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**FSWS**

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***Sedqa's***

**Position on the**

**Cannabis Reform**

**White Paper**

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## Who we are

The **Foundation for Social Welfare Services (FSWS)** is the government's executive arm in the area of social services delivery. **Sedqa**, the national agency against substance use disorder and addictions, was the first agency set up for this purpose within the Foundation in 1994. However, the *Substance Misuse Out-Patient Unit (DETOX)*, which now forms an integral part of **Sedqa**, had already been in operation since 1987.

We are, thus, uniquely placed to share our views about this subject given the wealth of experience and institutional knowledge we have gained during these last 34 years. In addition to this, due to the fact that **Sedqa** operates within the wider multi-disciplinary Foundation, we can draw upon the experience and know-how of other services offered by the FSWS. In the area of working with vulnerable, disadvantaged youths with extremely challenging behaviour, the FSWS has three specifically targeted services, namely; *Youth in Focus*, *Embark for Life* and *The Adolescent Day Programme*. Just to underline a fact: we deal with the young people turned away by other services.



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Thus, what follows is the result of our direct, first-hand experience in the field of addictions and social work and social interventions with young people who display extremely challenging behaviour.



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## EXECUTIVE SUMMARY

While acknowledging that the Government has a mandate to discuss this issue, the FSWS begins its contribution to this debate by urging the Government to frame the discussion within the wider context of a much-needed updated comprehensive drugs policy.

That said, our position is simple: follow the science.

The science tells us that:

- The brain as a human organ continues its development between the ages of 21 and 25 years,
- Furthermore, any substance which crosses the blood- brain barrier and affects the central nervous system is a psychoactive substance,
- Therefore, youths and young adults should not consume any type of psychoactive substance be it legal or not,
- It is also erroneous to claim that alcohol is less harmful than cannabis – both are harmful.

**Sedqa**, therefore, does not condone the legalisation of any psychoactive substance due to the risk of normalisation of use, likely increased



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consumption and the concomitant risk in of developing substance use disorder.

Within this context, however, **Sedqa** is totally in agreement with the proposal to decriminalise the use of cannabis. However, we strongly urge that this should be done across the board. We cannot have a situation where young people aged 21 years and over may use cannabis freely because it is no longer a criminal act while those under 21 are still penalised because cannabis use would still be a criminal act for them.

Thus, effective mechanisms should be in place to ensure that our vulnerable youths do not become double victims, i.e. of cannabis addiction and of the sharks who operate the black market.

Finally, **Sedqa** urges the government to increase awareness in the country to the negative outcomes of indulging in cannabis use. The name of the game here should be education, education, education and we say prevention, prevention, prevention.



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## Introduction

**Sedqa** starts from the position that *substance use disorder (SUD - previously known as substance addiction)* should be classified as a public health issue rather than a criminal issue. We believe that criminalising SUDs is harmful and stigmatising to both individuals and the wider community.

Further to its public health stance, **Sedqa** believes that adults below the age of 21 should not consume any type of psychoactive substance whether it be legal or not. This belief is based on scientific evidence that critical parts of the brain are still developing and the risk of damage to these is too high. The early use of substances is also linked to a greater risk of developing SUDs.

**Sedqa** is fully willing to participate in assisting to restructure current legal frameworks. However, claims that we had been consulted in the preparation of this white paper are not completely accurate. **Sedqa** management only participated in one discussion with the former Parliamentary Secretary responsible for Reforms way back in January, 2018. There, the then Operations Director and the then Medical Director



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of **Sedqa** had registered that they could not agree with this proposed reform. Following that, the present management of **Sedqa** had a meeting with a member of the technical committee around two years ago where our message was that if the government wanted to carry on with its proposed Cannabis Reform agenda (based on its electoral mandate), then this should be accompanied with increased funding for increased prevention initiatives in relation to the upcoming cannabis law reform. This has resulted in an MOU signed between FSWS and the Permanent Secretary of the Secretariat for Reforms which ear-marked an expenditure of € 400,000 a year for these purposes. This has allowed **Sedqa** to increase its prevention initiatives in all schools in Malta in Year 5 of the Primary level and Year 8 (Form II) of the Secondary level.



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## Decriminalisation

**Sedqa** welcomes the government's drive towards decriminalisation. Both the full decriminalisation for possession of up to 7 grams of cannabis and partial decriminalisation for between 7 to 28 grams of cannabis for personal use (page 14) since this would significantly reduce criminal proceedings. Nevertheless, **Sedqa** cautions the government into noting that this major shift in amounts (from the original partial decriminalisation of 3.5 grams of cannabis for personal use) places Malta into the third highest position of decriminalised possession amongst the EU states (behind Sweden and Cyprus respectively).

**Sedqa** issues this caution based on the potential message it gives to our society: cannabis use may become normalised (as alcohol is) accompanied by the message that it is less dangerous than other legal or illegal substances that may lead to SUD. We refer to page 10 of the white paper where it was felt necessary to state that the belief that cannabis is more harmful than alcohol is a myth "which was debunked by several scientific reports and journals". This clearly sustains our normalisation and



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minimisation of harm concerns<sup>1</sup>. It is worrying that a competent authority would make such a statement in an official consultation document.

To counter our concerns, we would strongly recommend the government to set up an independent technical committee, made up of experts in the field, and commission cross-sectional and longitudinal studies that analyse this shift in decriminalisation to gauge its effect on public perception and consumption.

**Sedqa** is also in complete agreement with the expungement of criminal records.

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<sup>1</sup> Sedqa harbors the same concerns about alcohol: a completely legal substance.



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## Legalisation and psychoactive substances

**Sedqa** is happy to note that the white paper underlines the need to re-evaluate our current legal framework when it comes to the chemical components of cannabis. Tetrahydrocannabinol (THC) is the main psychoactive cannabinoid found in cannabis and leads to the sense of euphoria (*high*) that is traditionally associated with it. THC leads to intoxication, a condition whereby mental and physical control are impaired. Cannabidiol (CBD) is the second major cannabinoid found in cannabis; however, to state it is not psychoactive would be a misconception.

Any substance that crosses the blood-brain barrier and affects the central nervous system is psychoactive. CBD is psychoactive in the sense that it alters mood and perception; for example, it has been shown to help in the treatment of pain. The major difference from THC is that it is not intoxicating<sup>2</sup>.

**Sedqa** feels the need to enter this level of detail because in our opinion this is where the white paper has a major failing: it does not provide the

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<sup>2</sup> These assertions are made with the research available to date.



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necessary accurate information to the public. The following are our criticisms about this:

1. The document mentions only one of the serious side effects of heavy cannabis use: paranoia. Other important side effects may include delusions, hallucinations, panic, and psychosis.
2. The document fails to underline that there are many different strains of the cannabis plant and that these contain varying levels of THC. What constitutes heavy cannabis use with a strain that contains 12% THC and a strain that contains 30% THC is very different.
3. An added layer which deserves accurate consideration is the risk to persons that might be genetically predisposed to SUDs and the risk to persons that might use cannabis as a remedy to the effects of mental health conditions or psychological difficulties.

The above explanation leads to the next issue: cultivation. On page 8 of the document, it is explained that Malta ratified three United Nations Conventions in relation to drug use. Therefore, it is not allowed to legalise cannabis. Allowing persons to cultivate their own plants leaves a major legal loophole in the sense that it is not clear where the material for growing these plants will be acquired. At best, this could be interpreted as



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a measure which has not been thoroughly thought through while at worst it could be taken for a tacit acknowledgment of the existence of, and necessary cooperation with, a black market.

If Malta is to go down the route of allowing for cultivation, then, as controversial as this may be, legalisation is the practical solution. The first country to fully adopt a legalised system was Uruguay, which despite being a signatory to the same UN conventions like Malta decided to contravene them. Legalisation would be necessary for a competent authority to regulate importation, growth, distribution, and quality control. The cannabis for recreational use would need to be regularly tested and clearly labelled. To be clear, this would not make its consumption necessarily safe, but it would allow users to make a properly informed decision about what they are consuming. The governmental authority (page 17) referred to in the white paper could be such an authority although first its aim, member composition and executive authority would need to be established.

According to the white paper, cannabis cannot be consumed in public places, nor in front of minors. This would mean that many would not be able to consume cannabis at home. Therefore, it would be advisable that places where cannabis can be consumed legally are designated by the



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above-mentioned authority. These places need to be controlled to make sure that minors are not allowed in, people who are getting too intoxicated are advised to stop using cannabis, and people who may feel ill may be referred to a medical centre.



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## Medical cannabis reform

**Sedqa** agrees with the White Paper where it states that a re-evaluation of Malta's legal framework is necessary, especially in the light of the referenced European Court for Justice ruling (Page 15). **Sedqa** professionals over the years have expressed the need for medical cannabis to be restricted to a majority CBD composition rather than THC. Unfortunately, the current legally prescribed medical cannabis types in Malta (page 12) consists of a majority of THC instead. This can lead to an abuse of the system and for the possibility of unscrupulous professionals to work their way around the system to legally obtain cannabis for their "patients" for personal consumption.



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## Policy and Prevention

After the government clarifies its position about decriminalisation and/or legalisation it would then be responsible to issue a comprehensive national drug policy (including legal substances such as alcohol) and consult with the experts in the field before issuing it. As the national agency, **Sedqa** believes it should be an integral part of this process.

**Sedqa** recommends that the government first issues a national drug policy before going on to present and approve a cannabis bill in Parliament. Although education is an important aspect of prevention, it is not enough. A national drug policy needs to include a strategy which strengthens communities, families and individuals and encourages them towards building stronger relationships and healthy recreation. It would also need a clear strategy of how the various levels of the executive branch of our democracy would support and enforce this.

By way of example, we can use Iceland as a reference. To curb rampant alcohol abuse in the 1970s and 80s they developed a model whereby alcohol was still legal but created a system whereby it was strictly controlled. More importantly, they created a national system that



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encourages parenting, parental supervision, and organised time for leisure activities such as sport. Normative pressure is applied through measures such as a curfew for minors and politicians regularly speaking about how they are supporting these values within their own families. Although enforcement is sometimes necessary the police are integrated into this approach by focusing on community building activities and trained to be therapeutic in their approach to enforcement.



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## Conclusion

**Sedqa's** position is that aspects of the white paper are a step in the right direction. However, the general scope of the white paper lacks clarity. Through the white paper the government seems to be sitting on the fence between decriminalisation and legalization and the result is a position which is neither here nor there.

At **Sedqa** we believe that the government must make its position clear. As an agency which views SUDs as a public health problem, we are against the criminalisation of substance use and we fully support the government on all measures of this aspect of the white paper.

If, on the other hand, the government views cannabis as a substance which “enhances wellbeing” for users (page 15) and wishes to legalize the substance then it should make its position clear. **Sedqa** does not condone the legalisation of any psychoactive substances, due to the risk of normalisation of use, likely increased consumption, and the concomitant increase in development of SUDs. Nevertheless, it would not oppose legalisation if there were a clear strategy towards harm reduction and properly informed choice. **Sedqa** would consider this a lesser evil



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compared to a rampant black market. It would also require the government to be clear in its laws and policies related to drug use, empower its national agency to continue developing its primary prevention efforts as well as treat the persons who develop SUDs.

Although this position might sound controversial to some, we would like to underline that the greatest number of SUDs in Malta are developed on a completely legal substance: alcohol. **Sedqa's** commitment to preventing substance abuse and treating SUDs does not waver, whether a substance is legal or illegal.