

**GOVERNMENT RESPONSE TO
HEALTH COMMITTEE REPORT
ON
ITS INQUIRY INTO THE PUBLIC HEALTH STRATEGIES RELATED TO
CANNABIS USE AND THE MOST APPROPRIATE LEGAL STATUS**

**Presented to the House of Representatives in accordance with Standing
Order 248**

GOVERNMENT RESPONSE TO THE HEALTH COMMITTEE REPORT ON ITS INQUIRY INTO THE PUBLIC HEALTH STRATEGIES RELATED TO CANNABIS USE AND THE MOST APPROPRIATE LEGAL STATUS

INTRODUCTION

1. The Government thanks the Health Committee (the Committee) for its report on the *Inquiry into the Public Health Strategies Related to Cannabis Use and the Most Appropriate Legal Status* and acknowledges the extensive consideration of the issues examined.
2. The Government responds to the report in accordance with Standing Order 248.

BACKGROUND

3. The Committee has made a number of recommendations about cannabis in regard to Youth, Research, Health programmes and education, Legal status and Policing and diversion. These recommendations affect the policies and practices of a number of government agencies, namely, the Ministries of Education, Health, Justice, and Youth Affairs, the New Zealand Police, and Environmental Science & Research Limited. Most of these agencies have projects that aim to minimise the harm to individuals and our society created by drugs, including cannabis.
4. The work of these agencies falls under, and is consistent with, the National Drug Policy (NDP), which was finalised in 1998 after consultation with interested individuals, agencies and communities. Its development mirrored a similar development in a number of other countries of drug strategies focussing on inter-sectoral action to address and reduce drug-related harm.
5. The stated policy goal of the NDP is: "to minimise harm caused by tobacco, alcohol, illicit and other drug use to both individuals and the community".
6. The NDP sets out:
 - Five *national priorities* for action (including, for example, "to reduce the prevalence of cannabis use and use of other illicit drugs");
 - Five *future directions* including research, health promotion, treatment, law enforcement, and policy and legislative development;
 - A number of *strategies*, focussing on supply control, demand reduction and problem limitation approaches.

7. The NDP also identifies key groups and settings. Key groups include young people, Māori, people with co-existing drug use and other mental disorders, poly-drug users and pregnant women. Key settings include educational settings, the community, workplaces, prisons and community corrections settings.
8. The emphasis of the NDP is on harm minimisation, rather than abstinence from drug use (although approaches under the banner of harm minimisation may be abstinence-focussed).
9. Very importantly, the NDP emphasises the value of an inter-sectoral approach to reducing drug-related harm. As such, under the NDP the Ministerial Committee on Drug Policy (MCDP) and an officials committee - the Interagency Committee on Drugs (IACD) have been established.
10. The IACD comprises representatives from a range of government agencies, including amongst others, ALAC, Corrections, Customs, Education, Health, Justice, Pacific Island Affairs, Police, Te Puni Kōkiri and Youth Affairs. The MCDP includes those Ministers whose portfolios are represented on the IACD.
11. In order to ensure issues relating to drugs are addressed in an urgent manner, a further development under the National Drug Policy was the establishment of the *Action Plan on Alcohol and Illicit Drugs* at the end of 2002. The Action Plan comprises approximately thirty projects broadly relating to health promotion, risk prevention, enforcement, treatment strategies and research from some of the above government agencies. The MCDP monitors the progress of these particular projects.
12. The National Drug Policy is set to engage in a full review beginning in late 2003 with an anticipated completion of 2004.

RECOMMENDATIONS AND GOVERNMENT RESPONSE

13. The Government's response to the Committee's recommendations are as follows:

YOUTH

Recommendation: Promoting messages to youth

- We recommend to the Government that it take a leading role in promoting the message that young people should not use cannabis.

Response

14. As indicated above in paragraph eight the *National Drug Policy* is based on a harm minimisation approach. It is generally agreed that harm

minimisation is the most effective approach for drug education for young people. However, the Coalition Government notes approaches under the banner of harm minimisation may be abstinence based and accepts a leading role in promoting the message that young people should not use cannabis.

15. Government further notes that most of the submissions to the Inquiry stressed the importance of maintaining a harm minimisation approach (see page 38 of the inquiry report). Submissions from recent school leavers also suggested that school-based drug education is not effective when scare tactics and inaccurate or exaggerated information are used. The Government supports the promotion of public health messages that provide accurate, factual information to all people on the harmful effects of cannabis use, similar to existing messages on the effects of alcohol and tobacco use. Parents and young people need information that will assist them to discuss cannabis and its effects more openly. Emphasis should continue to be on delaying first use.
16. The Government notes that its major prevention-based project is the Ministry of Youth Affairs' three year drug education project that aims to identify and encourage best practice alcohol and drug education for young people, for families and for communities. The project is being completed in consultation with the Ministries of Education, Health, Justice and ALAC.
17. The project consists of three phases. The first phase is to complete a national and international literature review to identify evidence-based best practice and key messages for drug education that result in sustained behaviour change. The second phase is to develop guidelines for effective evaluation of drug education, develop standards for effective drug education, and to develop criteria for purchasers of drug education to use when deciding which programmes best meets their needs. Finally the last phase is to publish guidelines, standards and criteria and develop pilots for selected communities to develop and introduce appropriate key messages and initiatives for their young people, families and the wide community.

Recommendation: Heavy use of cannabis by 18 to 24-year-olds

- We recommend to the Government that it note the heavy use of cannabis by 18 to 24-year-olds, and the trend to increasing use by 15 to 17-year-olds – in particularly young women – and develop policy to reverse this trend.

Response

18. The statistics referred to in the recommendation are from the Alcohol & Public Health Research Unit's survey *Drug Use in New Zealand: National Surveys Comparison 1998 & 2001* published in May 2002.
19. The Coalition Government notes the heavy use of cannabis by 18-24 year-olds and the trend to increasing use by 15-17 year-olds particularly women but while national surveys are useful to identify emerging trends in youth drug culture, they do not explain why increases occur. It is important to understand the reasons for the emerging trend in order to determine effective government responses, including developing effective policies.
20. Anecdotal evidence suggests that adults are often responsible for the production of cannabis and supply to young people. Adults, including family members, may use young people for selling cannabis. A study undertaken by Massey University on drug use by the 13-17 age group found that 70% had bought cannabis from tinny houses generally occupied by adults.
21. Cannabis use by young people needs to be understood in the context of adult norms, modelling, use and supply. There are similar considerations for developing government responses to address binge drinking by and intoxication of young people. It is considered that the best approach to reversing the trend of young people using cannabis is to address societal norms around cannabis use rather than a single point of focus by age group or gender.
22. There is evidence that anti-smoking campaigns, including the *Auahi Kore* campaign have been effective. We can use lessons learnt from these successful campaigns to discourage cannabis smoking, including passive smoking which can affect babies and children. Pregnant women and parents also need to be targeted.
23. Evidence suggests that effective drug education can delay first use and therefore reduce heavier use later in life. It is essential for drug education to start early enough, well before first use occurs. Anecdotal evidence suggests that, rather than starting in secondary school, drug education should start in primary schools as part of a curriculum-based approach that stresses health and wellbeing. Submissions suggested that drug education should start in year six or seven and integrated into health or life skills curriculum, supported with information for whānau/ family and caregivers.
24. Evidence further suggests that effective drug education should be supported by a multi-layered government approach for addressing drug issues, which includes social marketing, community action programmes

and family approaches. School-based drug education alone is ineffective in delaying and reducing drug use.

25. The Ministry of Youth Affairs' drug education project referred to under paragraphs 16 and 17 is also relevant to this recommendation. It uses a multi-layered Government approach, and includes reviews of the different delivery mechanisms mentioned in paragraph 24.

Recommendation: All-of-Government approach for youth-appropriate health messages

- We recommend to the Government that it adopt an all-of-Government approach to enhance the quality, and ensure the accuracy, of youth-appropriate health messages.

Response

26. The Government's current *Youth Development Strategy* stresses the importance of a strength-based approach for young people. Young people's health is strengthened by positive connections with whānau/ family, school, training, employment, peers and community. Such connections strengthen protective factors, build resilience, and assist young people when making decisions on alcohol and drug use.
27. The *Youth Development Strategy* also emphasises the importance of participation by young people in processes that affect their lives. In order for health messages to be youth-appropriate, young people need to be actively involved in the research, development and trialing of these types of messages.

RESEARCH

Recommendation: THC levels in artificially grown cannabis

- We recommend to the Government that the Institute of Environmental Science and Research Limited (ESR) undertake survey work to establish the level of THC (delta-9-tetrahydrocannabinol) in artificially grown cannabis in New Zealand.

Response

28. ESR confirms that there is a lack of information available on the potency of cannabis currently grown in New Zealand, especially in regard to plants grown under artificial conditions.
29. In principle ESR would be able and willing to undertake such survey work. However, it should be noted that ESR is not funded to undertake

such research and would require both financial support and Police assistance in collecting samples in order to complete this work.

30. The Government has not initiated any research in this area, as it is not seen as a priority by either the Coalition or Government agencies.

Recommendation: Testing suicide referrals for illegal drugs and alcohol

- We recommend to the Government that it require the ESR to test all suicide referrals for traces of all illegal drugs and alcohol, including cannabinoids, in order to further investigate the extent of the relationship between cannabis use and suicide in New Zealand.

Response

31. ESR considers that additional information, such as that envisaged in this recommendation, may assist in elucidating the relationship (if any) between illicit drug use and suicide, particularly youth suicide.
32. However, ESR carries out toxicological analyses at the request of pathologists acting under the authority of Coroners.
33. The Ministry of Justice is currently developing policy proposals on the coronial regime in response to an earlier review by the Law Commission. One of the key recommendations of the Law Commission was that the office of Chief Coroner should be established. The Chief Coroner would help to ensure consistent national procedures for best practice in matters to do with delivering coronial services. This would include providing guidance as to how coroners can best fulfil their roles, including the contribution the coronial regime makes to the avoidance of similar deaths in future. In developing proposals on the coronial regime the Government will give this recommendation a high priority.

Recommendation: Impairment by cannabis

- We recommend to the Government that the ESR develop a mechanism by which impairment by cannabis could be detected.

Response

34. The report correctly notes that it is currently not possible to screen for cannabis intoxication as is done for alcohol, because there is no reliable method of relating cannabis metabolites in body fluids to the level of intoxication at the time of sampling the body fluids. Much international research has been done and is continuing. ESR will feed into this work as appropriate.

35. The Police, LTSA, ESR and other interested government agencies will continue to monitor international research and examine emerging new approaches to this issue, discuss those that appear to be relevant to New Zealand's environment, and draw any promising work to the attention of Government. The Coalition Government would support introducing such a screen as soon as it was reasonably available.

Recommendation: Testing road crash victims for traces of illegal drugs and alcohol

- We recommend to the Government that the ESR test all people killed in road accidents for traces of all illegal drugs and alcohol, including cannabinoids.

Response

36. The Government supports initiatives to further explore the relationship between road accidents and alcohol and other drug use, including polydrug use. Following consultation with ESR and other interested agencies, Police has recently submitted a bid to the Government's Cross-Departmental Research Pool (CDRP) for a multi-centre study that would, amongst other things, explore the proportion of drink drivers that have taken other drugs, and seek to identify the association between non-alcohol drug use and fatal and serious injury road crashes. Two sub-studies within Police's bid for CDRP funding are salient to the Committee's recommendation:
- Excess blood alcohol (EBA) samples that police officers have collected as part of roadside testing operations would be screened for the presence/absence of a range of other psychoactive drugs, including cannabinoids, opiates, benzodiazepines and amphetamine-type substances;
 - EBA samples collected by hospital Accident and Emergency staff from greater Auckland and the Waikato region would be screened for a range of drugs, in order to establish the relative associations between the presence of certain substances and fatal and serious injury road crashes.
37. The Government looks forward to the outcome of the current CDRP process. If the Police proposal to attract CDRP funding is not successful, the Government will explore whether other possible funding paths could be used to allow the proposed research to be undertaken.

Recommendation: Effectiveness of community action programmes in New Zealand

- We recommend to the Government that it undertake research into the effectiveness of community action programmes in New Zealand.

Response

38. Government agrees that evaluating community action programmes in New Zealand is very important.
39. The Ministry of Education implemented five Community Action on Youth and Drugs (CAYAD) projects and provided funding for three years. Since that time the project has been funded by the Ministry of Health. All of the CAYADs have had successful formative and impact evaluations completed.
40. The Ministry of Health works very closely with Massey University's Centre for Social and Health Outcomes Research and Evaluation (SHORE), who are regarded as leaders in community action research both within New Zealand and internationally. SHORE has produced a number of reports and conducted a number of studies into the effectiveness of community action with very positive outcomes.
41. The Government will be working very closely with SHORE in the preparation of the 15 new Community Action Programme (CAPs) sites that are being funded by the Ministry of Health. Each of the 15 sites will have a compulsory evaluation process.

Recommendation: Research into school stand-downs, suspensions, and expulsions as a result of cannabis

- We recommend to the Government that the Ministry of Education conduct research into school stand-downs, suspensions, and expulsions as a result of incidents involving cannabis.

Response

42. The Ministry of Education has a national database, SDS (Stand-Down and Suspensions), that records data on students suspended or stood-down for any reason including drug use. The SDS database is in part, a record about how some schools address student related drug incidents.
43. The Ministry of Education, through the Suspensions Reduction Initiative (SRI), is capturing qualitative data in relation to family circumstances and student attitude when stand-downs or suspensions occur. This will give a clearer picture as to possible reasons for drug abuse, and indicate the direction needed to formulate actions designed to address drug abuse problems.

HEALTH PROGRAMES & EDUCATION

Recommendation: Commit ongoing funding for community action programmes and community-based education programmes

- We recommend to the Government that it commit to ongoing funding for the Community Action Programmes (CAPs) and community-based education programmes, on the basis of evidence-based outcomes.

Response

44. Ongoing funding has been provided to the CAYAD projects in the five communities in which they run. All five projects have had successful evaluations completed.
45. Ongoing funding has also been provided for a further 15 new CAPs. Work is currently underway for placement of these projects.
46. Evaluations will form an integral part of the new CAP sites.

Recommendation: Continued delivery of effective programmes to minimise cannabis and alcohol related harm

- We recommend to the Government that there be continued delivery of effective programmes that take into account cultural perspectives to minimise cannabis and alcohol-related harm, on the basis of evidence-based outcomes and conditional on successful project evaluation.

Response

47. The Government considers community action programmes as key health promotion initiatives to deal with alcohol and drug related issues. These programmes move away from placing the responsibility solely on individuals and their families and promote community ownership of problems and solutions. They recognise the social context of drug use and broad range of factors that have an important influence on drug use and misuse.
48. As indicated in the recommendation above, the Government has supported the existing five CAYAD projects from their pilot phase to on-going fully evaluated projects. On-going funding has also been provided for 15 new CAPs projects that will have a strong focus on illicit drug use in the community. The 15 new projects will also contain a strong formative and impact evaluation process.

Recommendation: Expanding specific cultural programmes to encompass other cultural groups in New Zealand

- We recommend to the Government that programmes with a specific cultural orientation be expanded to encompass other cultural groups in New Zealand.

Response

49. Community action programmes can have a community geographic base or ethnic basis and involve all members of the target community. Both the CAYAD and new CAPs have a focus of community resiliency to drugs and therefore have a cultural focus that is fitting to each community.

Recommendation: Information for youth

- We recommend to the Government 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.

Response

50. Anecdotal evidence suggests that most of the cannabis use by young people is taking place outside the school environment. Cannabis use might take place during the weekend or on the way to school. It also, however, takes place in the school grounds or during school time.
51. Evidence suggests that giving young people information on drugs and teaching them decision-making skills, does not necessarily translate into reduction of cannabis use by, and cannabis-related harm to, young people. Successful campaigns, such as the anti-drink driving and anti-smoking campaigns, need to be studied to understand how people's behaviour can be influenced.

Recommendation: Drug and alcohol education as part of the health curriculum

- We recommend to the Government that drug and alcohol education be an integral and ongoing part of the health curriculum

Response

52. Drug education is already an integral part of the *Health and Physical Education* Curriculum and has been supported by Professional Development programmes for teachers delivering drug education since 1999.

53. Other Ministry of Education resources to support Drug Education have included:
- *Drug Education; a guide for Principal and Boards of Trustees* was distributed to schools in May 2002;
 - \$3 million 1999-2000 to fund specific drug education programme providers and approaches through the Drug Education Development Programme (DEDP);
 - A further \$1.65 million over two years was contributed to the DEDP by the Alcohol Advisory Council with \$0.95 million being appropriated for 2000-2002 for drug education professional development for schools; and
 - \$1.9 was appropriated for the 2000-2004 financial years for professional development in mental health education.
54. In response to commentary contained in the Committee's report about the appropriateness of Police-led school drug education programmes, the Government notes that the responsibility for providing alcohol and other drug education is shared by a number of both government and non-government agencies. Services provided by Police's Youth Education Service are delivered in accordance with Ministry of Education guidelines and have been consistently evaluated as fostering positive relationships between police officers and young people, and the wider school community.

Recommendation supporting schools and students response to cannabis use in a way that preserves educational opportunities

- We recommend to the Government that the Ministry of Education examine how best to support schools and students in responding to cannabis use in a way that preserves educational opportunities.

Response

55. The Ministry of Education, through programmes like the Suspension Reduction Initiative (SRI), is supporting schools and communities to strengthen ways of managing the vast range of issues that lead to student misbehaviour, and inevitably to disengagement from education. A publication based on effective school practice in managing student behaviour (including ways for schools to respond to drug use in a way that preserves students educational opportunities) is currently in draft form but expected to be available for schools by the end of this year.

Recommendation: Harm reduction information

- We recommend to the Government that it ensure provision of harm reduction information designed to minimise lung damage resulting from the smoking of cannabis.

Response

56. A range of governmental and non-governmental organisations already currently produce such material. However, Government will endeavour to increase and up-date information as needed.

LEGAL STATUS

Recommendation: EACD reconsider the classification of cannabis

- We recommend to the Government that the Expert Advisory Committee on Drugs give a high priority to its reconsideration of the classification of cannabis.

Response

57. Cannabis is among a number of substances that the EACD will be considering in the near future.

Recommendation: Clinically tested cannabis products for medicinal use

58. We recommend to the Government that it pursue the possibility of supporting the prescription of clinically tested cannabis products for medicinal purposes

Response

59. Government notes that New Zealand law governing the medicinal use of cannabis is under the Medicines Act 1981 and the Misuse of Drugs Act 1975. The relationship between these two acts is complicated. Section 109 of the Medicines Act governs how the two acts should be interpreted, and states that:
- If a medicine is also a controlled drug both the Medicines Act and the Misuse of Drugs Act apply, and the requirements of the Medicines Act are in addition to the requirements of the Misuse of Drugs Act;
 - If a person has authorisation under the Misuse of Drugs Act they can not act contrary to the provisions of the Medicines Act in relation to medicines;

- If a person is licensed under the Misuse of Drugs Act to sell, administer etc controlled drugs that are also medicines, then they are also licensed to sell, administer etc under the Medicines Act;
 - The Medicines Act is subject to the Misuse of Drugs Act and if there are inconsistencies the Misuse of Drugs Act applies.
60. The requirements of the Medicines Act and the Misuse of Drugs Act apply equally to pharmaceutical forms of cannabis as they would to a plant form of cannabis. However, in order for cannabis to even be considered for approved medicine status under the Medicines Act, standardised dosage, safety and therapeutic efficacy data would be required. It is unlikely that sufficient safety and efficacy information could ever be provided for "home grown" plant cannabis. However, a pharmaceutical form of cannabis of cannabis grown in a controlled manner may be able to meet the requirements of the Medicines Act.
61. A British Company, GW Pharmaceuticals, has in development a number of cannabis preparations for therapeutic use. The company has indicated that it would be prepared to supply product for a clinical trial in New Zealand. There is no barrier to this happening in either the Medicines Act or the Misuse of Drugs Act, provided the clinical trial requirements are met, the cannabis preparation is prescribed with the approval of the Minister and the appropriate licenses for import, storage and distribution are obtained.
62. The Government anticipates that if trials are successful, GW Pharmaceuticals will make an application for consent to market their cannabis product. This would follow the outcome of both British and New Zealand trials. GW Pharmaceuticals have stated that they expect to be able to produce a product at about \$10 per dose. They equate this price to being comparable on a dose basis, to the cost to the consumer of purchasing illicit cannabis. Medsafe are continuing to monitor progress in the development of GW Pharmaceutical cannabis products.
63. At the date of the writing of this response, Government notes that Medsafe have not received an application for the approval of a pharmaceutical form of cannabis or otherwise.

POLICING AND DIVERSION

Recommendation: Allegations of Police discrimination

- We recommend to the Government that it follow up the allegations that the Police discriminate against Maori as highlighted in the Christchurch Health and Development Study (CHDS).

Response

64. The Government takes seriously any suggestion that police officers discriminate against Māori. However, the Government does not share the Committee's view that the report provided to the inquiry from the Christchurch Health and Development Study (CHDS) amounts to compelling evidence "that Police discriminate against Māori". For example, an independent study by Victoria University in 1998 found that Police was far from institutionally racist. Te Puni Kōkiri 2002 study of Police's service delivery concluded that Police initiatives are producing real and positive results for the relationship between Police and Māori. The Government also notes that in the version of the report as finally published in the journal *Drug and Alcohol Dependence*, several important qualifications have been made to some of the commentary which appeared in the draft version of the report made available to members of the Committee. The Government believes that the inclusion of additional commentary in the published version of the CHDS report provides important balance to the Committee's preliminary interpretations from the statistical data.
65. Irrespective of this, Police is studying the report's findings in further depth, focussing on the highest risk factors that have been found to be associated with arrests for cannabis offences. Police officials will be seeking to meet with the principal investigators from the CHDS to discuss any issues arising for frontline policing practices. The outcomes of these discussions will be brought forward for wider consideration, if appropriate, by the Government's IACD officials' group and the MCDP.

Recommendation: Review of legal aid eligibility criteria

- We recommend to the Government that the Ministry of Justice consider the content of this report as part of its review of the eligibility criteria for legal aid as set out in the Legal Services Act 2000 and the Legal Services Regulations 2000.

Response

66. The Ministry of Justice issued a discussion paper *Eligibility for Legal Aid* in December 2002. The paper included options for the test for eligibility for criminal legal aid.
67. The current "interests of justice" test for criminal legal aid under section 8 of the Legal Services Act 2000 requires that the Agency must have regard to the gravity of the offence that a person is charged with.
68. One of the options identified in the discussion paper is to refine the current "interests of justice" test to increase the transparency of decisions about legal aid. Another option is to apply a "reasonable prospects of acquittal" test to certain types of criminal cases. This test

would be applied in minor criminal cases such as cannabis cases where imprisonment is unlikely. This approach tries to find a balance between ensuring legal aid is not used by people in criminal cases where there is no basis for a defence with the need to ensure that those who face serious sentences have legal representation.

69. Further policy work is being undertaken on these options taking account of the submissions received. The Committee's report and recommendation 12 will be considered in the context of that work.

Recommendations: Diversion for minor cannabis offences

- We recommend to the Government that it consider diverting minor cannabis offenders into compulsory health assessment for first possession and use offences, rather than a criminal conviction.
- We recommend to the Government that the Police expand the diversion scheme for cannabis offences, and apply diversion consistently in all parts of New Zealand so that fewer minor cannabis offences are prosecuted through the courts.
- We recommend to the Government that the Police examine procedures relating to diversion for cannabis offences in order to determine how greater consistency and fairness might be achieved.

Response

70. Police is reviewing the operation of the long-running Police Adult Diversion Scheme. Amongst other things, this long-term project seeks to identify good practice and enhance national consistency in Police diversion practices. The review will provide the opportunity for detailed consideration of Police's response to minor offences, including minor cannabis offences, and may include the possibility of referral to appropriate health assessment and/or treatment services for alcohol and other drug-related offences.
71. The Law Commission is also considering proposals for the Police Adult Diversion Scheme, as part of its review of the criminal justice process (outlined in the Commission's two papers *Striking the Balance* and *Seeking Solutions*). Once the Law Commission's parallel work is completed, it will be able to inform the wider Police review of diversion for minor offences.

CONCLUSION

72. In conclusion, the Government notes that most of recommendations of the Committee are included in projects that already inform the policies

and practices of the various government agencies that are involved in drug related matters.

73. The following projects, policies, and research relate directly to the Committee's recommendations in regard to cannabis:
- The Ministry of Youth Affairs' Drug Education project that aims to identify and encourage best practice alcohol and drug education;
 - The Ministry of Youth Affairs' *Youth Development Strategy*;
 - The Ministry of Justice's policy development on the coronial regime;
 - The continued monitoring of the international research by the Police, ESR and LTSA on cannabis impairment;
 - The possibility of funding research on road crash victims for traces of illegal drugs and alcohol;
 - The Ministry of Health continuing its development and evaluation of Community Action Programmes, that include and take into account cultural perspectives;
 - The Ministry of Education continuing research into school stand downs and expulsions etc as a result of incidences involving cannabis;
 - The Ministry of Health and Youth Affairs to undertake research to better understand how to change young people's drug taking behaviour;
 - The Ministry of Education to ensure drug and alcohol education is an integral and ongoing part of the health curriculum;
 - The Ministry of Education to continue to support schools and students in responding to cannabis use in a way that preserves educational opportunities;
 - The Ministry of Health to produce further material that provides harm reducing information designed to minimise lung damage resulting from smoking cannabis;
 - Medsafe to be alert to the possibility of dealing with an application for the approval of a pharmaceutical form of cannabis;
 - The Police to discuss with Christchurch Health and Development Study investigators any issues arising from front line policing practices;
 - The Ministry of Justice's review of legal aid eligibility;
 - The implications of the Law Commission's review on court structures on the Police Diversion Scheme.
74. Many other initiatives are also under consideration. For example, under the Action Plan on Alcohol and Illicit Drugs there are projects that relate to prevention, enforcement, treatment and research, including the appointment of a Drug Intelligence Analyst at the National Drug Intelligence Bureau (NDIB). Most of these projects relate directly to all drugs rather than just specifically to cannabis.
75. The key project under the *prevention* heading that may impact on the use of cannabis is the Ministry of Youth Affairs review of alcohol and drug education. However, other key projects under this heading include

the Ministry of Education's response to the Education Review Office's report on drug use in schools, and the Ministry of Health's community action programmes referred to in the text of this report.

- 76. Under the enforcement heading Police have undertaken to complete a stock-take of its initiatives in reducing the supply of illicit drugs including cannabis. Police will provide an outline of key problems and possible solutions, in consultation with other key agencies, by early October. The Ministry of Justice is also reviewing the Proceeds of Crime Act to ensure more effective administration of that Act.**

- 77. Under the treatment heading the Ministry of Justice is piloting a youth drug court, and the Ministry of Health is developing a Youth Residential Drug Treatment Centre, which are both situated in Christchurch. The Ministry of Health and ALAC will identify barriers to effective assessment of alcohol and other drug related problems, these same agencies and the Department of Corrections have undertaken to do the same stocktake focussing on the needs of inmates.**