



15 September 2025

Tēnā koe

**Official Information Act request**

Thank you for your email dated 25 August 2025 to the Ministry of Social Development (the Ministry) in which you requested information about the Disability Allowance (DA).

I have considered your request under the Official Information Act 1982 (the Act).

Please find my decision on each part of your request set out separately below.

- 1) How much extra support from the disability allowance is each person entitled to over the course of a year? Is it true that it is roughly \$4100?*
- 2) Is there a maximum amount that Work and Income will provide to clients through the Disability Allowance or is it a case by case basis?*

The maximum weekly rate of DA a client can qualify for is \$80.35. This amount is increased annually, on 1 April, through the Ministry's Annual General Adjustment process. The current and historic maximum weekly DA rates are available here: [www.workandincome.govt.nz/map/deskfile/extra-help-information/disability-allowance-tables/disability-allowance-rates-01/disability-allowance-current.html](http://www.workandincome.govt.nz/map/deskfile/extra-help-information/disability-allowance-tables/disability-allowance-rates-01/disability-allowance-current.html).

The amount of DA each client is eligible for depends on their actual additional costs which are ongoing and directly related to their health condition or disability. Further information about additional costs for DA, and who can verify them, is available here: [www.workandincome.govt.nz/map/income-support/extra-help/disability-allowance/additional-costs-01.html](http://www.workandincome.govt.nz/map/income-support/extra-help/disability-allowance/additional-costs-01.html).

To receive DA, clients must provide proof of their ongoing and additional costs that directly relate to their health condition or disability. Guidance detailing what proof clients can provide of their costs is published here: [www.workandincome.govt.nz/map/income-support/extra-help/disability-allowance/proof-of-costs-01.html](http://www.workandincome.govt.nz/map/income-support/extra-help/disability-allowance/proof-of-costs-01.html).

The Ministry will only pay the full maximum weekly rate of DA to clients if their actual and ongoing costs are equal to or more than this amount. If the client's costs are less than the maximum payable their DA will get rounded up to the nearest five cents. Further details are available here: [www.workandincome.govt.nz/map/income-support/extra-help/disability-allowance/payment.html](http://www.workandincome.govt.nz/map/income-support/extra-help/disability-allowance/payment.html).

*3) Since the change of law in 2019 – how many clients have had their Medicinal Cannabis funded by the Disability Allowance?*

I have decided to refuse this part of your request under section 18(f) of the Act, as substantial manual collation would be required to collate the data you have requested. If held, this information would only be contained within individual client files, which would each need to be manually reviewed to provide the data you have requested. The greater public interest is in the effective and efficient administration of the Public Service.

I have considered whether the Ministry would be able to provide the information you have requested given extra time, or the ability to charge for the information requested. I have concluded that, in either case, the Ministry's ability to undertake its work would still be negatively impacted.

*4) What is the total amount that has been paid to Medicinal Cannabis companies and clinics through the Disability Allowance for Medicinal Cannabis (appointments and prescriptions)?*

The Ministry does not pay DA to medicinal cannabis companies or clinics directly. Clients receive DA who then use it to reimburse themselves for costs accrued. On that basis, I am refusing this part of your request under section 18(g) of the Act as the information requested is not held by the Ministry. I have no grounds to believe that it is either held by, or more closely connected to the functions of, another department, Minister of the Crown or organisation.

*5) Of those clients that have had their Medicinal Cannabis funded by the Disability Allowance – how many letters of support came from the clients own, registered, General Practitioner VS came from the cannabis prescriber themselves (highlighting the clear conflict of interest that exists in these cases).*

Clients must provide the Ministry with a DA medical certificate, signed by a registered medical practitioner or nurse practitioner, to be eligible for DA for non-subsidised pharmaceuticals, which includes medicinal cannabis products. Detailed information about how the Ministry determines if a client can include non-

subsidised pharmaceuticals, including medicinal cannabis products, is published here: [www.workandincome.govt.nz/map/income-support/extra-help/disability-allowance/non-subsidised-pharmaceuticals-01.html](http://www.workandincome.govt.nz/map/income-support/extra-help/disability-allowance/non-subsidised-pharmaceuticals-01.html).

Additionally, for medicinal cannabis products specifically, clients must provide the Ministry with a letter from their usual medical practitioner for them to be included as an allowable DA cost. Generally, Nurse practitioners cannot prescribe medicinal cannabis products. In addition to the elements described on the webpage above, the registered medical practitioner's letter must confirm further information as detailed in **Appendix 1**.

I have decided to refuse this part of your request under section 18(f) of the Act, as substantial manual collation would be required to collate the data you have requested. If held, this information would only be contained within individual client files, which would each need to be manually reviewed to provide the information you have requested. The greater public interest is in the effective and efficient administration of the Public Service.

I have considered whether the Ministry would be able to provide the data you have requested given extra time, or the ability to charge for the information requested. I have concluded that, in either case, the Ministry's ability to undertake its work would still be negatively impacted.

*6) Have addiction services been contacted to give professional guidance to MSD regarding the evidence around cannabis (and lack of evidence for common indications), cannabis use disorder, other substance use disorders, and risk of worsening mental health (anxiety and psychosis)?*

The Ministry's Principal Health Advisor (PHA), who is a General Practitioner, has met with other clinical leaders across government agencies every two months for the past two years to discuss the Medicinal Cannabis Scheme and the private medicinal cannabis sector. Those in attendance include the clinical leadership of Health New Zealand – Te Whatu Ora, the Ministry of Health, Medsafe the Department of Corrections, and the Medical Council. The topic of medicinal cannabis products, including the lack of robust evidence to support their use, and the potential harms they pose to individuals and communities, are regularly discussed in this forum.

The PHA has engaged with their colleagues in the addictions field locally to inform the Ministry's approach to the inclusion of medicinal cannabis products as an allowable cost for DA.

I will publish this decision letter, with your personal details deleted, on the Ministry's website in due course.

If you wish to discuss this response with us, please feel free to contact [OIA\\_Requests@msd.govt.nz](mailto:OIA_Requests@msd.govt.nz).

If you are not satisfied with my decision on your request, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or 0800 802 602.

Ngā mihi nui

pp. 

Anna Graham  
**General Manager**  
**Ministerial and Executive Services**

Referrals for Medicinal Cannabis

What's needed to include medicinal cannabis in a client's Disability Allowance.

On this Page:

What is it?

Medicinal Cannabis is a term used to describe the use of any of the chemical compounds (known as cannabinoids) in the cannabis plant for medical purposes. Medicinal cannabis products available in New Zealand on prescription include CBD (cannabidiol) products, THC (tetrahydrocannabinol) products and CBD/THC combination products.

Whilst medicinal cannabis is not generally recommended as a first-line treatment for any condition, it can be used to help with a variety of symptoms including muscle spasms, pain, sleep and seizures.

Disability Allowance

Medicinal cannabis can be considered in Disability Allowance under non-subsidised pharmaceuticals. At present there are no subsidised medicinal cannabis products in New Zealand, and medicinal cannabis can only be prescribed by a medical practitioner (i.e. a GP or Specialist).

As there are some potential harms associated with medicinal cannabis, and the costs of these products can be high, ALL requests for assistance with medicinal cannabis are to be referred to the Regional Health and Disability team for review

The usual criteria for inclusion in Disability Allowance apply.

[Non-subsidised pharmaceuticals - Map \(ssli.govt.nz\) \(http://doogie/map/income-support/extra-help/disability-allowance/non-subsidised-pharmaceuticals-01.html\)](http://ssli.govt.nz/http://doogie/map/income-support/extra-help/disability-allowance/non-subsidised-pharmaceuticals-01.html)

Items such as vaporisers (used to administer medicinal cannabis) cannot be included.

[More information on Disability Allowance - Doogie \(http://doogie/resources/helping-clients/procedures-manuals/work-and-income/core-procedures/disability-allowance.html\)](http://doogie/resources/helping-clients/procedures-manuals/work-and-income/core-procedures/disability-allowance.html)

Checklist before making a referral

Specific additional information required before sending the medicinal cannabis referral through needs to include:

A letter from the client's regular medical practitioner (GP) indicating:

What condition or conditions the product is being used to treat

That the product being requested is essential to treat the condition(s)

That there is not a suitable subsidised or partly subsidised alternative (this includes pharmaceutical alternatives, but also other treatments too where appropriate such as talking therapies, physiotherapy, specialist referrals)

Whether or not the doctor feels the medicinal cannabis product is likely to be of benefit, and is supportive of their patient trialling it

Any other relevant matters.

As "medicinal cannabis" is an umbrella term that is used to describe multiple products, with varying costs and dosing options, it is also helpful to have detail outlining:

What product/s the client has been prescribed

The doses they are taking, and

The costs of the different products.

*Note - This information could be provided by a prescription, a pharmacy quote or other suitable alternative. It will be used to support us to consider whether there are less costly goods or services available to meet the person's needs, which is a requirement when determining whether someone has additional costs.*

If the medicinal cannabis product has been prescribed by a private provider (i.e., not the client's usual practitioner), we will not process the application until the information above has been obtained from their usual practitioner.

Any questions, please contact your Regional Health and Disability teams for advice.

Checklist of information required for RHA/RDA

Checklist of information required for RHA/RDA to consider request for medicinal cannabis under DA:

- ☐ DA application (if the client is not already receiving DA)
- ☐ DA medical certificate
- ☐ Verification of the cost (e.g., quote from the pharmacy - this may be included on the prescription)
- ☐ A supporting letter from the client's regular GP or Specialist as detailed above.

Have you got all of the above?

Hardship assistance/Special Needs Grants

Generally, hardship assistance is only available for costs associated with emergency medical treatment, which would not include the provision of medicinal cannabis.