

Feedback on the white paper

TOWARDS THE STRENGTHENING OF THE LEGAL FRAMEWORK ON THE RESPONSIBLE USE OF CANNABIS

Preamble

Through our therapy services we understand that the use of cannabis is already wide-spread, with a number of people using in a self-controlled manner.

We understand that for some people regulated use of cannabis may increase the quality of life, serving a self-medicating purpose.

For others, the use of cannabis contributes towards a clear decrease in the quality of life. People using frequently, or extensive amounts may appear numb and have restricted social engagement. Consequently, this may result in impaired personal development.

We are also cognisant of a wide range of research about the impact of cannabis use on young people, and how it may affect their development, be it physiological or social and educational.

We appreciate the use of cannabis as a medicinal product upon prescription.

We agree with the decriminalisation of possession for personal because we appreciate that such action would reduce the negative impact on people's lives.

Much more research is to be carried out, and evidence-based information is to be made available to the public before any suitably informed decision can be reached about the legalisation of cannabis.

We disagree with the growth of plants within homes.

The document itself and the process which led to it:

1. The White Paper seemed to have a P.R. nature as it presented one sided arguments, mostly in favour of the use of Cannabis. A balance between the pros and cons of regular use and regularisation of cannabis was lacking, leaving a number of unanswered questions and ambiguities. This reflects a global shift towards cannabis legalization and underestimation of harms¹.
2. The document is positioned from an enabling stance, rather than from a neutral stance. Reference to research is conspicuous by its absence and the few references made are to organisations and information that

¹ Leung, J., Chan, G.C.K., Hides, L. and Hall, W.D. (2020). What is the prevalence and risk of cannabis use disorders among people who use cannabis? a systematic review and meta-analysis. Addictive Behaviors, (209). <https://doi.org/10.1016/j.addbeh.2020.106479>.

presents a neutral or enabling picture. The vast amounts of data which present the difficulties which people experience as a result of cannabis use, either immediately or in the long term are not reflected in the white paper. Information should not be restricted in reaching such an important decision.

3. Reference to the experience of other countries that have gone down the decriminalisation and legalisation paths before us need to be delved into deeply. We need to understand what worked, what didn't, what they have learnt, what Malta should emulate and what we could do better.
4. The foregoing gives the impression that the process of legalisation is being unnecessarily hurried, when it calls for a thorough reflection on the impact it will have on society.

Decriminalisation of possession of cannabis for personal use

5. We agree that possession of cannabis for personal use should be decriminalized. Definition of 'for personal use' is to refer to amounts which are truly for personal use, and not necessarily amplified.
6. Rehabilitation needs to replace criminal proceedings. Professional support services should be made available to people who wish to seek help about their use / abuse / dependency on cannabis. Without the 'crisis' of facing justice, people may take much longer to reflect upon the impact substance use may be having on their health and quality of life.
7. The decriminalisation of possession of cannabis also requires extensive improvement and consideration in our national educational processes. If we consider our country's experience with alcohol and cigarettes, we are amongst the higher consumers of both. Only after many years of educational campaigns are we seeing any impacts. It is imperative that our country doesn't follow the same trajectory with regard to cannabis i.e. harm management. A serious educational plan ranging from the youngest students in school through to the general public should be put into place and sustained indefinitely to ensure that people are aware of the real impacts of their choices. This consolidates the notion that individuals in our community are able to take decisions from an informed, fact-based position and therefore making their choices responsibly. Research shows that 1 out of 5 cannabis users develop Cannabis Use Disorder, with higher risks among those who initiate early and use frequently during adolescence².

² Leung, J., Chan, G.C.K., Hides, L. and Hall, W.D. (2020). What is the prevalence and risk of cannabis use disorders among people who use cannabis? a systematic review and meta-analysis. *Addictive Behaviors*, (209). <https://doi.org/10.1016/j.addbeh.2020.106479>.

Legalising the growing of plants

8. The proposal to legally grow plants at home is uncontrollable, unenforceable and has a huge impact not only on the persons consuming the substance but on the wider society.
9. Cannabis plants are not homogenous. The different varieties of the plant have varying levels of CBD and THC and it would be highly improbable for the general public to understand the differences. Controlling the levels of CBD and THC is challenging and has implications upon the level of risk involved.
10. Children are socialised at home. Any parent knows that the extent to which one can 'protect' children from what is going on at home is limited, particularly as they grow older. The idea of not using substances in front of the children is unreasonable. If we don't want children to experience the use of substances, why agree to the growth of the substance within the homes where they are growing up? The strongest socialisation happens within the home. If the use of cannabis becomes part of the upbringing of more children, because it is allowed (or promoted), then we can expect more people to integrate the use of substances into their life at a younger age. There are also unintended accidental outcomes that need to be considered. Research shows that the legalisation of cannabis has resulted in the increase cases of accidental poisoning of children³ in A&E.

The impact of a wider availability and more accepting attitude

11. Have we researched whether a more accepting attitude will encourage or enable more people to use, to use more and/or more frequently? There is evidence of an increase in use by adults⁴, and also suggestive evidence of a range of public health consequences⁵. To what extent has the impact of legalisation of cannabis upon public services been assessed?
 - a. The necessity to counteract the wider and more tolerated availability with stronger and far-reaching educational and outreach efforts is directly promoted in the literature⁶.

³ Leung, J., Chiu, V., Chan, G.C.K. *et al.* (2019). What Have Been the Public Health Impacts of Cannabis Legalisation in the USA? A Review of Evidence on Adverse and Beneficial Effects. *Curr Addict Rep* **6**, 418–428. <https://doi.org/10.1007/s40429-019-00291-x>

⁴ *ibid*

⁵ *ibid*

⁶ Leung, J., Chan, G.C.K., Hides, L. and Hall, W.D. (2020). What is the prevalence and risk of cannabis use disorders among people who use cannabis? a systematic review and meta-analysis. *Addictive Behaviors*, (209). <https://doi.org/10.1016/j.addbeh.2020.106479>.

- b. The health issues, psychiatric issues, work-related injuries and demand for personalised social services (such as rehabilitation help to stop addiction)⁷ are also clearly documented.
12. Even very low use of cannabis during adolescence may impact healthy emotional development⁸. Young people who use drugs to help them cope with the challenges in life may miss out on developing the skills to face challenges. As a result, they may remain emotionally immature, having a later impact on their relationships, parenting and eventual positive contribution to society. A higher level of emotional regulation skills are related to lower frequency of substance use⁹, making stronger personal development education a must in a context permissible to cannabis.

Recommendations

1. Carry out a thorough social impact assessment of the introduction the measures which are being proposed. Only then will there be a realistic picture about the challenges that may need to be mitigated prior to taking this policy step forward, or rather, whether it is a step that Malta should be taking.
2. Embark on longitudinal studies about the use of drugs and their impact upon Maltese society, to enable evidence-based policy development.
3. Set up a good solid structure based on scientific evidence to enable the enforcement of any law enacted about this issue, such that the matter is dealt with in a pro-active and scientifically proven harm reduction manner.
4. Beef up the structures to provide educational and assertive outreach to inform the public of the risks of cannabis use, and to provide people the opportunity to seek help at all times.
5. Ensure that the health and social services infrastructures and resources are well equipped to cater for the consequences of a more tolerant approach to cannabis use.
6. If the possession of cannabis is to be legalised, licensed outlets where cannabis can be bought are to be introduced. Professionals in the field are to be held accountable that the cannabis being sold is made up of safe components and the buyer will know that the chemicals used where

⁷ Mokwena, K. (2019). Social and public health implications of the legalisation of recreational cannabis: A literature review. *African Journal of Primary Health Care & Family Medicine*, 11(1), 1-6.

<https://dx.doi.org/10.4102/phcfm.v11i1.2136>

⁸ Spechler, P.A., Orr, C.A., Chaarani, B., Kan, K.J., Mackey, S., Morton, A., Snowe, M.P., Hudson, K.E., Althoff, R.R., Higgins, S.T., Cattrell, A., Flor, H., Nees, F., Banaschewski, T., Bokde, A.L.W., Whelan, R., Büchel, C., Bromberg, U., Conrod, P., Frouin, V., Papadopoulos, D., Gallinat, J., Heinz, A., Walter, H., Ittermann, B., Gowland, P., Paus, T., Poustka, L., Martinot, J.L., Artiges, E., N. Smolka, M.N., Schumann, G., Garavan, H. (2015) Cannabis use in early adolescence: Evidence of amygdala hypersensitivity to signals of threat. *Developmental Cognitive Neuroscience*, 16: 63-70. <https://doi.org/10.1016/j.dcn.2015.08.007>.

⁹ Kun, B., Urbán, R., Paksi, B., Griffiths, M. D., Richman, M. J., & Demetrovics, Z. (2019). The Effects of Trait Emotional Intelligence on Adolescent Substance Use: Findings From a Hungarian Representative Survey. *Frontiers in psychiatry*, 10, 367. <https://doi.org/10.3389/fpsy.2019.00367>

controlled to be as safe as possible. The age of buyers, and allowed quantities can be closely regulated.

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