

## Position Statement on the partnership between Authority for Responsible Use of Cannabis and the Malta Football Association

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### *ACAMH Malta: Nurturing Child and Adolescent Mental Health in Sport*

The Association for Child and Adolescent Mental Health (ACAMH) Malta is dedicated to advancing the mental wellbeing of children and adolescents through evidence-based practice, policy engagement, and education. ACAMH Malta aims to bridge research and clinical work through providing education and training for professionals working in mental health to ensure that young people receive developmentally appropriate, trauma-informed, and rights-based care.

### Introduction

ACAMH Malta strongly advocates for children's and young people's participation in sport. Evidence shows us that physical activity builds confidence, resilience, and emotional wellbeing, and we advocate that every child deserves access to these benefits regardless of their financial circumstances. Inclusion is not optional; it is a right [1,2,3].

It is for this reason that we raise serious concern about the partnership of children's football nurseries with the Authority for Responsible Use of Cannabis (ARUC) and the Malta Football Association - 1990. Associating children's sport with a cannabis-linked entity is not neutral; it sends a powerful message that can shape children's attitudes and behaviour [6, 7].

### The Global Landscape

Research consistently shows that early exposure to substance-related messaging influences children's attitudes and normalises risk-taking behaviour. A 2021 review in *Addiction* found that marketing and media portrayals of substances are associated with earlier initiation and more

permissive attitudes toward use, particularly among adolescents and young adults. Digital and traditional marketing, even when indirect through branding, logos, or sponsorships, increase exposure visible in environments where children gather, such as sports stadiums, social media, and community events[10, 11].

The World Health Organisation similarly recognises that cannabis use during adolescence carries significant mental health risks, including increased vulnerability to anxiety, depression, and psychosis [2]. The very outcomes we, as mental health professionals, work to prevent.

Long-term cohort studies show that heavy or frequent cannabis use in early adolescence is associated with persisting mental health problems, educational failure, and an elevated risk of later substance-related disorders. For children and young people, whose brains are still developing, there is no safe threshold at which cannabis use can be considered without risk [12].

Cannabis is also a substance explicitly listed as prohibited substance by the World Anti-Doping Agency (WADA), which underlines its potential to negatively affect performance, health, and fair competition. This prohibition reflects concerns not only about physical performance but also about the long-term mental health impacts among young athletes, many of whom already experience elevated rates of anxiety, depression, and performance-related stress. Introducing cannabis-associated branding into youth sport undermines the very wellbeing that participation in sport is meant to support, protect and promote wellbeing [3, 10].

## Risks and Concerns

Linking children's activities to a cannabis regulatory even indirectly, contradicts existing Maltese and international protections designed to shield minors from exposure to harmful or inappropriate messages. In contrast it is ought to promote healthy norms which we are all responsible for modelling. Maltese and international advertising and sponsorship laws already place strong restrictions on the marketing of alcohol, gambling, and tobacco in children's sport, precisely to reduce exposure to harmful messages and protect minors [4, 5]. The World Health Organization's Framework Convention on Tobacco Control (WHO FCTC), which Malta has ratified, calls for comprehensive bans or effective restrictions on tobacco advertising, promotion, and sponsorship of sports and cultural events, because such sponsorship normalises

substance use and undermines public-health efforts. That same public-health principle should extend to other psychoactive substances, including cannabis, when they are linked to youth sport [3, 4].

Although Malta's ARUC-regulated cannabis clubs are designed for adults and legally exclude minors, pairing a cannabis-regulatory body with a football association that includes children's competitions risks blurring those boundaries in the public consciousness. This blurring increases the likelihood of children being indirectly exposed to cannabis-related branding and contributes to more permissive attitudes, imagery, and may contribute to more permissive attitudes toward cannabis use during a developmental stage when the brain is most vulnerable [8].

We recognise that many countries have tolerated sponsorship of sport by alcohol and tobacco companies in the past, and there are well-known international examples such as Heineken's sponsorship of the UEFA Champions League. However, the evidence now clearly shows that such sponsorship normalises substance use and contributes to earlier initiation and more permissive attitudes among youth. These precedents are increasingly recognised as harmful and out of step with child-protection and public-health standards; they cannot be used as justification for introducing or expanding substance-linked sponsorship in Malta [10,11].

There is no place for drugs or any association with drugs, legal or illegal in children's sport. Sport should model healthy lifestyles, not blur the lines between recreation and substance use. Funding football nurseries through agencies connected to cannabis or other substances risks normalising risky behaviour, weakening protective social norms, and undermining the mental-health gains that participation in sport is meant to promote [10,11,12,13].

## Conclusion

ACAMH Malta fully supports children's participation in football and other sports and strongly believes that no child should be excluded because of financial limitations. However, these opportunities must be provided through partnerships that align with public-health, child-protection, and mental-health principles, not through arrangements that may indirectly promote or legitimise the use of potentially harmful substances [4].

We therefore urge parents, sport organisations, community leaders and policymakers to ensure that the structures supporting our children genuinely reflect our shared commitment to their health, wellbeing and ultimately their future. We call on all stakeholders to prioritise partnerships that protect children’s mental and physical health, and to avoid any association that links sport particularly young people sport with cannabis or any other substance known to pose significant health risks [9].

## References

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