

**Catholic Voices Malta Position Paper on the Proposed Reform titled:
“Towards the Strengthening of the Legal Framework on the Responsible
use of Cannabis”**

Endorsed by:

Azzjoni Kattolika Maltija,

Christian Life Community (Malta),

Komunjoni tat-Tigdid Karizmatiku Kattoliku f'Malta,

Moviment ta' Kana,

Society of Christian Doctrine (M.U.S.E.U.M.) – Male Section,

The Mission Fund and

ŻAK (Żgħażagħ Azzjoni Kattolika Maltija)

Introduction

In presenting the White Paper the Prime Minister stated that *“that the aim of the White Paper is not to incentivise a culture of cannabis but rather to lessen the harm cannabis can do on a person, including the humiliation involved when someone is arrested, interrogated or taken to court for smoking a joint”*.

While CVM does not believe that an occasional user of cannabis “smoking a joint” should lead to a person’s arrest, it does believe that however, regrettably the proposed Reform goes beyond the public pronouncements made where it was stated that its intent was to limit this so-called humiliation that abusers are today passed through. Conversely, it encourages a culture of cannabis use with zero proposals or measures on how to reduce the harmful effects of cannabis.

Indeed, the title of the White Paper “Towards the Strengthening of the Legal Framework on the Responsible use of Cannabis” **sends the message that cannabis is fine**, ignoring the plethora of studies that highlight the physical and psychiatric dangers of Cannabis regular use.

This paper seeks to highlight the dangers short and long term that regular use of Cannabis can have on the user, the impact of the measures proposed by the Paper, including the encouragement of the greater use and proliferation of the drug through increased availability with no measures of control. The paper we present seeks to limit the further increase in grams that are considered for personal use and plants that can be cultivated to address the shortfalls in the proposal presented and protect users, the vulnerable and those most at risk of addictions and its consequences.

The White Paper states that *“Given that cannabis is classified as illegal in most states, there is a wealth of research on the negative effects of cannabis, and limited research on its therapeutic benefits”*. Indeed, the logic of the people entrusted with drafting this document can only be described as flawed. **The reason that cannabis is illegal in almost all countries is due to the vast scientific and medical studies that speak of the dangers of cannabis and not the reverse.**

Distinguishing the use of Cannabis

The White Paper also attempts to blare the distention between “medical cannabis” and the use of cannabis for leisure, suggests that since cannabis has therapeutic benefits, recreational cannabis is acceptable. This concept is utterly misleading. The therapeutic benefits of cannabis are not found in what the Paper labels as recreational cannabis that is extracted from the Tetrahydrocannabinol (THC) cannabinoid (that provides the heightened experience). It is the Cannabidiol (CBD) cannabinoid that is used in Medical Cannabis that is absent in “recreational” cannabis.

Medical cannabis uses nothing of the Tetrahydrocannabinol (THC) cannabinoid, because not only THC has no therapeutic benefit but, even worse, it is indeed a health hazard. The paper found no space to speak about the negative impact of the cannabis drug on the brain its long-term effects, the impact on thought, mood, behaviour and perception. That the effects of cannabis are not merely short term like altering senses, sense of time, moods, impairing body movements, causing difficulty with concentration, thinking and problem solving, impaired memory, causes hallucinations in high doses, causes delusions and psychosis.

Also, the references in the Paper supporting several assertions are neither academic nor objective and while mentioning that professionals have been consulted it fails to provide a list of the professionals and organisations that have been consulted.

Steps already taken in normalising the use of cannabis

Occasional cannabis users are already not criminalized, in 2015 the Government had already presented several amendments to Parliament that where enacted into law to ensure that those caught with a small amount of the drug (simple possession) are brought in front of a Commissioner of Justice, rather than the Law Courts, with the possibility of abusers being referred to rehabilitation under the aegis of the Drug Offenders Rehabilitation Board.

Then the Police were barred from prosecuting an individual caught in possession of small quantities of drugs for personal use, i.e. 3.5g of cannabis, 2g of other drugs, two pills of ecstasy, but would be subject to fines ranging between €65 and €125 for other drugs, or between €50 and €100 in the case of cannabis. Police however retained the right to detain people caught with small quantities of drugs for up to 48 hours, to extract information related to drug trafficking.

Second-time offenders, except cannabis users, were referred to the Drug Offenders Rehabilitation Board. **Repeat cannabis offenders were exempt from appearing in front of the board, irrespective of how many times caught in possession of the drug.**

In 2019 further amendments removed a previous mandatory term of imprisonment of six months for people found cultivating cannabis “in a small quantity not exceeding one plant, in circumstances where the Court is satisfied that such cultivation was for personal use.”

Therefore, one questions the real motives behind these changes, and whether the Government has listened and taken seriously the concerns of the medical profession, the agencies that relentlessly work to support victims of substance abuse such as Caritas, Oasi Foundation, Aġenzija Sedqa and the Malta Psychiatric Association, amongst others.

The Health Risks of Cannabis cannot be brushed under the carpet

The Paper acknowledges that the consumption of the Cannabis plant poses “potential risks related to one’s health” in a very superficial manner. Leading to the White Paper, politicians and officials handling the reform presented the need for the reform in terms of Harm Reduction. However, the White Paper significantly plays down the issue of harm and focuses rather on the concern not to humiliate the offender through police arrests.

The previously enacted reform focused on Harm Reduction and was based on the need to protect the interests of the vulnerable and victims of substance abuse. In the current white paper this concept is absent. No measures are being proposed to protect the vulnerable and the victims. This same Reform will not only fail to protect but will simply increase the use of cannabis for recreational purposes with all its consequences.

In an Interview on Malta Today on the 25th February 2018 the then Parliamentary Secretary Julia Farrugia-Portelli, who spearheaded the reform stated that *“In our electoral manifesto, we mentioned the word ‘recreational’. I didn’t agree at the time; and the reform is now based on a completely different principle: **it’s a harm-reduction approach.**”*

Then she had mentioned a number of measures to create a harm reduction framework including:

a. the need for an individual to enrol and register as a cannabis user

Quote: *“What we envisage is a structure in which an individual can be enrolled and registered [as a non-medical cannabis user], with all due data protection considerations; so if (to give an example) the police find a certain amount of cannabis on an individual, it can be established if the individual is entitled to be in possession according to the scheme... if the amount concerned is within the limit of what can be legally owned, etc.”*

b. the concept of licenced dispensaries rather than “coffee shops”, no forms of edible cannabis, and zero tolerance to driving under influence of cannabis

Quote: *“The reform envisages licensed dispensaries: though it remains to be seen whether these will take the form of the traditional pharmacy, or some other concept. One thing we are not considering, however, is the possibility of ‘coffee-shops’. And we’re not talking about ‘edibles’, either: cannabis in cakes, muffins or spaghetti, etc. The system will not permit the sale of cannabis-based edible products. Also, in line with the safety approach, there will be zero-tolerance towards driving under the influence of cannabis”.*

c. Dispensing by Medical Doctor due to – some risks of cannabis

Quote: *“An individual will have to be referred to the dispensary by a medical doctor as medical experts warn, there may be certain dormant conditions, unknown to the user, which may be triggered by cannabis use. This was a concern raised by experts, including psychiatrists, during consultation. There is research that shows if there is a family history of schizophrenia, and the individual starts using cannabis, it will increase the likelihood of the condition developing. Another concern is age: to enrol in this system, you have to be 21 or older. Below that age, the mind has not developed sufficiently to safely use cannabis.”*

She also mentioned that home cultivation is not yet on the cards, with smoking not allowed in public spaces but only in private buildings.

The White Paper presented seems to have retracted completely from the proposals under consideration by the Government in 2018. The simple question is why? To whose pressure has the Government succumbed to? Are the commercial interests and the pursuit of artificial happiness of the few prevailing over the common good, the vulnerabilities of minors and exposure of our youths to substance abuse?

While the White Paper cannot deny the risks on the health of a person taking Cannabis regularly (not necessarily abusively), the Paper significantly downplays these risks, making only a very slight mention in page 7 where it says that: *“Cannabis use can be both dangerous or beneficial to one’s physical or psychological health. Given that cannabis is classified as illegal in most states, there is a wealth of research on the negative effects of cannabis, and limited research on its therapeutic benefits. In recent years, as the movement for the liberalisation of cannabis progressed, scientific research has also expanded into the therapeutic and medicinal benefits of cannabis. The impact of cannabis on one’s health depends on various factors, including the user’s physical and psychological health, age, his and his family’s medical history, as well as the frequency of use, and the type and quality of the cannabis being consumed”*.

This clause seriously seeks to misguide readers by diminishing the health concerns of the drug and placing physical and mental harm at the sacrifice of so called “psychological health”, such as a heightened feeling for a short amount of time, by implying that recreational cannabis has therapeutic benefits, when this is scientifically proven not so since the therapeutic components CBD are not found in recreational cannabis.

Interestingly the Paper does not quote any medical authority on the subject but rather a website called “Drugs and Me” that does not even disclose who is behind it, has a clear bias to promote cannabis and having no authoritative authorship. <https://www.drugsand.me/en/drugs/cannabis/>

We would therefore like to direct the Government and the public to more authoritative sources of scientific studies like the WHO Report “The health and social effects of nonmedical cannabis use” published in 2016 which is an extensive publication that builds on contributions from a broad range of experts and researchers from different parts of the world. It aims to present the current knowledge on the impact of nonmedical cannabis use on health.

The report highlights the following numerous risks:

Damage to the Brain

It is impossible to quote all the report, and for this reason we attach the WHO 2016 report titled “The health and social effects of nonmedical cannabis use”, and limit ourselves to highlight some serious concerns expressed in this report.

Quotes from report in italics:

The daily use of cannabis over years and decades appears to produce persistent impairments in memory and cognition, especially when cannabis use begins in adolescence (Meier et al., 2012; Volkow et al., 2014a). (page 15)

The brain physically changes. Magnetic resonance imaging (MRI) studies have found structural differences between the brains of chronic adult cannabis users and the brains of non-using controls... Structural brain abnormalities are seen in CB1-rich areas involved in cognitive functions. (page 16)

Long-term cannabis use is hazardous to the white matter of the developing brain, with evidence of axon connectivity damage in three fibre tracts: the hippocampus (right fimbria), the splenium of the

corpus callosum, and commissural fibres (which connect the two halves of the cerebral hemispheres). Damage was higher with younger age of onset of regular cannabis use (Volkow et al., 2014a). (Page 16)

These findings are consistent with the observation that impaired memory is a common complaint among cannabis users seeking treatment (Hall, 2015). Recovery of hippocampal connectivity after long-term abstinence has been reported (Yücel et al., 2016). Page 16

A larger risk to adolescents

The adolescent brain seems to be more vulnerable to cannabis than the adult brain, and early initiation of heavy use appears to disrupt the trajectory of normal brain development. Heavy or regular adolescent cannabis users manifest a range of cognitive deficits, including impairments in attention, learning and memory, and an inability to switch ideas or responses. These deficits are similar in adults, but in adolescents they are more likely to persist and may recover only after longer periods of abstinence (Fried, Watkinson & Gray, 2005). Page 17

The Risk of a pregnant woman exposed to cannabis

Accumulating evidence suggests that prenatal cannabis exposure may interfere with normal development and maturation of the brain. Children exposed to cannabis in utero demonstrate impaired attention, learning and memory, impulsivity and behavioural problems and a higher likelihood of using cannabis when they mature (Sonon et al., 2015; Noland et al., 2005; Goldschmidt, Day & Richardson, 2000; Goldschmidt et al., 2004; Goldschmidt et al., 2008; Day, Leech & Goldschmidt, 2011). Page 16

Short term effects of Cannabis

- Anxiety and psychotic symptoms - *A minority of first-time cannabis users become very anxious, have panic attacks, experience hallucinations and vomit. These symptoms may be sufficiently distressing to prompt affected users to seek medical care (Smith, 1968; Thomas, 1993; Weil, 1970). Page 19*
- Acute cardiovascular effects i.e. *“Acute exposure to cannabis increases heart rate and blood pressure and can in some cases cause orthostatic hypotension (Pacher & Kunos, 2013); ... serious cardiovascular complications, including acute coronary syndromes and strokes, in cannabis users (Jouanjus, 2014). Mittleman and colleagues found that the risk of myocardial infarction was four times higher in patients with a recent myocardial infarction in the hour after smoking cannabis compared to cannabis users without a history of myocardial infarction (Mittleman et al., 2001). Page 19*
- Acute effects on lungs and airways. *Cannabis smoking causes acute bronchial dilation in proportion to the dose of THC (Tashkin, 2015). Page 20*
- Traffic injuries and fatalities - *laboratory studies showed that cannabis and THC produced dose-related impairments in reaction time, information processing, perceptual-motor coordination, motor performance, attention, and tracking behaviour (Moskowitz, 1985; Robbe & O’Hanlon, 1993). These findings suggested that cannabis could potentially cause car crashes if users drove while intoxicated. (Page 20)*

Risk of Long-term cannabis use

Dependence

Cannabis dependence is a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated cannabis use. The user starts having a strong desire or sense of compulsion to take the substance; difficulties in controlling substance-taking behaviour, a physiological withdrawal state, progressive neglect of alternative pleasures or interests because of psychoactive substance use and other. Page 23

Long-term health risks

Cannabis dependence in and of itself is not the only problem for heavy users. By increasing the duration of regular use, dependence may also increase the risk of any long-term health risks of cannabis that may occur after decades of use, such as cardiovascular and respiratory diseases, and possibly cancers. These risks are discussed in chapter seven of the report. Page 24

Poorer cognitive performance

Better-controlled case-control studies since then (Crane et al., 2013; Solowij & Battisti, 2008; Grant et al., 2003; Schreiner & Dunne, 2012) have consistently found deficits in verbal learning, memory and attention in regular cannabis users (see section 5.1.2). These deficits have usually been correlated with the duration and frequency of cannabis use, the age of initiation and the estimated cumulative dose of THC (Solowij, 2002; Solowij & Pesa, 2012; Solowij et al., 2011). Page 24.

A path to other illicit drugs

Contrary to what the White Paper claims, cannabis is a path to other illicit drugs.

Epidemiological studies in Australia, New Zealand and the USA in the 1970s and 1980s found that regular cannabis users were more likely to use heroin and cocaine, and that the younger they were when they first used cannabis the more likely they were to use the other drugs (Kandel, 2002). Page 25

Three explanations were offered for these patterns: (a) that cannabis users had more opportunities to use other illicit drugs because these were supplied by the same black market as cannabis; (b) that early cannabis users were more likely to use other illicit drugs for reasons that were unrelated to their cannabis use (e.g. their propensity to take risks, behave impulsively, or engage in sensation-seeking); and (c) that the pharmacological effects of cannabis increased a young person's interest in using other illicit drugs (Hall & Pacula, 2010). Page 25

Notwithstanding the effort of the drafters of the white paper to claim that it cannot be proven that cannabis induces user to go for harder and more dangerous drugs, the WHO report affirms that regular users of cannabis are more likely to move to harder drugs as they find the experience of cannabis less heightening as the body becomes accustomed to it.

Also, as Caritas Malta, Oasi Foundation, Aġenzija Sedqa and the Malta Psychiatric Association repeatedly affirmed that not all users of cannabis become addicted and mover to heavier drugs, however practically all abusers of heavier drugs started with cannabis.

Psychosis and schizophrenia

A 15-year follow-up study of schizophrenia among 50,465 Swedish male conscripts found that those conscripts who had tried cannabis by the age of 18 years were 2.4 times more likely to be diagnosed with schizophrenia over the next 15 years than those who had not (Andréasson et al., 1987). Page 26. In effect the report concludes that those who had used cannabis 10 or more times by age 18 were 2.3 times more likely to be diagnosed with schizophrenia than those who had not used cannabis.

Long term use of cannabis also exposes the user to diseases and other illnesses

Respiratory diseases like chronic bronchitis, chronic obstructive pulmonary disease, and other respiratory diseases. The risks in cannabis are higher than normal smoking.

Cardiovascular diseases: *Middle-aged men with a history of myocardial infarction who smoke cannabis can experience acute symptoms of angina; such cases were reported in the literature as early as in the 1970s (Gottschalk, Aronow & Prakash, 1977). Furthermore, cannabis has been shown to trigger, earlier than does tobacco, the occurrence of angina pectoris symptoms after physical effort among patients with a history of coronary disease or stable angina pectoris (Aronow & Cassidy, 1974) Page 32*

Strokes

A five-year follow-up of cases of reversible cerebral vasoconstriction syndrome (RCVS) in 159 ischaemic strokes in young patients found RCVS to be the cause of 13% of these strokes, most often in men with a mean age of 32 years. In 67% of these cases the precipitant was smoking cannabis resin. The cerebral vasoconstriction resolved within 3–6 months if patients abstained from smoking cannabis (Wolff et al., 2015). The cerebral vasoconstriction induced by cannabis is a possible mechanism for these strokes (Wolff et al., 2015).

Cancers

The studies show that there is a higher risk for respiratory cancers and testicular cancers.

The Swedish conscript study (Callaghan, Allebeck & Sidorchuk, 2013) found a doubling of lung cancer rates among conscripts who had smoked cannabis 50 or more times by the age of 18 years. Page 34

Three studies have found an association between cannabis smoking and testicular cancer. All are USA studies published since 2009. One of these, Daling et al. (2009), reported a case-control study of cannabis use among 369 men diagnosed with a testicular germ cell tumour and 979 age-matched controls. Page 34

The Paper Proposals and reactions

1. Decriminalisation of up to 7 grams of cannabis possession from the 2015 established level of 2.5 grams legal for an adult (i.e., a person of 18 years or over). Cannot also be questioned by the police to investigate trafficking.

Reaction: It is our understanding that 3.5 grams can provide for 7 joints and therefore what the Government is proposing is that we move to 14 joints.

The increase, therefore, poses several questions:

- a. Will the increase in quantity make trafficking easier as runners can now run with double the quantity and if caught can neither be prosecuted nor arrested to support a trafficking investigation?
- b. What motivates the increase, how did Government establish what dosage is “safe” for a cannabis consumer, Why 7grms not 5 or 9?

Proposal: The Government should commission and publish empirical studies on what constitutes the safe use of cannabis for recreational purposes that includes identifying the number of grams that a body can tolerate without having any long-term harm on the individual.

If we are not to experience in increase in cannabis users and consumption any legislation needs to introduce monitoring and control measures. We expect that in the light of the Government’s statements that Government is not seeking to promote the use of cannabis, can Government publish the measures it intends to take to discourage the use of cannabis rather than promote the use of cannabis?

The age limit for the allowance of the use of cannabis for personal use should be increased from the age of 18 to that of 25. As highlighted earlier in our paper medical studies show that the use of cannabis by adolescents and youth at the stages of their development negatively impinges on the development of the brain. We also would like to refer Government to the warning issued by the Canadian Government, who despite their decision to legalise the use, where unequivocal, to tell their youth that use is dangerous to the development of their brain.

Hereunder are reproduced what the Canadian Government tells youths under 25 (<https://www.canada.ca/en/health-canada/services/publications/drugs-health-products/is-cannabis-safe-use-facts-young-adults.html>)

Key messages for young adults

In light of cannabis use being legalized in Canada if you are 18 years old and over (or 19 years old in some provinces and territories), it is important to know how using cannabis can affect your health before purchasing it, especially if you’re in your late teens and early twenties.

- *The best way to protect your health is to not use cannabis*
- *You are more likely to experience harm from cannabis because your brain is still developing until around the age of 25*
- *Shortly after using cannabis, you may have problems paying attention, remembering or learning things, and making decisions. Some of these effects may persist for some time after you stop completely or never fully go away depending on how young you were when you started, how often and for how long you have been using it.*
- *After alcohol, cannabis is the drug most often linked to car accidents. Cannabis can affect concentration, attention, coordination and slow reaction time. Using it and driving increases the risk of having a car accident which can result in serious injuries or death.*
- *How long the impairing effect of cannabis last depends on how (smoked, inhaled, ingested) and how much was taken, but the effects can last for at least six (6) hours or longer after use.*
- *Using cannabis and drinking alcohol with or without the use of other drugs such as pain medications (opioids) and tranquilizers (benzodiazepines) further lowers your ability to concentrate and react quickly to emergencies.*

- *Using cannabis regularly (daily or almost daily) and over a long time (several months or years), can harm your physical and mental health including becoming physically dependent or addicted to cannabis.*
 - *Higher-strength cannabis products (such as concentrates like “shatter”, wax, dabs) can worsen the mental health effects of cannabis use (such as paranoia and psychosis).*
 - *Should you experience severe symptoms from cannabis use, such as disorientation, shaking, shortness of breath and/or vomiting, seek immediate medical assistance.*
 - *If you need more information or support, talk to your doctor or primary care practitioner.*
2. The possession of more than 7 grams but less than 28 grams for one’s exclusive personal use should be subject to proceedings before the Commissioner for Justice, as currently contemplated for the possession of less than 3.5 grams.

Reaction/Proposal: The increase in grams, especially the very soft deterrent for persons caught with up to 28 grams should be reconsidered. 28 grams cannot simply be deemed for personal use and before studies on what constitutes a low risk level of consumption are completed any changes will only facilitate trafficking.

3. The possession of 28 grams or more will remain regulated by existing legislation.

Reaction/Proposal: This should be lowered to the 3.5 grams threshold (or the revised threshold established after the necessary studies have been completed).

4. A study on safe methods of procuring cannabis with levels exceeding 0.2% THC is also required, so as to propose models to distance responsible users from the illicit cannabis market.

Reaction: The intention of this study needs to be better explained. The Paper is completely silent on how legal cannabis can be procured. It appears that the Government has departed from the controlled environment that then PS Farrugia had indicated in 2018, the registration of users, dispensing from pharmacies and limited procurement.

Proposal: The commercialisation of cannabis through outlets that operate for commercial purposes will create issues of product display, promotion, and marketing as a commercial operator will endeavour to sell the product they are stocked with, to make a profit. Any form of dispensing needs to be done in a controlled environment, within the parameters of what levels of consumption will be allowed and through registration of users and quantities acquired and through regulated outlets such as pharmacies.

5. Every residential habitation (household) can grow up to 4 plants (from the previous 1), in a space which is not visible to the public, and which does not emit smells. The cultivated cannabis cannot be sold and can only be consumed in the same habitation. Cannabis cannot be consumed before minors, and residents are to ensure that it is stored in places which are inaccessible to minors residing in the same habitation.

Reaction: One cannabis plant can produce approximately 500 grams of usable buds that can produce 1,000 joints, enough to consume practically 3 joints a day in a whole year. The increase to four plants per household makes little sense unless that Government intends to promote family consumption of the drug. The allowance to four plants per household will not only encourage the more frequent and uncontrolled use of the drug and expose users to the

likelihood of addiction and other physical harms already listed as per the WHO report, but also encourage trafficking as individuals will produce buds that are surplus to their needs.

Of concern is the total lack of measures being proposed to ensure that minors are not exposed to cannabis in a household that cultivates cannabis. This is incomprehensible. While Government sources claim that the Government approach is to trust families' sense of responsibility towards their children, we express concern that Government has opted to abandon children living in problematic and socially challenging families to the exposure to cannabis since this has very serious health concerns especially to the mental health development of minors.

Proposal: There should be no change to the number of plants planted per household since any increase will only encourage trafficking.

Government should introduce measures that enable the monitoring of children living in challenging families. A system of registration for users that want to cultivate a plant is introduced to ensure that the number of plants does not exceed the limits established and have the ability to ensure enforcement and to combat trafficking, which is a stated objective of the Paper, despite the complete absence of measures. Households with underage individuals (i.e. under the age of 25) should not be allowed to cultivate a cannabis plant.

6. Expungement of criminal records - crimes which are no longer considered as such at law should be removed from one's conduct certificate by means of a simple procedure.

Reaction/Proposal: This should be a principle applied to all laws and not just this law.

7. In line with the European Court of Justice's preliminary ruling, a clear legal distinction between CBD and THC is being proposed. While the former cannabinoid is not psychoactive and enjoys free movement in EU Member States, the latter, **THC, is a psychoactive cannabinoid, and is therefore an illegal substance.**

Proposal: The amendments should ensure that Malta remains in line with the International Conventions that we are signatory too and THC should therefore remain illegal and therefore quantities in grams and number of plants should not be increased.

8. Amendments to the Dangerous Drugs Ordinance to clearly exclude medicinal cannabis from its sphere of application are being proposed.

Agreed.

9. The prohibition of cannabis consumption in public, however the fine is being reduced and equated to smoking of tobacco in prohibited spaces, and therefore, an administrative fine of €233.33.

Proposal: Present fines should not only be retained but increased for both cannabis and tobacco smoking in public spaces.

10. Minors in possession of cannabis for their personal use would not be subject to proceedings before the Courts of Criminal Jurisdiction, but to administrative proceedings before the Commissioner for Justice and the Drug Offenders Rehabilitation Board, as the case may require.

Penalties should be of an administrative nature, not criminal, and should assist minors in moving away from cannabis use.

Proposal: We agree.

11. Minors are not to be subject to arrest or escorted to the General Headquarters / Police Station for interrogation on the basis of possession, unless a reasonable suspicion of trafficking, sale, import or export by that person arises.

Proposal: While we do not agree with the arrest of minors, being in possession of cannabis is a serious breach of the law that an adult provider is responsible for. Therefore, intrinsically the possession of cannabis by a minor implies trafficking by an adult. This needs investigation and the gathering of information from the minor.

12. A dedicated Cannabis Authority for use of non-medical cannabis, to commission studies, propose improvements to the system, propose guidelines, and manage funds emanating from the imposition of administrative fines related to the breach of legal provisions related to cannabis.

Reaction/Proposal: One questions the need for a separate Authority. In creating a separate entity, one distances the use of cannabis from the Health Authorities. In doing so, decisions are not made by those most aware of the risks of the use of cannabis.

13. Education. A holistic educational campaign on cannabis is required, one which is based on scientific fact and the concept of harm reduction, give clear information on the risks and benefits of cannabis use, by means of age-appropriate content, and should aim to **eradicate the stigma surrounding cannabis** by instead promoting research and open dialogue on the cannabis plant.

Problem: This campaign was promised before these proposals had to come to light. In fact, we have seen none or very little.

The document also makes reference to the Achievers 2020 initiative launched in 2020, *“aimed at encouraging young persons to create and implement community-based projects. Achievers 2020 focused on encouraging the exploration of various disciplines (e.g. sport, art, and culture) as an outlet for recreation instead of cannabis consumption.*

While the program is a positive initiative it cannot be presented as some far-reaching initiative to encourage youths to consider sports rather than cannabis use. The scheme had so far a very limited allocation of €81,000 and the maximum budget allocated to each initiative is of €3,000. Surely our youths deserve much more and much better. <https://vofunding.org.mt/funds/65>

The larger problem with this proposal is that the aim of this proposed educational campaign is not the distancing of youth from cannabis by highlighting the dangers of using cannabis and encouraging them to pursue sound activities such as sports, the arts, culture, and healthy entertainment but rather to “encourage” **the use of cannabis** through a campaign that eradicates the stigma surrounding cannabis.

Recommendation: An education campaign should highlight the dangers of the use cannabis and encourage youth to pursue sound activities such as sports, the arts, culture, and sound entertainment. The dangers of cannabis are not “stigma” but scientific and medical facts. A responsible Government should refrain from sending wrong messages to satisfy the commercial interests of the few.

14. In parallel, training for frontline officials working with cannabis users is proposed, so as to increase awareness on cannabis use and its effects.

Agreed

Conclusion

In promoting this reform in the past, PS Julia Farrugia has stated that they were inspired by the Icelandic model. Clearly, many important aspects of the Iceland Reform have been overlooked.

The Icelandic strategy was based on the observations made, following extensive studies with teens, that repeatedly showed that factors like sport, feeling cared about at school, or the time out of the house at night, correlated with a reduced likelihood of substance abuse.

Therefore, the laws were reformed to address these issues, including the legal age to buy alcohol and cigarettes was raised, and school councils with parent representatives were established. Children between 13 and 16 were also prohibited from being outside after certain times.

It was also observed that one reason people use drugs is that it helps them feel part of a group. To discourage this, the Icelandic government increased funding for organised sports, music and art to give children the opportunity to form part of different groups.

Occasional cannabis users are already not criminalised and therefore one questions what is motivating these new changes. The State should never abdicate its responsibility and Government cannot simply ignore the risks minors are being exposed to, the physical harm the younger generation will be exposed to, including in terms of their mental development, through the increase in grams deemed for personal use and the number of plants that can be cultivated, the increase in use of the substance with the increased likelihood of youth falling into addictions, making them victims, and ruining their future. A Government has the responsibility to build and not destroy.

The entire White Paper is peppered with cliché statements that have no scientific basis. The proposal is infused with marketing catch phrases used by the cannabis lobby to promote cannabis liberalisation. Phrases such as “to combat the stigma surrounding cannabis”, “that cannabis is not worse than alcohol”, and statements like “the consumption of cannabis adds to the users’ wellbeing” are testimony of the intent of the author to further promote the use of cannabis not for medical reasons.

The White Paper does not put Harm Reduction as an objective to the reform and seems to completely tilt towards granting “personal freedom” irrespective of the harmful consequences. The State is basically abdicating from the responsibilities it carries.

The appeal of Catholic Voices Malta to the Government is to reconsider these proposals and put the youth, the vulnerable and minors before any commercial interests. The current proposals will do more harm than good.

We close our paper with the message of Pope Francis in 2014 when addressing the participants of the 31st International Drug Enforcement Conference. Pope Francis proclaimed that “the problem of drug use is not solved with drugs! Drug addiction is an evil, and with evil there can be no yielding or

compromise. To think that harm can be reduced by permitting drug addicts to use narcotics in no way resolves the problem. Attempts, however limited, to legalise so-called 'recreational drugs', are not only highly questionable from a legislative standpoint, but they fail to produce the desired effects. Substitute drugs are not an adequate therapy but rather a veiled means of surrendering to the phenomenon. Here I would reaffirm what I have stated on another occasion: No to every type of drug use."