**Cannabis Referendum 2020: Frequently Asked Questions**

**1. What is the cannabis referendum?**

The cannabis referendum is a public vote on whether cannabis should become legal to grow and sell for recreational\* use among adults. The vote will be held in September at the 2020 general election.

A draft law called the Cannabis Legalisation and Control Bill (CLCB) sets out how recreational cannabis would be managed if legalised. The CLCB would allow cannabis to be legally produced and sold to adults (20 years and older) by licensed businesses, grown at home and shared socially, within a range of controls. The controls aim to protect health and are similar to those for tobacco and stricter than those for alcohol.

\*New Zealand’s Medicinal Cannabis Scheme launched on 1 April 2020. It allows prescription-only access to pharmaceutical forms of cannabis (e.g. tinctures, pills) and vaping products, but not herbal cannabis for smoking.

**What is the referendum question?**

“Do you support the proposed Cannabis Legalisation and Control Bill?” YES | NO

**Why is the referendum important to our communities?**

The referendum is important because it will impact the environment in which our whānau and young people live, in particular how cannabis is sold and consumed and how related harm is treated and managed. Legal regulation of cannabis presents opportunities and risks for health and wellbeing. On the one hand, cannabis will be easier to get; it may be cheaper and will likely be seen as less risky; and cannabis companies will work to loosen regulations. This could increase use from current levels (15% of New Zealanders aged 15 and older report using cannabis once or more in the past year, and about 5% once or more per week), with associated increases in problems like cannabis use disorder (as found in the United States), lower educational achievement, drug-driving and some mental illness1. On the other hand, there should be fewer arrests and convictions for cannabis possession, which disproportionately impact Māori and youth; licensed retailers will not offer other drugs; there will be one less barrier to seeking help with cannabis problems2; and cannabis businesses will employ some people.

**What is the aim of the CLCB?**

To reduce cannabis-related harm to individuals, families and whānau and communities. This is not easy or guaranteed, and some goals in the CLCB conflict with each other.† The aims are to:

* provide a controlled, legal supply of cannabis products for recreational use by adults (age 20 and older)
* restrict access to cannabis by young people by prohibiting sale and supply to those under 20
* reduce overall use of cannabis in the population over time
* eliminate the black market for cannabis
* raise public awareness of the health risks of cannabis use
* reduce cannabis-related convictions
* provide more health and social support for people with cannabis use problems

†Aiming to displace the black market may lead to lax controls on the legal market and to greater increases in cannabis use and related harm. Tight restrictions could slow increases in use but help maintain a larger black market.

**How do I vote in the referendum?**

[**Enrol here!**](https://vote.nz/) You must be enrolled bythe general election in September to vote. The referendum will be part of the election. You will receive voting information in the mail and can vote in person on the day, or from Saturday 5 September through early voting.

**When would the law change?**

Not right away. If the referendum succeeds, the CLCB would go through select committee processes and then pass into law. This involves potential consultation and debate over details such as rules for producers, retailers and marketing; taxes and levies; possession limits; and permitted products. There will likely be changes to the CLCB during this process.

**Could a ‘yes’ vote be ignored by the next Government?**

Yes. The referendum is not binding. However, the parties in the current Government agreed to abide by the outcome, and others would likely be cautious about going against public opinion.

**What might the new law look like in my community?**

* Adults aged 20 and over could buy, carry and share cannabis in amounts less than 14 grams (per day). Police would not be able to charge people for holding less than this amount.
* Supplying cannabis to someone under 20 would still be a criminal offence.
* Using cannabis in public would be prohibited, apart from licensed ‘consumption premises’.
* Cannabis retail shops and consumption premises would be licensed to set up around New Zealand. Retailers must apply to the Cannabis Regulatory Authority for a licence.
* Cannabis outlets and products are intended to be low profile:
* Advertising of cannabis products and cannabis companies would be banned.
* Shops cannot indicate that cannabis is for sale inside, and shop names must not refer to cannabis or cannabis products
* Products must not be visible from outside an outlet
* Products must be in plain packaging, showing only objective product information and health warnings.
* The locations and trading hours of licensed outlets could be restricted differently in each district or city council, under a ‘local licensed premises policy’. These policies would be developed by the Cannabis Regulatory Authority in consultation with local stakeholders.
* One adult (20 or over) could grow up to 2 cannabis plants for personal use or sharing with friends. The maximum number of plants per household is 4. The plants must be out of sight and cannot be accessible to the public.
* Cannabis products that appeal to children and young people would be prohibited. Initially only raw cannabis and cannabis plants and seeds would be permitted. The Authority would be able to approve other products such as edibles and concentrates in the future.
* There would be opportunities to reduce harm to people who choose to use cannabis:
* Stores and consumption premises would display harm reduction information. Product packaging would have health warnings and details of contents including potency.
* Health promotion and support services may become more available with funding from taxes and the levy on cannabis sales

**For more detail you can visit:** <https://www.referendum.govt.nz/cannabis/index.html>

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1. Hasin, D. (2018). US epidemiology of cannabis use and associated problems. Nature. 43, 195–212.

2. Theodore, R., Ratima, M., Potiki, T., Boden, J. & Poulton, R. (2020). Cannabis, the cannabis referendum and Māori youth: a review from a lifecourse perspective, *Kōtuitui: New Zealand Journal of Social Sciences Online.* <https://doi.org/10.1080/1177083X.2020.1760897>

**2. What are the main features and rules in the CLCB?**

**Restrictions on personal use and home growing:**

* The minimum *purchase age* and *use age* is 20. It would be a criminal offence to give or sell cannabis to someone under 20.
* A person under 20 found with cannabis would receive a health education session, support services or a small fee or fine.
* Purchase and possession of cannabis is limited to 14 grams a day (officials have stated this is one week of supply for a regular user).
* One adult would be able to grow 2 cannabis plants at home (maximum of 4 plants per household). This cannot be sold but can be shared.
* Using cannabis in public places would be banned. Use is limited to private homes and licensed consumption venues.

**Restrictions on the cannabis marketplace:**

* Advertising and sponsorship of cannabis products, companies and their trademarks would be banned.
* The total amount of cannabis available for sale in the market would be capped.
* A cannabis tax and a levy would help cover the costs of the system and would aim to reduce harm, for instance, more tax would be applied to higher potency products. The levy would fund services working to reduce cannabis harm.
* Retailers would be required to display health information and warnings about health risks.
* Licences would be needed for commercial cannabis production, cannabis stores and consumption premises. Key rules for licences include:
* An individual or business cannot hold two types of license at once. For example: a person with a license to grow cannabis cannot also have a license to sell cannabis
* Any single producer cannot supply more than 20% of the national supply of cannabis
* A portion of licences would be reserved for small scale cultivators. The CLCB aims to give some priority to businesses that partner with communities disproportionately harmed by cannabis, and to retailers who aim to generate social benefit.
* The locations and hours of retail outlets would be restricted by a separate local licensed premise policy for every district and city council area. The policies are to be developed by the central Cannabis Regulatory Authority, in consultation with local people and local government.

**Restrictions on cannabis products:**

* At first, only raw cannabis and cannabis seeds and plants will be permitted for sale. Other products such as edibles (e.g. cookies, lozenges) oils or other concentrates could be authorised later by the Cannabis Regulatory Authority.
* Products attractive to children and young people would be banned.
* Cannabis-infused beverages, injectables, or products that include tobacco or alcohol would be banned.
* The strength of cannabis would be limited by a maximum level of THC (the intoxicating part of cannabis); the limit for raw cannabis is set at 15% THC.
* The level of THC and CBD (cannabidiol - a non-psychoactive compound) would be displayed on packaging.
* Contents and public health warnings are required on product packaging.

**What is the Cannabis Regulatory Authority?**

It is a new central government agency that would oversee the regulatory system. Its objective would be to reduce the harms associated with cannabis and to reduce cannabis use over time, through a national plan prepared every 5 years. It would be informed by a Cannabis Advisory Committee that is to include representation of iwi and Māori, young people, and the health, justice and social sectors.

The Authority would be responsible for:

* the licensing of production and retail operations, including setting criteria for issuing licences
* setting the cap on total annual cannabis production
* types of products permitted for sale, and levels of THC permitted in products
* setting taxes and levies on cannabis
* developing a ‘local licensed premises policy’ for every district and city council, setting out permitted hours and locations for retail outlets, in consultation with local people
* addressing breaches of the regulations
* public education to promote the cannabis regulations, risks of use, safer use practices and help seeking behaviour
* research to understand cannabis use and support further planning

**How are licences for stores and consumption premises issued?**

There will be a licence application process. Community members who may be affected by the outlet can submit their views or object to the application.

Licensing decisions will be based on the aims of the CLCB, the local licensed premises policy and potential local impacts including:

* Reducing harm from cannabis use and lowering overall use
* Deterring black market cannabis supply by making cannabis available in a controlled way
* Potential negative impacts on the safety and attractiveness of the local area, including how near it is to sensitive sites such as schools
* The suitability of the licence holder and their systems for running their outlet

**What significant issues are not clear in the CLCB?**

* Key aims of the CLCB conflict with each other, and it is not clear which have priority. The aim to eliminate the black market will involve providing wide legal access to cannabis at competitive prices with sufficiently attractive products. If this takes priority over the goals of reducing overall use and harm, regulatory controls may be loosened and health costs may increase.
* The CLCB does not have a mechanism to protect its public health controls from influence by the cannabis industry or others with vested interests in expanding the sale of cannabis.
* The CLCB does not specify where the Cannabis Regulatory Authority will sit; the Ministry of Health would likely have different priorities to Justice or MBIE, which may focus more on economic benefits when administering the system.
* There is little detail yet as to who will enforce key parts of the system or how, such as monitoring licence conditions, tracking plants from production to retail, home growing allowances and the daily purchase limit.

**3. What are the impacts of cannabis policy?**

**What are the health and social impacts of keeping cannabis illegal?**

Prohibiting cannabis production and use by law causes some harms and also reduces other issues related to cannabis use. The harms of cannabis prohibition include:

* Arrests and convictions for cannabis offences have historically created a long-term barrier to travel and work opportunities and have disproportionately impacted Māori and young people (Boden & Fergusson, 2019). Convictions for cannabis possession have been falling since the introduction of diversion (Wilkins & Sweetsur, 2012), and a change to the Misuse of Drugs Act in 2019 requires the Police to first consider a health response to drug possession instead of prosecution. However, Police have discretion over the decision and racial bias will remain a problem.
* Due to a lack of regulated production standards for illegal cannabis, consumers are at risk of harm from mould or pesticides that may contaminate cannabis.
* Contact with illegal sellers increases the risk of exposure to illicit drugs that are more harmful, such as synthetic cannabis and methamphetamine.
* Illegality can encourage zero-tolerance policies to cannabis use problems that may exclude a person from school or work, when a health response would often be more beneficial.
* The illegal status of cannabis is a barrier to seeking help and discussing cannabis use issues.

Aspects of prohibition are likely to reduce overall use of cannabis and harms related to use. These include:

* Large-scale commercial supply, marketing and distribution of cannabis is limited by the risk of being caught. The risk adds to the black-market price of drugs and reduces availability, which is likely to limit cannabis use and related problems (Strang et al. 2012), particularly as people grow older and have more to lose from a conviction (e.g. job, reputation). For example, use of alcohol in the last year (~80%) is higher than last year use of cannabis (~15%) in the New Zealand population.
* There are no large local cannabis businesses seeking to expand the market, who would lobby policy makers to permit greater availability and promotion of cannabis use.
* The illegal status supports a message that cannabis use has health and social risks.
* Illegality reduces the social acceptability of cannabis and deters some people from using it. Cannabis use declines significantly as people grow older; by comparison, alcohol use typically continues throughout the lifespan partly because it is legal and socially accepted (Hall, 2017).
* Police and the justice system refer many individuals to health providers; this intervention can motivate people to acknowledge a substance use problem and address it.

**What difference might the law change make to health and wellbeing?**

The key question for health is not whether cannabis is harmful, but whether legalising cannabis **would increase or decrease** current levels of cannabis related harm. Despite our present laws, a significant minority of New Zealanders use cannabis and this is associated with well-established harms from use (see section 4) and harms from prohibition. The New Zealand Health survey shows:

* In 2019 around 15% of the population (and 32% of Māori) age 15 and older reported using cannabis at least once in the past year. Past surveys indicate only a third of the past-year users had used cannabis once a week or more.
* People living in the most deprived areas are twice as likely as people living in the least deprived areas to report using cannabis at least once in the past 12 months.
* Use is more common in younger people and reduces substantially as people grow older.
* Secondary school surveys suggest use among high school students is falling (Ball et al. 2019).

On one hand, access to a legal, regulated and quality-controlled supply of cannabis would offer some protection for people who use cannabis. This could reduce some inequities, as Māori and people in more deprived communities are more likely to use and more likely to experience legal problems as a result (Theodore et al. 2020). On the other hand, more people may begin using cannabis and people may use it more intensively, and so related health and social issues may increase. For example, increases in cannabis use by adults in the United States (irrespective of legalisation) were accompanied by increases in cannabis use disorder (Hasin, 2018).

**Research evidence does not yet answer** **whether regulating cannabis will achieve all the potential benefits, and if it does, whether the benefits will be outweighed by additional harm relating to cannabis use:**

Early results from the first recreational cannabis markets do not provide clear evidence for many potential impacts of legalisation. Complications include the time it takes to establish supply and retail systems and for prices to settle; challenges gathering data on cannabis and other drug use; and differing regimes in different places (Smart & Pacula, 2019).

In Canada and most parts of the Unites States that legalised recreational cannabis use, medicinal cannabis was widely available first. After recreational legalisation, evidence to date indicates:

* In the United States prices have fallen and potency has increased (Hall & Lynskey, 2020).
* In areas of the United States that legalised (compared to states that did not) adult use increased, while use among young people under 18 has generally remained stable (this is important to monitor, as frequent use in the teen years carries greater risks to mental health, education and future employment).
* In Canada’s first year after legalisation, the proportion of people who used cannabis (in the past 3 months) rose from 14.9% to 16.8% of the population – an increase of 13%. The increase was mainly among older adults, and there was no significant change in use among those aged 15 to 24; however, use among 15 to 17 year olds fell significantly (Roterman, 2020).

**Drug policy research identifies important risks and benefits to consider:**

The significant **risks** to health and wellbeing of legalising cannabis include:

* After legalisation cannabis would become more available to adults and more socially accepted, which is likely to increase cannabis use to some degree. If more people use cannabis, or use more heavily or for longer time periods, cannabis-related health and social issues are likely to rise (although a majority of people do not report problems from use, the number of people who do is likely to increase). The two most common impacts are cannabis use disorders and drug-impaired driving - which would remain illegal (Fischer et al., 2015; Hasin, 2018).
* The CLCB would establish a commercial, for-profit industry to supply cannabis, which will have a financial incentive to increase cannabis sales and use. This is likely to pose greater risks to public health than ‘intermediate’ options such as non-profit models or a state monopoly:
  + Private alcohol, tobacco and cannabis producers lobby persistently and powerfully against public health protections, are less compliant than state suppliers as retailers, and target heavy users who consume the bulk of their products (Pacula et al., 2014; Subritzky et al., 2016). This increases the chances that public health controls will be side-stepped and weakened over time, and that harmful use of cannabis will increase.
  + For example, over the past 40 years New Zealand’s alcohol legislation was progressively loosened, leading to high levels of marketing, more outlets and cheaper prices. When the law was overhauled in 2012, key public health recommendations proposed by the New Zealand Law Commission were ignored (Sellman et al., 2017).
  + Revenues (after tax and GST) for a cannabis industry in New Zealand are estimated to reach $875 million per year (New Zealand Institute of Economic Research, 2020), indicating the industry will have large resources to advocate for its interests.
  + As the potential impacts of the CLCB are uncertain, the ability to address emerging problems rapidly will be important; however, a commercial industry is likely to aggressively obstruct change that is not in its interests. For instance, it took four years to introduce plain packaging for cigarettes in New Zealand because of the threat of lawsuits from the tobacco industry (Crosbie & Thompson, 2018).
  + The CLCB does not have a specific requirement or mechanism\* to protect its public health strategies from influence by vested interests in cannabis.

\*Tobacco policy has benefited from the World Health Organisation’s *Framework Convention on Tobacco Control.* Article 5.3 requires that “*in setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry*” (<https://www.who.int/fctc/guidelines/article_5_3.pdf?ua=1>).

* The CLCB caps the psychoactive potency of cannabis plant material at 15% THC, which is at the higher end of typical cannabis potency found in the black market; limits are not fully defined for edibles and extracts. Use of higher potency cannabis has greater risk of psychosis and dependency (Wilkins & Rychert, 2020).
* Taxes on legal cannabis may not prevent cannabis prices falling and consumption increasing, as occurred in the United States. A minimum price could avoid this, however the CLCB instead allows for special tax increases to maintain prices (Wilkins & Rychert, 2020).
* Cannabis marketing by a commercial industry may not be stopped by the law. Alcohol marketing online is now difficult to define, detect and enforce; promotions are targeted and often visible only in private feeds. Digital marketing techniques stay ahead of the rules, such as co-producing content with the public, celebrities and influencers who share it online. Alcohol marketing is known to influence the age at which young people start drinking.
* The CLCB’s aim to eliminate the black market provides an argument for removing or loosening regulatory controls that otherwise help to reduce cannabis use and related harm.
* Social equity provisions like those in the CLCB (e.g. prioritising diverse participation in the cannabis marketplace including groups previously impacted by cannabis prohibition) have been difficult to implement in practice (Kilmer & Neel, 2020; Adinoff & Reiman, 2019).

Providing legal access to cannabis under the CLCB offers a range of potential **benefits**, particularly to the significant number of New Zealanders presently using cannabis:

* Adults who use cannabis could do so without breaking the law.
* Any remaining arrests for possessing cannabis for personal use (less than 14 grams) would stop. This will reduce one source of inequities in justice outcomes for Maori. In parts of the United States that legalised adult cannabis use, arrests of adults fell sharply but arrests of youth did not (Plunk et al., 2019). Bias may also remain; in Colorado in 2016 (after legalisation), cannabis arrest rates for black individuals were three times higher than for whites (Reed, 2016).
* People who use cannabis would no longer need to contact black market sellers, who may offer other drugs. This is a potential explanation for part of the link between cannabis use and other drug use, but this is not confirmed.
* People experiencing cannabis use problems may be more prepared to speak about their use and face one less barrier to accessing support (Government Inquiry into Mental Health and Addiction, 2018).
* The psychoactive potency of cannabis in legal stores would have a maximum limit and be displayed on packaging. Higher taxes would be applied to more potent products and may encourage people to use less risky products.
* Production standards, including regulations on the use of pesticides, would reduce the risk of harm to consumers from fungus, banned fertilisers and insecticides, which may be present in illegal cannabis.
* Consumers will have detailed product information listed on packaging, alongside information on the harms of use and ways to minimise the risks.
* Tax revenues and levies would shift money from the black market toward supporting public health activities, regulatory monitoring and enforcement. For example, in the United States and Canada significant revenue has been captured from the black market (New Zealand Institute of Economic Research, 2020). The recreational market also offers employment opportunities.
* Products that are not smoked may be made available in future (like edible cannabis) and may reduce incidence of respiratory problems.
* If greater use of cannabis reduces the use of more harmful drugs, particularly alcohol, in theory health outcomes at the population level may improve. Presently it remains unclear whether substitution effects have followed recent legalisation in the United States (Smart & Pacula, 2019) - and the reverse possibility remains - that greater cannabis use may remain associated with increased odds of other drug use.

**4. What are the harms of cannabis use?**

While the majority of people report no harm from using cannabis, it can be harmful at any age; the most common problems are cannabis use disorder and vehicle crashes. After alcohol, cannabis and methamphetamine are the two most common reasons people seek drug treatment in Australia and New Zealand. Regular use from a young age carries greater risk to health and mental health, education and future employment.

The mental health impacts of cannabis use are serious but affect relatively few people in the total population. People who have a family history of mental health problems have a greater risk of cannabis use affecting their mental health. The most common physical effects of regular cannabis smoking are respiratory problems and gum disease.

**Key health messages for young people and whānau:**

1. **Young people should avoid or delay use of cannabis** due to the risk of impacting their learning and brain development. Adolescents who use cannabis regularly from an early age are at greater risk of dependence, mental health problems and poor outcomes in school and work.
2. **While most adults who use cannabis report no harms, 1 in 5 people develop cannabis use disorder (or 40% of daily and near-daily users)**. Symptoms include cravings, difficulty reducing use, problems with education and giving up activities. Cannabis use disorder (CUD) impacts others by affecting a person’s relationships and roles in their family and the workplace.

While cannabis use does not always lead to CUD, as population rates of cannabis use increased across the United States the rate of CUD also went up. Frequent use has greater risk.

1. **Driving high increases the risk of a traffic crash**. Using cannabis before driving impairs key driving skills and approximately doubles the risk of a crash. In combination with alcohol the risk increases much more.
2. **Long term and heavy use of cannabis is associated with increased risk of mental health problems, and people with a personal or family history of mental health concerns are strongly advised to avoid use.** Specifically, cannabis use is likely to increase therisk of developing schizophrenia and other psychoses. The total impact at population level is small in comparison to the more widespread issues of CUD and drug driving.
3. **Cannabis should not be used during pregnancy**. Use during pregnancy is associated with low birthweights in babies and behavioural issues.
4. **Help and advice is available:** The Alcohol and Drug Helpline provides FREE confidential support if you want to talk about your own, or some else's drug use - call 0800 787 797.

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