

13<sup>th</sup> July 2018

## **MAPHM position statement on recreational (non-medical) cannabis**

The Malta Association of Public Health Medicine (MAPHM) notes the ongoing debate on the possible reform of cannabis legislation, following the decriminalisation of possession of small amounts of cannabis for personal use in 2015, and the more recent introduction of medical cannabis. In this context, MAPHM would like to put forward its position on this issue, including the public health impact that the liberalisation of cannabis for recreational (non-medical) use may have. Given the potential adverse effects of cannabis use, its addictive potential and the paucity of research and evidence on the health and social effects of recreational cannabis legalisation, the MAPHM is against the legalisation of cannabis for recreational use.

Only very few countries namely Uruguay, some states in the U.S. and recently Canada (Annex 1, section C) have legalised recreational cannabis use for different reasons namely: generating tax revenues; attempting to reduce the size of the illicit market; reducing youth consumption in high problem areas; and implementing stricter regulation such as testing and labelling of cannabis-containing products. It is however important to point out that it is still too early to ascertain the long-term consequences of legalisation of recreational cannabis on individuals and society.<sup>1-3</sup> Furthermore, the best way to legalise, tax and regulate cannabis is not yet known.<sup>1,2</sup>

Since the relationship between legalisation and prevalence of use is not yet clear,<sup>4,5</sup> there is a risk that increased availability and access to cannabis due to its legalisation could potentially lead to a decrease in risk perception, an increase in prevalence and/or frequency of use, and a consequent rise in adverse health effects (Annex 1, section A) attributed to cannabis. Furthermore, given that higher potency (higher tetrahydrocannabinol or THC content) products have become available in recent years, predictions on the health effects of legalising cannabis are difficult to make because most of the current knowledge is mainly derived from studies involving the use of low-potency products.<sup>2</sup>

In places where cannabis has been legalised, several public health issues have become increasingly relevant and are the subject of ongoing research and surveillance. These include: the effects of different methods of cannabis use, amounts consumed, and time since using on the ability to drive and on rates of motor vehicle accidents; unintentional ingestion of cannabis products by children; and the relationship between cannabis use and use of other drugs.<sup>1,5</sup>

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As clearly stated above MAPHM is against the legalisation of recreational cannabis. However, if it is the Government's intention to legalise it, MAPHM strongly advises the Government to adopt a harm reduction approach that focuses on prevention, education, treatment and the implementation of a robust regulatory framework to ensure public safety and protection. These measures are especially important to prevent uptake amongst under 21s since individuals with ongoing brain development are more at risk of adverse effects from cannabis use. <sup>6-8</sup>

Such an approach should include:

## **Regulation**

- Advertising and marketing restrictions including packaging, labelling, and warnings regarding cannabis use especially among at-risk groups (children, adolescents, young adults, pregnant and breastfeeding women and people suffering from a mental illness);
- Taxation and pricing mechanisms to dissuade regular use, as well as illegal production and trafficking;
- More severe penalties for illegal production and trafficking;
- Restrictions on use in public places;
- Minimum age for legal purchase and consumption that is certainly not less than 21 years;
- Restrictions on potency of cannabis products in view of their unknown long-term risks;
- Restrictions on certain product types such as edibles which can lead to accidental ingestion by children;
- Safe distribution systems including restrictions on points of sale;
- Limitations on quantities for personal possession;
- Adequate quality testing facilities and regular, mandatory testing of cannabis products to ensure their quality, potency and purity;
- Enforcement measures that include clear procedures for identifying, testing and charging individuals who are working or driving under the influence of cannabis;
- Implementation of a sunset clause to allow corrections after a predetermined period, should new evidence of harm emerge from research and surveillance data.

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## Surveillance and research

- A strong surveillance system to monitor and evaluate the impact of legalisation of cannabis on the health and safety of the population. Important data to be monitored includes cannabis-related emergency department attendances and hospitalizations, rates of drug-impaired driving, recreational and occupational injuries, unintentional poisonings especially in the paediatric population and product contamination;
- A research agenda to better understand the public health implications and social costs of cannabis use in Malta. Research should also be used to support and inform the development of effective education strategies;

## Education, prevention and treatment

- A sustained public health educational campaign to ensure that people make informed choices;
- Programmes focusing on prevention and offering skills-based training aimed at educating youths on how to handle situations that involve drugs and/or alcohol.
- Provision of assessment, counselling and treatment programmes for cannabis addiction (which may be combined with those of tobacco, alcohol and other substances). This should include investment in mental health services for the management of dual diagnosis.

All the above measures require the allocation of adequate financial and human resources with relevant expertise to implement, monitor and evaluate the regulatory framework, as well as monitor and evaluate the impact of the legislation.

The MAPHM is grateful for the opportunity of being able to provide feedback on this important subject. The above recommendations are only some of the issues that need to be taken into consideration if the government wishes to develop a robust regulatory framework on legalisation of recreational cannabis if it embarks on that route. It is strongly recommended that the government consults with key experts, stakeholders and the general public on this important issue.

MAPHM's position against legalisation of recreational cannabis is in line with the position of other international Medical Associations including the American Medical Association (AMA) and the World Medical Association (WMA) who oppose the legalisation of recreational cannabis due to its serious adverse health effects. Similarly, the Royal College of Physicians of London, the Faculty of Public Health (FPH) and the Royal Society for Public Health (RSPH) are in favour of decriminalising and not legalising recreational cannabis (Annex 1 section D).

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A noteworthy and insightful quote from the Lancet Oncology editorial reinforces this position statement:

*“Crucially, at a time when countries and governments are just starting to control the cancer epidemic caused by tobacco smoking, we must ensure that we do not legalise another inhalable product that could lead to another major public health crisis in 20 years' time”.*<sup>9</sup>

*The Malta Association of Public Health Medicine (MAPHM) was founded in 1999 with its main objectives being to promote high standards in teaching and practice of public health medicine as well as to advocate for and contribute to the advancement of public health in Malta. It is a voluntary, independent and non-profit making organization composed of public health doctors and other public health specialists.*

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## **ANNEX 1**

### **A. Effects of recreational (non-medical) cannabis use**

#### Acute effects

While most people experience pleasurable feelings of relaxation and euphoria with cannabis use, in some individuals, acute intoxication with cannabis precipitates panic attacks, paranoia and, or confused feelings. These effects are generally short-lived and usually respond well to treatment. In some cases, acute cannabis intoxication may precipitate severe psychotic states that may persist and require more intensive treatment with antipsychotic drugs.<sup>10</sup>

Cannabis users who drive while intoxicated double their risk of a car crash.<sup>11,12</sup> The risk of an accident increases substantially if cannabis users also have elevated blood alcohol levels.<sup>13</sup>

#### Long-term mental health outcomes and social impact

Long-term use of cannabis can lead to dependence.<sup>10,14</sup>

Regular cannabis use has a modest contributory causal role in schizophrenia showing a consistent dose-response relationship between cannabis use and the risk of developing psychotic symptoms or schizophrenia,<sup>10</sup> especially in adolescents.<sup>15</sup> Researchers estimated that 13% of cases of schizophrenia would have been averted if no one in the cohort had used cannabis.<sup>16</sup>

Adolescent cannabis use is associated with early school-leaving,<sup>17,18</sup> lower income, lower educational attainment, a greater need for economic assistance, unemployment, and use of other drugs.<sup>19-21</sup> Regular cannabis users are more likely to use heroin and cocaine, and the younger the initiation age is, the more likely cannabis users are to make use of other drugs.<sup>21</sup>

#### Long-term cannabis use and non-communicable disease

The main adverse physical health outcomes that are correlated with long-term cannabis use include chronic bronchitis, an increased incidence of cardiovascular events especially strokes and testicular cancer. Mixing tobacco with cannabis may lead to worse physical health outcomes than using cannabis alone.<sup>10</sup>

## **B. Epidemiology of cannabis use in Malta**

According to the European Health Interview Survey carried out locally in 2015, amongst those aged 15-64 years, around 2.4% reported having used cannabis in the year prior to the survey and 7.3% reported having used cannabis during their lifetime.<sup>i</sup> The European average for cannabis use in the previous year is estimated at around 6.7% while the European lifetime average it is estimated at 23.2.<sup>ii</sup> Use was more prevalent in younger adults, with the prevalence of lifetime use of cannabis in Malta at 13.0% among 15- to 24-year-olds.<sup>i</sup>

Furthermore, according to the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD), the reported lifetime use of cannabis among 15- to 16-year-old students was 13% compared to the European average of 16% (ESPAD).<sup>iii</sup>

## **C. Cannabis legislation in other countries**

Legalisation of recreational cannabis refers to the removal of all criminal and non-criminal penalties, although regulations may be put in place to limit the extent of the permission, as is the case for alcohol and tobacco. Examples include the systems in Uruguay and the states in the U.S. states of Alaska, Colorado, Oregon and Washington.<sup>22</sup> In Canada, Bill C-45, the Cannabis Act, became law on June 21, 2018 and will come into force in October 2018. It legalises access to recreational cannabis as well as controls and regulates how cannabis is grown, distributed and sold.<sup>23</sup>

To date, all changes to cannabis legislation in Europe have been to adjust the size of the penalty and no European country has yet removed all penalties or permitted the legal distribution of cannabis. In the Netherlands, cultivation, supply and personal possession of cannabis are all criminal offences, however, 'coffeeshops', which are cannabis sales outlets licensed by the municipality, are tolerated. European countries tend to opt for policies of decriminalisation or depenalisation of offences related to cannabis use, either by using non-criminal punishments or closing the case as minor. Some countries divert the users to a rehabilitative measure. Malta as well as France, Italy, Luxembourg, and Portugal are examples of such countries. In Spain there is the concept of cannabis social clubs, which are supposed to produce cannabis for non-profit distribution to club members.<sup>5,22</sup>

## **D. Position statements of other medical associations**

The American Medical Association (AMA) is of the view that "the sale of cannabis should not be legalised and urges legislatures to delay initiating full legalisation of

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<sup>i</sup> Gauci D, England K, Calleja N. (2018). European Health Interview Survey (EHIS) 2014/2015, Summary Statistics. Directorate for Health Information and Research. Available at: <https://deputyprimeminister.gov.mt/en/dhir/Pages/PUB.aspx>.

<sup>ii</sup> EMCDDA Website: <http://www.emcdda.europa.eu/online/annual-report/2011/cannabis/3> accessed on the 11th of July 2018.

<sup>iii</sup> ESPAD Group: ESPAD Report 2015; [http://www.espad.org/sites/espad.org/files/ESPAD\\_report\\_2015.pdf](http://www.espad.org/sites/espad.org/files/ESPAD_report_2015.pdf)

any cannabis product until further research is completed on the public health, medical, economic, and social consequences of recreational use.”<sup>24</sup>

The Royal College of Physicians of London (RCP London), the Faculty of Public Health (FPH) and the Royal Society for Public Health (RSPH), are in favour of decriminalising personal use and possession of illegal drugs including cannabis, while diverting those whose use is problematic to appropriate support and treatment services<sup>25</sup>.

The World Medical Association (WMA) opposes recreational cannabis use due to its serious adverse health effects such as increased risk of psychosis, fatal motor vehicle accidents, dependency, and deficits in verbal learning, memory and attention. The WMA also warns that the growing availability of cannabis or its forms in foodstuffs such as sweets and “concentrates”, which are appealing to children and adolescents, requires intensive vigilance and policing. The WMA urges National Medical Associations to support strategies to prevent and reduce recreational cannabis use.<sup>26</sup>

The Canadian Medical Association (CMA)’s position statement on the legalisation, regulation and restriction of access to cannabis was published in response to the Federal Government’s decision to legalise recreational cannabis. Therefore, the CMA did not address the question of whether cannabis should be legalised but focused on specific recommendations from physicians regarding the regulatory framework that should be applied. <sup>27</sup>

## References

1. Kilmer B. New developments in cannabis regulation [Internet]. Health and social responses to drug problems: a European guide. 2017. Available from: [http://www.emcdda.europa.eu/system/files/attachments/6232/EuropeanResponsesGuide2017\\_BackgroundPaper-Cannabis-policy\\_0.pdf](http://www.emcdda.europa.eu/system/files/attachments/6232/EuropeanResponsesGuide2017_BackgroundPaper-Cannabis-policy_0.pdf)
2. Kilmer B. Recreational Cannabis — Minimizing the Health Risks from Legalization. *N Engl J Med* [Internet]. 2017;376(8):705–7. Available from: <http://www.nejm.org/doi/10.1056/NEJMp1614783>
3. Kleiman MAR. Legal Commercial Cannabis Sales in Colorado and Washington: What Can We Learn? *J Drug Policy Anal.* 2017;10(2).
4. Carliner H, Brown QL, Sarvet AL, Hasin DS. Cannabis use, attitudes, and legal status in the U.S.: A review. *Prev Med (Baltim)* [Internet]. 2017;104:13–23. Available from: <https://doi.org/10.1016/j.ypmed.2017.07.008>
5. Wilkinson ST, Yarnell S, Radhakrishnan R, Ball SA, D’Souza DC. Marijuana Legalization: Impact on Physicians and Public Health. *Annu Rev Med* [Internet]. 2016;67(1):453–66. Available from: <http://www.annualreviews.org/doi/10.1146/annurev-med-050214-013454>
6. Giedd JN, Blumenthal J, Jeffries NO, Castellanos FX, Liu H, Zijdenbos A, et al. Brain development during childhood and adolescence: a longitudinal MRI study. *Nat Neurosci* [Internet]. 1999 Oct 1 [cited 2018 Jul 10];2(10):861–3. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/10491603>
7. Lenroot RK, Giedd JN. Brain development in children and adolescents: Insights from anatomical magnetic resonance imaging. *Neurosci Biobehav Rev* [Internet]. 2006 Jan [cited 2018 Jul 10];30(6):718–29. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/16887188>
8. Grant CN, Bélanger RE. Cannabis and Canada’s children and youth | Canadian Paediatric Society [Internet]. Canadian Paediatric Society; 2016 [cited 2018 Jul 10]. Available from: <https://www.cps.ca/en/documents/position/cannabis-children-and-youth>
9. The Lancet Oncology. Cannabis: high time for evidence-based policies. *Lancet Oncol* [Internet]. 2017;18(1):1. Available from: [http://dx.doi.org/10.1016/S1470-2045\(16\)30642-8](http://dx.doi.org/10.1016/S1470-2045(16)30642-8)
10. World Health Organisation. WHO | The health and social effects of nonmedical cannabis use [Internet]. WHO. World Health Organization; 2016 [cited 2018 Mar 16]. Available from: [http://www.who.int/substance\\_abuse/publications/cannabis\\_report/en/index4.html](http://www.who.int/substance_abuse/publications/cannabis_report/en/index4.html)
11. Asbridge M, Hayden JA, Cartwright JL. Acute cannabis consumption and motor vehicle collision risk: Systematic review of observational studies and meta-analysis. *BMJ.* 2012;344(7846):1–9.
12. Li M-C, Brady JE, DiMaggio CJ, Lusardi AR, Tzong KY, Li G. Marijuana Use and Motor Vehicle Crashes. *Epidemiol Rev* [Internet]. 2012;34(1):65–72. Available from: <https://academic.oup.com/epirev/article->

- <lookup/doi/10.1093/epirev/mxr017>
13. Hartman RL, Huestis MA. Cannabis effects on driving skills. *Clin Chem*. 2013;59(3):478–92.
  14. World Health Organization. The ICD-10 classification of mental and behavioural disorders : clinical descriptions and diagnostic guidelines. World Health Organization; 1992. 362 p.
  15. Haney M, Evins AE. Does cannabis cause, exacerbate or ameliorate psychiatric disorders an oversimplified debate discussed. *Neuropsychopharmacology* [Internet]. 2016;41(2):393–401. Available from: <http://dx.doi.org/10.1038/npp.2015.251>
  16. Zammit S, Allebeck P, Andreasson S, Lundberg I, Lewis G. Self reported cannabis use as a risk factor for schizophrenia in Swedish conscripts of 1969: historical cohort study. *BMJ* [Internet]. 2002;325(7374):1199. Available from: <http://www.bmj.com/cgi/doi/10.1136/bmj.325.7374.1199>
  17. Ellickson P, Bui K, Bell R, McGuigan KA. Does Early Drug Use Increase the Risk of Dropping out of High School? *J Drug Issues* [Internet]. 1998 Apr 1 [cited 2018 Jul 10];28(2):357–80. Available from: <http://journals.sagepub.com/doi/10.1177/002204269802800205>
  18. Horwood LJ, Fergusson DM, Hayatbakhsh MR, Najman JM, Coffey C, Patton GC, et al. Cannabis use and educational achievement: Findings from three Australasian cohort studies. *Drug Alcohol Depend* [Internet]. 2010;110(3):247–53. Available from: <http://dx.doi.org/10.1016/j.drugalcdep.2010.03.008>
  19. Brook JS, Lee JY, Finch SJ, Seltzer N, Brook DW. Adult work commitment, financial stability, and social environment as related to trajectories of marijuana use beginning in adolescence. *Subst Abus* [Internet]. 2013 [cited 2018 Jul 10];34(3):298–305. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23844962>
  20. Fergusson DM, Boden JM, Horwood LJ. The developmental antecedents of illicit drug use: Evidence from a 25-year longitudinal study. *Drug Alcohol Depend*. 2008;96(1–2):165–77.
  21. Kandel DB. Stages and pathways of drug involvement: examining the gateway hypothesis. In: Kandel DB, editor. *Stages and pathways of drug involvement: Examining the Gateway Hypothesis*. New York: US: Cambridge University Press; 2002. p. 3–15.
  22. European Monitoring Centre for Drugs and Drug Addiction. Cannabis legislation in Europe: an overview [Internet]. Luxembourg: Publications Office of the European Union; 2017 [cited 2018 Jul 10]. Available from: [www.emcdda.europa.eu](http://www.emcdda.europa.eu)
  23. Senate of Canada - The Cannabis Act in the Senate [Internet]. [cited 2018 Jul 10]. Available from: <https://sencanada.ca/en/sencaplus/news/cannabis-act/>
  24. Clinical Implications and Policy Considerations of Cannabis Use (Resolution 907-I-16) [Internet]. 2017 [cited 2018 Jul 10]. Available from:

- <https://www.ama-assn.org/sites/default/files/media-browser/specialty-group/csaph/i17-csaph-report5.pdf>
25. Hurley R. Illicit drug use should not be a crime, says Royal College of Physicians. BMJ [Internet]. 2018 Apr 25;361(April):k1832. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/29695470>
  26. WMA Statement on Medical Cannabis – WMA – The World Medical Association [Internet]. [cited 2018 Jul 10]. Available from: <https://www.wma.net/policies-post/wma-statement-on-medical-cannabis/>
  27. CMA. Legalization , Regulation and Restriction of Access to Marijuana [Internet]. 2016. Available from: <https://www.cma.ca/Assets/assets-library/document/en/advocacy/submissions/2016-aug-29-cma-submission-legalization-and-regulation-of-marijuana-e.pdf>

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