

Consultation Document on Cannabis Legislation White Paper – March 2021

Medical Council Malta
10th May 2021



Medical Council Malta consultation document

EU Member States have an obligation to maintain appropriate safeguards based on sound scientific evidence. They cannot impose an imbalanced sanction if the risk to public health is low or there is no public health concern to back it up. It is for the Member States to determine the level of protection they wish to afford to public health and the way in which that level is to be achieved (C-663/18, 2021).

IMPORTANCE OF EDUCATION ON CONTENT.

Cannabis comes in a variety of forms. It is often difficult for persons and legislation to appropriately refer to specific products and plant variety and this may result in contradictory articles of law.

Presently laws regulating the use of cannabis are in place. This White Paper does not highlight the different forms of cannabis, cannabis plant variety, tetrahydrocannabinol (THC) concentrations and their effects. The effects have different health and social impacts according to the age of the user and according to the various forms of cannabis. Neither does the white paper differentiate between occasional users, frequent users, and users with cannabis-related disorders.

WHO EXPERT COMMITTEE ON DRUG DEPENDENCE, 40TH REPORT, 2018

The WHO Expert Committee on Drug Dependence in its fortieth report published in 2018, cited by the White Paper, defined cannabis as the flower top or resin of the *Cannabis sativa* plant. There are over a hundred reported different phytocannabinoids. The most reported being THC and cannabidiol (CBD). Most of the negative and psychotropic effects of cannabis are attributed to THC. Effects span from impaired cognitive and motor function that can influence driving and other social responsibilities. The effects on children that ingest edible products may result in the most significant adverse effects of sedation and coma (WHO, 2018).

The effect of regular cannabis use may result in anxiety, depression and psychosis. Adverse effects especially influence the developing brain. Withdrawal is a possibility with cannabis and Diagnostic and Statistical Manual of Mental Disorders – 5th Edition (DSM – 5) and International Classification 10th Revision (ICD-10) recognise cannabis use disorder.

AGE DIFFERENCES AND HEALTH EFFECTS

The evidence on adolescents and young adults (10-24 years) is that the brain is growing and is strongly affected by cannabinoids. Apart from dependency such changes may lead to psychiatric conditions and bring about social, behavioural and economic problems. Adults are affected, but the younger age groups suffer more (Patel, Flisher, Hetrick and McGorry, 2007; Jacobus and Tapert, 2014; Patton et al., 2016).

PSYCHIATRIC EFFECTS

Cannabis use has been associated with the development of schizophrenia and other psychoses. This has been addressed in previous studies, including reviews by the WHO and the National Academies of Sciences, Engineering, and Medicine, U.S.A. (NASEM). A study involving over 45,000 Swedish men drafted into the military recognised that men who tried cannabis by age 18 were 2.4 times (95% CI 1.8-3.3) more likely to be diagnosed with schizophrenia over the next 15 years compared to those who had not. Researchers estimated that 13% of cases of schizophrenia could have been averted if no one in the cohort used cannabis (Andreasson, Allebeck and Rydberg, 1987). More frequent use of cannabis-related products was also associated with worse outcomes. NASEM reported findings of psychiatric disorders have been reproduced worldwide (WHO, 2016, NASEM, 2017; Roberts, 2019; Caritas Malta et al., 2021, College of Psychiatrists of Ireland, 2021).

SOCIAL IMPACTS WHICH MAY INFLUENCE EMERGENCY DEPARTMENTS AND PATIENT HEALTH

Cannabis was studied in a cohort of Swedish men (n = 49, 321) drafted at age 18-20 and followed to age 40. This group showed increased risk of unemployment and need of welfare assistance in those who used cannabis more regularly. Similar results were reproduced in New Zealand correlating with lower income, poorer educational outcomes, greater welfare dependence and unemployment as well as lower relationship and life satisfaction (Danielsson, 2015).

Cannabis was also the most common substance noted in minors in cases of suicide on toxicology screening in Colorado (U.S.A) in 2016. The latter is the most common cause of mortality in this age group. Following increased legalization practices suicide rates increased and were associated with an increased proportion of suicide victims with toxicology positive for cannabis (Roberts, 2019; Colorado Violent Death Reporting System. 2021; *Implications of legalized cannabis in Colorado emergency departments, Colorado Department of Public Health and Environment, 2021*).

TRAINING AND EMPLOYMENT ISSUES

Employees dispensing cannabis without training in medicine or pharmacology were recorded as giving medical advice to their clients in a study evaluating the dispensation of cannabis to mothers in their first trimester of pregnancy in Colorado (U.S.A). 70% of cannabis dispensaries were noted to give such advice, including advice to discontinue treatment in favour of cannabis despite the negative effects on foetal development (Dickson et al., 2018).

CULTIVATION

EU trade law allows the basic payment to farmers to produce hemp on agricultural land for industrial use in EU territory if “the varieties used have a tetrahydrocannabinol (THC) content not exceeding 0.2%.”. Legislation also extends to the use of certified seeds of certain hemp varieties and the procedure for recognition of such varieties and verification of their THC content (Regulation (EU) No 1307/2013). Malta has to pre-empt problems in the health and social fields by ensuring that the law specifies the varieties of cannabis plants that are allowed for home cultivation (and eventual consumption).

Cultivation in homes has been determined at four plants per household. The Medical Council Malta is concerned that this in no way controls the amount of cannabis available for use at any one time.

USAGE AND STORAGE IN THE HOME

Family units may, and often, have the presence of offspring of various ages. Users may be parents, siblings, grandparents or care givers. This puts the nation’s young at risk of exposure with consequent and potential health risk.

While the White Paper proposes that cannabis cannot be consumed before minors it does not make reference to the exposure to processing methods and paraphernalia. There is no evidence base on how exposure to such practices influences children and young adults.

POSSESSION

With a view to safeguarding patient health and safety, the Medical Council Malta shall not permit health professionals under its remit to practise under the influence of cannabis. Likewise, Healthcare Professionals who are found to be chronic users of cannabis will have their fitness to practise assessed.

Recommendations

CANNABIS VARIETIES

- The white paper and future legislation need to clarify the types of cannabis and THC concentrations.
- The variety of the Cannabis plant allowed for cultivation should be that which has a THC level less than 0.2%. The MCM recommends that these varieties are listed by scientific and common name, and their importation and cultivation regulated.
- It is recommended that a Schedule is included in the Act, which includes a list of plants that can be grown.
- The MCM advises caution on increasing the amount of cannabis available for decriminalized possession at law in view of worse biosocial outcomes related to increased consumption and availability, especially in young adults. Infringements should be considered on a case-by-case basis.
- Hash oil and other high concentration THC products should remain illegal (75% in the case of hash oil). This should be evaluated in liaison with stakeholders involved in the care of users of cannabis-based products.

CANNABIS USERS

- Legislation must recognize that occasional users, frequent users, and users with cannabis related disorders exist and account for this in legislation offering support to problematic users and promote abstinence and decreased use of cannabis-based products.
- Young persons are more prone to habit forming behaviours and need to be safeguarded in legislation.
- Legislation should include care of minors exposed to cannabis related products. All cases must be referred to a designated social worker/mental health team and the household assessed for causes of exposure to cannabis.
- Minors need pathways for managing cannabis misuse and should be referred for assistance even if substances are measured at legally acceptable thresholds for possession.
- The law must encourage research into cannabis related mental health issues and social effects while pre-empting problematic use in vulnerable populations based on determinants identified by the scientific method.
- Problematic users that divest themselves of their respective professional and social responsibilities should still be reprimanded and legislation should not protect individuals or show leniency, especially in cases of repeated infractions of the law or where serious harm has occurred.

EDUCATION

- The law should promote help-seeking behaviour and decreased cannabis use via national media sources.
- There should be a nationwide educational campaign that leads to an understanding of the law proposed and the risks associated with cannabis use and misuse in liaison with organizations that promote the wellbeing of cannabis users.
- Educational programmes in schools should now also be focused on all implications of the law proposed by the White Paper and help youth understand the meaning of the law proposed, the effects of cannabis and where to seek help if needed.
- At any mention of cannabis related products in the media information on the negative effects with advice on where to seek help should be delivered.

- The MCM will be recommending continuous professional development events for professionals on the registers regarding the introduction of the law and its permutations on health, health care, health professionals and health systems.
- Public awareness on substance misuse in general needs to be continuously updated and engaged. There needs to be a strong system in place before engaging such legislation.

EXPOSURE

- Legislation should include care of minors exposed to cannabis related products. All cases must be referred to a designated social worker/mental health team and the household assessed for causes of exposure to cannabis.
- The advertising of cannabis and its products should be completely banned.
- The Medical Council Malta proposes that possession of cannabis is not permitted in areas frequented by children and young adults such as schools, playgrounds, educational institutions, and sites frequented by young adults. Trafficking should be considered in such circumstances.
- High risk user groups such as minors and pregnant women would also need to be assisted by the Regulatory authority for regular assistance and counselling. A Paediatric and Obstetric team made up of Medical Professionals, Counsellors and allied care health workers is to be in place and advise the authority on such matters.
- The MCM proposes that all cultivators are registered and known. Registration should include criteria that protects the most vulnerable. These criteria should include specific demographic data as well as the domiciliary setup including the presence of children and young adults who are domiciling as well as/or regularly visiting. It is only in this way that data for the research proposed in the White Paper itself can be affected so that the nation can monitor an evolving and new scenario. This would allow re-visiting of the law and modification if needed on evidence-based principles are directed by the 'Kannavape case' to all EU member states (C-663/18).

REGULATION

- Incremental liberalization practices ought to be accompanied by increasing supervision practices by health care and legal systems to redact or modify legislature flexibly. There is difficulty ensuring that all the measures proposed by the law would be in place. Public health depends on ensuring and enforcing these measures.
- Until further evidence is available prohibition should extend to exposure of minors to processing methods and paraphernalia related to cannabis use.
- The competent authority that will be entrusted with regulation of cannabis use should not be solely led by government but include non-governmental organisations (NGOs) who care for persons with cannabis-related disorders. Persons regulating this authority should be of good conduct. Members of this regulatory body are to be led and also include Healthcare Professionals such as addiction psychiatrists.
- The authority referenced in the White Paper should also publish at regular intervals, research outcomes related to cannabis use under its remit in the short term e.g. every three years in support of long-term questions based on the scientific method for the benefit of society and future generations.

The MCM recommends that further in-depth and informed evidence-based discussions are needed between the State, addiction professionals and NGOs concerned with substance abuse before another reading of the White Paper is drafted.

References

1. Andréasson, S., Allebeck, P. and Rydberg, U., 1987. Cannabis and schizophrenia. A longitudinal study of Swedish conscripts. *Lancet*, 2(8574), pp.1483-6.
2. C-663/18
<https://curia.europa.eu/juris/document/document.jsf?text=&docid=233925&pageIndex=0&doclang=MT&mode=lst&dir=&occ=first&part=1&cid=260662>.
3. Caritas Malta, Fondazzjoni Oasi, Agenzija Sedqa u l-Assocjazzjoni tal-Psikjatrija f'Malta dwar l-uzu u implikazzjonijiet ghal-ligi. 2021. [online] Available at: https://www.google.com/url?sa=t&source=web&rct=j&url=https://map.org.mt/wp-content/uploads/2021/03/17022021-Reazzjoni-Kannabis-rikreattiva.docx&ved=2ahUKEwi35Pq7gL_wAhUygv0HHbuSBvYQFjAEegQIGRAC&usg=AOvVaw2SEOa6AnSvGARDSpNrK6b7&cshid=1620645994109 [Accessed 9 May 2021].
4. College of Psychiatrists of Ireland. 2021. *College Of Psychiatrists Warns That Cannabis Is 'Gravest Threat To Young Irish People's Mental Health Today'*. [online] Available at: <https://www.irishpsychiatry.ie/blog/college-of-psychiatrists-warns-that-cannabis-is-gravest-threat-to-young-irish-peoples-mental-health-today/> [Accessed 9 May 2021].
5. Colorado Violent Death Reporting System. 2021. *Suicides in Colorado: methods, circumstances, and toxicology*. [online] Available at: https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CoVDRS_12_1_17/Story1?embed=y&:showAppBanner=false&:showShareOptions=true&:display_count=no&:showVizHome=no#4 [Accessed 9 May 2021].
6. Danielsson, A., Falkstedt, D., Hemmingsson, T., Allebeck, P. and Agardh, E., 2015. Cannabis use among Swedish men in adolescence and the risk of adverse life course outcomes: results from a 20 year-follow-up study. *Addiction*, 110(11), pp.1794-1802.
7. Dickson, B., Mansfield, C., Guiahi, M., Allshouse, A., Borgelt, L., Sheeder, J., Silver, R. and Metz, T., 2018. Recommendations From Cannabis Dispensaries About First-Trimester Cannabis Use. *Obstetrics & Gynecology*, 131(6), pp.1031-1038.
8. *Implications of legalized cannabis in Colorado emergency departments, Colorado Department of Public Health and Environment*. [online] Available at: <https://drive.google.com/file/d/126A5GxdZWp2375pU14iXFq2T3s9ubZSI/view> [Accessed 9 May 2021].
9. Jacobus, J. and Tapert, S., 2014. Effects of Cannabis on the Adolescent Brain. *Current Pharmaceutical Design*, 20(13), pp.2186-2193.
10. National Academies of Sciences, Engineering, and Medicine, 2017. The health effects of cannabis and cannabinoids: the current state of evidence and recommendations for research.
11. Patel, V., Flisher, A., Hetrick, S. and McGorry, P., 2007. Mental health of young people: a global public-health challenge. *The Lancet*, 369(9569), pp.1302-1313.
12. Patton, G., Sawyer, S., Santelli, J., Ross, D., Afifi, R., Allen, N., Arora, M., Azzopardi, P., Baldwin, W., Bonell, C., Kakuma, R., Kennedy, E., Mahon, J., McGovern, T., Mokdad, A., Patel, V., Petroni, S., Reavley, N., Taiwo, K., Waldfogel, J., Wickremarathne, D., Barroso, C., Bhutta, Z., Fatusi, A., Mattoo, A., Diers, J., Fang, J., Ferguson, J., Ssewamala, F. and Viner, R., 2016. *Our future: a Lancet commission on adolescent health and wellbeing*. [online] The Lancet. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00579-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00579-1/fulltext) [Accessed 9 May 2021].
13. Regulation (EU) No 1307/2013 of the European Parliament and of the Council of 17 December 2013 establishing rules for direct payments to farmers under support schemes within the framework of the common agricultural policy and repealing Council Regulation (EC) No 637/2008 and Council Regulation (EC) No 73/2009

14. Roberts, B., 2019. Legalized Cannabis in Colorado Emergency Departments: A Cautionary Review of Negative Health and Safety Effects. *Western Journal of Emergency Medicine*, 20(4), pp.557-572.
15. World Health Organisation (WHO), 2016. *The health and social effects of nonmedical cannabis use*. Geneva, Switzerland: World Health Organisation.
16. WHO Expert Committee on Drug Dependence, fortieth report. Geneva: World Health Organization; 2018 (WHO Technical Report Series, No. 1013). Licence: CC BY-NC-SA 3.0 IGO.