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# A Comprehensive Analysis of the Implications of Legalising Marijuana in Malta



### ***Glossary of terms***

“Cannabis” is an umbrella term for the psychoactive preparations of the marijuana plant *Cannabis sativa*<sup>1</sup>

“Drugs” refer to any chemical agents that has the capacity to alter the biochemical physiological processes of tissues or organisms<sup>1</sup>. For the purpose of this document reference is being made to marijuana.

"Drug laws" mean the Medical and Kindred Professions Ordinance and the Dangerous Drugs Ordinance<sup>2</sup>

“Pharmaceutical drugs” refer to drugs either manufactured by the pharmaceutical industry or reconstituted by a pharmacist<sup>1</sup>.

"Prohibited drug" means any drug which may form the object of criminal proceedings under article 120A of the Medical and Kindred Professions Ordinance or under article 22 of the Dangerous Drugs Ordinance<sup>1</sup>

<sup>1</sup>[http://www.who.int/substance\\_abuse/terminology/who\\_lexicon/en/](http://www.who.int/substance_abuse/terminology/who_lexicon/en/)

<sup>2</sup><http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=12289&l=1>



## ***Foreword***

In light of a national discussion regarding the current and future of Malta's drug policy, the Social Policy office created a subcommittee to specialise in the prospects of the legalisation of medical and recreational marijuana. The main aim of this document is to establish a better educational backing in terms of legalising the use of this substance. A number of fundamental factors were taken into consideration, notably the current Maltese legislation, the legislative revamps that took place in a number of countries over the past years and the different sectors that would be affected by the legalisation of marijuana. The underpinning principles of this document focus on safeguarding the health and wellbeing of citizens - core values that should be strongly incorporated in every decision made related to policy reform.

Special thanks go to the subcommittee members who dedicated their time and energy towards the compilation of this document: Abigail Pace, Chiara Vassallo, Daniele Maniscalco, Jake Boyle, JC Fenech, Luca Arrigo, Mike Borg, Naomi Baldacchino, Sandrine Borg, Sean Ellul and Yacopo Baldacchino.

*The document is endorsed by the following organisations:*

ASCS – CommA – CSA – DESA – ESO – GHSL – HoASA – Insite - JEF Malta – KNŽ –  
MHSA – MMSA – MUHS – MUSC - S-Cubed – SHS – SIERA – TDM2000 – We Are

## ***Chapter 1: A Comparative Analysis of the Local Scenario vs. the International Scenario***

### Medical marijuana - The Local Scenario

In recent months, the proposal of a national discussion for marijuana use instigated a substantial amount of different opinions on the matter, delving into both its medical and recreational purposes.

The Drug Dependence (Treatment not Imprisonment) Act enacted in 2015 facilitated the prescription of recognised products under the Medicines Act by registered specialists. In fact subarticle 10 states:

*A specialist registered under the Health Care Professions Act under the specialists register in respect of the speciality in neurology, oncology and radiotherapy, anaesthetics and intensive care medicine, psychiatry or of any other specialists register under the said Act which the Minister responsible for health may by regulations made by virtue of this article prescribe, shall be entitled to prescribe to patients medicinal preparations of the plant cannabis licensed under the Medicines Act, if he considers that there is no viable alternative to such prescription due account being taken of any protocols which may be in force from time to time in respect of the prescription of medicines, of the interests of the patient and of the costs.*

However, this still brought about a number of issues with regards to the illegal status of a majority of the cannabis derivatives.

Sativex, the sole cannabinoid available was usually imported on 'named patient basis', however the prescription was oftentimes rejected by the Superintendence of Public Health and Licensing Authority since the patient in question did not suffer from Multiple Sclerosis. Not only did this impede patients that suffer from different chronic anomalies from managing their illness, but it also prevented patients from gaining access to different cannabinoid products that would be more effective. In fact, varied components within the cannabinoid treatment could also relieve symptoms of fibromyalgia, advanced metastatic cancer and anxiety disorders, apart from multiple sclerosis. Sativex contains only two types of cannabinoids found in cannabis, which is more costly than for example the natural cannabis plant that has additional cannabinoids apart from cannabidiol (CBD) and tetrahydrocannabinol (THC)<sup>3</sup>.

Cannabidiol oil used to be administered as a form of treatment to patients suffering from chronic pain, metabolic abnormalities and anxiety, which were reported as beneficial to the quality of life of the patient. However, this treatment was in fact illegal in Malta and patients were advised to use alternative modes of medication as its continuation would be a direct breach of the Dangerous Drugs Ordinance.

<sup>3</sup><https://www.timesofmalta.com/articles/view/20170806/local/doctors-call-for-greater-access-to-medical-cannabis.654975>



Suggestions were brought forward with regards to the distribution of licences for the importation and distribution of cannabis, so as to provide the physicians with the legal backing required to administer such treatment<sup>4</sup>.

As Malta stands, a new legislation was agreed upon in Cabinet to enhance access to medicinal cannabis to those individuals suffering from chronic illnesses that would benefit from such treatment. Furthermore, prescription for medical cannabis can be administered by the general practitioner rather than requiring approval from a specialist<sup>5</sup>.

### Recreational marijuana - The Local Scenario

Following legislative amendments in April 2015, recreational use of cannabis was partially decriminalised, thus becoming an 'administrative/quasi-criminal' offence. In the event that individuals are caught with up to 3.5g of drugs with the intent of personal use, said individuals will not be prosecuted, but will need to appear before a tribunal and would need to pay a fine. In fact, subarticle 4 of Chapter 537 of the Drug Dependence (Treatment not Imprisonment) Act, states the following:

*Where a charge for breach of the drug laws consists of a charge of possession of a prohibited drug in a quantity of less than two grams of any drug other than cannabis or three point five grams of the drug cannabis or two 'ecstasy' or two other prohibited pills, irrespective of purity, in circumstances which do not give rise to reasonable grounds to believe that the prohibited drug is not for personal use by the person in possession thereof, that person shall be tried in accordance with the Commissioners for Justice Act and shall be liable, on conviction by the Commissioner for Justice, hereinafter referred to as "the Commissioner", assigned by the Minister to hear drug offence cases, to a penalty of between seventy-five euro (€75) and one hundred and twenty-five euro (€125)*

Repetition of the offence would entail appearing before the Drug Offenders Rehabilitation Board in order to facilitate a rehabilitation process:

*...in the case of a second or subsequent conviction as referred to in sub- article (1), where the prohibited drug involved in the offence is cannabis or cannabis resin the Commissioner for Justice shall only refer the convicted person to the Drug Offenders Rehabilitation Board if, after considering the circumstances of the offence and of the offender, he is satisfied that there are reasonable grounds to believe that the circumstances of the convicted person give rise to a probability that he is abusing or is likely to abuse prohibited drugs other than cannabis or cannabis resin. (Chapter 537 of the Drug Dependence (Treatment not Imprisonment) Act, subarticle 5)*

<sup>4</sup><https://www.timesofmalta.com/articles/view/20160828/local/cannabis-medicine-helped-me-to-control-pain.623258>

<sup>5</sup><https://www.timesofmalta.com/articles/view/20171113/local/cabinet-approves-medical-cannabis.662957>



It is worth noting that subarticle 13 of the Drug Dependence (Treatment not Imprisonment) Act highlights that *inter alia*, the Act does not apply for the following:

*...in respect of any offence against the drug laws, other than an offence consisting of the simple possession for personal use of a prohibited drug, committed within, or within one hundred metres from, the perimeter of a school, youth club or centre or such other place where young people habitually meet.*

The legislative amendments did not alter the aspect of imprisonment, however the focus was shifted on carrying out investigations that would result in catching drug dealers. Albeit the possession of personal use below the specific threshold is not heavily penalised, acquiring the drug is still done through illegal means and without any imposed regulations or taxation. Regulation and decriminalisation of cannabis use for personal intent could pave the way forward for the eradication of the black market and the generation of income through taxation. Opposing views brought forward by Caritas drug expert Anthony Gatt express how legalisation of marijuana could instigate the increased presence of other black market drugs such as heroin and cocaine, which need to be taken into consideration to prevent any kind of substance misuse<sup>6</sup>.

In terms of regulation, the current grey areas as with regards to the legal age of consumption, the purity of the drug, the quantity of purchase and the sanctions that need to be set in stone in the event of non-compliance to the aforementioned<sup>7</sup>.

Furthermore, subarticle 7 of the Drug Dependence (Treatment not Imprisonment) Act which deals with the cultivation of the cannabis plant states that the person would not be liable to imprisonment, exclusion of the application of a probation order or the suspension of a term of imprisonment should the individual be caught cultivating a small amount that does not exceed one plant. However, it is worth noting that proper regulations need to be put in order so as to facilitate cannabis club cultivation<sup>8</sup>.

### Marijuana laws - The International Scene.

Countries such as Uruguay, the Netherlands, Spain, Portugal and Colorado have highlighted a number of approaches towards the regulation of marijuana usage. By comparatively assessing the way in which such a controversial topic was tackled would render greater insight into the direction of the local scenario.

<sup>6</sup><http://www.independent.com.mt/articles/2017-07-19/local-news/Cannabis-legalisation-may-lead-to-increase-in-black-market-heroin-cocaine-Caritas-drug-expert-6736176767>

<sup>7</sup><https://www.timesofmalta.com/articles/view/20170811/opinion/Marijuana-regulation.655378>

<sup>8</sup><https://www.timesofmalta.com/articles/view/20170811/opinion/Marijuana-regulation.655378>



### *Marijuana use in Uruguay*

The legal framework for Uruguay in terms of marijuana usage entails an allowance for possession for personal use without any criminal charges, whereby the amount itself remain unspecified. In 2014, legalisation of up to 6 plants at home came into effect, along with the introduction of growing clubs and a Cannabis regulatory institute, and a marijuana dispensary regime which was in itself state-controlled<sup>9</sup>.

### *Marijuana use in the Netherlands*

Marijuana is illegal in the Netherlands but in the case of possession for personal intent, it is decriminalised. In fact, recreational consumption is limited to designated areas, coffee shops in particular. The maximum quantity decriminalised is 5g, however the product may still be confiscated by the police. Other modes of distribution and transportation are prohibited<sup>10</sup>.

### *Marijuana use in Spain*

Marijuana use in Spain is decriminalised for personal intent and cultivation, and illegal for commercial purposes and sale or trade. Spain is mostly renowned for its cannabis clubs, which serve as a means to procure and sell cannabis to registered users as a private collective, which is technically legal due to the grey areas present in the legislature. The system of cannabis clubs could possibly be a tangible way of regulating both the cultivation and sale of cannabis in a safe environment<sup>11</sup>.

### *Marijuana use in Colorado*

The Constitution of the State of Colorado was amended (Colorado Amendment 64) to encompass a more comprehensive drug policy for marijuana, to include its use for medical and recreational purposes. In terms of its recreational scope, the updated legislation includes the use and regulation of marijuana for personal intent, its commercial cultivation and sale, for adults over 21 years of age. Furthermore, the regulation of recreational marijuana is regulated in the same way of that of alcohol consumption<sup>12</sup>.

<sup>9</sup> "Cannabis South American laws". Erowid.org. March 1995.

<sup>10</sup> Martin Booth (1 June 2005). *Cannabis: A History*. Picador. pp. 338-. ISBN 978-0-312-42494-7.

<sup>11</sup> Kassam, Ashifa (4 August 2014). "Barcelona's booming cannabis clubs turn Spain into 'Holland of the South'". Retrieved 17 May 2017 – via The Guardian.

<sup>12</sup> Jason Blevins The Denver Post (9 December 2015) "Marijuana has huge influence on Colorado tourism, state survey says"



### *Marijuana use in Portugal*

Back in 2001, the Portuguese drug policy was radically changed to promote a legislation based on treatment rather than penalties, thus rendering possession for personal intent of marijuana, amongst other drugs, bereft of any criminal offences. The Decree Law 30/2000 decriminalised the use of small amounts of marijuana solely for personal use, with a daily personal requirement of not more than 2.5g. Even though this is still considered to be an administrative offence, and may imply pecuniary fines or rehabilitation programmes, however the majority of instances result in a suspended case<sup>13</sup>.

<sup>13</sup> <https://sensiseeds.com/en/blog/legal-status-cannabis-portugal-overview/>





## ***Chapter 2: The impact of legalisation of marijuana in different sectors***

### Law

Since May 2015, the Maltese legal system has adopted a more lenient approach to the cultivation, distribution and consumption of *Cannabis sp.* in the Maltese islands. Previously being an extremely harsh prosecutor of *Cannabis sp.* consumption, Malta has now taken a legal position which can be coined as 'illegal, yet partly decriminalized'. This means, that there are several 'grey' areas when it comes to *Cannabis sp.* in Malta, as addressed in the previous section.

### Criminology

As previously mentioned, the Maltese legislation was changed in 2015 to allow for lenience on marijuana use and possession. While it is still a criminal offence in law to possess minor amount of marijuana, Justice Minister Owen Bonnici had said that it only remains an arrestable offense for police to be able to fight drug trafficking<sup>14</sup>.

Those who possess a small amount of marijuana (3.5g or less) can still be prosecuted, should police discretion compel them to make an arrest, and can lead to fines of between 50 and 100 euros. However, police possess the power to detain a person under arrest for a maximum of 48 hours if they believe the person is connected to larger drug trafficking operation in order to gather more information. This switch in legislation is a massive move towards decriminalisation, as it previously meant the offender being taken to trial and in the case of the Court of Magistrates receiving between 3 and 12 months imprisonment and/or the possibility of a fine ranging between 470 euro to 2350 euro (Under criminal court sentences could range from 1 to 10 years and fines from 470 to 23,500 euro). Even for those who grow cannabis plants themselves, if for personal use, would not be punished by prison sentences.

These changes have brought Malta more in line with the Netherlands, where contrary to popular opinion, marijuana is still technically illegal. In the Netherlands cannabis is decriminalised for personal use (up to 5 grams) and for sale in certain specially licensed 'coffee shops'. Should Malta decriminalise marijuana in a similar way to Netherlands, this would be a benefit to the Maltese police force. First of all, current legislation gives the individual officers a higher level of discretion on how they deal with offenders holding small amounts of cannabis. On top of that, with less people being sent to court and prison for possession, this will allow the courts and the correctional system to focus on other, more problematic offenders.

<sup>14</sup><http://www.independent.com.mt/articles/2015-03-17/local-news/Simple-possession-to-remain-an-arrestable-offence-but-only-to-fight-drug-trade-Bonnici-6736132323>



If Malta became like the Netherlands, there may be the same issue of drug tourism, which may cause more problems for the Maltese police, as an increase in tourism for such a small island will only lead to issues. Yet, looking at how the Dutch have managed it may provide more answers. Firstly, they have an option (taken by most places apart from Amsterdam) where only locals can enter the 'coffee shops'. This is done by locals applying for membership card which is shown to gain entry to the shops. This can also be useful to prevent any underage use.

Cannabis use is one that the police will continually have to deal with if left as a criminalised substance. Within the European Union, 13.9% (17.1 million) 15-34 year olds have used cannabis within the last year, compared to cocaine (the next highest used drug) which had 1.9% (2.3 million) users. When looking at drug seizures in 2015, cannabis accounted for 71% of the number<sup>15</sup>. Looking at this in term of police resources, a lot is going towards the policing of cannabis and its users. While the case has been made that decriminalisation will reduce the impact on police and justice system in the case of personal use, or licensed suppliers, it still leaves room for those who traffic cannabis, or grow in large quantities. Should full legalisation be implemented, even under the same restrictions as alcohol or tobacco, not only will it be regulated and taxed by the government, but it may also eliminate the need for dealers and traffickers which in turn may eliminate the need for police. At this point policing operation on cannabis will be left to keeping check regulation are being followed, and monitoring the usage by the populace (as done with alcohol).

### Tourism

Legalisation of marijuana would also have an impact on the touristic value and branding of the Maltese islands. Its recreational use could attract a specific niche of tourists who would be interested in the consumption of the substance - possibly instigating cannabis tourism. Furthermore, the impact of such legalisation, particularly in a recreational sphere could result in mass tourism, whereby a bulk of tourists would visit the same destination in a short period of time.

The introduction of marijuana usage from a tourism lens can be explained through the Doxey irritation index<sup>16</sup>, which explains the relationship between the local residents and the tourists in the various stages of a destination's life cycle. The type of tourists that would be attracted to the island might belong to a certain segment that endorse recreational usage of marijuana, thus affecting the relationship with the locals.

<sup>15</sup>[http://www.emcdda.europa.eu/data/stats2017\\_en](http://www.emcdda.europa.eu/data/stats2017_en)

<sup>16</sup>[https://link.springer.com/referenceworkentry/10.1007%2F978-3-319-01669-6\\_564-1](https://link.springer.com/referenceworkentry/10.1007%2F978-3-319-01669-6_564-1)



In light of this, it is essential that the outcome of any legislative amendment pertaining to drug policy must be branded in such a way that it does not tarnish Malta's image.

### Economics

A number of economic benefits can be derived from legalising marijuana, which surpass the direct costs it may have. First of all, there will be estimated savings from reduced spending on the criminal justice costs of marijuana law enforcement, and revenue losses from shifts in law enforcement policies. This is particular to the expenses incurred to charge non-violent users found with marijuana. However, there will be projected revenues from taxes on this newly introduced good, as well as added income since it will generate new jobs, thus implicating even more money in the consumers' hands. Should marijuana be legalised, it would be taxed as other consumer goods, possibly creating more government revenue that may be reinvested in society. The revenue received from taxing the good could be used to ensure that the particular law taken up is enforced and being adhered to, and if not strict repercussions will be implemented. This would be to deter producers, distributors, and users from disobeying the law being enforced.

Legalisation would also be economically viable from a business point of view, whereby companies could register to become eligibility to cultivate marijuana on homeland, which would be very accommodating for its steady growth due to Malta's warm climate. Companies would be able to register with the government and if found appropriate, will be awarded a licence, the fee of which would need to be paid annually to government. By acquiring such a licence, said companies would be able to plant, grow and harvest cannabis as a raw material, in preparation for both medical and recreational purposes.

The introduction of such an industry within the economy would serve multiple purposes. In fact, the generation of jobs goes beyond those found within the companies and can indeed extend to horticulture, botany, and biology, which also focus on the environmental aspect. Since the growth of plants is incorporated in the equation this could result in a positive effect to the local environment. The production and sale of this product could result in an increase in Malta's Gross Domestic Product, especially since a key factor, the farming, would occur within Malta, local workers would receive wages, local companies would be paid for supplies and the government would be receiving taxes and annual licensing fees. In light of this, jobs may be created along the whole supply chain, as well as the distribution chain, and not just to the end consumers.

Delving further into the aspect of distributing licences to companies, more than one company, would make the situation ideal, since this would minimise the possibility of one firm monopolising the industry. A setting of this nature would render a culture of healthy competition between suppliers, in turn avoiding a single supplier from setting prices and limiting the available quantity to consumers. Furthermore, having competing brands with regular but minimum government intervention, might also reduce the need for a black market. The eradication of the black market by increasing the access of drugs on the market through



registered companies would be an advantageous step as one might opt for a tested, safer version of the drug which can be easily linked to its responsible supplier, rather than having to deal with a drug dealer whose identity or products are of a questionable nature.

Last but not least, legalisation of marijuana particularly from a recreational perspective could expand on entertainment sectors, such as bars or coffee shops, as in the case of the Netherlands.

### Botany

The *Cannabis* plant was excluded from research for many years due to its psychoactive effects. Such effects can be best associated with the psychotropic cannabinoid, THC. Researchers have identified more than a 100 compounds of phytocannabinoids, however, for a long time pharmaceutical research started and ended with cannabis's main psychoactive chemical THC. It is only in the past few years that interest in CBD, as well as in other cannabinoids such as cannabigerol, cannabichromene and a THC variant called tetrahydrocannabivarin (THCV), has continued.

Over the years, botanists have not been able to track the species and subspecies that gradually developed. *Cannabis sativa*, *C. indica* and *C. ruderalis* are known to be the three main species, whilst *C. indica* and *C. ruderalis* may be considered to be subspecies of *C. sativa*<sup>17</sup>. The lack of evidence has not inspired governments to fund research on the plant or clear up misconceptions. In fact, this could possibly attribute to the varied legislature across borders, whereby some countries have made it fully legal, whilst others have limited its use of prescribed medical use.

Physiologically, receptors sensitive to cannabinoid products are situated throughout the body, as an integral part of the endocannabinoid system, which are essential vital for processes such as memory, mood and pain-sensation. Two main receptors have been identified, CB<sub>1</sub> and CB<sub>2</sub>, which found mainly in the nervous system and immune system respectively. Activation of such receptors is instigated through the presence of cannabinoids, which are either intrinsically generated (endocannabinoids) or externally ingested. The *Cannabis* plant chemistry predominantly comprises cannabinoids, thus adhering to the receptors and altering the chemical release in the form of neurotransmitters.

By incorporating the botanical aspect of cannabis usage, the patient may be given the option to opt for the plant strain best suited for the illness in question, thus facilitating the concept of individualised treatment.

<sup>17</sup>[http://www.nature.com/nature/journal/v525/n7570\\_supp/index.html](http://www.nature.com/nature/journal/v525/n7570_supp/index.html)



## Medicine

Prior to the recent agreement in Cabinet with regards to enhanced access to medical cannabis, a medical prescription was required together with the written permission of a superintendent needs to be acquired in order to buy it. Furthermore, the use of the medicinal form of cannabis in treating a disease was only be permitted if licensed by the British pharmacopoeia, since the Maltese medical regulations are based on the British National Formulary. Marijuana treatment is in fact seen as a last resort, after all the alternative forms of remedies were exhausted.

The benefits of medical cannabis in treating medical conditions are indeed backed up by scientific research, which has shown that CBD has a therapeutic value. In a study conducted by Klein and Newton<sup>18</sup>, it has been implemented that drugs containing cannabinoids as components have a vital impact on the function of the endocannabinoid system which does not only include the brain but also the peripheral components of the body including organs, tissues and the immune system. The cannabinoids' effect on the immune system is one which prevents inflammation, through regulation of an intrinsic pathway called the cytokine cascade. This has led to several experiments of such drugs on chronic inflammatory conditions. Psychoactive and non-psychoactive drugs containing cannabinoids have a moderate impact on the treatment of multiple sclerosis, neuropathic pain, traumatic brain injury as well as arthritis<sup>18</sup>.

With regards to multiple sclerosis, Sativex, which is a pharmaceutical product containing cannabinoids, has been approved as treatment that can be added, but not essential, to the treatment options available for regulating neuropathic pain in multiple sclerosis (MS)<sup>18</sup>. There is currently ongoing research regarding the management of Sativex for other MS symptoms such as spasticity. In a study conducted by Perras<sup>19</sup>, there was a significant reduction in neuropathic pain, spasticity, muscle spasms and sleep disturbances in a number of cases.

Cannabinoids have also been found to be neuroprotectant. This has been implemented in a study conducted by Hayakawa *et. al.*<sup>21</sup>, where it is stated that cannabidiol as well as the main psychoactive component of cannabis have been found to greatly reduce the infarct volume in a rat model having a middle cerebral artery occlusion. Similar neuroprotective results have been concluded in another study conducted by Ceprian *et. al.*<sup>20</sup> on neonatal rats with induced Middle Cerebral Artery Occlusion, where administration of cannabinoids led to a better neurobehavioural function with regards to strength hemiparesis coordination and sensimotor performance.

<sup>18</sup><https://www.ncbi.nlm.nih.gov/pubmed/17713029>

<sup>19</sup><https://www.ncbi.nlm.nih.gov/pubmed/16317825>

<sup>20</sup><https://www.ncbi.nlm.nih.gov/pubmed/28012949>

<sup>21</sup><https://www.ncbi.nlm.nih.gov/pubmed/15640760>



Apart from all these, cannabis has also been found to have a potential beneficial role in acne, attention deficit disorder (ADD), addiction (especially heroin addiction), AIDS, amyotrophic lateral sclerosis (ALS), Alzheimer's Disease, anorexia, antibiotic resistance, atherosclerosis, asthma, autism, cancer, digestive issues, diabetes, endocrine disorders, epilepsy and seizures, fibromyalgia, glaucoma, heart disease, Huntington's Disease, Irritable Bowel Syndrome, kidney disease, liver disease, Metabolic Syndrome, migraine, motion sickness, nausea, neurodegeneration, obesity, Obsessive Compulsive Disorder (OCD), osteoporosis, Parkinson's Disease, Prion/Mad Cow Disease, Post-Traumatic Stress Disorder (PTSD), rheumatism, sickle cell anemia, skin conditions, Spinal Cord Injury, sleep disorders and stress<sup>22</sup>.

Even though a multitude of research is available with regards to the impact of marijuana it is essential that the locally, more studies are being conducted. In fact, the Maltese Government should be compared with the Israeli Government, who is leading Europe in ground-breaking research about the *Cannabis* plant<sup>23</sup>.

### Mental health

According to a study published in the British Journal of Psychiatry<sup>24</sup>, cannabis users who heavily consume the substance have reported adverse effects such as psychotic states, whilst regular users were exposed to a risk of dependence. It states that individuals with serious mental anomalies, such as schizophrenia, who consume cannabis may be exposed to relapse. The side effects of cannabis are most likely to emerge in the event of high doses, or when fundamental factors such as personality attributes or predisposition to serious mental illness are not taken into consideration. Acute response oftentimes entails a feeling of euphoria, detachment, relaxation, and in some cases, panic and paranoia. Caritas drug expert Mr. Anthony Gatt has in fact expressed concern about this facet of legalisation since both the cognitive human potential as well as the mental health of the individual could be impacted negatively<sup>25</sup>.

It is worth noting that conflicting studies have emerged with regards to cannabis use and mental health issues. In fact, scientific research has also shown that cannabinoids could treat schizophrenia as effectively as antipsychotic medications, with far fewer side effects<sup>26</sup>. Moreover, the study states that hitherto, there is no substantial evidence that can correlate cannabis use with the development of schizophrenia<sup>25</sup>.

<sup>22</sup><http://www.independent.com.mt/articles/2017-07-19/local-news/Cannabis-legalisation-may-lead-to-increase-in-black-market-heroin-cocaine-Caritas-drug-expert-6736176767>

<sup>23</sup><https://www.projectcbd.org/guidance/conditions>

<sup>24</sup><https://www.um.edu.mt/library/oar/bitstream/handle/123456789/17656/16LLB119.pdf?sequence=1&isAllowed=y>

<sup>25</sup><http://bjp.rcpsych.org/content/178/2/116>

<sup>26</sup>Translational Psychiatry 2012



In addition to this, these chemicals have also been found useful to mental health conditions such as depression and anxiety, due to the presence of a dysfunctional endocannabinoid system in such disorders and the potential of its activity being regulated by exogenous cannabinoids<sup>27</sup>. Anandamide, tetrahydrocannabinol (THC) and cannabidiol (CBD) show antidepressant, antipsychotic, anxiolytic, analgesic, anticonvulsant actions, therefore making them potential treatment options for the aforesaid mental conditions.

In terms of drug dependence, cannabis has been found to be less addictive than coffee and alcohol, since alcohol is approximately 114 times more dangerous with regards to addiction. It tends to be more addictive if the user starts abusing at a young age and if there is a history of psychotic conditions, otherwise if there is no extreme abuse, addiction is minimal. In addition to this, patients addicted to opioids can wean off the opioids and utilise cannabis to help with the side effects. This information was obtained from a talk given by Dr. Andrew Agius titled *Cannabis, Schizophrenia and Drug Addiction: The Good, Bad and Ugly*.

The clinical implications of cannabis use *vis-à-vis* mental health can be summarised below:

- Only 1 in 10 cannabis users are at risk of developing a dependence towards the drug
- Heavy consumption of the drug could instigate psychotic episodes and could worsen the manifestation of schizophrenia
- Mental health facilities need to conduct a substance misuse analysis together with a risk management plan<sup>25</sup>.

### Pharmacology

Over the counter products may be purchased under the supervision of a pharmacist from a licensed pharmacy whilst prescription drugs which fall under Chapter 101 of the Dangerous Drugs Act and Chapter 31 of the Medical and Kindred Professions Ordinance must be obtained through either an urgent supply issued by a doctor using 'green prescription papers'. Prescriptions of this nature provide a onetime supply of approximately 10 days until the patient applies for the white card which allows a doctor and pharmacist to keep track of the amount of dangerous drug consumed by the patient, preventing the individual from seeking medicine from multiple sources.

Cannabanoids in cannabis have been found to be no more effective at pain management than codeine. Codeine is an opioid medication which is commonly prescribed after minor operations like wisdom teeth removal<sup>28</sup>.

<sup>27</sup><https://www.ncbi.nlm.nih.gov/pubmed/21916860>

<sup>28</sup><http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2044.2001.02269.x/full>



It too displays psychotropic effects at high concentrations which are normally prescribed by a doctor. In small amounts (12.5mg) where it is usually combined with paracetamol (500mg) psychotropic effects are minimal however the efficacy of these over the counter products are well documented to be effective at minimising pain. Research into micro-dosing THC is beginning to reveal similarly effective treatments which may result in new over the counter medications<sup>28</sup>.

With the rapidly changing mindset of the US market and industry leaders in Israel soon ready to release the first wave of cannabis products, a study conducted in 2012 on patients who were unresponsive to opioid medication revealed promising results, giving light to a future where medical uses for cannabis is looking more likely than ever<sup>29</sup>. Pairing this with the fact that the number of opioid deaths per year in the UK 2016 is 2038 people<sup>30</sup>, a safer alternative to conventional painkillers is direly needed by our doctors and pharmacists. Essentially, the importance of the pharmaceutical industry lies in giving patients the freedom of decision in choice of medication, which could be brought about by introducing a more regulated legislature with regards to marijuana usage.

### Social science

When looking at legalisation of marijuana, it is important to go through the social implications and how this relates to the lives of individuals who are segregated or labelled due to the usage of marijuana which places such individuals in a more precarious state. This section will focus on how the legalisation of marijuana can reduce shame, fear and the consequences that come with it in relation to the individuals receiving it.

To understand shame, one needs to look at self-fulfilling prophecy. Robert K. Merton (1948) coined the term self-fulfilling prophecy as a “false definition of the situation evoking a new behaviour which makes the originally false conception come true” (Merton 1968: 477)<sup>31</sup>. Later on, George Herbert Mead<sup>32</sup>, a symbolic interactionist sociologist, elaborated on possible impacts of the self-fulfilling prophecy when he looked at the individual’s concept of self. Mead argued that the self consists of the ‘I’ and the ‘Me’. The ‘I’ is one’s own perception of oneself. On the other hand, the ‘Me’ is the perception of oneself through the lens of others. This refers to the way others see you. Such a concept sees our individual self-perception and self-worth as constructed on a mixture of how we see ourselves internally and how others see us, which bridges the social and the individual elements when it comes to individual personality and behaviour.

<sup>29</sup><https://www.ncbi.nlm.nih.gov/pubmed/22880540>

<sup>30</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2016registrations#deaths-involving-selected-substances>

<sup>31</sup><http://users.ox.ac.uk/~sfos0060/prophecies.shtml>

<sup>32</sup><http://www.encyclopedia.com/social-sciences-and-law/sociology-and-social-reform/sociology-general-terms-and-concepts/symbolic>





Taking Robert K. Merton's argument into consideration, together with that of Mead, as hinted above, one can apply these theories to the shame that is associated with the stigma of marijuana usage. The combined theories can be explained in the steps below:

1. Perceiver has expectations about how target will behave
2. Perceiver then behaves in a way that is likely to elicit the expected target behaviour
3. Target indeed behaves in a way that confirms perceiver's expectations
4. Perceiver sees predicted behaviour - objective perceiver might also see it

With that being said, there has been research which critiques this point of view.



### ***Chapter 3: Policy Recommendations: The way forward***

#### Education

Introduction of any new legislature requires a proper educational framework to be implemented in parallel to iron out any misconceptions and debunk any myths. Educational campaigns regarding marijuana usage need to be directed towards the public in general in the form of a national campaign where an objective and informative approach is taken towards the current drug policy rather than solely focusing on the negative implications of consumption.

#### Medical marijuana

It is essential that more research is invested in the local scene, following the steps of the Israeli government, which pioneered the importance of scientific research in terms of medical marijuana. Identifying the best *Cannabis* plant strains in relation to the disease, the metabolic pathway of the drug and its physiological effect could lead to the local population making more informed decisions about drug consumption, with the aim of alleviating substance misuse and promoting individualised treatment. Furthermore, proper regulation within the industrial sector must be set in stone for Malta to achieve the status of production centre for medicinals.

#### Recreational marijuana

The grey areas currently present in the law need to be addressed, particularly in terms of plant cultivation, the spatial element of legalisation (whether personal use should be limited to consumption within private property or whether there should be designated areas in public space), and the production and distribution of cannabis products. The previous comparative analysis serves as a solid foundation for the introduction of these new measures, such as the creation of cannabis clubs as in Spain, the limited public outdoor use policy as seen in the Netherlands and the revamp in Portugal's drug policy.