



Office of the Prime Minister's Chief Science Advisor  
Kaitohutohu Mātanga Pūtaiao Matua ki te Pirimia

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## **Meetings with external stakeholders for the OPMCSA cannabis project**

### **4 September 2019**

Dr Michelle Sullivan attends the 'A Conversation on Cannabis Law Reform' event hosted by The Helen Clark Foundation.

### **9 September 2019**

Dr George slim met with Sally King, GM of the Medicinal Cannabis Council in New Zealand. After George highlighted exclusion of medicinal cannabis from the scope of the cannabis project, there was a wide-ranging discussion about the medical cannabis industry.

### **13 September 2019**

Dr Michelle Sullivan attends the 'Through the Maze: Just and equitable drug law reform' symposium hosted by the NZ Drug Foundation at Parliament.

### **31 March 2020**

Dr Rachel Chiaroni-Clarke met with Dr Mark Ware (Chief Medical Officer, Canopy Growth), also joined by Eamon Curran and Kady Chermal of Canopy Growth.

- Dr Ware is an expert in medical and recreational cannabis, having spent 20 years researching cannabinoids and their effect on cancer and chronic pain. Prior to his industry role, Dr Ware was the vice-Chair of the PM Trudeau's Taskforce for legalisation of recreational cannabis.
- Rachel outlined the scope of the Office's public-facing work to inform the referendum to legalise recreational cannabis.
- Dr Ware explained that, while the evidence is still evolving, in Canada they have not seen any significant individual or public health impacts that have been cause for concern following legalisation. The main post-legalisation focus from the public has been on logistics (e.g. supply, taxes). In particular, there has not been an acute change in psychotic illnesses, youth rates of use have declined, and adult rates of use have increased.
- The Taskforce considered a wide spectrum of evidence and opinion to inform Canada's policy decisions. A key point Dr Ware made was that for many parameters of legalisation, e.g. legal age of access, driving while impaired, workplace regulations, home grow and possession limits, there was a valid evidence base and reasoning at either ends of the spectrum and that they landed on a sensible middle ground in their policy.
- In Canada's experience, the ban on advertising and marketing has been successful; home grow and possession limits have been effective; a staggered approach to allowing different products onto the market has been effective in order to iron out the regulations for different products.
- Key learnings from the policymakers in Colorado and Washington that informed Canada's approach was to implement public health education measures prior to legalisation (not to wait for revenue to fund this before commencing) and to collect baseline data to measure impacts. Canada did this and continues to provide open access data via the Cannabis Stats Hub. There is no formal policy review calendar but in 5 years the decision to preserve the medical cannabis scheme alongside the recreational cannabis scheme will be reassessed.
- Dr Ware believes a key part of supporting the public to choose how to vote will be asking them to recognise and put aside their preconceptions about cannabis (e.g. it is completely harmless; it is very dangerous) before considering the evidence/insights from experts.
- Dr Ware offered to provide further insight if needed.