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New Zealand's Cannabis Referendum – A Country Split Down the Middle

By Kate Graham-Shaw

It was an ordinary evening. Nichola Smith was at her home in Inglewood, Taranaki, on the South Island of New Zealand. She was watching TV in her lounge.

Outside, twilight melded with the inky blackness of night. A lamp was on near to where Nic was sitting, the ambery glow faltering with flashes from the TV screen – the news was showing, the cheery Kiwi accents of newsreaders the only sound corrupting the otherwise peaceful atmosphere.

A bang. Another bang. Coming from the front door.

Shockwaves of panic pulsed through Nic's being. She froze.

BANG BANG BANG.

“POLICE!” came a gruff yell from outside. “POLICE! We have a search warrant for this address!”



All the blood drained from Nic's head. She felt dizzy. Her stomach plummeted to the floor with acrid, caustic realization.

“OPEN UP!”

Slowly, reluctantly, Nic released the brake on her wheelchair. She started towards the door.

She knew then that the game is up – there is no time to hide everything. No time to get rid of the heat lamps, the numerous soil trays, the water hose supplies and the forest of seven leaf-pronged cannabis plants growing in her basement.

“OPEN UP! POLICE!”

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Nestled safely in its coronavirus-free realm of the Tasman bubble, the scarcely considered nation of New Zealand re-elected Jacinda Ardern in their 2020 general election with a landslide result.

Two legalization referendums were held in parallel to the election – one asking New Zealanders to vote on the legality of euthanasia, one for the recreational use of cannabis in the country.

Voters passed a measure to legalize euthanasia. But the final referendum result for cannabis, released on Nov. 6, was not so slanted – 50.7 percent of Kiwis voted “no,” 48.4 percent voted “yes.”

The recreational use of cannabis remains a subject which fervently divides this far-flung nation.

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“I couldn't believe what was happening,” says Nic, the overriding emotion apparent in her voice as she recounts the raid. “They say police have discretion – but I look disabled and I use a wheelchair. They still

took all my cannabis anyway – all my medicine for pain.”

Nic has a rare connective tissue disorder called musculocontractural Ehlers-Danlos Syndrome. As a result, the former nurse now uses a wheelchair and suffers from severe chronic pain.

It was July 2020 when the police showed up at her door, a harsh winter in the region. The town of Inglewood is small by New Zealand standards, but amoebic by American standards – only around 3,000 people call the place home, a rural dwelling shrouded in the shadows of the conical, snow-capped Mt Egmont.

“I knew it was only a matter of time before the police called – it’s such a small community” says Nic. “But the whole incident still had such a detrimental effect on my health.”

Campaigners for the “yes” vote of the referendum highlighted the medicinal use of cannabis as a major benefit of legalization. Despite the fact that cannabis was approved by New Zealand’s Ministry of Health in 2019 to be used in medical circumstances such as managing pain, there is still a lot of criticism of the medicinal cannabis scheme.

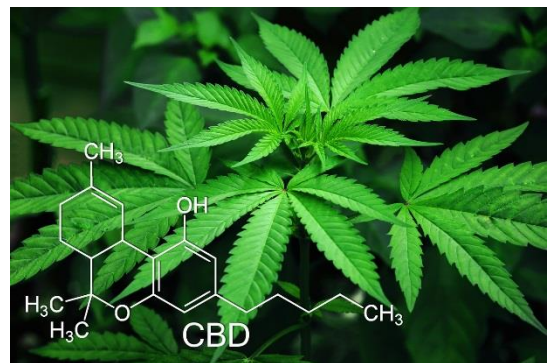
“The current system just doesn’t support patient’s needs,” says Nic, who uses cannabis regularly to cope with her pain. “Cannabis has been an absolute game-changer for me, I have been able to reduce my other prescription medication so much after I started using it, and I get no harmful side effects. But I was unable to afford and be supplied with a sufficient amount under the current medical cannabis scheme.”

Cannabidiol (CBD), one of the active ingredients in marijuana, has been shown in various studies to help a number of conditions including chronic pain,

epileptic seizures, arthritis, Multiple Sclerosis and connective tissue disorders, such as the one Nic is suffering from. Finding that regular cannabis use was the only way to cope with her severe symptoms, Nic started growing her own supply for personal use a year ago.

“Legalization is the only way to make sure that everyone who needs medicinal access to it can get it, and in the right amount. We need to remove this stigma from cannabis.”

In order to help raise awareness of Nic joined MCANZ (Medicinal Cannabis New Zealand) as a committee member in 2018. A registered charity, the group campaigns heavily for the legalization of cannabis.



“The legal scheme has only one approved product” says Jacinta Newport, co-chair of the MCANZ charity. “This is Sativex, which costs around NZ\$1200 (USD\$820) for three canisters. Very few doctors actually prescribe it too. There is therefore an equity issue with obtaining cannabis legally – only if you can afford it can you get it for medical uses.”

MCANZ members feel that the “no” referendum outcome was caused by a public misunderstanding of cannabis.

“Because of this ‘War on Drugs’ years ago,” Jacinta continues. “That has condemned cannabis for a lot of people, and people have it set in their mind that this is not a good thing. It’s taboo, when

really it's just a medicine like anything else."

Jacinta also expressed how she was disappointed that Kiwis had voted the way they had.

"We pride ourselves on being an open-minded, safe and accepting nation. It is ironic that people voted "yes" for euthanasia, and yet they want people to spend their life in chronic pain because of cannabis prohibition. It makes no sense."

Nic agrees.

"People think it's ok to end the lives of people suffering with terminal illnesses, but here I am with a chronic one, constantly in pain. And they don't want to legalize the drug that will help my pain?"

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New Zealand is a country that uses a lot of weed. Despite its illegality, around 80% of Kiwis born in the 1970s have tried the drug, a research paper released by the University of Otago in June 2020 found. Statistics from the United Nations *World Drug Report 2020* placed New Zealand in the top ten cannabis using countries worldwide, despite it's small population. The New Zealand Drug Foundation also estimates that around 74 tonnes of cannabis is consumed in the country each year.

Prohibition obviously doesn't stop cannabis use, so why do so many New Zealanders use it?

"Using cannabis doesn't just help with my physical pain," says Nic. "I suffered a lot of issues with mental health because of my disorder – using cannabis also helps relax my mind. It makes me feel better overall."

"Weed is our perfect drug – it was made for us." David Hardy, a self-confessed stoner from Lower Hutt, says. "Us Kiwis

are just more chilled, more relaxed... and, well, I mean, it's just weed, it's not like it's heroin or anything."

Despite admitting to his "stoner-ish" habits, David is adamant that many cannabis-users like himself are actually turning to the drug as a coping mechanism for much deeper issues.

"I think it's misunderstood – people think cannabis is for lazy people who just lay around and get stoned all day. They don't get why we do it."

David was diagnosed with severe depression several years ago. His mother has schizophrenia and he cares for her. He maintains that cannabis is a drug which actually *helps* his mental health rather than negatively affecting it.

"When I'm high, it's like all the noise in my head goes away," he continues.

"Sober, everything is just too hard to deal with – I often can't stop thinking depressed thoughts and I can't go into social situations. Antidepressants don't work. Alcohol makes everything much worse. Weed is the only thing I've found that gives me a break – that makes the world feel like a liveable place again."

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Say Nope To Dope was one of the country's leading campaign organizations heavily for the "no" side of the referendum. Aaron Ironside is their spokesperson, an obvious choice given his brazen charisma, the confidence oozing from each one of his Kiwi accented sentences, and the persuasive assertion with which he makes his points.

"Cannabis is known to seriously affect people's mental health," he says, citing personal and familial experiences of the negative effects of marijuana as his motives for campaigning.

Ironside has a Master's in psychology and works as a mental health counsellor – he says he has helped a number of marijuana users who have had difficulties with mental illness. “The big risk with cannabis is in teenagers, when the brain is still developing.”

He accepts that there are some medicinal properties to the drug, but thinks that legalizing it for recreational use will create an even bigger problem.

“We saw in the states of the US where cannabis is legal that the adolescent usage increased after legalization,” he continues. “People's life outcomes can be seriously affected by cannabis use. They often suffer from mental health problems and find it difficult to hold down jobs and lead successful lives. The proposed age restriction of 20 just wouldn't have worked – teenagers would have found it easier to purchase it regardless.”

Ironside is adamant that, after considering data and studies taken from countries where cannabis is already legalized, a “yes” vote would have been devastating for the country.

“Legalization rarely delivers on its promises. Even if it was legalized, we know from other countries that this doesn't stop the drug being sold on the black market. Legalization just sets up a competitive market, which the framework of illegal drug dealing is far more capable of competing with than legal, taxed businesses. They start competing.”

Dealers are also highly opinionated on how the illegal cannabis market would have been affected by legalization. Many did not want legalization to take place, feeling that the competition would put them into economic hardship.

“I voted “no” for legalization,” says a dealer from Wellington. “We'd have to drop our prices to compete, it would be really bad for my business that I've spent so long creating. It's better things stay as they are.”

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Despite Nic and David's assertions, the evidence appears clear – a link between cannabis use and severe mental health issues has been found.

Professor Joseph Boden is a specialist in Experimental Social Psychology at the University of Otago. The director of the Christchurch Health and Development Study, he focuses a lot of his research on the psychological effects of cannabis and how the drug impacts New Zealand society.

Originally from the US, his voice has a classic American twang to it, contrasting brashly with the Kiwi accents he is surrounded by.

“Our research was really a pioneering study” Boden says. “We looked at the psychosocial harm associated with cannabis use over people's lives.”

Prof. Boden was part of a team that conducted the Christchurch Health and Development Study – an investigation looking at many different health factors associated with a specific group of people from adolescence to late adulthood.

“We group the findings into three main areas,” says Boden. “First, people who start using cannabis young tend to be less successful in schools and careers – there's an amotivational affect. Secondly, cannabis can be a gateway drug – extremely controversial, but we found that cannabis users are more likely to progress to other illicit drugs. Thirdly, there is evidence of a cannabis and psychosis link.

Cannabis use does cause mental health issues. With things like depression however, the evidence is a bit murkier – we don't know whether cannabis is a cause or symptom of depression.”

Despite finding these three consequences of cannabis use in his study, Prof. Boden says that he was on the “yes” side of the campaign, supporting the legalization of the drug.

“To me, what this suggests is that what we need is a regulatory regime whereby we can make it less likely that young people will get their hands on cannabis, and prohibition is not that thing – it is not the way to reduce the harms associated with cannabis.”

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No democratic referendum is free of societal factors.

The historically discriminated Māori people are also found to be unfairly affected with regards to drug laws, as well as in many other areas of New Zealand society.

Evidence has been presented in numerous research papers to show that Māori are discriminated against in a number of areas, including education, employment, healthcare and the law.

Dr Rachel Chiaroni-Clarke, is a leading policy maker in the Office of the Prime Minister's Chief Science Advisor. The Prime Minister asked the Office to convene a panel of experts to evaluate evidence for the referendum.

“The health harms are probably what a lot of people thought of as being most influential,” says Dr Chiaroni-Clarke. “But we also looked at the social harms – in New Zealand we know that if you are Māori, you are disproportionately more

likely to be arrested and convicted of cannabis charges than if you are non-Māori.”

According to the New Zealand drug foundation, legalizing cannabis in Aotearoa (the Māori name for New Zealand which is often used interchangeably within the country) has the potential to benefit the Māori population. Speaking at a webinar in August, associate law professor Khylee Quince at the University of Auckland, said that, “Most people who are caught with low level cannabis-related breaches aren't charged – those who are young, male and Māori.”

This statement is supported by many statistical studies.

Nic and the members of MCANZ say that legalization would also help vulnerable people of the Māori population gain access to medicinal cannabis.

“The high cost of cannabis through the medicinal scheme means that it becomes an issue of wealth – certain demographics just don't have access to cannabis that would help with medical issues.”

Dr Chiaroni-Clarke evaluated evidence from several countries which have already legalized cannabis, including Canada, Uruguay, states in the US and South Africa. These countries have been vital for academics searching for scientific evidence about drug legalization. However, the majority of countries worldwide still class cannabis as illegal – in the UAE, for example, residual cannabis on your person results in a four year jail sentence. Similarly in Japan – home to the most expensive weed prices in the world at \$58.30 a gram – one would be facing solitary confinement and a lengthy prison sentence if found in possession.

“Also, nowhere has legalized cannabis for very long,” Dr Chiaroni-Clarke continues, when questioned about the reliability of the evidence the panel was evaluating. “We were trying to extrapolate from their research to see how legalization would affect our society. But, at the end of the day, I guess New Zealanders just weren’t ready for the change yet.”

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Later that summer, Nic sat at home on an ordinary evening.

It was a warm summer in Inglewood – the sun was shining through her living room window, ambery rays dancing over the furniture.

A puff of smoke rose into the air. It dispersed, the grey plumes breaking off into misty parcels, swirling up into the atmosphere.

Nic felt relief spread through her body, like a drop of ink dispersing in a pool of still water. She bought the cannabis from a dealer – it was more expensive and less potent than what she used to grow, but it was still worth it.

For the first time all day, she felt some respite from the chronic, colossal pain which near-constantly engulfs her body.

“I want to do it legally,” she says. “But, for now, illegally will have to do. I think that’s what a lot of people who voted “no” don’t realize; weed is still here, I’m still buying it, I’m still using it. That’s not going to change. But something could have changed – I could have been able to use it in peace, to soothe my pain, without fear of the police showing up on my doorstep on a cold winter’s night.”■