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From: **Maltese Association of Psychiatry and OASI Foundation**

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A Changing Nation, a Changing Drug Scene

The Challenges of Recreational Cannabis.

The Maltese Association of Psychiatry and OASI Foundation, together with other professionals have been studying the drugs scene as part of our daily work. We have witnessed changes, not only in the variety of new drugs available on the market but also in quantity and quality of drugs, namely more potent forms of psychoactive substances being available on the market. Of greater concern is the change in pattern of drug use and the fact that this is often tagged as recreational despite obvious repercussions on users' well being. These findings are compared against international data and studies.

We are concerned with the increased availability of drugs. Treatment demand indicators proof an increase in recreational drugs and drug use, mostly cocaine and cannabis. We have also noticed a decrease in new onset heroin use. Drug use, nowadays, is not tied to any social strata or cohort, but treatment demands arrive from persons of all social levels and standards, most with no family history of substance use disorders or other mental health problems.

We have registered a change in the manner by which users approach drugs, especially those kinds that are looked upon as recreational ones. Most users are not conscious nor cautious of the substances they make use of. Most of the harm caused by drugs is gradual and covered by its euphoric and relaxing effect. It is only visible in time.

Drug use has been with us for ages, and it will remain with us. Consenting and approving it is different from acknowledging its existence and devise strategies to heal it.

We remain wholly committed to providing care and treatment for persons with substance use disorders and their families. We believe that punishing illegal use is often counterproductive, although we have encountered cases where law enforcement was a motivator towards a more satisfying and fulfilling life away of all substance abuse. We do not want to stigmatise users or discriminate against them – we work with these persons day in day out and we base our practices on ethical standards.

We have also stated in the past that we do agree with the use of cannabis for medicinal purposes, under scientifically proven practices and strict protocols.

In view of the proposal to legalise cannabis for recreational purposes, we feel the responsibility to make our position clear, as we did several times in the past, more so when such a proposal is labelled as a harm-reduction strategy. If the legalisation of cannabis will see new individuals starting cannabis use then definitely this cannot be labelled as a harm reduction strategy.

We do not agree with the legalization of cannabis for the following reasons:

- We do feel that legalizing cannabis for recreational purposes is giving out a very unhealthy and contradicting message, especially when combined with harm reduction purposes. We believe that the state has the responsibility to give clear messages to the general public and to our young and future generations. Studies show that cannabis use, especially long term but also dependent on the age of onset, has counterproductive effects on the memory, concentration and sensorimotor activities. Often time users are not willing to look into effects of the drug that go beyond the euphoria experienced during the period of intoxication.
- We need stronger policies which guide enforcement based on training and educating not only frontliners in the enforcement and health care sectors (as these are the ones who face the consequences on drug recreational use), but also the general public. We are particularly in need of training of educators working with children and adolescents, these people are uniquely placed to identify youngsters with at risk behaviours and channel them to appropriate services.
- Parents need more professional support easily available in order to be more equipped to deal with the challenges of children's upbringing as well as education about detecting early signs of behaviours associated with drug use. Families are invariably effected by a relatives' drug use pattern and are oftentimes the ones asking for help before the user himself / herself.
- The same applies to the effects on the industry and work place. Employers need support and guidance on how to deal with cases of intoxication, not only with reference to machinery use, but also to how drug use effects work relations and productivity.
- Physical activity is a must for a better mental wellbeing. Open spaces need to be more available at all times. We are surrounded by the sea which could offer a myriad of options for relaxation and sports activity (not only during the warm season), where the promotion of wellbeing could be put in practice.
- Drug users and family members need a means of knowing what kind of drug samples they are taking through anonymity protocols. Offering them testing facilities helps them and country know what kind of drugs are available.
- We have been advocating for a Poison Unit in our Emergency Departments to monitor intoxication cases and levels in our hospital admissions. The country needs more data captured from more data sources such as EDs in hospitals. These sources could help the law and policy makers.
- Drug driving policies and training need to be in place and enforced.
- We do not believe the legalization recreational purposes will eliminate cannabis illegal supply.

- Stronger preventive strategies need also be studied and acted upon. The Icelandic Preventive Model (to mention one model), took 20 years to produce results and included, among other strategies, removing alcohol availability from homes and from the visibility of younger generations.

Prevention should also include training for care professionals (doctors, nurses, para-medics, social workers, youth workers, teachers and learn support assistants, police and other law enforcement, etc) in how to deal with emergency cases as well as apply policies and strategies in everyday life.