

**Te kuaka marangaranga.  
A Māori child and adolescent  
psychiatrist, reflections on  
cannabis in the context of 2020  
referendum.**

*Dr Hinemoa Elder*

*Te Aupouri, Ngāti Kuri, Te Rarawa, Ngāpuhi*

*MBCChB, FRANZCP, PhD*



# Pūrakau

Tama is a 13 year old mokopuna of Te Aupouri. He is a student at Kura Kaupapa and he has been wagging school and smoking cannabis.

Hine is Tama's Aunty and a teacher at the Kura. She is worried about him. He has been acting strangely lately, talking to himself making no sense sometimes.

She wonders to what extent is cannabis the problem?

# Overview

- Māori
- Evidence regarding cannabis and mental ill health
- Current harms
- Some considerations of legalization and regulation
- Conclusions

# Māori

First Nations Peoples

Te Tiriti o Waitangi

Ongoing colonization: Tuia 250

NZ History to be taught in NZ schools in 2022

Health and CJ inequities massive

Racism found in research examining health services, access, legal processes

(Racism definition: belief and action that all members of a certain race or ethnicity possess inferior characteristics)

# Cannabis. Kia mataara.

- Not all cannabis is the same: sativa, indica, hybrid, strains, adulterated with other substances, quality, part of the plant, potency
- Variability of cannabis over time (longitudinal studies)
- Self reported use is variable
- Research has biases; participants, data collection issues because cannabis is illegal, all impacts on the applicability/ generalizability of the findings
- Longitudinal studies Māori ppts: CHDS 12%, Dunedin 11%

# Current numbers

- 11% of people aged above 15 used cannabis at least once in previous 12 months
- 34% of users used at least weekly in last 12 months *(MOH 2013)*
- By age 25, 80% of NZ have tried it,
  - almost 50% of those aged 16-64 had used it *(MOH 2010)*

# Current harms

85% of users had not become dependent on cannabis *Boden et al 2009, CHDS cohort age 25*

No reported deaths from toxic cannabis OD

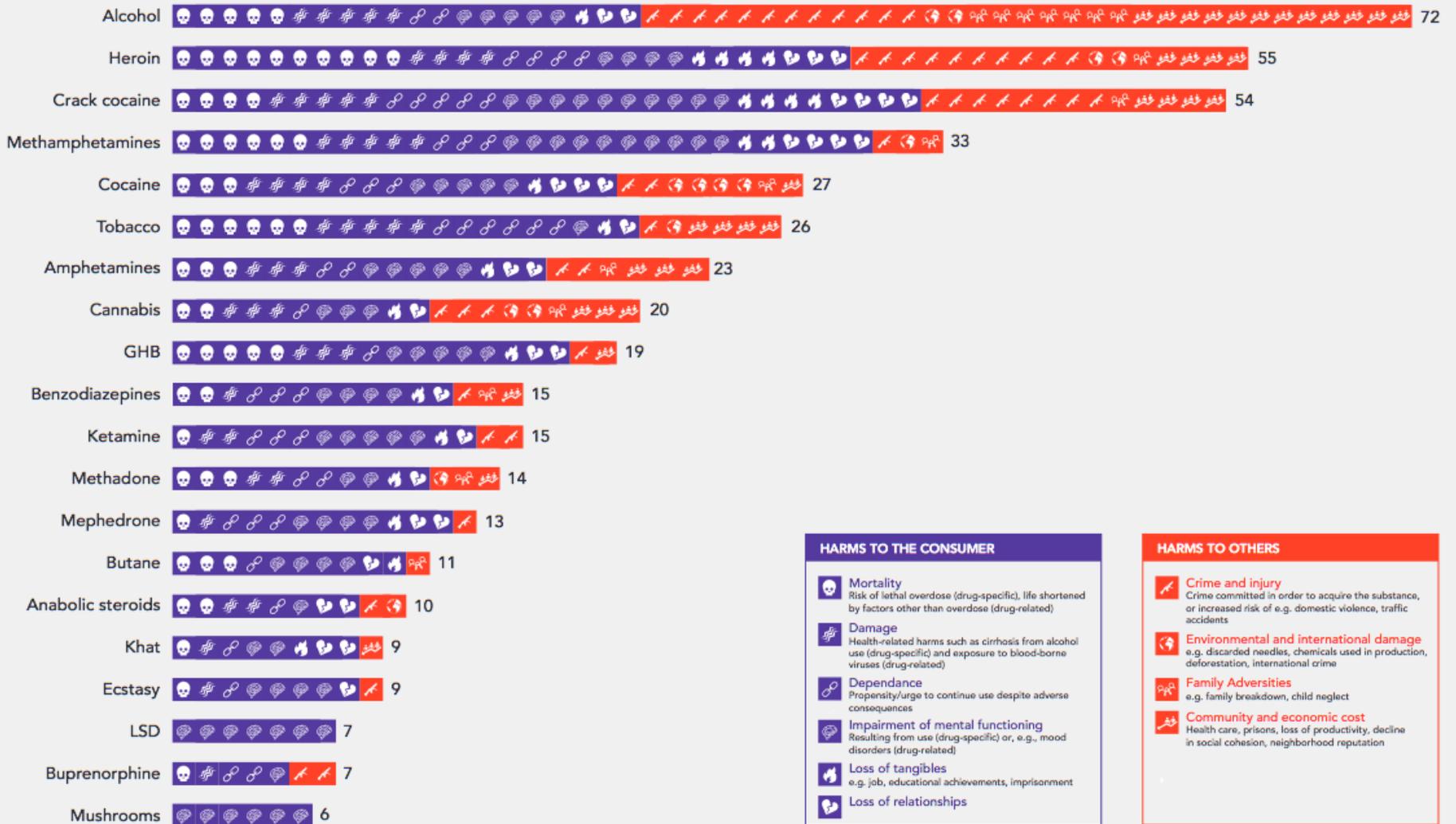
Compare to:

Synthetics: 5F-ADB, AB-FUBINACA, AMB-FUBINACA and JWH-122, target cannabinoid receptors, more than 50 suspected deaths in NZ since 2017

Alcohol: 600-800 alcohol related deaths in NZ per year, strong link with violent crime, alcohol use is a factor in 65% of attempted suicides and 25% of suicides in the UK *Holdsworth, Griffiths and Crawford, 2010*

Approx 1800 children born with FASD per year *MOH 2018*

FIGURE 4 Weighted scores for harms of drugs



This graph is based on the scientific modelling made by David Nutt et al. (Drug harms in the UK: a multicriteria decision analysis, *The Lancet*, [https://doi.org/10.1016/S6-61462\(10\)6736-0140](https://doi.org/10.1016/S6-61462(10)6736-0140)), and their assessment of the various harms of drugs used for recreational purposes in the UK, using multi-criteria decision analysis (MCDA)

# Current harms: psychosis

Psychosis: severe persistent disorganization of thoughts and behaviours, abnormal perceptual experiences and beliefs

- Association between cannabis use and psychosis, confounding: reverse causality?

*Fergusson et al 2006 review*

- Frequency of use confers greater risk

*McLaren et al 2010, Caspi 2005*

- Of those use prior to age 15 10% develop schizophreniform d/o by age 26 *Arsenault 2002*

- Vulnerable group 10%

# Current harms: psychosis

- Most people that use cannabis do not develop psychosis
- Most cases of psychosis are not attributable to cannabis

# Current harms: depression

- Mixed findings
- Young age onset of use and increased use associated with increased depressive symptoms *Fergusson 2005, Rey 2002*
- Early use did not predict depression *Arsenault 2002*
- Weak association with age
- Could not draw definitive conclusion about causality direction

# Current harms

Most cannabis users do not progress to problematic use of cannabis or use of other illegal substances *Fischer 2011*

- Cognitive functioning, most recent study report earlier concerns may be been overstated *Block 2002, Pope 1996, Cobb-Scott 2018*

Earlier onset of persistent use associated with cognitive deficits persisted after controlling for years in education *Meier 2012 using Dunedin data*

- MVA, increased risk in frequent users *Kelly et al 2004*
- Other symptoms; bronchitis, SOB. chest tightness, wheeze *Tetrault 2007*
- Lung and respiratory tract cancer research cannabis effect impacted by confounding effect of alcohol and tobacco

# Current law

- Illegal unregulated market
- Recent amendment to Misuse of Drugs Act
- No prosecution for possession unless public interest to do so
- Raises issues of implementation of law for Māori
- Decriminalised for some?
- Implications for Māori?
- Indications from other law

# Other legislation

- MH (Compulsory A and T) Act 1992
- C and YP (Oranga Tamariki) Legislation Act 2017
- Substance Addiction (Compulsory A and T) Act 2017

# MHA Sections 5

- (2) [All powers under this Act] must be exercised, or the proceedings conducted,—
- (a) with proper recognition of the importance and significance to the person of the person's ties with his or her family, *whanau*, *hapu*, *iwi*, and family group; and
  - (b) with proper recognition of the contribution those ties make to the person's wellbeing; and
  - (c) with proper respect for the person's *cultural and ethnic identity, language, and religious or ethical beliefs.*”

# Oranga Tamariki 1989 (amended 2017)

- s 5(c) of the Act says:

“(c) ... consideration **must always be given** to how a decision affecting a child or young person will affect—

- (i) ...
- (ii) the stability of that child’s or young person’s family, whanau, hapu, iwi, and

# Substance Addiction (Compulsory Assessment and Treatment) Act 2017

- Section 12(e) repeats the principle in s 5(2) of the MHA
- s 13(a) *wherever possible*, the family, whānau, hapū, iwi, and family group of the child or young person should participate in the making of decisions affecting the child or young person and, accordingly, *regard should be had to the views of the family, whānau, hapū, iwi, and family group*:

# Use of Māori concepts in law

- Guiding “principles” or factors to be “recognised”
- Potential pitfalls of including such culturally salient principles without them being mandated
- Risk of tokenism and inconsistent use
- Requires depth of understanding of Māori concepts
- Any cannabis legislation and regulatory framework designed to provide authentic approaches for Māori must be mindful of this

# Conclusions

Criminal justice cannabis approach results in inequities for Māori

Barrier to health approaches

Māori are much worse off in the current situation

Research gives us a rough guide

Most people who use cannabis do not develop psychotic symptoms

Most cases of psychosis not attributable to cannabis

- No clear evidence for causality with depression
- Cognitive impairment evidence is of effect over short duration

- Illogical approach to cannabis in the face of comparative evidence about impact of alcohol
- Any new legislation and regulatory framework must be cognizant of robust requirements to mitigate risk of tokenism as seen in extant law
- Current approach does not prevent use or prevent harm, in fact it tolerates and perpetuates harm, particularly for Māori

# Prof David Fergusson, CHDS

• *“In broad outline it seems likely that the difficulties and disadvantages faced by contemporary Māori families are likely to represent ... a long term historical process that has involved many components, including: the pressures faced by, and change in Māori culture and language following colonisation, the loss of land and economic power base experienced by Māori, increasing urbanisation of Māori and the general reduction of status and prestige (mana) of Māori people within the context of New Zealand society.”*

*[https://www.corrections.govt.nz/resources/research\\_and\\_statistics/over-representation-of-maori-in-the-criminal-justice-system/3.0-early-life-environmental-influences/3-6.html](https://www.corrections.govt.nz/resources/research_and_statistics/over-representation-of-maori-in-the-criminal-justice-system/3.0-early-life-environmental-influences/3-6.html)*

# Pūrakau

- Yes, cannabis can be part of the problem
- It is not the sole driver of problems
- Maintaining the current environment maintains the problem