

THE RESPONSIBLE USE OF CANNABIS

**THE ROLE OF
HARM
REDUCTION**

BACKGROUND

Cannabis is the most widely used illicit substance in Europe and around the world. The United Nations World Drug Report estimates that in the year 2020 209 million people used cannabis, representing 4 per cent of the global population. Furthermore, the number of people who use cannabis has increased by 23 per cent over the past decade (World Drug Report, 2022).

Cannabis use remains highest amongst young adults (aged 15 – 34) and the age of first use of cannabis is lower than for most other illicit drugs. Although alcohol and tobacco usually precede cannabis use, this is not always the case. The European Monitoring Centre for Drugs and Drug Addiction European Drug Report 2022 estimates that around 15% of young European citizens used cannabis in the previous year. The report also highlights that in 2020, an estimated 1.5 million drug law offences were reported in the European Union, an increase of 15 % since 2010. More than half of these offences (64 % or 1 million) relate to use or possession for personal use (EMCDDA, 2022).

The Authority for the Responsible Use of Cannabis (“ARUC”, “the Authority”) has been established through Chapter 628 of the Laws of Malta which was enacted in 2021. As part of its *raison d’être*, the Authority is tasked with establishing and regulating an effective and efficient system that ensures the responsible use of cannabis for the purposes other than medical or scientific purposes, and to carry out work targeted at implementing harm reduction principles across the operational and technical framework establishing Not-for-Profit Organisations (“NPOs”) as Cannabis Harm Reduction Associations (“CHRAs”, “Associations”).



This fundamental re-orientation of national policy on cannabis is not aimed at promoting the use of mind-altering substances such as THC or the commercialisation of cannabis. The establishment of a regulated framework for the non-medical use of cannabis is a joint national effort recognising the pivotal role of drug policy in protecting public health and in preventing the unintended negative consequences caused by incarceration and overly medicalised drug laws and policies.

SOCIAL EQUITY AND CANNABIS REFORM

Communities Disproportionately impacted by prohibition are important to be identified and included within drug policy reform rooted in social justice and human rights. By looking at the geographical area where arrests or raids are most common, including information if the offence amounted to personal possession or trafficking, could better highlight the nexus between structural violence and institutionalised tools of persecution. Studies from the USA highlight that reduced lifetime earnings resulting from conviction for cannabis related offences have been disproportionately borne by those already living in poverty, further increasing disparities between different groups. Secondary costs of involvement in the criminal justice system such as the earnings lost by a family when a parent must leave work to care for a child while the other parent is in prison, the money spent on court costs and criminal justice debt, and costs of private lawyers (Office of Cannabis Management, New York 2021).



A commitment to equity is acknowledging that there are communities that have been historically marginalised and harmed. While diversity guarantees the presence of various identities at the table, equity considers and provides the support needed to foster inclusive participation. Considering intersectionality, and therefore multiple identities harboured by each individual (ethnicity, race, age, culture, gender, religion, sexual orientation) provides a better understanding how personal and community experiences with cannabis differ and how broader structural and institutional forces hinder or facilitate access to the cannabis licensing process. Therefore, creating a pathway for legacy operators (people who have been operating illegally) to transition to the regulated market has been identified as important to ensure cannabis reform fulfils social equity and social justice principles (Office of Cannabis Management, New York 2021).



KEY OBJECTIVES

Key objectives of harm reduction principles within a regulated not-for profit framework for the adult non-medical use of cannabis

Ensure people who use cannabis have access to high quality cannabis products developed under close scrutiny and following strict cultivation, storage, transport and distribution criteria

Establish a comprehensive and multi-disciplinary harm reduction approach for Cannabis Harm Reduction Associations (CHRAs) and adults who use cannabis in Malta

Reduce legal and social risks for people who use cannabis by providing a safe and regulated outlet where to obtain cannabis

Prioritise the interdependent relationship between rights and responsibilities, with an evidence-based approach providing the basis for informed and empowered decision making

Free up law enforcement capacity and resources to better focus on organised crime and money laundering linked with the international illicit trafficking of cannabis



Adopt non-judgmental language and educational tools to combat stigma and discrimination suffered by people who use cannabis, in particular people hailing from difficult socio-economic backgrounds or incarcerated for their cannabis possession and/or cultivation

Monitor prevalence levels, including local trends, and propose appropriate measures to reduce high-risk cannabis use

Together with the national agency on prevention and treatment, Sedqa, develop educational tools further complementing national preventive efforts, and measures to delay the use of cannabis, including a reduction in prevalence levels especially amongst young people

Recognise the negative unintended consequences of punitive drug policies and adopt appropriate restorative social justice and social equity tools to address injustices and abuses

Organise public outreach campaigns on the responsible use of cannabis

Develop with international like-minded partners educational harm reduction tools to address ill-practices linked with cannabis consumption, such as smoking cannabis with tobacco, and explore less risky methods of consumption



WHAT IS HARM REDUCTION?

Harm reduction originates in the late 1980s' as a peer-led (people who use drugs) civil society reaction to the devastating effects caused by the criminalisation of paraphernalia, such as safe injecting equipment for people using heroin. In the year 2023, Harm Reduction principles, and different levels of decriminalised models have been introduced in more than 45 jurisdictions around the globe. Furthermore, various countries continued to introduce a regulated framework for the non-medical use of cannabis, to mention just a few, Uruguay, Canada, Luxembourg, Germany, Switzerland, and Malta.

The expansion of harm reduction principles and practices to the use of cannabis is a unique opportunity to recognise that people who use cannabis should not be addressed within a criminalised framework. Without promoting the use of cannabis, yet without coercing the person to stop using the drug to receive evidence-based information, harm reduction recognises that people who use cannabis should not be coerced into treatment or the criminal justice system.

Harm reduction underlines that people who use drugs do not forfeit their human rights and decision-making capabilities and develops, together with drug using communities, different policy frameworks empowering positive behavioural change and the establishment of more inclusive societies. Moving away from morally driven language labelling people who use drugs as criminals or chronic patients, harm reduction adopts a multidisciplinary approach aimed at advancing dignity, respect, and empowerment for all people who use drugs, particularly for those hailing from a poor socio-economic background or who have been disproportionately negatively impacted by prohibition and criminalisation.



CANNABIS HARM REDUCTION ASSOCIATIONS

The serious criminal consequences for the sole non-violent act of possessing, consuming, cultivating, and sharing cannabis drove many into hiding. For years, the voice of people who use cannabis has been silenced by various legal and social means. Furthermore, broader unintended negative consequences linked with the use of an illicit substance, such as consequences faced by a tainted criminal record, barriers to access training and gainful employment, and sensationalistic media coverage, contributed in no small part to establish a culture of stigma, discrimination, and injustice against people who use, possess, share or cultivate cannabis. Furthermore, elements of shame, and the possibility of being labelled as a drug user exposed already socio-economic vulnerable and marginalised groups to newfound injustices. This reality has an impact not only on health risks faced by people who use cannabis, but also on policy frameworks falling under supply and demand reduction measures. The morally driven approach of looking at drug use from a criminal perspective, without taking into consideration broader socio-economic, political and historical realities, impacts also the type of data collected, methodologies used to map national trends and interpretation of results.

Cannabis Harm Reduction Associations are uniquely positioned to provide researchers and policy makers with accessible and updated trends data, and for the very first time promote an evidence-based approach to drug policy reform in Malta. The well-being of cannabis consumers will be at the centre of policy regulating the non-medical use of cannabis.



The ARUC has already published a Directive on Harm Reduction establishing key foundational elements how CHRAs should operate, including considerations for young persons under the age of 21 years old. CHRAs will only be allowed to distribute cannabis in flower form and require clear labelling on the final product. CHRAs will not be allowed to sell any alcoholic beverages and are expected to follow training on harm reduction provided by ARUC. By developing a training program and certification on harm reduction, ARUC is further advancing the role of an educational approach for the responsible use of cannabis. Furthermore, in a synergistic relationship together with CHRAs ARUC will develop research protocols aimed at better monitoring cannabis trends, and in turn directly contributing to help preventive and treatment services in developing appropriate responses.

CANNABIS USE: EFFECTS, RISKS, AND RESPONSIBLE USE

The 2022 European Drug Report by the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA) reconfirms that cannabis remains the most widely consumed illicit substance, with 7.7% of European adults reporting use in the last year. When looking at frequent cannabis use, 27.3% of European adults reported lifetime use. National estimates of last year use and lifetime use vary by country, with countries such as France reporting lifetime use levels of 44.8%[*], opposed to Malta reporting 4.3%[**] (EMCDDA, 2022).

*data from 2017

**data from 2013



Chances of becoming dependent after lifetime use	
Cannabis	8.9%
Cocaine	20.9%
Tobacco	67.5%
Chances of becoming dependent after lifetime use (Schlag, Hindocha, Zafar, Nutt, Curran, 2021)	

Cannabis can help people relax and feel pleasantly sleepy and ‘stoned’, or in another setting, people use it to socialise, feel ‘high’ and laugh. It can make people clumsy with their bodies and words. Less like alcohol, cannabis also can alter the senses in unusual ways, so music, food, films, computer games might seem different, more fascinating, and easier to feel immersed in. Cannabis has some side effects such as drying out the mouth and eyes (which can look red and feel itchy) and generating a strong appetite; ‘the munchies’. Especially for someone who has never taken cannabis before, the effects can be hard to predict, and can be unpleasant for some people. It’s common for people to try cannabis and not want to use it again (Nutt, 2023).



Possible mental effects of cannabis consumption may include	Possible physical effects of cannabis consumption may include
Mood change (euphoria, relaxed)	Mild or moderate dizziness Red eyes
Increased or stronger sensitivity to certain stimuli (like colours and music)	Changes in pulse rate and blood pressure
Impaired attention and short-term memory	Tiredness and Dry mouth
Hypersensitivity	Increased appetite
Panic attacks, paranoid thoughts, and hallucinations (more common if you have consumed high levels of THC and if you have a family history of serious mental illness)	Impacted motor skills that may make work or certain tasks more difficult
Altered perception of time	Impaired driving ability



Various studies have shown that early onset of cannabis use contributes to negative mental health and social outcomes. The risks may increase with the use of high potency cannabis products (more than 20% THC). Studies have shown that concentrations of another component, cannabidiol (CBD), may attenuate some of the negative effects associated with a high dose of THC. In addition, cannabis use could also lead to acute symptoms requiring medical attention. However, despite its extensive use worldwide, deaths related to cannabis use are rare (EMCDDA, 2021).

The prolonged use of cannabis has been associated with increased risks linked with a variety of acute and long-term health harms. These include: acute intoxication with impaired cognitive, memory and psychomotor skills; increased involvement in motor-vehicle crashes and related injury and deaths; impaired neurocognitive and psychosocial functioning; mental health problems (e.g., psychosis and schizophrenia, depression and suicidal behaviours); cannabis use disorder/dependence; and select respiratory, reproductive, cardiovascular, gastrointestinal conditions. Some of these associations are stronger than others. Nonetheless, causality is not always easily established.

The vast majority of people who use cannabis do not experience severe problems from their use, even with long-term exposure. The most serious problems arise in a sub-group of high-risk (e.g., intensive) users, where up to half are estimated to develop cannabis use disorder (CUD) (Fischer et al., 2022).



FACTORS DIRECTLY IMPACTING YOUR CANNABIS EXPERIENCE

The safest way to use cannabis is not to use cannabis at all.

However, if you still decide to use cannabis, the following aspects should be considered.

The effects of cannabis depend on the product and the person!

This means some people may not tolerate cannabis.

Stomach Contents

What's in your stomach? How much cannabis your body absorbs from edibles varies depending on what is in your stomach and how your body metabolises cannabis. Foods with high levels of terpenes (like mangoes and black pepper for example) may also impact how your body absorbs cannabis and can potentially change the effects.

Product Potency

The potency or intensity of cannabinoids in your product can affect your experience.

Frequency of Cannabis Consumption

Someone who has just started their cannabis journey will not have to consume the same amount as a daily cannabis consumer. When you consume cannabis regularly, your serving size will gradually need to increase to feel the same effects.



Metabolism

Everyone has a different metabolism. Cannabis is typically metabolised (broken down so the body can use it) and primarily absorbed in the lungs (when cannabis is smoked) and the liver (when cannabis is eaten). There is a reason why some people think edibles (such as gummies or baked goods) feel stronger and more potent than smoking cannabis. When you eat or drink cannabis products, THC is broken down in the liver and transforms into the metabolite 11-Hydroxy-THC (11-OH-THC), which is several times more potent than THC when it is smoked.

Cannabinoid and Terpene Profiles

With each cannabis cultivar (strain) comes a different combination of cannabinoids and terpenes. This means each cultivar will have a different effect on your body. It is also important to note that cannabis genetics vary and although carrying the same name, the THC:CBD ratio and terpene profile might be totally different. If possible, be sure to check the cannabinoid and terpene profile to match your desired effects better.

Set and Setting

Having a safe place to consume cannabis can influence your mindset. Being educated and empowered is essential to a safer cannabis experience. Therefore, where you consume, who you consume with (if anyone), and your state of mind when consuming cannabis – can all have an impact on your cannabis experience (Office of Cannabis Management NY, 2023).



Part of responsible cannabis consumption is being aware of how you're feeling.

Before consuming, check in with yourself:

Do you have a pre-existing mental health condition?

Adverse effects such as psychosis may occur in individuals with pre-existing mental health conditions that consume larger serving sizes of THC.

What was your mood like before and after consuming cannabis?

Be aware of how you feel before and after consuming cannabis.

Are you consuming any other substances?

Use caution if you drink alcohol or take other substances while you consume cannabis. Mixing cannabis with alcohol or other drugs (prescription or otherwise) could lead to a negative reaction such as dizziness, drowsiness, or sedation.

Set intentions for yourself!

Setting intentions and visualising how you would like your cannabis experience to go (prior to consuming) can help you avoid anxiety and better embrace the present.

(Office of Cannabis Management NY, 2023).



LOWER RISK CANNABIS USE GUIDELINES

Lower Risk Cannabis Use Guidelines (LRCUG) (Fischer et al., 2022)

General Precautions

a) People who use cannabis need to know that there is no universal safe level of cannabis use: thus the only reliable way to avoid any risks for harm from using cannabis is to abstain from its use

b) Frequent cannabis use, and especially intensive use over longer periods, can lead to a 'cannabis use disorder' or cannabis dependence, characterised by symptoms such as cannabis craving, withdrawal, neglect of essential obligations, and limited capacity to control or reduce cannabis

c) People who use cannabis should exercise social considerations and responsibility in avoiding cannabis use that may result in harm to others



RECOMMENDATION 1

The initiation of cannabis use should be delayed until after late adolescence, or the completion of puberty to reduce development related vulnerabilities for harm

RECOMMENDATION 2

People who use cannabis should use 'low-potency' cannabis products (ie. Cannabis products with a balanced THC:CBD content ratio)

RECOMMENDATION 3

All main available modes of use options come with some risk for harm. Therefore, people who use cannabis should refrain from cannabis smoking and employ alternative routes of use for pulmonary health protection

RECOMMENDATION 4

If use occurs by inhalation, people who use cannabis should avoid deep inhalation, prolonged breath-holding or similar inhalation practices



RECOMMENDATION 5

People who use cannabis should refrain from frequent (e.g. daily or near-daily), or intensive (e.g. bingeing) cannabis use, and instead limit themselves to less frequent or occasional use

RECOMMENDATION 6

When possible, people who use cannabis should access legal and quality-controlled cannabis products and use devices

RECOMMENDATION 7

People who use cannabis experiencing impaired cognitive performance should consider temporarily suspending or substantially reducing the intensity (e.g potency and intensity)

RECOMMENDATION 8

Avoid driving a motor vehicle or operating machinery while under the influence of cannabis because of acute impairment and elevated risk of crash involvement, including injury and death (severity and duration of impairment is dependent on multiple variables)



RECOMMENDATION 9

It is prudent for people who intend to procreate and for women who are pregnant or breastfeeding to abstain from cannabis use towards reducing possible risks for reproduction and of health harm to the offspring, respectively

RECOMMENDATION 10

General caution should be attributed to the combination of other substances with cannabis. Mixing tobacco with cannabis increases risks related to dependence and health

RECOMMENDATION 11

Some specific groups of people are at an elevated risk for cannabis use related health problems because of biological predispositions or co-morbidity. Cannabis use should be closely monitored or avoided

RECOMMENDATION 12

The combination of risk factors for adverse health outcomes from cannabis use further amplifies the likelihood of experiencing severe harms and should be avoided.



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The logo for the Authority for the Responsible Use of Cannabis (ARUC). It features the letters 'ARUC' in a bold, blue, sans-serif font. A small, yellow, upward-curving arc is positioned above the letter 'R'.

ARUC

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