cannabis by smoking is associated with an increased risk of developing breathing issues, lung damage, and some cancers. There is also a high risk of dependence among those who regularly use cannabis, including a one in six chance of young people developing a dependence.
17. Cannabis use also contributes to social issues. Family members and friends of people who use cannabis may be harmed by the user's behaviour as well as emotional distress and problems relating to addiction. Cannabis use is also a factor involved in offending by some people. Public health impacts include motor vehicle accidents from cannabis impairment (after alcohol, cannabis is the most common substance found in impaired drivers' systems), harms associated with being impaired at work, and potential harms from consuming cannabis while pregnant. Second-hand cannabis smoke also has detrimental (including psychoactive) impacts on third parties.

[Out of scope – paragraphs 18-37]

38. Consumption of cannabis is particularly harmful for those under 25, as the brain continues to develop until the mid-20s. Cannabis is associated with educational underachievement and school dropout, which can have significant enduring life consequences. Studies show the likelihood of developing dependence on cannabis increases for those who use when they are young.

[Out of scope – paragraphs 39-43]

We recommend regulating raw cannabis, resins and other concentrates, and cannabis-infused products

44. The risks associated with cannabis use are significantly influenced by preparation, dosage and method of consumption, which are all closely linked to potency.

[Out of scope – remainder of paragraph 44]

[Out of scope – paragraphs 45-51]

52. By placing restrictions on where people could consume, this would be consistent with a public health message against cannabis use and second-hand smoking. Lawful use would not be an overt public activity, which would reduce the normalisation of cannabis. This is particularly important for young people, who tend to adopt behaviour they see as normal. It would also reduce the number of people, including children, potentially exposed to second-hand smoke - which can have psychoactive

implications. Licensed premises provide an alternative to the home for people to use cannabis, again limiting children's exposure.

[Out of scope – paragraphs 53-60]

61. As you are aware, smoking harms nearly every organ in the body, causing many diseases and reducing health in general. Enabling access to cannabis-infused products, such as edibles, could encourage users to consume cannabis in ways other than smoking. However, these products are often much more appealing to new and young users and could therefore increase cannabis use. This would be contrary to our objective of improving the wellbeing of New Zealanders.

[Out of scope – paragraphs 62-75]

We do not recommend allowing the commercial manufacture of cannabis-infused products, such as edibles, drinks, and lotions

76. Cannabis-infused products include edibles, drinks, and lotions. These products can be used without smoking or inhaling and could encourage users to consume cannabis in ways other than smoking. Non-smoking methods of consumption could minimise harm, given that smoking has a large negative impact on health.

[Out of scope – paragraphs 77-90]

91. [out of scope]-----
Cannabis use increases the risk of mental health and addiction problems...
[out of scope]-----

[Out of scope – paragraphs 92-95]

96. [out of scope]-----
Evidence suggests that the reason many people use cannabis is for medical reasons; a study by Ministry of Health in 2012/2013 indicated that 42 percent of New Zealanders used cannabis for medicinal purposes.
[out of scope]-----

[Out of scope – paragraphs 97-98]

99. Industrial hemp is a variety of cannabis that generally has a Tetrahydrocannabinol (THC) content below 0.35 percent. It also contains Cannabidiol (CBD), which does not contain any psychoactive properties. In contrast, cannabis for personal use has a much higher THC concentration (usually as high as 30 percent for raw cannabis and 80 percent for concentrates) and also contains CBD. As cannabis contains a high-level of THC, it is generally grown for its psychoactive properties, whereas hemp is primarily used for industrial purposes.

[Out of scope – paragraphs 100-109]

[Out of scope – Recommendations]

Excerpt from A3 'Key features of the proposed regulatory model for the personal use of cannabis'

5 March 2019

[out of scope-----]

Policy rationale

- Cannabis use increases the risk of health and addiction problems
- [out of scope-----]
- Resins and other products may be more potent than raw cannabis and carry greater potential harm – the commercial model enables them to be regulated and subject to safety standards
- Cannabis-infused products are much more appealing to new users and young people – the commercial sale of these products would likely increase overall cannabis use (and potential harms)
- [out of scope-----]

Possible alternatives

- [out of scope-----]
- *Set minimum age of 25 years to align with evidence base on harms to developing brain*

[out of scope-----]

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Excerpt from aide memoire 'Talking points on 2020 Cannabis Referendum'

20 March 2019

[Out of scope – paragraphs 1-24]

Appendix 1: Key features of the proposed regulatory model

[out of scope-----]

Policy rationale

- Cannabis use increases the risk of health and addiction problems.
- **[out of scope-----]**
- There appears to be a prevailing public view that cannabis is not harmful or addictive.
- **[out of scope-----]**

[out of scope-----]

Excerpt from Q&A 'Cannabis Referendum Q&A'

3 May 2019

[Out of scope – Key Points + paragraphs 1-13]

Detail of the approach to legalisation

14. Why will the age limit for purchase, possession and use been set at 20?

Evidence shows that cannabis use by people under the age of 25 can be particularly harmful to an individual's brain development.

[out of scope-----]

15. How will young people be protected from the harms of Cannabis?

We recognise that cannabis is particularly harmful for young people and a key goal of the proposed system is to lower cannabis use amongst this group.

[out of scope-----]

[Out of scope – paragraphs 16-46]

Excerpt from briefing 'Cannabis referendum – Paper one - Overview of the cannabis regulatory system

5 July 2019

[Out of scope – paragraphs 1-35]

36. We know that smoking is the most common way of using cannabis, and experts agree that smoking is also the most harmful ² as it may result in damage to the respiratory system for the individual and others.³ Such risks are exacerbated if cannabis is combined with tobacco. Research also implicates cannabis-tobacco mixture as a risk factor for increased dependence disorders.⁴

[Out of scope – paragraphs 37-43]

44. Consumption of cannabis can impact the ability to drive safely due to altered perception, cognition, attention, coordination and reaction time. A meta-analysis concluded that driving under the influence of cannabis almost doubled the accident risk.⁹ Additionally, the combined use of cannabis and alcohol creates even greater risk.¹⁰
45. In contrast to alcohol, there is no clear linear relationship for cannabis between dosage (THC level and quantity consumed) and timing of use, and subsequent impairment. **[out of scope-----]**
46. Testing for cannabis is challenging. A range of different tests exist, but people process THC differently. Frequency of use will generally influence the length of time which cannabis can be detected. Conversely, THC can spike and disappear from bloodstream in a few hours in some individuals.

[Out of scope – paragraphs 47-68]

² Canada's Lower-Risk Cannabis Use Guidelines. Retrieved from: <https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-evidence-brief-2019.pdf>

³ World Health Organisation. (2016). *The health and social effects of nonmedical cannabis use*. Retrieved from: https://www.who.int/substance_abuse/publications/msbcannabis.pdf

⁴ Hindocha, C., Freeman, T.P., Ferris, J.A., Lynskey, M.T, Winstock, A.R. (2016). No Smoke without Tobacco: A Global Overview of Cannabis and Tobacco Routes of Administration and Their Association with Intention to Quit. *Frontiers in Psychiatry*, 7. DOI: 10.3389/fpsy.2016.00104

⁹ Asbridge, M., Hayden, J.A. & Cartwright, J.L. (2012). *Acute cannabis consumption and motor vehicle collision risk: Systematic review of observational studies and meta-analysis*. *British Medical Journal* 344, 536.

¹⁰ Starkey, N. & Charlton, S.G. *The prevalence and impairment effects of drugged driving in New Zealand*. Hamilton, NZ: University of Waikato

Excerpt from briefing 'Cannabis referendum - Paper two – The licensed system'

9 July 2019

[Out of scope – paragraphs 1-48]

Section B: Utilising tax, levies and price controls to reduce harm

49. Evidence suggests that the frequency and quantity of cannabis use are the biggest drivers of harm. **[out of scope-----]**

[Out of scope – paragraphs 50-56]

57. The basis for a progressive tax structure (based on the level of THC) is due to the psychoactive properties of THC. As discussed in the potency limit section of this briefing, there is a lack of evidence about the impacts of recreational use of high THC products. **[out of scope-----]**

[Out of scope – paragraphs 58-68]

69. Our analysis has considered the potential risks of cannabis sales alongside alcohol, tobacco and non-cannabis foods and drink:
- Alcohol: the combined use of alcohol and cannabis tends to accentuate the effects of each. Consumption together could lead to overdoses and a greater risk of road traffic accidents.
 - Tobacco: research suggests that consuming tobacco with cannabis can lead to a higher likelihood of dependence/addiction. **[out of scope-----]**

[Out of scope – paragraphs 70-84]

Setting a potency limit for all licensed products

85. There is currently a lack of empirical evidence about the short and long-term impacts of high THC products. High doses of THC are considered to increase the psychoactive effects and exacerbate the side effects of cannabis.

[Out of scope – paragraphs 86-106]

Excerpt from Q&A 'Questions and answers 24 October 2019'

24 October 2019

[Out of scope – questions 1-3]

Additional information:

There are about 150 kinds of cannabinoids in cannabis alone, and cannabinoids are found in other living organisms. More research is required to determine the effects of every cannabinoid. [out of scope-----]

[Out of scope – remainder of document]

Excerpt from briefing 'Cannabis referendum - Engagement with Maori on cannabis policy'

15 November 2019

[Out of scope – paragraphs 1-30]

31. Kaikōrero described a spectrum of cannabis use from irregular social use through to very regular, and at times, problematic use. They described how individuals have different responses to cannabis; how some use regularly and remain highly functional, while others use rarely, but experience adverse effects. Some participants questioned the evidence for cannabis use itself leading to poor life outcomes and raised other contributing factors, such as poverty and other effects of colonisation.

[Out of scope – paragraphs 32-37]

38. Several participants observed that, in some circumstance, cannabis can be powerfully healing, while in others, it can deeply disturb a person's wairua (spirit).

Some Māori use cannabis to manage pain and illness

39. We heard that many Māori experiencing health conditions do not access General Practitioners and other health services, and instead, use cannabis to relieve their symptoms. We also heard that some practitioners of rongoā Māori (traditional Māori healing practices) recommend and/or provide cannabis and cannabis products as part of treatment. We also heard that recipients of such treatment report noticeable benefits.

[out of scope-----]

The relationship between cannabis and Maori mental health is complex

40. Kaikōrero told us that many whanau use cannabis to manage stress, depression, anxiety, and symptoms of past trauma. Some also told us cannabis can support recovery from meth and opioid addictions.
41. Mental health and addiction providers told us that there is a spectrum of cannabis use, from apparently harmless use, through to very problematic use, and that problematic use is often a symptom of deeper issues. Some told us they see cannabis use lead to more harmful drug use, and others told us they do not.
42. Providers pointed out that while cannabis use may contribute to mental health problems, there are often other factors at play, such as misuse of prescribed medications and alcohol abuse. They also explained that it can be difficult to distinguish between those with existing mental health problems who use cannabis to self-medicate and those whose cannabis use is contributing to mental health problems.

43. Several providers referred to recent research that suggests cannabis use increases the risk of young people developing mental health problems. They expressed concern about this and queried how it might be factored into cannabis reform.

[Out of scope – paragraph 44]

45. Many participants told us that employment-related drug testing is unfair, discriminatory and exacerbates unemployment. They explained that employers tend to test for the presence of tetrahydrocannabinol (THC), which comes from cannabis and stays in the system for up to a month. They pointed out that the tests do not pick up other drugs and do not necessarily indicate whether an employee is impaired. They feel that employers use these tests to draw conclusions about character and criminality, rather than to ensure workplace safety.

[Out of scope – paragraphs 46-101]

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Excerpt from note 'Material for PMO 4 December 2019'

4 December 2019

[Out of scope – pages 1-2]

[out of scope-----]

Significant road safety risks are posed by drug-impaired drivers. There is good evidence to indicate that many substances, both illicit and legal, can affect driving performance.

[out of scope-----]

Based on an analysis of the elevated crash risk of drugs and the prevalence of their use by drivers in New Zealand, the drugs or drug classes that are proposed for roadside oral fluid testing are THC (the psycho-active ingredient in cannabis), methamphetamine, benzodiazepines (sedatives), MDMA (ecstasy), opiates (e.g. morphine) and cocaine. Oral fluid testing devices cannot currently test for synthetic drugs.

Research on the impairing effects of cannabis is mixed, particularly at the margins, with some research suggesting it does not increase crash risk, and other research suggesting it substantially increases crash risk. However, based on systematic reviews of the literature, the current consensus of international experts is that cannabis multiplies crash risk by about 1.5 to 2.52.

Excerpt from briefing 'Cannabis referendum – Market structure and allocation'

13 December 2019

[Out of scope – paragraphs 1-21]

21. Used in moderation and with care, cannabis as a substance typically has low levels of harm. Harm from cannabis generally results from over-consumption and addiction.

[out of scope-----]

[Out of scope – paragraphs 22-74]

Excerpt from briefing 'Paper one - Establishing recreational cannabis classes with controls on potency and equivalences'

18 December 2019

[Out of scope – paragraphs 1-9]

9. We advise that controlling the potency of cannabis can help minimise cannabis-related health harms for whānau Māori. Officials heard several concerns from Māori/iwi during engagements that occurred through September/October 2019. One key theme officials heard is that Māori have been disproportionately affected from the health harms caused by cannabis abuse and other substance abuse.¹ Controlling the potency of cannabis products helps to honour our Treaty responsibilities to Māori by minimising harms that substance addiction can cause whānau Māori as well as safeguarding their wellbeing.

[Out of scope – paragraphs 10-25]

26. The method of consumption for non-dried/fresh forms of cannabis, such as eating edibles, means that the onset of the psychoactive effects is slow. Cannabis products that do not require inhalation pose an increased risk of overconsumption for consumers. With smoked or vaporised dried cannabis, the onset of the effects is rapid, meaning this method of consumption is easier for people to manage their dosage of cannabis. Controlling the total weight of THC content in non-dried/fresh classes of cannabis, especially if these cannabis products do not require inhalation, is considered a strong mechanism for consumers to manage their dosage behaviour and minimise high-risk and problematic use of cannabis.

[Out of scope – paragraphs 27-33]

¹ This is also supported by data from the Christchurch Health and Development study which shows that Maori at age 25 had nearly twice the rate of cannabis dependence (20.2 percent, against 11.9 percent for non-Maori).

Excerpt from briefing ‘Paper One: Establishing a Cannabis Product Control Framework’

31 January 2020

[Out of scope – paragraphs 1-34]

To provide further clarity, we recommend the draft Bill prohibit the production and sale of cannabis products containing substances known to be harmful or that have unknown interactions with cannabis, subject to regulations. At the outset, these substances would include:

- alcohol
- tobacco
- psychoactive substances, include kava
- other controlled substances.
- nicotine
- caffeine
- medicines

[Out of scope – paragraphs 36-38]

Agree to prohibit the production and sale of cannabis products containing substances (including alcohol, tobacco etc) known to be harmful or that have unknown interactions with cannabis, and that the regulator may amend this list through regulations.	YES/NO
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[Out of scope – paragraphs 39-62]

Excerpt from briefing 'Paper Three: Retail and Consumption Premises'

31 January 2020

[Out of scope – paragraphs 1-20]

21. [out of scope]-----]

This would recognise that the consumption of cannabis is highly likely to result in some degree of impairment (e.g. impaired judgement, impaired reaction times) and that there is wide variation in individual responses to cannabis consumption.¹

[out of scope]-----]

22. [out of scope]-----]

It is safer for a person who is experiencing mental and/or physical impairment as result of cannabis use to remain on the licensed premises, than it is for them to be out in public, attempting to drive etc, where they may present risks both to themselves and to others.

[Out of scope – paragraphs 23-57]

¹ This could vary due to method of consumption, amount consumed or an individual's history of previous consumption.

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Excerpt from briefing 'Cannabis referendum – Further advice on potency limits and home production'

21 February 2020

[Out of scope – paragraphs 1-15]

16. **[out of scope]**
However, we consider that 10mg of THC per package is too high and risks misinforming the public that 10mg of THC can be consumed in a single serving. This level increases the risk of over-consumption, especially for novice consumers.
17. Limiting THC content to 5mg per package for edibles uses a cautious approach and provides more protection for novice consumers. **[out of scope]**
This is especially important for edibles as these products take longer to have an effect than smoked cannabis. **[out of scope]**

[Out of scope – paragraphs 18-32]

33. **[out of scope]**
We expect that dependent users are more likely to produce concentrates for consumption as this cohort would need more THC to experience that same psychoactive effects as casual consumers. **[out of scope]**

[Out of scope – paragraphs 34-36]

[Out of scope – Appendix 1]

Excerpt from aide memoire 'Information to supplement recent policy advice'

21 February 2020

[Out of scope – paragraphs 1-2]

3. The reason for this prohibition is that there is evidence to suggest that other psychoactive substances like caffeine can have an interaction with cannabis that isn't yet well understood. **[out of scope-----]**

We are particularly concerned with the sale of high caffeine energy drinks that also contain cannabis. Products like these may increase the addictive properties of cannabis.

[Out of scope – paragraphs 4-15]

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Excerpt from briefing 'Minimising children and young people's exposure to cannabis'

6 March 2020

[Out of scope – paragraphs 1-6]

Harms caused by second-hand cannabis smoke

7. The harms caused by second-hand cannabis smoke are relatively poorly understood by the medical community as this is a new area of study. Most studies have been unable to isolate second-hand cannabis smoke from second-hand tobacco smoke, but it is plausible that the two share many of the same harmful properties.
8. However, current research does suggest that, like second-hand tobacco smoke, second-hand cannabis smoke can affect the pulmonary (relating to the lungs), neurocognitive (relating to the brain) and cardiovascular (relating to the heart and blood vessels) systems. In addition, exposure to cannabis smoke can induce the short-term effects typically associated with consuming cannabis, such as altered consciousness and lethargy.
9. Children may be more vulnerable to the effects of second-hand cannabis smoke. Case studies have shown second-hand cannabis smoke can contribute to childhood asthma and irritations in the mucus membrane within the lungs.
10. While vaping cannabis does not produce some of the irritants present in second-hand smoke, the residual vape nevertheless contains toxins associated with cannabis, which can impact in ways similar to cannabis smoke. There is a strong case for ensuring that any provisions introduced to address harms caused by second-hand cannabis smoke are also be applied to the vaping of cannabis.
11. For the purposes of this briefing, we have used the terms 'cannabis smoke' and 'smoking' to cover both smoking and vaping cannabis (including the use of bongs).

[Out of scope – paragraphs 12-35]

[Out of scope – Appendix One]

Excerpt from note 'Children and second-hand smoke v1'

6 March 2020

[Out of scope – Purpose]

[Out of scope – paragraphs 1-3]

Risks posed by second-hand cannabis smoke

4. While a relatively new area of study, research suggests that, like second-hand tobacco smoke, second-hand cannabis smoke can affect the pulmonary (relating to the lungs), neurocognitive (relating to the brain) and cardiovascular (relating to the heart and blood vessels) systems. In addition, exposure to cannabis smoke can induce the short-term effects typically associated with consuming cannabis, such as altered consciousness and lethargy.
5. Children may be more vulnerable to the effects of second-hand cannabis smoke. Case studies have shown second-hand cannabis smoke can contribute to childhood asthma and irritations in the mucus membrane within the lungs.
6. While vaping cannabis does not produce some of the irritants present in second-hand smoke, the residual vape nevertheless contains toxins associated with cannabis, which can impact in ways similar to cannabis smoke.
7. There is a strong case for ensuring that any provisions introduced to address harms caused by second-hand cannabis smoke are also be applied to the vaping of cannabis.

[Out of scope – paragraphs 8-20]

21. The focus on restricting young people's access to cannabis reflects an understanding of the adverse impacts of cannabis on brain development, and a subsequent desire to shape social norms in a way that actively discourages (or at least delays) the uptake of cannabis consumption by young people.

[Out of scope – paragraph 22]

Excerpt from note 'Children and second-hand smoke v2'

6 March 2020

[Out of scope – Purpose]

[Out of scope – paragraphs 1-3]

Risks posed by second-hand cannabis smoke

4. While a relatively new area of study, research suggests that, like second-hand tobacco smoke, second-hand cannabis smoke can affect the pulmonary (relating to the lungs), neurocognitive (relating to the brain) and cardiovascular (relating to the heart and blood vessels) systems. In addition, exposure to cannabis smoke can induce the short-term effects typically associated with consuming cannabis, such as altered consciousness and lethargy.
5. Children may be more vulnerable to the effects of second-hand cannabis smoke. Case studies have shown second-hand cannabis smoke can contribute to childhood asthma and irritations in the mucus membrane within the lungs.
6. While vaping cannabis does not produce some of the irritants present in second-hand smoke, the residual vape nevertheless contains toxins associated with cannabis, which can impact in ways similar to cannabis smoke.
7. There is a strong case for ensuring that any provisions introduced to address harms caused by second-hand cannabis smoke are also be applied to the vaping of cannabis.

[Out of scope – paragraphs 8-21]

22. The focus on restricting young people's access to cannabis reflects an understanding of the adverse impacts of cannabis on brain development, and a subsequent desire to shape social norms in a way that actively discourages (or at least delays) the uptake of cannabis consumption by young people.

[Out of scope – paragraph 23]

Excerpt from note 'Responding to queries from Chiefs of Staff meeting'

10 March 2020

[Out of scope – pages 1-2]

[out of scope-----]

Edibles present more risks of over-consumption than other cannabis classes

An important factor in the decision of ingesting cannabis-infused edibles is the perception that edibles are less harmful than the harmful toxins and health risks associated with smoked cannabis. Consumers may therefore consider edibles a safer and effective means of attaining the desired effects of cannabis without exposure to the more harmful risks of smoked cannabis. However, the crucial difference between ingestion and inhalation of cannabis is the delayed onset of psychoactive effects with ingestion.

When cannabis is consumed through inhalation, THC reaches the brain rapidly with initial effects occurring within minutes and shows peak effects in about 20 to 30 minutes, with effects usually tapering off within 2 to 3 hours.

When cannabis is consumed through ingestion, the initial effects of edibles can take up to 4 hours to be felt, the peak effect is longer-lasting, usually within 2 to 4 hours after ingestion, with some effects lasting up to 12 hours. The slow onset of psychoactive effects makes it difficult for people to self-titrate (the incremental adjustment or dosage) compared to smoked or vapourised cannabis.

Consumers often do not understand that edible use comes with its own set of risks, distinct from inhaled cannabis, and may consume a greater amount than intended before the onset of psychoactive effects. This often results in profoundly adverse effects as seen in overseas jurisdictions which have legalised cannabis.

[out of scope-----]

Rationale	Analysis
Proposed potency limit mitigates the risk of accidental paediatric exposure	<p>Setting the potency limit for edibles at 5mg per package may mitigate the risk of children and young people experiencing adverse effects of edibles if they unintentionally consume edibles.</p> <p>Overseas experience shows that edibles increase the risk of emergency room visits by children. For example, in Colorado, the mean rate of cannabis-related visits to children's hospital increased from 1.2 per 100,000 population prior to legalisation to 2.3 per 100,000 population 2 years after legalisation. Edible products were responsible for most of these emergency room visits.</p>

Proposed limit prevents the risk of over-consumption, especially for novice consumers	<p>[out of scope-----]</p> <p>Novice consumers are particularly vulnerable to over-consumption as evidence suggests that tolerance to the psychoactive effects of ingested THC develops after sustained exposure to high doses (Grotenhermen, 2003).</p> <p>There is some emerging evidence from the Canadian Centre on Substance Use and Addiction, which recently recommended that consumers who have never smoked or vaped cannabis should not consume more than 2.5mg of THC in a product and wait to feel the effects before consuming more edible product.</p> <p>Given emerging evidence regarding edibles and the risks increased risk of over-consumption for novice consumers, 5mg of THC per package seeks to minimise cannabis-related harms for this cohort.</p>
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[Out of scope – remainder of table]

[Out of scope – remainder of document]

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Excerpt from note 'Cross-Party Working Group: Cannabis Referendum – Excise tax'

12 March 2020

[Out of scope – paragraphs 1-9]

Second method of applying excise tax to edibles only

9. The consumption of cannabis edibles presents more risk of over-consumption as the slow onset of psychoactive effects makes it difficult for people to self-titrate (the incremental adjustment or dosage) compared to smoked or vaporised cannabis.

[Out of scope – paragraphs 10-13]

Excerpt from Q&A 'Questions from cross-party consultation March 2020'

16 March 2020

[Out of scope – paragraphs 1-5]

Additional information

There is emerging evidence that residual cannabis vape contains toxins associated with cannabis, which can impact in similar ways to cannabis smoke. (E.g. Peter A. Jaques, Marley Zalay, Abel Huang, Kathryn Jee, Suzaynn Schic (*Measuring Aerosol Particle Emissions from Cannabis Vaporization and Dabbing*. (2018)).

[Out of scope – paragraphs 6-8]

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Excerpt from Q&A 'Questions from cross-party consultation 7 Apr 20'

7 April 2020

[Out of scope – pages 1-2]

Additional information

[out of scope-----]

Evidence shows that regular use of high potency cannabis is associated with an enhanced severity of health harms and problematic use. Those who consume higher amounts of cannabis with higher levels of THC are at higher risk of developing dependence.

[out of scope-----]

The provision is supported by evidence, including the Christchurch Health and Development Study (CHDS) that found Māori at age 25 had nearly twice the rate of cannabis dependence than non-Māori (20.2 percent compared to 11.9 percent).

[out of scope-----]

[Out of scope – pages 4-5]

Excerpt from Q&A 'Responses to questions from cross-party consultation 5 May 2020'

5 May 2020

[Out of scope – page 1]

[out of scope-----]

A cautious approach to restricting THC in edibles has been used as these products present a greater risk of over-consumption as the slow onset of psychoactive effects makes it difficult for people to self-titrate (the incremental adjustment or dosage) compared to smoked or vaporised cannabis.

[out of scope-----]

[Out of scope – page 3]

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Excerpt from memorandum 'Key issues for Cannabis Cross-Party Working Group'

2 December 2020

[Out of scope – paragraphs 1-3]

4. Cannabis edibles can be a safer and less harmful alternative to smoking cannabis. Edibles also present some risks, particularly for the novice consumer, as people can fail to account for the time delay in effect (as compared to smoking cannabis) and misjudge dosage. Cannabis edibles are also likely to be appealing to a group of consumers that may have otherwise avoided consuming cannabis because of the associated smoking element. Edibles also have the potential to be appealing to young people or mistaken for 'normal' food.

[Out of scope – paragraphs 6-31] *

*** Please note there is no paragraph 5 in this document**