

# ncpic e-zine

november 2009

## national cannabis prevention and information centre

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what's new in cannabis?

NCPIC has recently launched an Indigenous Music Competition. The competition is open to Indigenous Australians of all ages and requires entrants to record a song onto CD or tape that expresses their ideas on the negative impact cannabis has had on their community. There is a \$2,000 prize for the winning entrant, with entries closing on 31 May 2010. To download a copy of the flier or entry form go to <http://ncpic.org.au/ncpic/news/competitions/article/indigenous-music-competition>



### director's report

Jan Copeland (PhD)  
*(Professor/Director, NCPIC)*

This month has seen some important changes in the Centre's National Advisory Committee (NAC). This committee meets quarterly and has representatives from the consortium partners; the Australian Government Department of Health & Ageing as our funding body; a police and health representative from the Intergovernmental Committee on Drugs; the National Indigenous Drug and Alcohol Committee; drug law enforcement; the Commonwealth Department of Education, Employment and Workplace Relations; Australian National Council on Drugs; and an independent member (Professor Wayne Hall). The NAC is an invaluable source of advice and support for the Centre.

The November meeting was the first for our new interim Chairperson, Associate Professor Robert Ali. He was appointed by Minister Roxon as our Chair following the recent resignation of our inaugural Chair, Hon. Trish Worth. On behalf of the staff of the Centre and the members of the NAC, we would like to thank Trish for all her effort and support during the establishment phase of the centre. Her unique insights along with her wealth of knowledge and experience were invaluable in this period. Her sustained interest in the Centre over two years in the face of onerous competing time pressures was greatly appreciated. We understand that she is extremely busy and her demanding schedule requires that she prioritize her commitments – especially for those very handsome cattle that she tends. While we will greatly miss her contribution, we understand her need to resign as our Chair. On a happier note, we welcome Robert Ali's even more active engagement with the Centre and look forward to his

stewardship of the NAC. I would like to take this opportunity to thank all committee members, particularly those who diligently travel to meetings despite their extremely busy schedules to share their sector's expertise and priorities. The contributions of leading partners Prof. Steve Allsop from NDRI and A/Prof. Dan Lubman from ORYGEN have been particularly outstanding and very much appreciated.

The last month has seen success in competitive research grant funding rounds which almost makes up for the disappointments of 2008. While the Centre has only four academic staff they are ably supported by a small number of highly talented early career post-doctoral students. In the 2010 NH&MRC Project Grants round we secured funding for a randomized controlled trial (RCT) of the ecstasy check-up. I am also a co-investigator on a grant led by Associate Professor Alan Clough from James Cook University in Cairns, known as the *Weed it Out* project which will be conducted in Cape York and the Torres Strait Islands. This is a very exciting program and we at NCPIC look forward to contributing to community-led demand reduction strategies including the development and pilot testing of culturally appropriate brief interventions for cannabis-related problems.

We have also had a collaboration with researchers from the Trimbos Institute in the Netherlands funded by the local equivalent of the NH&MRC (ZonMw) for a RCT of the Adolescent Cannabis Check-up. This project will see Ety Matalon and I visiting Utrecht in late 2010 to provide training and support to their clinical and research teams. To cap this off, Dr Sally Rooke led a successful proposal to the Australian Rotary Health Grants Scheme that built on her previous tobacco work to develop a pilot study

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## commentary on research extended urinary THC excretion in chronic cannabis users precludes use as a biomarker of new drug exposure – a comment on Lowe and colleagues (2009)

Peter Gates

As Lowe and colleagues identified, after smoking cessation, the window of time where cannabis constituents are detectable in urine varies between individuals and between tests on the same individual. Urine drug testing is typically designed to identify the presence of THC (delta9-tetrahydrocannabinol), the main psychoactive component in cannabis, and two metabolites of THC abbreviated as 11-OH-THC and THCCOOH. The detection window of THC and its metabolites in urine ranges from several days in infrequent users to months in frequent users. As Lowe and colleagues (2009) highlight, the detection window may also vary with other factors such as drug dose, route of administration, individual rates of metabolism and excretion and the method of analysis employed.

Urine analysis has been employed to identify recent cannabis use, typically by THCCOOH concentration. This form of testing was proposed by Huestis and Cone (1998) and improved upon by Kemp and colleagues (1995) and again by Abraham and colleagues (2007) through the addition of different hydrolysis techniques. However, Lowe and colleagues (2009) argue that these tests do not necessarily show recent use (detection times were greater than 8 hours post use) and were yet to be tested in both occasional and chronic cannabis users. To this end, Lowe and colleagues (2009) tested the time course of the urinary biomarkers THC, 11-OH-THC and THCCOOH in subjects meeting DSM-III-R criteria for cannabis abuse or dependence.

Analysis was conducted on 1271 urine samples taken daily from 33 subjects upon entry to a 30 day monitoring trial which ensured no subsequent drug administration. The analysis was conducted under Abraham and colleagues' (2007) recommendations and by gas chromatography, although the specimens had been in frozen storage for

up to three years before testing. Results showed 13 subjects without any positive test, 6 subjects were negative ( $\leq 2.5$  ng/mL) by 24 hours, 7 within 72 hours and 7 more positive at 72 hours. From those 7 more 'persistent' subjects, the last THC detection time (three consecutive negative specimens) ranged from 3.3 to 24.7 days and for 6 subjects the negative specimens were interspersed between positive specimens (possibly due to release of THC from fatty tissues). The 'persistent' subjects, showed highest 11-OH-THC concentration (41 to 204 ng/mL) at a mean of 0.2 days (0.0 – 0.6 days) and THCCOOH was detectable within 1.2 days. The last detection time of the metabolites was not determined although were detected in one subject's urine at 24.7 days abstinence.

Lowe and colleagues (2009) concluded that THC and 11-OH-THC cannot be effectively used as biomarkers for recent cannabis use by heavy users. Additionally, three consecutive negative specimens were required prior to defining the last THC positive specimen.

**Lowe, R.H., Abraham, T.T., Darwin, W.D., Herning, R., Cadet, J.L., & Huestis, M.A.** (2009). Extended urinary delta9-tetrahydrocannabinol excretion in chronic cannabis users precludes use as a biomarker of a new drug exposure. *Drug and Alcohol Dependence* 105, 24-32.

**Huestis, M.A. & Cone, E.J.** (1998). Urinary excretion half-life of 11-nor-9-carboxy-9-tetrahydrocannabinol in humans. *Therapeutic Drug Monitoring* 20, 570-576.

**Kemp, P.M., Abukhalaf, I.K., Manno, J.E., Manno, B.R., Alford, D.D., & Abusada, G.A.** (1995). Cannabinoid in humans. I. Analysis of delta-9-tetrahydrocannabinol and six metabolites in plasma and urine testing GC-MS. *Journal of Analytical Toxicology* 19, 285-291.

**Abraham, T.T., Lowe, R.H., Pirnay, S.O., Darwin, W.D., & Huestis, M.A.** (2007). Simultaneous GC-EI-MS determination of delta9-tetrahydrocannabinol, 11-hydroxy-delta9-tetrahydrocannabinol, and 11-nor-9-carboxy-delta9-tetrahydrocannabinol in human urine following tandem enzyme-alkaline hydrolysis. *Journal of Analytical Toxicology* 31, 477-485.

## association of pre-onset cannabis, alcohol, and tobacco use with age at onset of prodrome and age at onset of psychosis in first-episode patients – a comment on Compton et al. (2009)

Robert Battisti

This study examined the relationship between the onset of prodromal symptoms, i.e. early symptoms that predict the development of subsequent psychosis, as well as psychotic symptoms with age of onset of cannabis, alcohol and tobacco use. All participants were in-patients within psychiatric hospitals of predominately Black/African American background, in treatment for psychosis-related mental illness. The majority of participants had schizophrenia or schizophreniform disorder. Overall findings indicated that progression to daily use of cannabis was associated with an earlier age of onset of both prodromal and first episode psychosis symptoms. Additionally, being female was associated with a greater risk of earlier development of symptoms among daily cannabis users, with males having somewhat greater risk at less frequent use levels. This study therefore indicates that progression to daily use of cannabis may be a risk factor for developing psychosis symptoms at an earlier age. Being female and converting to daily use is related to increased risk. As only patients whom already had a psychotic disorder were examined, it is not possible to assess the likelihood of developing prodromal or psychotic symptoms from the data within this study.

**Compton et al.** (2009). Association of pre-onset cannabis, alcohol, and tobacco use with age at onset of prodrome and age at onset of psychosis in first-episode patients. *American Journal of Psychiatry* 166, 1251-1257.

## research publications

Relevant publications examining issues to do with cannabis that have been published in the last month include the following:

**Agrawal, A. & Lynskey, M.T.** (2009). Correlates of later-onset cannabis use in the National Epidemiological Survey on Alcohol and Related Conditions (NESARC). *Drug and Alcohol Dependence* 105, 71-75.

**Alexander, A., Smith, P.F. & Rosengren, R.J.** (2009). Cannabinoids in the treatment of cancer. *Cancer Letters* 285, 6-12.

**Booker, L., Naidu, P.S., Razdan, R.K., Mahadevan, A., & Lichtman, A.H.** (2009). Evaluation of prevalent phytocannabinoids in the acetic acid model of visceral nociception. *Drug and Alcohol Dependence* 105, 42-47.

**Borrelli, F., Aviello, G., Romano, B., Orlando, P., Capasso, R., Maiello, F., Guadagno, F., Petrosino, S., Capasso, F., Di Marzo, V., & Izzo, A.A.** (2009). Cannabidiol, a safe and non-psychoactive ingredient of the marijuana plant *cannabis sativa*, is protective in a murine model of colitis. *Journal of Molecular Medicine (Berlin, Germany)* 87, 1111-1121.

**Bouchard, M., Alain, M. & Nguyen, H.** (2009). Convenient labour: The prevalence and nature of youth involvement in the cannabis cultivation industry. *The International Journal on Drug Policy* 20, 467-474.

**Boucher, A., Vilette, P., Crassard, N., Bernard, N., & Descotes, J.** (2009). Urinary toxicological screening: Analytical interference between niflumic acid and cannabis. *Archives de Pédiatrie* 16, 1457-1460.

**Compton, M.T., Kelley, M.E., Ramsay, C.E., Pringle, M., Goulding, S.M., Esterberg, M.L., Stewart, T., & Walker, E.F.** (2009). Association of pre-onset cannabis, alcohol, and tobacco use with age at onset of prodrome and age at onset of psychosis in first-episode patients. *The American Journal of Psychiatry* 166, 1251-1257.

**Fernandez-Espejo, E., Viveros, M.P., Núñez, L., Ellenbroek, B.A., & Rodríguez de Fonseca, F.** (2009). Role of cannabis and endocannabinoids in the genesis of schizophrenia. *Psychopharmacology (Berl)* 206, 531-549.

**Gunasekaran, N., Long, L.E., Dawson, B.L., Hansen, G.H., Richardson, D.P., Li, K.M., Arnold, J.C., & McGregor, I.S.** (2009). Reintoxication: The release of fat-stored delta(9)-tetrahydrocannabinol (THC) into blood is enhanced by food deprivation or ACTH exposure. *British Journal of Pharmacology* 158, 1330-1337.

**Hall, W.** (2009). The adverse health effects of cannabis use: What are they, and what are their implications for policy? *The International Journal on Drug Policy* 20, 458-466.

**Hallinan, R., Crettol, S., Agho, K., Attia, J., Besson, J., Croquette-Krokar, M., Hämmig, R., Déglon, J.J., Byrne, A., Ray, J., Somogyi, A.A., & Eap, C.B.** (2009). Cannabis and benzodiazepines as determinants of methadone trough plasma concentration variability in maintenance treatment: A transnational study. *European Journal of Clinical Pharmacology* 65, 1113-1120.

**Hickman, M., Vickerman, P., Macleod, J., Lewis, G., Zammit, S., Kirkbride, J., & Jones, P.** (2009). If cannabis caused schizophrenia – how many cannabis users may need to be prevented in order to prevent one case of schizophrenia? England and Wales calculations. *Addiction* 104, 1856-1861.

**Huang, P., Liu-Chen, L.Y., Unterwald, E.M., & Cowan, A.** (2009). Hyperlocomotion and paw tremors are two highly quantifiable signs of SR141716-precipitated withdrawal from delta9-tetrahydrocannabinol in C57BL/6 mice. *Neuroscience Letters* 465, 66-70.

**Koethe, D., Hoyer, C. & Leweke, F.M.** (2009). The endocannabinoid system as a target for modelling psychosis. *Psychopharmacology (Berlin)* 206, 551-561.

**Lowe, R.H., Abraham, T.T., Darwin, W.D., Herning, R., Cadet, J.L., & Huestis, M.A.** (2009). Extended urinary delta9-tetrahydrocannabinol excretion in chronic cannabis users precludes use as a biomarker of new drug exposure. *Drug and Alcohol Dependence* 105, 24-32.

**Pomahacova, B., Van der Kooy, F. & Verpoorte, R.** (2009). Cannabis smoke condensate III: The cannabinoid content of vaporised *cannabis sativa*. *Inhalation Toxicology* 21, 1108 -1112.

**Roser, P., Della, B., Norra, C., Juckel, G., & Uhl, I.** (2009). No association between chronic cannabis use and

loudness dependence of auditory evoked potentials as indicator of central serotonergic neurotransmission. *Neuroscience Letters* 465, 113-117.

**Scherrer, J.F., Grant, J.D., Duncan, A.E., Sartor, C.E., Haber, J.R., Jacob, T., & Buchholz, K.K.** (2009). Subjective effects to cannabis are associated with use, abuse and dependence after adjusting for genetic and environmental influences. *Drug and Alcohol Dependence* 105, 76-82.

**Westfall, R.E., Janssen, P.A., Lucas, P., & Capler, R.** (2009). Reprint of: Survey of medicinal cannabis use among childbearing women: Patterns of its use in pregnancy and retroactive self-assessment of its efficacy against 'morning sickness'. *Complementary Therapies in Clinical Practice* 15, 242-246.

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## director's report

of web-based graphic warning images to prevent adolescent cannabis use. This was one of only 10 projects funded from a field of 63 applications so special congratulations to Sally. We have 3-4 applications in preparation for the 2011 round of NH&MRC Project Grants, with a broad range of collaborators, so it will be a very busy New Year at NCPI! In this vein, I would also like to congratulate Dr Melissa Norberg who was awarded a Dean's Rising Star Award to acknowledge the potential she has demonstrated to be a future leader in the field of clinical psychological research. This has been a very positive conclusion to 2009.

This is my last Director's report for 2009 as I'm taking leave during December. I would like to take this opportunity to thank my excellent staff. They have been working creatively, smartly and with great commitment again this year. It is a highly talented team and it is my privilege to work with, and learn from, them. Next year will be pivotal for the Centre as it will see the independent review for the Australian Government Department of Health & Ageing and the Government's consideration of future funding from July 2010.

Best wishes for the holiday season and a happy and safe 2010.

Jan Copeland



Each issue we will examine some of the cannabis-related stories that have received media attention across the country. The headlines are listed below in bold, with a short summary and/or commentary regarding the content of the news story beneath.

If you are interested in obtaining a copy of a particular story, please contact Clare Chenoweth at [c.chenoweth@unsw.edu.au](mailto:c.chenoweth@unsw.edu.au)

### **marijuana more damaging than thought?**

*Cosmos: November 1, 2009*

Findings from a *Health Canada* study published in *Chemical Research in Toxicology*, show that cannabis smoke “harms cells and DNA more than tobacco smoke does, while tobacco causes more intensive damage to chromosome structure.” Cannabis is associated with “respiratory problems such as chronic bronchitis... [but has not been] definitively linked to lung cancer.” Challenges in determining the “exact risks” of cannabis smoke include the fact that many cannabis users also use tobacco. In the study, cannabis smoke “caused different types of genetic damage than tobacco smoke... [and was] more likely to kill the cells or cause DNA damage.” Professor Wayne Hall from the School of Population Health at the University of Queensland commented that the study “confirms earlier evidence” that cannabis smoke can “produce mutations in genetic material.” He goes on to say that the research did not, however, show “if those mutations are cancer causing... [or] enable us to estimate the magnitude of the risk.”

### **dutch aren't going to pot**

*MX (Sydney): November 6, 2009*

An annual report conducted by the European Monitoring Centre for Drugs and Drug Addiction has noted that the Dutch people are “among the lowest users” of cannabis in Europe, “despite

the Netherlands’ well known tolerance of the drug.” According to the report, 5.4 per cent of adults use cannabis, “compared with the European average of 6.8 per cent.”

### **uncertainty over cannabis link to schizophrenia**

*Medical Observer: November 6, 2009*

UK researchers have suggested that due to the high number of cannabis users who would need “intervention to prevent just one case of schizophrenia”, the focus should be on “more immediate and common social and health problems associated with cannabis use.” Their comments are based on “incidence of schizophrenia and psychosis and rates of 12-month heavy and light cannabis use”, where “among heavy users the average number of men that would need to be treated to prevent one case of schizophrenia ranged from 2800 in the 20 to 24 age bracket to 4700 in those aged 35 to 39.” Other research has found a “two-fold greater risk of psychotic disorders in regular cannabis users compared with non-users.” However, the authors of this research “had concluded evidence was conflicting on whether incidence of schizophrenia increases as cannabis use increases in young adults, as would be expected if the association was causal.”

This reporter seems to have misunderstood the original article that it is summarising (Hickman et al., (2009). If cannabis caused schizophrenia – how many cannabis users may need to be prevented in order to prevent one case of schizophrenia? England and Wales calculations. *Addiction* 104, 1856-1861). Matt Hickman and colleagues begin their article by noting that “there is no question that cannabis use is a public health problem...” and in order to conduct the analyses the causal link between cannabis use and schizophrenia or psychosis has been assumed. Given the low base rate of schizophrenia, Hickman and colleagues calculated the numbers of cannabis using individuals, across levels of use and age ranges that would need to be prevented from using cannabis to prevent a case of schizophrenia. The interventions referred to in the article are largely primary prevention with some secondary prevention among heavy users. Hickman and colleagues raise a number of limitations (including questioning of the causal relationship between cannabis & psychosis) but

provide no evidence to contradict the conclusions of the 2007 meta-analyses published in *Lancet* on the link between cannabis use and psychosis (this media report confuses this study with a recent qualitative review published in *Lancet* by two Australian psychologists- Hall & Degenhardt). The debate in the UK has focussed very strongly on the link between classification of cannabis and psychosis outcomes and the authors rightly call for broadening of the focus to important other reasons of concern regarding cannabis use including cannabis dependence *per se*, the link to nicotine dependence and the negative impact of adolescent cannabis use on educational outcomes.

Jan Copeland.

### **saving the yolngu people**

*The Age: November 7, 2009*

This in-depth article covers the issue of suicide in the Yolngu community at Ski Beach in Arnhem Land. The community was facing very high rates of suicide before coming together and implementing public meetings and wellbeing projects. Priscilla Marrpalawuy Marika, an Aboriginal mental health worker in Arnhem Land, is quoted as saying, “I know... the problem of suicide and the gunja [marijuana] and alcohol, it won’t go away... this problem with alcohol and drugs is a huge problem.” The situation is improving however, as in the last year, no police have been “called to investigate a suicide in the Ski Beach area.”

### **cannabis takes toll on aborigines**

*The Australian: November 9, 2009*

Associate Professor Alan Clough from James Cook University, found that “cannabis use in remote communities was now as high as 70 per cent of people, with almost 90 per cent of users claiming to be addicted.” A/Prof Clough reports that issues such as irreversible and acute psychosis, depression and dependence are occurring, as well as suicide being linked with both cannabis use and withdrawal. In addition, the lower age of initiation to cannabis use, the higher rate of consumption in some remote Arnhem Land communities compared to regular users elsewhere in Australia, and the trend for some users to spend over 60 per cent of their wage on cannabis, are seen as significant issues. A/Prof Clough “denied that

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## media stories this issue

alcohol bans under the intervention had forced people to switch to drugs.” A Senior Arnhem Land elder Bakamumu Marika, said boredom and lack of jobs and training were reasons people were “turning to cannabis.”

## higher expectations: Indigenous lifespans on rise

*Warrnambool Standard: November 11, 2009*

The recent Australian Medical Association’s report, *The Health of Indigenous Males: Building Capacity and Securing the Future*, has shown that “Aboriginal men can expect to die 11.5 years earlier than non-Indigenous men and six years earlier than Indigenous women.” This is an improvement from last year’s report which showed a “17-year gap in life expectancy between Indigenous and non-Indigenous Australians of both sexes.” Preventative health is seen as the key to improving life expectancy, with efforts to reduce the higher tobacco and cannabis smoking rates among Indigenous people an important step forward. According to the report, Aboriginal men are “two to three times more likely to use cannabis.”

## women and men show differences in crimes and drugs

*Sydney Morning Herald: November 12, 2009*

Recent results from a five-year study of 18,000 people by the *Australian Institute of Criminology* have revealed differences between males and females in regards to the relationships between drug use, mental illness and arrests. The article states that over fifty percent of women in custody admit to “using cannabis in the past month”, compared to 59 per cent of men in custody.

## funding hurdle for tougher drug laws

*West Australian: November 13, 2009*

This article raises concerns about whether the Western Australian state government has adequately budgeted for its election promise to tighten the state’s cannabis-related laws. The Opposition questions where money for the “thousands of compulsory education courses that will be needed under the legislation” will come from,

with Health Minister Graham Jacob’s office answering that “funding for the legislation would be considered as part of the normal Budget process.” Delays in making the changes to the legislation are also mentioned in this article.

## beautiful way to give help

*Macarthur Chronicle: November 17, 2009*

The mother and grandmother of a young man with schizophrenia have set up a subcommittee of the *NSW Schizophrenic Fellowship* named *Beautiful Minds*, along with a halfway house and hope to break down the stigma associated with mental illness in the community. She believes her son’s mental illness was triggered by his drug use, including the use of cannabis from the age of 14 and onwards.

## beware the risks

*Geelong Advertiser: November 19, 2009*

This article warns about the risks associated with schoolies week and the dangers of young people using alcohol and other drugs during this time. A selection of drugs are featured at the end of the article including information about cannabis. Problems associated with cannabis use which are mentioned here include mental health impacts, respiratory illnesses and dependence.

## dazed and deadly hoons

*Herald Sun: November 19, 2009*

According to Victoria Police’s principal medical adviser, “drug drivers have been linked to more car crashes in Victoria than drink driving.” Dr Ogden believes this is a result of the message about the dangers of drink driving having got through to the public. Further education about drug driving needs to be conducted as the study he is conducting through Victoria Police and Swinburne University shows that “about two thirds of those with cannabis in their systems were responsible for the crash.” The study has so far examined the “blood samples of 430 drivers who [have] ended up in hospital after an accident. Further findings show that “those with cannabis and another drug, such as alcohol or a sedative, were responsible for crashes in 90 per cent of cases.” Many of those tested had “smoked cannabis no more than an hour before getting behind the wheel.”

## dead animals hide drugs, alcohol: MP

*Border Mail: November 25, 2009*

According to Northern Territory Independent MP Allison Anderson, “people are using road-kill to smuggle drugs and alcohol into remote Indigenous communities.” Drugs including cannabis are being stored in the emptied abdomens of dead animals, which are then stitched up for concealment.

## diversion can’t break old habits

*Courier Mail: November 25, 2009*

An evaluation of the Queensland Illicit Drug Diversion Initiative has found that “85 per cent of participants continue to use drugs – half at a reduced level.” Despite this, researchers have called for the diversion program to continue, as it is more detrimental for people to be sent to jail and risk employment and travel restrictions, according to Prof Jake Najman from the Queensland Alcohol and Drug Research and Education Centre. A little over “80 per cent of the 235 offenders who took part in the evaluation were cannabis users, who began using at 15.” Further, “only 183 offenders took part in a follow-up evaluation six weeks after the diversion and of those 66.7 per cent were still using cannabis...”

## the fight is with booze

*Warrnambool Standard: November 26, 2009*

The Victorian-based Western Region Alcohol and Drug Centre’s Annual Report has revealed that “alcohol continues to cause the most serious of the south-west’s drug problems...with nearly 60 per cent of people seeking help from the [Centre] in 2008-09 [doing] so because of alcohol.” In addition, the report showed that “cannabis was the most prevalent drug among people aged under 25, with nearly 40 per cent describing it as their major problem.” Unemployment and mental illness were also significant problems the Centre’s clients faced.

## program aimed at teens in need

*Daily Liberal: November 26, 2009*

NCPIC and Orygen Youth Health’s media release about MAKINGtheLINK, a school-based help-seeking program aimed at up-skilling teenagers to encourage their friends get help for cannabis-related mental health issues received

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## national police apprehensions for cannabis use offences in New Zealand, 1990-2008

Chris Wilkins

## convictions and sentencing for cannabis use offences in New Zealand, 1999-2008

Chris Wilkins, Paul Sweetsur & Richard Griffiths

commentary by Ana Rodas, NCPIC

The New Zealand Centre for Social Health Outcomes Research and Evaluation (SHORE) has recently released two reports. The first report, *National Police Apprehensions for Cannabis Use Offences in New Zealand, 1990-2008*, is focused on national police apprehensions for cannabis offences in New Zealand from 1990-2008 with comparisons made for the years 2004-2008 and 1999-2003. The second report, *Convictions and Sentencing for Cannabis Use Offences in New Zealand, 1999-2008*, examines convictions and sentencing by looking at the number and outcomes of court prosecutions for cannabis use offences in New Zealand from 1990-2008. Comparisons were made for the years 2000-2008 and 1990-1999.

In the first report, using data collated by New Zealand Police, Wilkins (2009) examines the number as well as the outcomes of police apprehensions for cannabis offences in the selected time period. The author reports that in New Zealand there has been an overall decline in police apprehensions and prosecutions for cannabis offences over the past nine years. Apprehensions and prosecutions decreased in the years 2004-2008 compared to 1999-2003 for all three offence categories – ‘cannabis use’ fell by 30% and 29% respectively, ‘cannabis supply’ dropped by 29% and 25% and ‘other cannabis offences’ (including possession of utensils for cannabis use) declined by 22% and 8%. The figures also show that individuals were more likely to be apprehended for a ‘cannabis use’ offence than for supply or other cannabis-related offences.

In terms of outcomes, New Zealand has available six possible outcomes following a cannabis apprehension, including prosecution, warning/caution, family conference and diversion. For all three cannabis offence categories prosecution was the overwhelming outcome, with 64% of cannabis use apprehensions, 89% of cannabis supply apprehensions and 68% of ‘other cannabis offences’ resulting in prosecution. Moreover, diversion was reported as being the least likely outcome for all three offence types.

Having examined police apprehensions, Wilkins and colleagues (2009) turn to an examination of the number and outcomes of court prosecutions for cannabis use offences in New Zealand from 1990-2008. The data used in the analysis was collated by the New Zealand Ministry of Justice. The analysis focused on cannabis use offences. The authors report that there has been a decline in the number of prosecutions and convictions for cannabis use offences in New Zealand over the selected period. Prosecutions and convictions for cannabis use declined with the mean total number of prosecutions dropping by 21% in 2000-2008 compared to 1990-1999 and convictions falling by 28% for the same period. In terms of outcomes of convictions for cannabis use the authors report that those convicted of a cannabis use charge were most likely to receive a fine (72%) and the least likely outcome was imprisonment at 1%. Furthermore, 89% of those convicted for the use of cannabis had prior convictions over the selected time period with the greater proportion having been previously convicted of a combination of cannabis and non-drug-related offences (39%).

In summary, both police apprehensions and court prosecution and convictions for cannabis-related offences in New Zealand have declined over the past two decades or so. The majority of people convicted for cannabis use had previous convictions for both drug/and or non-drug offences.

**Wilkins, C., Sweetsur, P. & Griffiths, R.** (2009). *Convictions and sentencing for cannabis use offences in New Zealand, 1999-2008*. Centre for Social and Health Outcomes Research and Evaluation (SHORE), Massey University, Auckland.

**Wilkins, C.** (2009). *National police apprehensions for cannabis offences in New Zealand, 1999-2008*. Centre for Social and Health Outcomes Research and Evaluation (SHORE), Massey University, Auckland.

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### media stories this issue

media coverage around the country. MAKINGtheLINK “was trialled on 200 Year 10 students at Williamstown High School and was found to increase significantly the likelihood of teenagers seeking professional help for drug and mental health problems.” The program materials can be accessed from the NCPIC website at the following link: <http://ncpic.org.au/workforce/teachers/making-the-link/>

### infertility a male problem too

*Sunday Herald Sun: November 29, 2009*

In this article covering male infertility, it is stated that cannabis use, amongst other factors, can negatively affect male fertility.



NCPIC is a consortium led by the National Drug and Alcohol Research Centre and is an Australian Government Department of Health and Ageing initiative

For further information on NCPIC, its work and activities please contact Clare Chenoweth on (02) 9385 0218

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