



**2011 NATIONAL REPORT TO THE EMCDDA
by the Reitox National Focal Point**

MALTA
New Developments, Trends and In-depth
Information on Selected Issues

REITOX
Malta National Focal Point

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National Commission on the Abuse of Drugs, Alcohol and Other Dependencies.
National Focal Point for Drugs and Drug Addiction.

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SUMMARY

Chapter 1 – National Policies and Context

Legal framework

As has been reported in the previous national reports, the principal pieces of legislation dealing with substance abuse in Malta are the Medical and Kindred Professions Ordinance (Cap.31) concerning psychotropic drugs, and the Dangerous Drugs Ordinance (Cap.101) concerning narcotic drugs.

New Developments

During 2011 there have been no new developments with regards to legal notices both to the Medical and Kindred Professions Ordinance and the Dangerous Drugs Ordinance.

An overview entitled “*Consideration of Synthetic Cannabinoids including the Mixture SPICE*” has been prepared by Mr. Mario Mifsud, Forensic Pharmacist (National Forensic Laboratory). The report’s recommendation is that the major groups of cannabinoids as proposed by the UK Advisory Council on the Misuse of Drugs in 2009 [8] that have potential harm corresponding to that of cannabis, should be scheduled accordingly under Chapter 31 of The Medical and Kindred Profession Ordinance. They should be placed in Part A of the Third Schedule of the said Ordinance on the grounds that they have no recognized medicinal use and should be legally controlled under Maltese Law.

Chapter 2 – Drug Use in the Population

This chapter mainly deals with results from the ESPAD study conducted in 2011, with results published in 2012. ESPAD 2011 indicates that alcohol is still widely used among students aged 15 to 16 years with 90% reporting having used the substance. Life-time use of inhalants was registered by 14% of the students while those reporting use of cannabis amounted to 10%. These figures show that there has been little or no change in lifetime prevalence of alcohol and inhalants, a slight decrease by 2% in each, and a 1% decrease in cannabis, from the last study carried out in 2007.

Chapter 3 – Prevention

Environmental Prevention

During 2011, Legal Notice 208 prohibiting confectioneries selling alcoholic beverages after 9pm came into effect. This legal notice incorporates amendments to a previous Legal Notice (L.N. 1 of 2006) of the regulations in the Trading Licences Act. Legal Notice 493 of 2011 (Tobacco Smoking Control Act) came into effect prohibiting smoking in playing fields. Sports activities are no longer permitted to use cigarette companies as sponsors. Cigarette packets also currently graphically depict the effects of smoking together with strong messages with regards to smoking and its consequences.

Internet-based Prevention

The year 2011 saw the creation of Kellimni.Com, a joint effort between SOS Malta, the Salesians of Don Bosco, *Aġenzija Żgħażaġħ* and *Aġenzija Appoġġ*, to oversee the progressive development of local child and adolescent online support services, under the guidance of Child Helpline International. A new service called Be Smart Online was also established in 2011, where individuals can report any type of abuse through the internet.

Selective Prevention

The Initial Response Services and the Generic Services within Aġenzija Appogg have been restructured to include service provision and monitoring of children with a history of abuse. This category includes parents who are or were making use of illicit substances and alcohol amongst other problem situations.

Chapter 4 – Problem Drug Use

Prevalence and Incidence Estimates of Problem Drug Use

In 2011, estimates indicate a figure of 2159 daily opiate users (95% confidence interval 1987 to 2369), with an estimated 934 (95% confidence interval 765 to 1147) not attending any of these treatment entities, which implies that approximately 57% of daily opiate users attended treatment services in 2011. It is felt, however, that the estimates of daily opiate users (which include individuals who receive methadone from treatment centres) are on the high side. It is also thought that a much higher percentage of daily opiate users had actually attended treatment services in 2011, than estimates suggest. One possible reason being that at SMOPU, a unit within Sedqa, which is the only unit licensed to dispense methadone, some clients receive methadone for a number of years. The longer a person receives methadone,

the less likely he/she is in contact with other treatment services. Lower overlaps in clients attending different services produce higher PDU estimates. Overtime we see less and less overlap because many clients who start receiving services at SMOPU continue to do so over time, and stop contact with other Agencies.

Treatment Data

All Treated Clients 2011

Treated clients in Malta during 2011 amounted to 1862 as compared to 2010 (1936 individuals), with a total amount of clients of 1792, showing a decrease of 4% on the previous year. Male clients made up 85% of all treated clients. This is consistent with other reporting years. The most predominant age groups were 25 to 29 (25%) and 30-34 (20%).

First Treated Clients 2011

The total number of first time treated clients during 2011 amounted to 203 individuals (11% of all treated clients) as compared to 2010, which amounted to 313 persons (16% of all treated clients). The largest group constituted those aged 20 to 24 years (26%). The second most popular age group for first time treated clients was 25-29 years (21%), followed by individuals aged 30-34 years (13%).

Chapter 5 - Drug-Related Treatment

Treatment Systems

The main drug treatment providers are Sedqa, the national agency against drugs and alcohol abuse, SATU (Substance Abuse Therapeutic Unit) which is prison-based and falls under the responsibility of the Ministry of Justice and Home Affairs; and the DDU (Dual Diagnosis Unit) within Mount Carmel Psychiatric Hospital and falls under the responsibility of the Ministry of Health, the Elderly and Community Care, Caritas and Oasi, non-governmental organizations, which receive partial financial support from the Government.

Pharmacologically Assisted Treatment

Methadone, which is distributed in Malta through SMOPU, is still the most commonly prescribed form of medically assisted treatment for drug users in Malta. Of a total of 1160 individuals making use of SMOPU services in 2011, 1107 persons (95%) received substitution treatment. In 2010, a total of 1069 individuals were reported receiving methadone treatment out of 1119 individuals, with another 50 individuals receiving substitution treatment of a different type.

Chapter 6 – Health Correlates and Consequences

Drug-related Deaths and Mortality of Drug Users

During 2011, 4 drug related deaths were reported by the Police Special Registry. The number of drug related deaths reported seems to be consistent with previous years in which they were reported to be between 5 and 8, but it is the lowest ever for 2011 but more or less akin to the numbers in the three years prior to the year 2000. The only exception resulted in 2007, during which a total number of 11 drug related deaths were reported, the highest number of reported cases in the last 20 years.

Drug-related Infectious Diseases

In 2011, 153 tests were carried out, resulting in 33 new cases of HCV. In 2011 the percentage for Hepatitis C infections has decreased as compared to 2010, and those for Hepatitis B and HIV were very low as in previous reporting years. In the last three years no positive tests for HIV have been recorded whilst there was only one new case for Hepatitis B (HBV) in 2011 and two new cases for the year 2010.

Non-Fatal overdoses (NFODs)

The year 2011 saw a significant decrease over the previous two years, with the amount registered at 168 reported cases. Data reporting for 2011 shows that the figures are similar to the year 2000 (191 cases). Non-fatal over doses related to the abuse of illicit drugs in 2011 also saw a significant decrease as opposed to the previous two years, with a total of 42 reported cases (25% of all reported cases).

Psychiatric co-morbidity (dual diagnosis)

There were 65 individuals who made use of the Dual Diagnosis Unit in 2011. A total percentage of 42% of individuals were less than 30 years of age, with the majority (22%) were in the age bracket of 25 to 29 years old.

During the last year, contact with the Female Ward 1 in Mount Carmel Hospital was established. This ward manages female patients suffering from dual diagnosis and thus a clearer picture of all DDU patients will be in the offing for the year 2012 data.

Chapter 7 – Responses to Health Correlates and Consequences

Interventions Related to Drug Related Infectious Diseases

HIV

No new cases of HIV were reported among drug users attending SMOPU in 2009, 2010 and 2011.

Needle and Syringe Availability

In 2011 there has been a decrease of 10%, as compared to 2010, bringing the total number of syringes distributed to 289,940.

Interventions Concerning Pregnancies and Children Born to Drug Users.

During the year 2011, 17 substance misusing women attending the Substance Misuse Outpatient Unit (SMOPU) were pregnant. Another 7 expecting mothers did not use the service, totalling to 24 individuals. Of these, 3 women suffered a miscarriage. The other 21 mothers all delivered healthy babies.

Chapter 8 – Social Correlates and Consequences

Arrest Data

In 2011, the Malta Police Drug Squad made 542 arrests for drug law offences compared to the 506 made in 2010. Of these arrests, 388 resulted in court arraignments. In 2011, cocaine was once again the drug for which the most number of arrests were recorded, 32% of all arrests, followed by cannabis, which also was the highest percentage for this particular drug over these last three years (30%). Heroin arrests saw a decrease in 2011 with 24%, the least percentage arrests.

Probation Services Data

During 2011, the Probation Services had 296 clients with a known drug problem, an increase of 55 clients over 2010 (241 clients). The majority of clients for 2011 (87%) were male, only 1% more than in 2010 (86%). The average age among clients was 29 years for 2011, as with 2010 (29 years). A total number of 175 persons were known to have problems related to heroin use (59%), a decrease from 2010 (71%). Cannabis users among probation service clients in 2011 amounted to 72 (24%), a 10% increase over 2010 (16%). In 2011 cocaine

users were 44 (15%) an increase when compared to 2010 (12%). More than one percent used other drugs in 2011.

Court Judgments

During 2011, 136 new cases for drug possession were brought before the courts which are nearly three times the number of cases reported for 2010. The majority of individuals were charged with possession of heroin (32 cases), followed by possession of cocaine (41 cases) and cannabis (31 cases).

Chapter 9 – Responses to Social Correlates and Consequences

This chapter looks at ways of re integrating drug users back into society by training, education, housing, social assistance and employment.

Training and Employment

The year 2011 saw 164 ex-convicts and 193 ex-substance abusers attend a mainstream training course offered by the Corporation and 55 persons have benefited from a work exposure opportunity through the Bridging the Gap scheme during the past twelve months. Moreover, 29 ex-convicts and 31 ex-substance abusers were put on work exposure schemes. During 2011, 76 inmates received ETC organised training at the Corradino Correctional Facility.

Chapter 10 – Drug Markets

Availability and Supply

Heroin continues to be the most widely used illicit drug among the client population. Most people in treatment for drug related problems seem to continue to be mainly users of heroin as their primary drug. However, there has been an increase in the number of clients receiving treatment for cocaine and cannabis.

Seizures

During 2011, the total number of drug seizures amounted to 319, an increase of 9% in comparison with the total number of seizures made by Maltese Law Enforcement Authorities

in 2010, which amounted to 293. Contrastingly, the number of arrests in 2011 shows a substantial decrease of 22% as compared to 2010. However, the amount of drugs seized in 2011 is still greater than that as compared to the amounts registered for 2010.

Drug Purity

During 2011, the purity levels for Cannabis resin showed an increase from 6.1% to 8.0% and cannabis herb is reported at 6.0% as compared to 2010 but these levels are again similar to those reported in 2009. Cocaine purity levels however have consistently increased between 2009 and 2011, 34.0% in purity in 2011 as compared to 2009 (20%) and 2010 (29.5%). Nevertheless, heroin showed a decrease in purity showing 30.0% when compared to 2009 (36%) and stayed stable when compared to 2010 (30%).

Drug Price

Heroin is reported to have decreased in price in 2011 (€55.50) when compared to 2009 and 2010 while the price of herbal cannabis has reportedly continued to decrease when compared to 2009 (€70) with prices ranging from €2450 in 2010 and €23.32 in 2011. Figures also show that there has been a decrease in the prices for cocaine and ecstasy with prices ranging from €80 in 2009 to €63.78 in 2011 for cocaine, and €10 for ecstasy in 2009 with a price of €6.65 for 2011.

Chapter 11 – Residential Treatment for Drug Users in Europe

This chapter covers residential treatment for drug users in Malta and Gozo. It starts with a historical perspective of these facilities and an overview of each facility's objectives. A section is also dedicated to funding in addition to the characteristics of each of these units. Special attention is given to interagency collaboration and the staffing of each of these units. The section on outlook in terms of the provision of residential services provides a picture of the trends in the demand for residential treatment.

Chapter 12 – Public Expenditure

For the purpose of this chapter the term **public expenditures** refers to the value of goods and services bought by the administrative bodies of the state; in Malta's case these constitute the central government and its ministries. The methodology applied refers to the concepts of **Cost of Illness (COI) Theory** rather than to the **Cost-Benefit Approach**. Details of expenditure are shown in the chapter tables.

PART A

NEW DEVELOPMENTS AND TRENDS

CHAPTER 1

NATIONAL POLICIES AND CONTEXT

1.1 Legal framework

The **Medical and Kindred Professions Ordinance (Cap.31)** and the **Dangerous Drugs Ordinance (Cap.101)** are the two main pieces of legislation that regulate substance abuse in Malta.

The Drugs (Control) Regulations (Legal Notice 22 of 1985) issued by virtue of the Medical and Kindred Professions Ordinance:

- regulate the manufacture, exportation, importation, possession, distribution, sale and improper use of the listed psychotropic drugs;
- regulate the issuing of prescriptions, by the respective medical professionals, containing any such drugs and the dispensing of any such prescription; and
- provide for the keeping and producing for inspection of such books and the furnishing of such information by persons engaged in the manufacture, exportation, importation, sale or distribution of any such drugs.

These ordinances have been amended over the years in order to bring Maltese legislation in line with the changing international perspective as well as the emergence of new drugs on the market.

New Developments

During 2011 there have been no new developments with regards to legal notices both to the Medical and Kindred Professions Ordinance and the Dangerous Drugs Ordinance.

An overview entitled “*Consideration of Synthetic Cannabinoids including the Mixture SPICE*” has been prepared by Mr. Mario Mifsud, who is the Forensic Pharmacist at the National Forensic Laboratory. This study was commissioned by the National Commission on the Abuse of Drugs, Alcohol and other Dependencies (NCADAD). It contains a detailed introduction and background information on synthetic cannabinoids especially the Spice brand. The document includes information on the chemistry and effects of these

psychotropic drugs with a structural classification into seven major groups of the synthetic cannabinoid receptor agonists. This segment follows on with the physical and social harms related to such psychotropic drugs and makes reference to reports from Germany which made reference to psychosis-like panic attacks and heart and circulatory problems among others.

With reference to the Maltese situation, only two synthetic cannabinoids have been detected during analysis conducted at the Malta Forensic Laboratory Services. They are believed to be of a higher potency than tetrahydrocannabinol and are not scheduled under Maltese Law. Moreover no cannabinoids are licensed in Malta as medicines.

The report concludes with a recommendation that the major groups of cannabinoids as proposed by the UK Advisory Council on the Misuse of Drugs in 2009 [8] that have potential harm corresponding to that of cannabis, should be scheduled accordingly under Chapter 31 of The Medical and Kindred Profession Ordinance. They should be placed in Part A of the Third Schedule of the said Ordinance on the grounds that they have no recognized medicinal use and should be legally controlled under Maltese Law.

1.2 Institutional framework, strategies and policies

The first National Drugs Policy was launched in February 2008 and is directed in the main to lowering the use of drugs as well as providing the necessary services to help those with problems related to drug consumption:

- (a) To provide for a more co-ordinated mechanism through which the supply and demand for drugs are appropriately reduced as much as possible in the best interest of society.
- (b) To improve the quality and, where necessary, increase the provision of drug related services.

The National Drugs Policy consists of 48 policy actions which are distributed over 9 different sections. The sections are as follows:

Introduction

This section of the document provides an overview of the overall purpose of the National Drugs Policy. It also provides a brief description of the Drug Situation in Malta at the time of publication.

The section concludes with the listing of the primary objectives of the Policy:

- (a) Ensuring a high level of security,
- (b) Achieving a high level of health protection, well being and social cohesion.

Coordination of the National Drugs Policy

This section consists of the first three actions within the policy which are concerned with the setting up of the entities that will be responsible for the **Implementation** of the actions listed in the document.

A **National Coordinating Unit for Drugs and Alcohol** has been set up in November 2010 within the Ministry of Education, Employment and the Family that brings together all stakeholders, including service providers working with drug-related settings so as to facilitate the implementation of the National Drugs Policy. This measure is in fact listed as Action 1 within the Policy document. This office includes the National Focal Point and coordinates with all national experts and service providers in the drugs field. The Early Warning System is also monitored from the said office.

Legal & Judicial Framework

This section comprises of actions 4 to 7 and is concerned with the legal aspect of the policy. It is meant to assure that the actions within the policy are in line with national legislation. It is also responsible for the proposal of any amendments that may need to be made within current legislation so as to better reflect the current drugs situation. To better enhance the function of those involved within the judicial framework, talks were underway to consider the setting up of a Drug Court as formulated in the National Drugs Policy..

Supply Reduction

This section deals with actions 8 through to 13 which are concerned with reducing availability of drugs through enforcement of illegal substances and adequate regulation in the provision of prescription drugs. It is also envisaged that a Law Enforcement Body should emerge that will provide a forum for all actors involved.

Demand Reduction

This section of the document is the most extensive and deals with all measures of prevention, treatment, harm reduction and social integration which are to be pursued or taken up on a national scale to reduce the demand for drugs within the Maltese population. The section covers actions 14 to 37 in this document. In the meantime some new services have come into being, namely the Female Harm Reduction Shelter and support services within the community for those who are abstinent and need further aid.

Monitoring, Evaluation, Research, Information and Training

This section of the document covers actions 38 to 45 and deals with the need for constant monitoring of the policy. It also deals with the necessity for the collection of reliable data as well as constant training.

Two studies undertaken that will have an impact on policy are related to in the first instance, "Treatment Outcomes" and secondly the impact of prevention programmes in schools on drug use prevalence.

The International Perspective

This section deals with the last three actions in this document and is concerned with assuring that Maltese Authorities continue to honour our international obligations as well as propose any measures to strengthen cooperation.

In relation to our EU responsibilities, we sit on the Horizontal Drug Group, which is the main EU body that deals with drug policy such as the EU Drug Strategy 2005-2012. In relation to monitoring, it is the EMCDDA, and our responsibilities here are to forward national data to the agency through the National Focal Point for Drugs and Drug Addiction, for it to be collated with the data from other member countries that culminates in the EU report on the drug situation in the EU and the responses to such.

In the broader perspective, Malta holds the Vice Presidency of the Pompidou Group, Council of Europe and also currently holds the Chair of the Mediterranean Network that was launched here in Malta in 1999.

With regards to the UNODC, the drug situation in Malta is reported yearly by completing the ARQ's, and also attending the yearly meetings held in Vienna in March.

Funding

The Document also has a section dedicated to the importance of acknowledging the necessity of adequate funds that are needed in the implementation of the Actions within the National Drugs Policy. The section also highlights that Government, through the Ministry of Finance, shall endeavour to allocate more funds to drug related programmes by supplementing current provisions with monies derived from assets confiscated through The Prevention of Money Laundering Act in relation to drug related offenses.

Conclusion

Through this section government acknowledges that due to any new trends and circumstances, amendments or additions to the Policy Document may be required and this shall be the responsibility of the Ministry for Social Policy (followed by the Ministry of Education, Employment and the Family and currently the Ministry of Justice, Dialogue and the Family). It also refers to the responsibility of the National Coordinating Unit for Drugs and Alcohol to oversee the implementation of this policy.

Updates on the National Drugs Policy:

In April of 2011, the National Commission on the Abuse of Drugs, Alcohol and other Dependencies (NCADAD), together with the National Coordinating Unit for Drugs and Alcohol (NCUDA) were involved in an exercise to review the policy actions of the National Drugs Policy 2008 through the preparation of a paper on the current status and strategies and plans of action for the implementation of the policy actions. Further to this paper, The NCADAD and NCUDA have been involved in overseeing the implementation of the National Drugs Policy Strategy.

Arrest Referral Scheme and Extra-Judicial Body:

During 2011, work started on the proposal for the setting up of a new Arrest Referral scheme and Extra-Judicial Body. This proposal was subsequently submitted for the consideration of the Government and was approved and issued for Public Consultation by the Ministry of Justice, Dialogue and the Family in July 2012.

The following is an executive summary from the Diversionary Project Proposal called the *Arrest Referral Scheme and Extra Judicial Body for the processing of first time offenders for drug offences- possession for personal use:*

Falling within the remit of the Ministry for Justice, Dialogue and the Family, the current proposal combines an Arrest Referral Scheme (ARS) with a diversionary form of proceedings to an Extra Judicial Body (EJB) for the hearing of cases of first time offenders (possession for personal use of a dangerous or psychotropic substance held in breach of Chapter 31 and Chapter 101 of the Laws of Malta). For the purpose of the project a 'first time offender' is held to be a Maltese National or an EU citizen who is permanent resident in Malta and who has no previous convictions of crimes of a voluntary nature. Arrestees who are being investigated by the Malta Police for possession for personal use will be approached at the place of arrest by an Arrest Referral Officer (ARO) who will advise the arrestee on the workings of the scheme. Consequently, the arrestee has the option joining the ARS, or alternatively following the regular route of arraignment in court. Taking the EJB route will necessitate an admission to the facts of the case. The fact that the accused chooses to take the EJB route does not preclude that he may still plead not guilty in court later on if he is charged formally through the normal route of the Criminal Justice System. If the individual fulfils the criteria for diversion to the EJB, the police shall not proceed with prosecution.

The EJB shall be composed of a chairperson assisted by two persons who have considerable experience and special qualifications for dealing with drug users. The EJB shall have the right to consult with the ARO and the police for any information and assistance it may require and shall make use of services provided primarily by government agencies and if these are not available, by private bodies and NGOs in the field of substance abuse. The ARO remains the focal person and key worker in relation to the client. After hearing the case (evidence need not be compiled by the police since the referred person will admit to possession) the EJB will ascertain that the person concerned follows instructions and interventions that are deemed fit by the EJB. Effective breach management is crucial for the credibility of the scheme. If action is taken in Court following the breach of the EJB conditions, this/her fact shall not be used against the person charged in order to expedite his/her conviction of the offences brought against him.

The ARS will entail amendments to Chapters 31 and 101 of the Laws of Malta, and any other legal notice or regulation which may require such amendments for the sake of compliance.

Entities and Organisations Involved in Responses to Drug Use in Malta

Office of the Prime Minister	Ministry of Education, Employment and the Family	Ministry for Health, the Elderly and Community Care	Ministry for Justice and Home Affairs	Ministry of Finance, the Economy and Investment	Ministry for Infrastructure, Transport and Communications	Ministry for Gozo	Civil Society (Malta and Gozo)
Armed Forces of Malta	Foundation for Social Welfare Services	Foundation for Medical Services	Law Courts	Customs Department	Malta National Laboratory (Including Forensic Laboratory)	Social Work Unit	Voluntary Organizations
	National Commission on the Abuse of Drugs, Alcohol and other Dependencies	Department for Institutional Health	Attorney General	Budget Office		Gozo General Hospital	Social Partners
	National Focal Point for Drugs and Drug Addiction	Department for Primary Health Care	Police Force			General Health Centre	Private Hospitals and Clinics
	Employment and Training Corporation	Department for Public Health	Malta Security Services			Education Office	Parishes
	Student Services Department – Safe Schools Programme	Health Information Department	Correctional Facilities			Gozo Local Councils	
	Curriculum Directorate	Health Promotion Department	Probation Services				
	Youth Organisations	Toxicology Laboratory	Pre-release Programmes including SATU				
			Local Councils				

Table 1

**Source: National Drugs Policy – January 2008
Amended according to amalgamation of Ministries**

1.3 Economic Analysis

Detailed information on the economic analysis is given in the Voluntary Selected Issue on Recent Trends of Drug-Related Public Expenditure and Drug Services, Chapter 12.

Addendum

During the month of January 2012 changes in government Ministries occurred with the result that entities and government bodies which used to fall under social policy and family became part of the newly amalgamated Ministry of Justice, Dialogue and the Family. In this regard Table 1 would be relevant for the year 2011.

CHAPTER 2

DRUG USE IN THE POPULATION

2.1 Drug Use in the General Population

Prevalence of drug use in the population is normally estimated using surveys in which the target population is required to complete a questionnaire in which questions related to the use of substances are addressed. A census of population and housing was conducted in 2011, with preliminary results being issued in 2012.

2.2 Drug Use in the School and Youth Population

Malta has participated in five ESPAD surveys (years: 1995, 1999, 2003, 2007 and 2011), with the most recent having been conducted in 2011 and published in 2012. The next survey is scheduled to take place during January and February of 2015.

Alcohol and Tobacco: Number of Users and Frequency of Use

As also reported in previous years, alcohol continues to be the most used substance among students. ESPAD 2011 reports that 90% of 15-16 year old students in Malta reported having used alcohol in their life time, a slight decrease of 2% compared to the ESPAD 2007. It should also be noted that the previous report (2007) had also shown a decrease of 1.7% over 2003, which had reported 93.7% life time use. A total of 86% reported use of alcohol in the last 12 months, which only showed a slight decrease of 1% over 2007 which had reported 87% of such use. The greatest decrease was shown in reporting on the use of alcohol in the last 30 days, with a total of 68% reporting having used alcohol. This shows a decrease of 5% over 2007 which had reported that 73% of students had used alcohol in the 30 days preceding the survey.

Among the 68% of students who reported having used alcohol in the last 30 days, 8% had reported having indulged in alcohol use on 20 or more occasions. Heavy episodic drinking during the last 30 days (here defined as consuming five glasses of an alcoholic drink), was reported by 56% of students, which remains consistent with the amount reported in 2007 (57%). A total of 20% of students reported having been intoxicated by alcohol use during the last 30 days.

Number of occasions of alcohol use

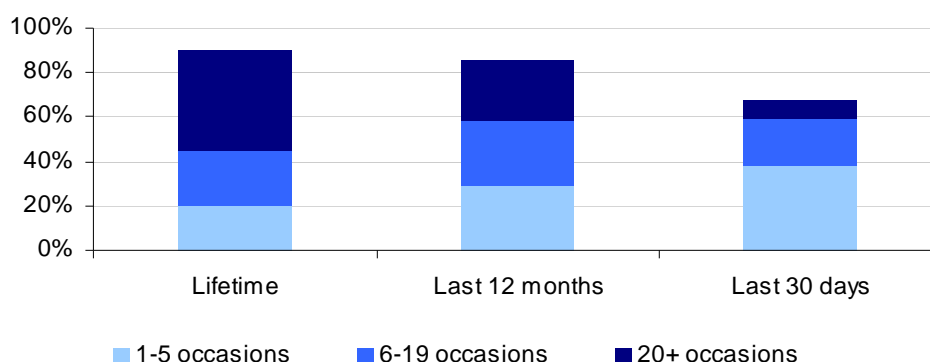


Figure 2.1

Source: ESPAD 2011

Life time tobacco use on at least one occasion was reported by 38% of 15-16 year old students in Schools. Tobacco use in the last 30 days was reported by 22% of the students, which is 4% less than the previous survey conducted in 2007 which had reported 26% of such use. This implies that last 30 day prevalence has been on the decrease for a number of years as 2007 had also shown a 4% decrease from the 2003 survey (30%). Among the students, 12% reported smoking less than 1 cigarette daily, while 10% reported smoking 1 cigarette or more daily. A total of 52% who had ever used cigarettes, reported having started smoking at the age of 13 or younger.

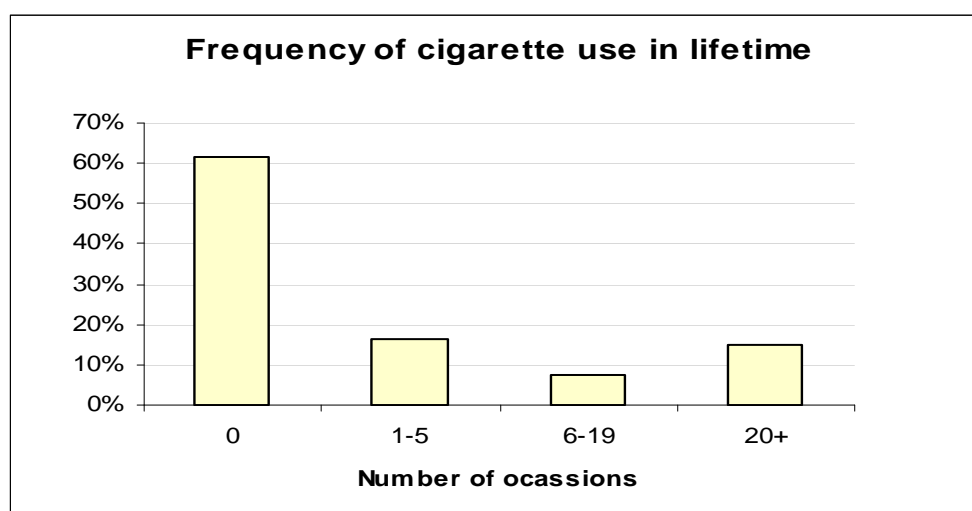


Figure 2.2

Source: ESPAD 2011

Other Substances: Number of Users and Frequency of Use

The most widely used substance among students was inhalants, with 14% reporting lifetime use of this substance in 2011. This is followed by cannabis, which is reported to be used by 10% of the students; making it the most widely used illicit substance among this group. Most respondents who reported ever using cannabis reported doing so between 1 and 5 occasions. Use of alcohol together with pills was reported by 8% of students. Mephedrone was reported to have been used by 5% of respondents, while 4% reported life time use of cocaine. Amphetamine, tranquillizers or sedatives without a doctor's prescription, and ecstasy were reported at 3%, while use of magic mushrooms, LSD, crack cocaine and steroids was reported by 2% of respondents. Heroin use and GHB use were both reported by 1% of students.

Use of any illicit substances was reported by a greater proportion of males with 14% reporting such use, while 10% of females reported lifetime use of illegal drugs.

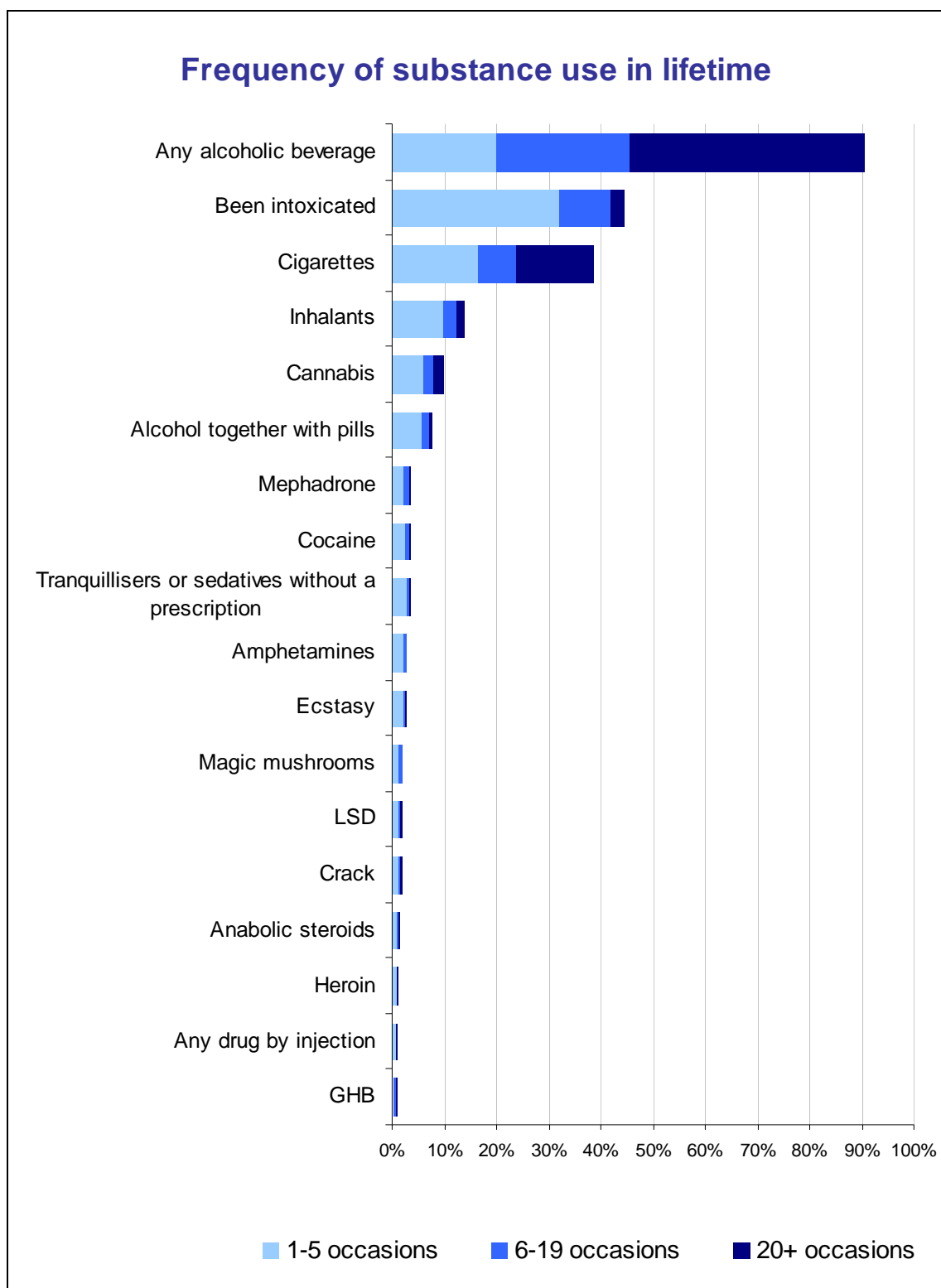


Figure 2.3

Source: ESPAD 2011

Attitudes to Drugs and Drug Users

The perception of availability and the attitudes of young people aged 15 to 16 to drug use are shown here. Perception of availability was measured for cannabis, tranquillizers or sedatives, ecstasy and amphetamines, and refer to those respondents who answered that the drug was fairly easy or very easy to obtain. Cannabis, tranquillizers or sedatives, ecstasy and amphetamines were perceived as fairly easy or very easy to obtain by 21%, 17%, 14% and 8% respectively. Results also showed that a significantly higher percentage of boys than girls reported that it would be fairly or very easy to obtain drugs, with cannabis (23% vs. 18%), ecstasy (16% vs. 12%) and amphetamines (11% vs. 6%).

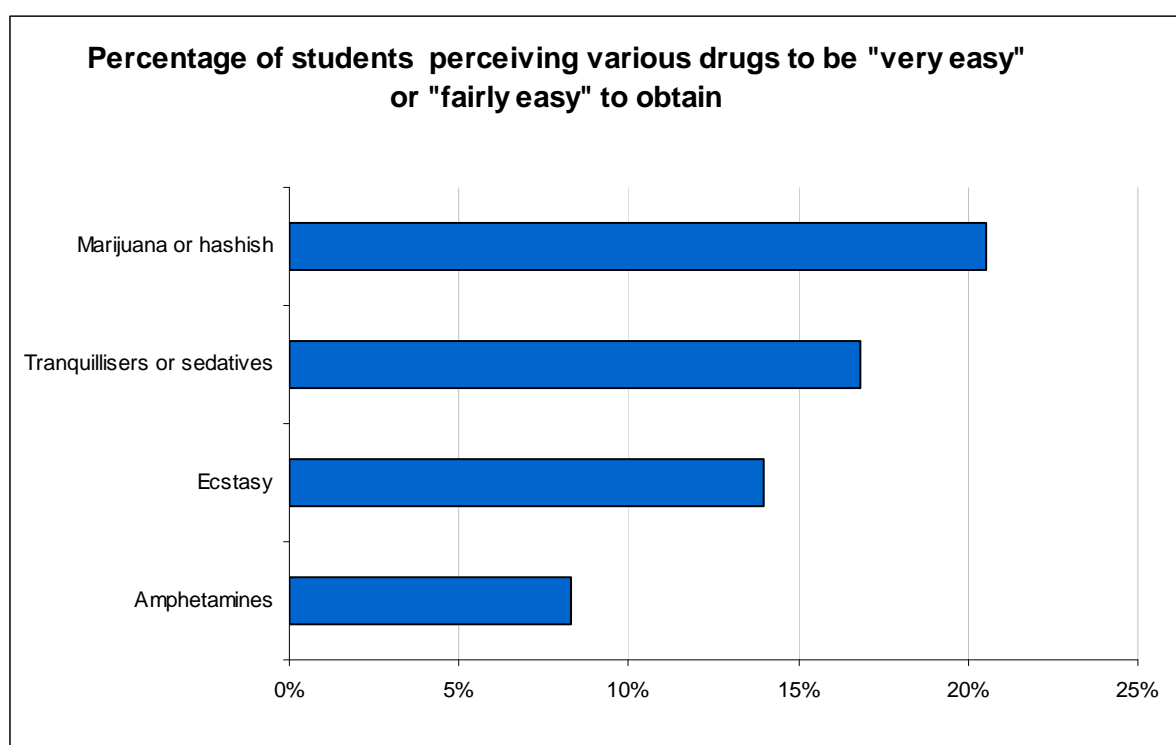


Figure 2.4
Source: ESPAD 2011

Turning to perceived risk, occasional smoking was perceived as being of high risk by 12% whilst more regular smoking of 20 or more cigarettes daily was thought to be very risky by 51% of respondents. Consumption of one or two drinks almost daily was perceived to be high risk behaviour by 16% of respondents, whilst consuming four to five drinks almost daily was seen as high risk by 51% of respondents. This shows that regular tobacco use and daily use of 4 or 5 drinks of alcohol are equally perceived to be dangerous by 51% of students.

Occasional use of cannabis was perceived as risky behaviour by 47% of respondents, compared to smoking cannabis once or twice which was reported as high risk by 42%. Most students (72%) seemed to widely disapprove of regular use of cannabis.

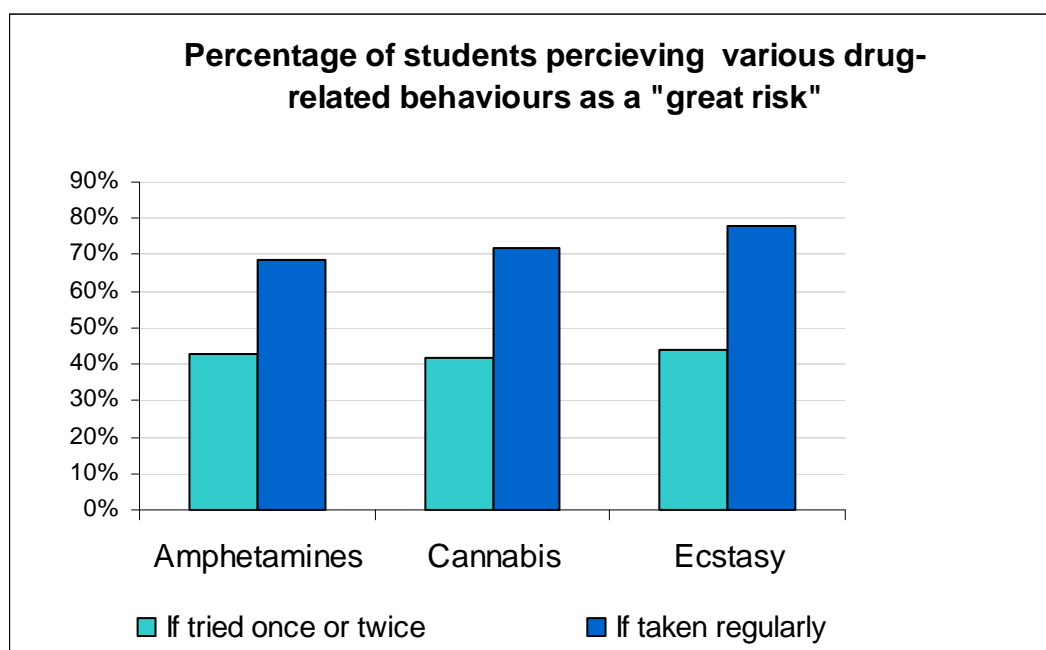


Figure 2.5
Source: ESPAD 2011

Alcohol and Drug use among University students:

As reported elsewhere, the study conducted in 2009 with University undergraduate students, entitled "Healthy Students Healthy Lives" (Cefai C., Camilleri L. 2009), revealed that 17.3% of students had used drugs during the past 12 months while 10.1% had made use of drugs during the last month.

CHAPTER 3

PREVENTION

3.1 Environmental Prevention

Environmental prevention strategies aim at altering the immediate cultural, social, physical and economic environments in which people make their choices about drug use.

During 2011 Legal Notice 208 prohibiting confectioneries selling alcoholic beverages after 9pm came into effect. This legal notice incorporates amendments to a previous Legal Notice (L.N. 1 of 2006) of the regulations in the Trading Licences Act. There has been a positive response from agencies as a result of the introduction of this legal notice but they also made the point that such regulations should be dutifully and consistently enforced. The legal age of alcohol consumption was also raised from 16 to 17 years of age. During mass activities the use of glass bottles and/or glasses has also been restricted and in their stead, tin or plastic bottles are now used.

With regards to smoking, the product price has consistently risen with each budget proposal. There is also a complete ban on smoking in enclosed spaces and Mater Dei Hospital has adopted a zero tolerance policy towards smoking with three smoking areas in the periphery of the hospital grounds. Moreover Legal Notice 493 of 2011 (Tobacco Smoking Control Act) came into effect prohibiting smoking in playing fields. Sports activities are no longer permitted to use cigarette companies as sponsors. Cigarette packets also currently graphically depict the effects of smoking together with strong messages with regards to smoking and its consequences.

To date there is no standard procedure to quantify the extent and effects of such enforcements.

3.2 Universal Prevention

Universal prevention strategies are concerned with distributing information on the topic of substance abuse on a national level through initiatives conducted in schools and local communities. The scope of such programmes is to prevent, or at least delay the onset of substance use through informative campaigns as well as enhance personal skills that aid individuals in avoiding substance abuse.

School-based Prevention

As described in previous reports there were no major changes in the provision of school prevention programmes described in 2011. Prevention in Maltese schools is provided by Sedqa, Caritas and the Anti-Substance Abuse Unit within the Education Division whilst prevention services in Gozo are conducted by the OASI Foundation.

School based programmes primarily focus on the development of life-skills involve enhancing self-esteem, preventing peer pressure, decision making, increasing young people's abilities to express their feelings and encourage problem solving skills.

In order to maintain the existing quality of services and to further improve such services where this is deemed necessary, more support and collaboration among services, educational institutions and the community is of vital importance and this should be supported by policy. It is for this reason that the National Drugs Policy (2008) gives due importance to such measures in a number of actions listed within the document. These actions specify the importance of the development and maintenance of quality preventive services and also put emphasis on the importance of ongoing training and support for professionals working within the prevention field and also for educators.

Emphasis was and is being made on literacy programmes. During the summer of 2011 the Education Division organised the yearly Skolasajf activity where students gather in their schools in an informal atmosphere and through creativity, and games they are assisted in learning and literacy skills. The Skolasajf classes are taken care of by qualified teachers. Literacy programmes are constantly organised by the Paulo Freire Institute located in Żejtun which is run by the local Jesuit order. The primary aim of Paulo Freire Institute is to respond to the growing problem of illiteracy amongst children and adults alike. However it developed into a holistic service, providing literacy classes for adults and children, educational and recreational activities for children as well as a social work service in the community. The Institute also works on a number of community-based projects, generally related but not exclusively to literacy and learning.

Family-based Prevention

Universal family based prevention programmes are mostly concerned with topics such as parenting skills, leadership, effective communication, child development, and discussions and information sessions related to the use and abuse of drugs and alcohol. If requested by

individual schools, talks can be delivered to parents and teachers by professionals on the topics of drugs and alcohol.

During 2011, Agenzija Appogg published a leaflet on positive parenting which involves parenting techniques based on love, encouragement, discipline, care and positive environment; as opposed to continually criticising, using incorrect forms of discipline, and using non-effective communication methods. This type of parenting programme is an attempt to decrease abuse or violence where it occurs that in turn may lead to children growing up in a secure, disciplined environment with reductions in challenging behaviour and better self esteem. Children's rights have to be safeguarded; children need to be guided when making decisions and need the necessary support to grow up without unnecessary pressures, whilst developing their personality. Positive child development is paramount in the prevention programmes organised throughout the country.

Following on community principles there is the St. Jeanne Antide Foundation, which is a non-governmental voluntary organisation set up by the Malta Province of the Sisters of Charity of St Jeanne Antide Thouret in collaboration with lay persons located in Tarxien. The objectives of the Institute are mainly to create support and self-empowerment of socially excluded persons, families and minority groups. Through a network of volunteers, various community initiatives are implemented such as accompanying the Social Worker on outreach work, visiting lonely persons, assisting children in their homework and studies, visiting prisoners, and providing learning support to unaccompanied minors with a humanitarian protection status.

Community-based Prevention – The General Public, Families and Youth

Community-based prevention programmes are implemented by the three main drug treatment agencies Sedqa, Caritas and OASI, and these primarily target families and young people in different environmental settings such as local councils, youth organisations, religious societies, parishes and social and political clubs. Community and Church activities, drug awareness talks, exhibitions, concerts and drug-free activities are organised at specific times of the year and are aimed at targeting the general public.

Other services which have an indirect bearing on the prevention of substance use are the Access Resource Centres. The aim of these centres is to bring a number of services together thus offering a more comprehensive service to individuals and families. These types of services aim at strengthening community networks such that these too can be useful

resources to support persons in need. Working in partnership with families and all other service providers or other local entities, the services aim at improving the quality of life of service users.

Internet-based Prevention

The year 2011 saw the creation of Kellimni.Com, a joint effort between SOS Malta, the Salesians of Don Bosco, *Aġenzija Żgħażaġħ* and *Aġenzija Appoġġ*, to oversee the progressive development of local child and adolescent online support services, under the guidance of Child Helpline International. The services being offered focus mainly on children and adolescents and provide them with targeted online support through www.kellimni.com with staff being reachable through e-mail, chat and online forums. Kellimni.Com is aimed at children and young people who need someone to listen to them and who in turn can provide assistance. It allows service users to express their concerns and talk about their issues directly affecting them. The services provide an opportunity for all young people to reach out for help and support through channels of communication that are easily accessible to them.

During 2010 the Malta Communications Authority conducted a study to explore the use of ICT by minors. The sample included 1000 students between the third year of primary school and the fourth form in secondary schools throughout Malta. Each student was paired with a parent/carer so the perceptions of minors and parent could be compared. The Key findings of this study were as follows:

- 97% of minors have an internet connection at home;
- 55% of minors use the Internet daily (other than school);
- One in every three minors has a computer in the bedroom;
- 65% of minors use the Internet for Social Networking;
- Social networking sites are used mostly by females whilst online games are played mostly by males;
- 10% of secondary school students access the Internet over a mobile phone.

With these findings in mind a new service called Be Smart Online was established where individuals can report any type of abuse through the internet. The staff members are involved in awareness campaigns by participating in local media, organising awareness events and conducting internet safety education programmes in schools.

With regards to the reports received, liaison is done with the Cyber Crime Unit and the Appogg Child Protection Services, and provides support to the victims when possible.

Community-based Prevention - Workplace-based programmes

Sedqa and Caritas are both involved in providing preventive programmes in the workplace which are aimed at providing information to employers and employees on problems at the place of work which are related, or could be attributed to substance abuse.

3.3 Selective Prevention

Selective prevention targets an entire subgroup regardless of the degree of risk of any individual within the group. Selective prevention is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population (EMCDDA).

New Developments in Selective Prevention

The Initial Response Services and the Generic Services within Agenzija Appogg have been restructured to include service provision and monitoring of children with a history of abuse. This category includes parents who are or were making use of illicit substances and alcohol amongst other problem situations. This service complements community services within the Access Resource Centres, where long-term intervention is conducted in localities where such Centres do not exist. In this context, social workers work on a long-term basis with the families and individuals with the aim of preventing their situation from deteriorating and resulting in a crisis. This intervention is particularly important to try and keep children within their home environment, and to help make the home as stable and conducive for a healthy development as possible.

CHAPTER 4

PROBLEM DRUG USE

4.1 OVERVIEW

Characteristics of the type of individual that seeks treatment for their respective drug problems in 2011 are outlined in this chapter. The agencies involved with treatment provision in Malta and Gozo are, Sedqa, Caritas Malta, Oasi, the Dual Diagnosis Unit (DDU) within Mount Carmel Psychiatric Hospital and the Substance Abuse Therapeutic Unit (SATU) within the Maltese Prison Services. Treatment of Drug users refers to both medical and non-medical interventions which are provided locally.

According to the latest statistical figures shown in the census preliminary report for 2011 the Maltese population stood at approximately 416,055. No major changes were reported in the provision of drug related services since the last publication of the National Report on the Drug Situation 2008-2010.

4.2 PREVALENCE ESTIMATES OF PROBLEM DRUG USE

In Malta problem drug use was estimated using the capture-recapture method, based on data from Maltese daily opiate users attending treatment services. Opiate users were included because treatment is predominately provided to heroin users or to persons who are no longer using heroin but are receiving methadone or other heroin substitutes (heroin is the primary drug of 77% of all clients). In 2011 only 3 clients in Malta had reported using amphetamines and clients reporting cocaine use tend to be relatively low amongst the treated population in Malta (12%). In 2010 and 2011 a four source capture-recapture methodology was used since only a couple of individuals attended SATU, one of the five Agencies providing treatment services, reported using opiates on a daily basis during these years.

In 2011, estimates indicate a figure of 2159 daily opiate users (95% confidence interval 1987 to 2369), with an estimated 934 (95% confidence interval 765 to 1147) not attending any of these treatment entities, which implies that approximately 57% of daily opiate users attended

treatment services in 2011. It is felt, however, that the estimates of daily opiate users (which includes individuals who receive methadone from treatment centres) are on the high side. It is also thought that a much higher percentage of daily opiate users had actually attended treatment services in 2011, than estimates suggest. There may be a number of factors contributing to the attainment of these high estimates. One possible reason being that at SMOPU, a unit within Sedqa, which is the only unit licensed to dispense methadone, some clients receive methadone for a number of years. The longer a person receives methadone, the less likely he/she is in contact with other treatment services. Lower overlaps in clients attending different services produce higher PDU estimates. Overtime we see less and less overlap because many clients who start receiving services at SMOPU continue to do so over time, and stop contact with other Agencies.

Estimates for Malta 2006/2011

Year	Daily opiate users		Daily opiate users not in treatment		Rate per 1000 pop (aged 15 to 64)	
	Central estimate	95% Confidence Interval	Central estimate	95% Confidence Interval	Central estimate	95% Confidence Interval
2006	1,606	1,541 to 1,685	353	288 to 432	5.4	5.1 to 5.6
2010	1,755	1,643 to 1,891	649	536 to 784	6.1	5.7 to 6.5
2011	2,159	1,987 to 2,369	934	765 to 1,147		

Table 4.1

Source: EMCDDA Annual Reports

4.3 PROFILE OF CLIENTS IN TREATMENT

Data hereunder relate to the number of individual clients attending any of the treatment services mentioned above. The number of clients includes people who may have already been attending the services in years prior to 2011 but are still making use of the services in the indicated year.

Number of Clients

The number of clients attending drug related services in 2009 stood at 1792 individual persons. Of these, 250 individual clients were persons attending drug related services for the first time. During 2010, there was an increase of 8% over 2009 (n=1936). The number of clients who were new to drug related service also rose to 313, increasing by 2% over 2009. In 2011 there was a decrease of 4% as compared to 2010. Also, there was a substantial decrease of 35% of clients using treatment services for the first time. Interestingly, the number of previously treated clients saw a steady increase since 2009, with an increase of 7% over the two-year period.

Number (%) of Clients Treated for Drug Use in Malta by Status, 2009-2011

	2009		2010		2011	
	n	%	n	%	n	%
<i>All clients</i>	1792	100	1936	100	1862	100
<i>Previously treated clients</i>	1542	86	1623	84	1659	89
<i>First treated clients</i>	250	14	313	16	203	11
<i>Status unknown</i>	0	0	0	0	0	0

Table 4.2

Source: Merged Treatment Data Files 2009, 2010 and 2011

Gender

In 2011, the number of male clients attending services remained relatively similar to 2010 (84%), with only 1% increase (85%). On the other hand there was a decrease of 4% among first time male service users between 2010 (83%) and 2011 (79%). It should also be noted that in 2010 a decrease of 3% was also registered as compared to 2009 (86%).

Female clients attending services in 2011 resulted in a decrease of 1% (15% of the whole population, but an increase of the female population with regards to new clients for 2011 (21% in 2011 as opposed to 17% in 2010).

Age

In 2011, the number of all treated clients aged below 35 years amounted to 66%, a slight decrease of 1% over 2010 (67%). However, it is also important to note that in 2010 there was a marked 5% decrease as compared to 2009 (72%). The most predominant age groups

during 2009, 2010 and 2011 were the 25 to 29 age bracket (25% for 2009, 24% for 2010 and 25% for 2011) and the 30 to 34 year old cohort (22% for 2009, 21% for 2010 and 20% for 2011).

Percentage of All Treated Clients By Age

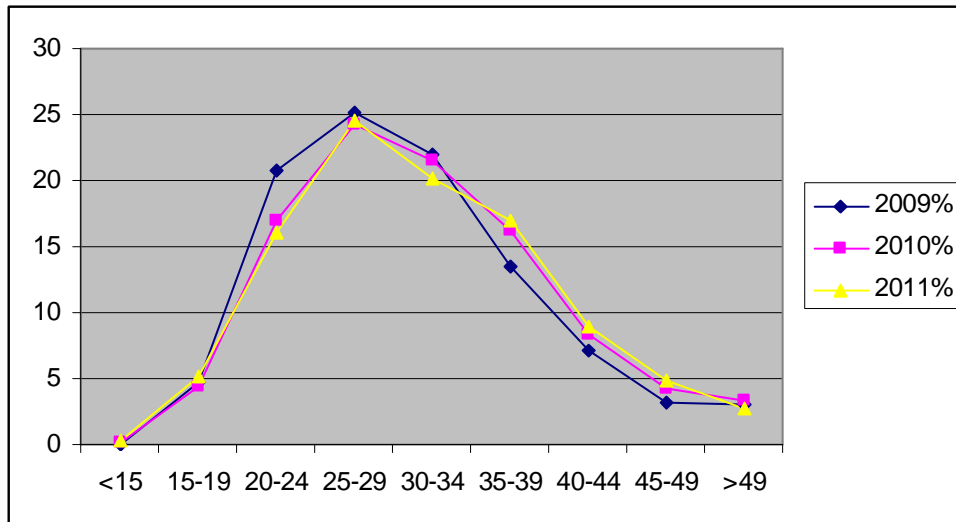


Figure 4.1

Source: Merged Treatment Data Files 2009, 2010 and 2011

In 2011, there were a total of 88% of first time clients (179 clients) who were aged under 35 years, an increase of 4% from 2010 (84%) which is still lower than that recorded in 2009 (90%). The largest group constituted those aged between 20 to 24 years (26%) with no change as compared to the previous year. The second most popular age group with regard to first time treated clients was 25-29 years (21%) which however was lower than that of the previous year (25% for 2010), which in turn had shown an increase of 5% compared to 2009 (20%). During 2009 and 2010 individuals aged 30 to 34 years stood at 19% and 20% respectively. Conversely, in 2011 there was a sharp decrease of 7% (13%) over 2010. Results also show that in 2011 there was an increase of 6% in clients aged 15 to 19 years (20%) compared to 2010 (14%).

Percentage of First Ever Treated Clients By Age

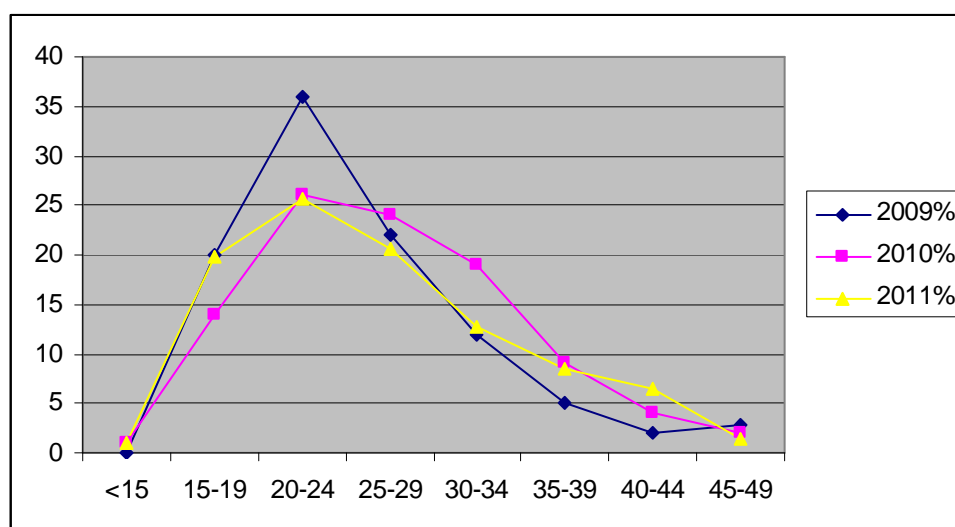


Figure 4.2

Source: Merged Treatment Data Files 2009, 2010 and 2011

Region

2011

When calculating the rates of treated clients aged 15 to 64 per 10,000 population, the southern harbour region shows the highest rate of incidence (129 per 10,000 residents) an increase on 2010 (124 per 10,000 population). It is followed by the Northern Harbour region (67 per 10,000 residents), a slight increase on 2010 (66 per 10,000 population). In 2011, the share of clients hailing from the South Eastern region stood at 50 individuals per 10,000 population, a sharp decrease compared to 2010 (62 per 10,000 population).

The highest rates of first treated clients are those from the Southern Harbour (9 per 10,000) followed by the northern harbour region (7 per 10,000 population), the south eastern region (6 per 10,000 population) and the Northern region, western region and Gozo (all at 5 per 10,000) respectively.

These rates have been calculated on the new preliminary report of the Census of Population and Housing, which census has been carried out in 2011.

Rate of Persons in Treatment per 10,000 Population Aged 15-64 Years in 2011

	Southern Harbour	Northern Harbour	Northern	South Eastern	Western	Gozo	Total
Total population aged 15-64*	53071	82007	44953	45410	40376	20892	286709
All treated clients							
No. in treatment 2011	686	546	186	227	148	34	1827
Rate of persons in treatment per 10,000 of the regional pop. aged 15-64	129	67	41	50	37	16	64
First treated clients							
No. in treatment 2011	50	58	22	27	21	11	189
Rate of persons in treatment per 10,000 of the regional pop. aged 15-64	9	7	5	6	5	5	7

Table 4.3

Source: Merged Treatment Data Files 2011

*based on 2011 National Census [preliminary](#) results

In 2011, client distribution by region seems to have remained consistent with previous reporting years in that the majority of all treated clients came from the Southern Harbour region followed by the Northern Harbour region. During 2011, most clients attending treatment came from the Southern Harbour region (37%), followed by the Northern Harbour region (29%), the South Eastern Region (12%), the Northern Region (10%), the Western Region (8%) and Gozo (2%). Figures show that the Southern Harbour region had a slight increase in the proportion of treated clients while all others showed a decrease, except for the Western region which had a slight increase. The majority of first time treated clients also arose from the Southern Harbour area (25%), however this showed a considerable decrease when compared to 2010 (35%). For the Northern Harbour region this amounted to 29%, also a decrease from the previous year (34% in 2010). The South East region decreased slightly from 14% in 2010 compared to 13% in 2011. The Northern area saw an increase of 2% (9% in 2010 and 11% in 2011). The highest increase with regard to the share of clients was seen in the Western region (6% in 2010 and 10% in 2011), while Gozo also saw an increase from 1% in 2010 to 5% in 2011.

All Clients Treated by Region 2009, 2010 and 2011

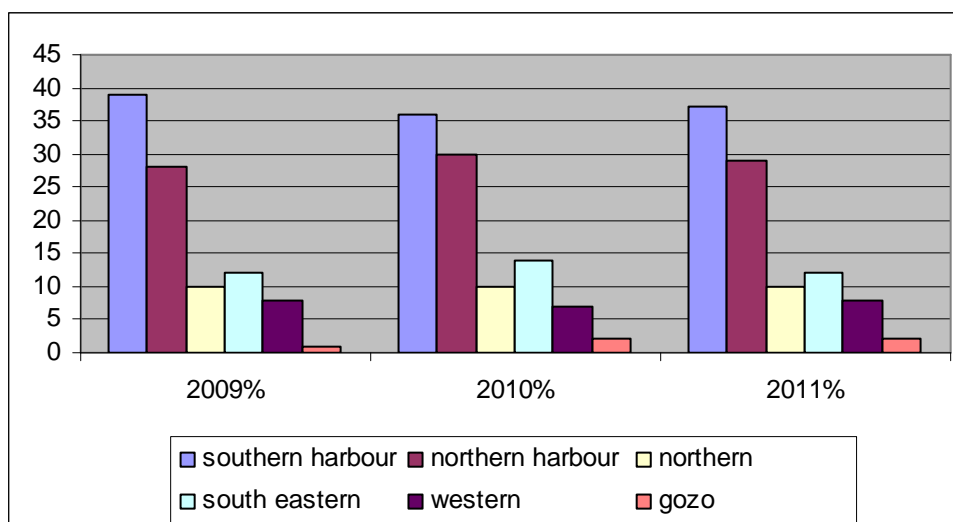


Figure 4.3

Source: Merged Treatment Data Files 2009, 2010 and 2011

First Time Treated Clients by Region 2009, 2010 and 2011

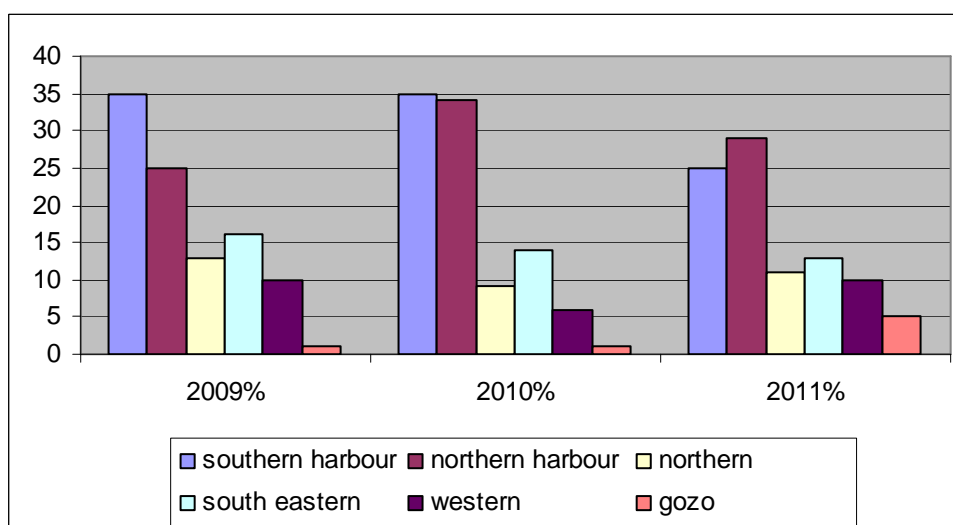


Figure 4.4

Source: Merged Treatment Data Files 2009, 2010 and 2011

Locality

Figure 4.5 displays towns with the highest percentage share of clients in 2009, 2010 and their correlated data for the year 2011. Amongst all treated clients a higher percentage of clients reside in Valletta, Zabbar and Cospicua for all respective years.

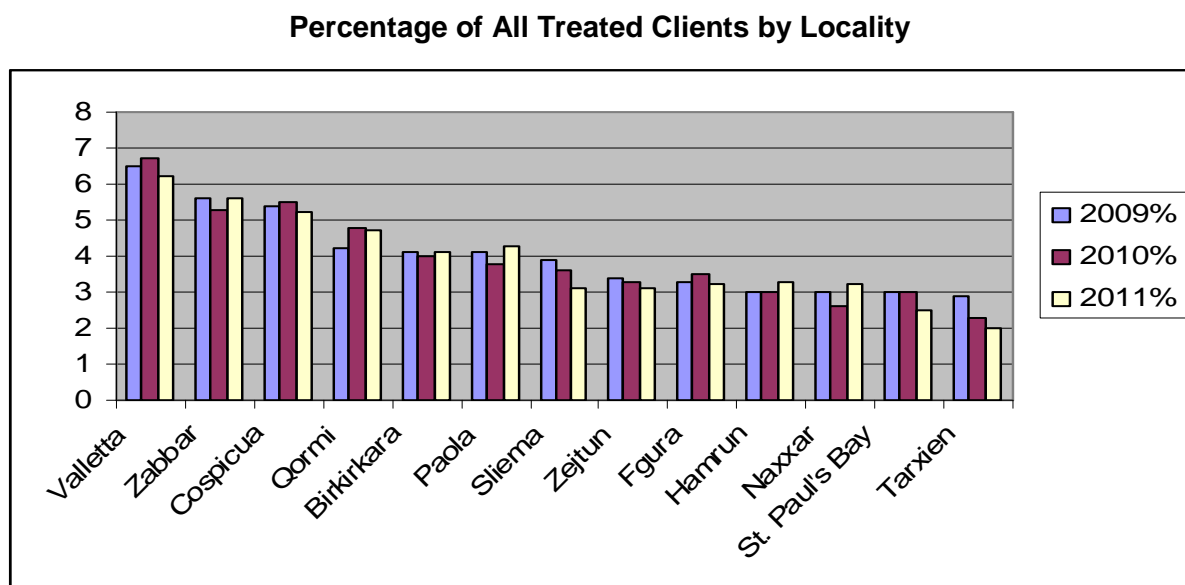


Figure 4.5

Source: Merged Treatment Data Files 2009, 2010 and 2011

The year 2011 saw an increased percentage of clients from Cospicua with the result that this locality recorded the highest percentage of first time treated clients. It was followed by Valletta, Birkirkara and Qormi sharing the same percentage.

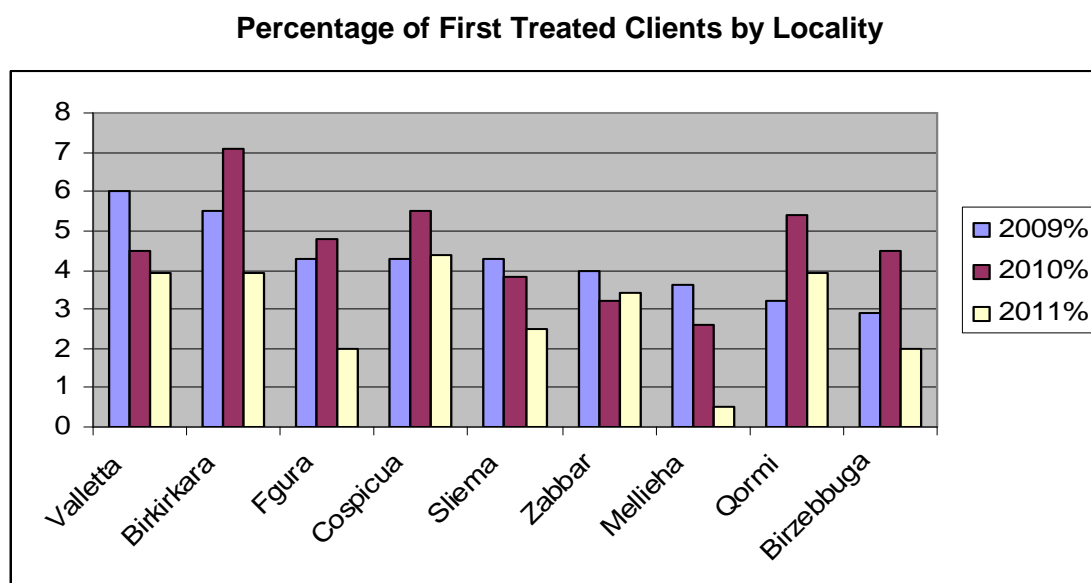


Figure 4.6

Source: Merged Treatment Data Files 2009, 2010 and 2011

Nationality

The majority of all treated clients were Maltese Nationals during 2011 (97%) showing a minor increase compared to 2010 (95%). Treated clients coming from other EU countries in 2011 remained stable at 2% of the entire service using population as in 2009 and 2010.

Occupation

People in treatment who were gainfully employed in 2011 stood at 39%, a slight decrease compared to 2010 (40%), while 47% were unemployed compared to the 46% reported in 2010. The remaining 14% were classified as 'other' (this group includes students and homemakers). These percentages seem to have remained consistent over previous reporting years.

Primary Drug of Use

In 2011, as in previous reporting years, heroin continues to be the most popular primary drug amongst all treated clients and stands at 77% of the total treatment using population. However, 2011 shows a decrease of 3% over 2010 (80%). The second most popular drug was cocaine with 12%, showing an increase of 1% over 2010 (11%). This is the third consecutive year in which cocaine use as a primary drug increased. Cannabis remained the third most used primary drug with 7% of clients reporting such use for 2011, an increase of 2% over 2009 and 2010 (5% for both consecutive years).

Percentage of All Treated Clients by Primary Drug

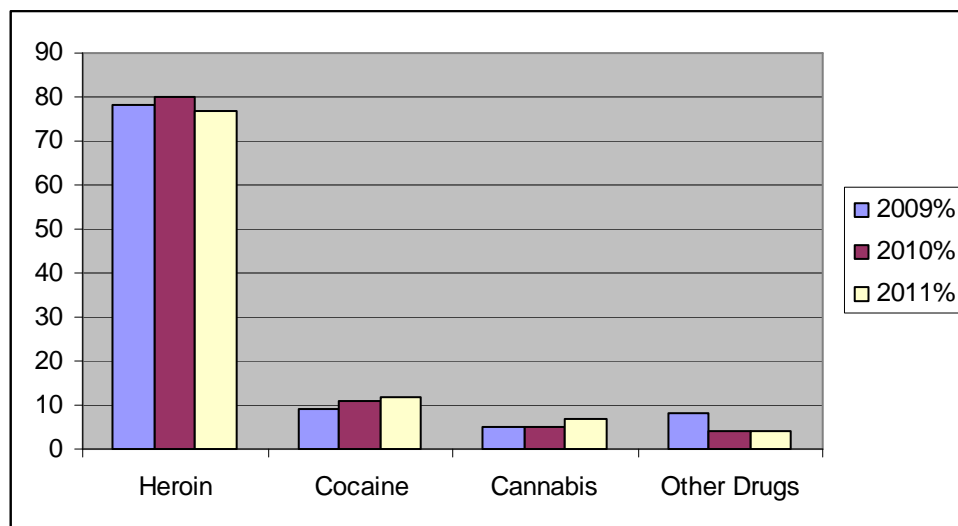


Figure 4.7

Source: Merged Treatment Data Files 2009, 2010 and 2011

Whilst heroin continues to be the most popular drug among first time treated clients, 2011 saw a sharp decrease of such drug use, with 41% compared to 56% in 2010. One would also need to consider that 2010 had showed considerably higher use than 2009 (48%). Cocaine was the primary drug for 26% of first time treated clients in 2011, an increase of 2% over 2010 (24%). Whilst primary use of cannabis showed an increase of 5% in 2011 over 2010 (14%), the 19% reported in 2011 is consistent with data for 2009 which had also reported such use at 19%.

Percentage of First Treated Clients by Primary Drug

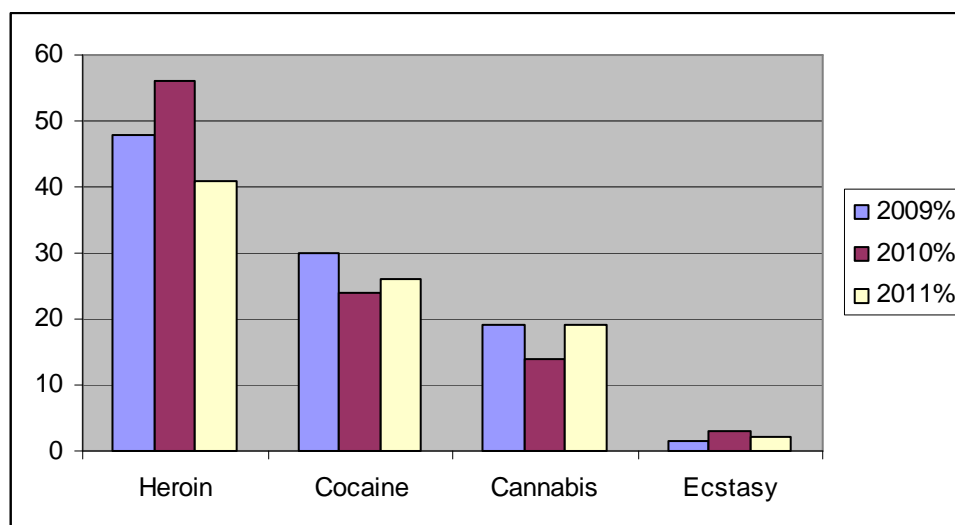


Figure 4.8

Source: Merged Treatment Data Files 2009, 2010 and 2011

Current Injecting Status

Injecting drug behaviour in 2011 saw another increase of 4%, from 35% in 2010 to 39%. It is relevant to note that 39% is still relatively lower than what was reported in 2009 (46%), however, one still needs to note the increase.

First time treated clients reported in 2011 show that there was an increase of 12% over 2010, with figures showing 24% of clients currently injecting, against the 12% for the previous year. This percentage is still lower than that compared to 2009 (29%).

Frequency of Use of Primary Drug

In 2011 the majority of first time treated clients (53%) were daily users of their primary drug. This shows a significant 21% decrease over 2010 (74%). This shows the lowest proportion of daily users of their primary drug in recent years. In 2011, the number of clients reporting using their primary drug twice weekly or more increased to 15% compared to 9% in 2010. The data shows an increasing trend as compared to the amounts reported in previous years.

Percentage of First Treated Clients by Frequency of use of Primary Drug

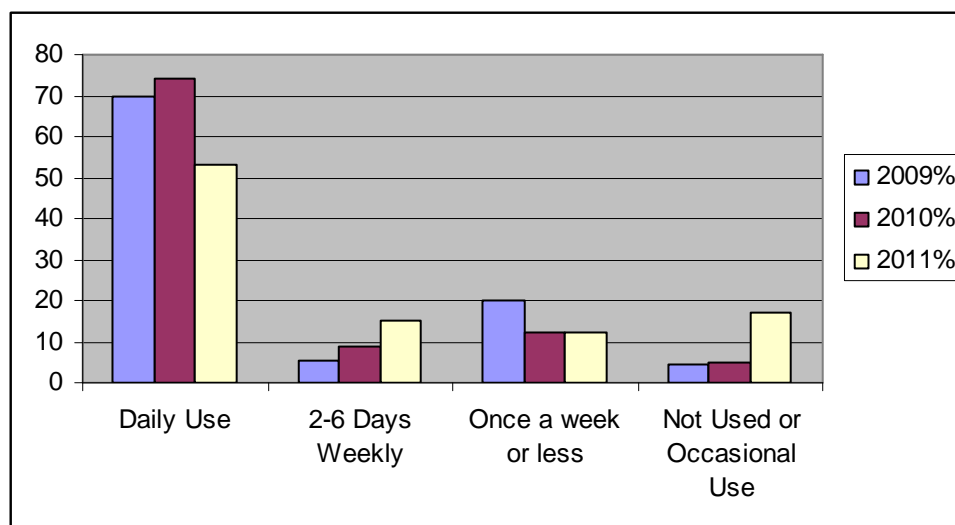


Figure 4.9

Source: Merged Treatment Data Files 2009, 2010 and 2011

Profile of Cases by Primary Drug

2011

When comparing the figures of 2009 (29%) and 2010 (15%) cocaine use as primary drug by female clients continues to show a decrease, with 2011 reporting 11% of such use. Heroin use remains stable at 17% compared to the 16% reported in 2010. Cannabis use also remains stable among female clients in treatment with a consistent percentage of 13% for both 2010 and 2011.

The median age remains consistent with 2010, showing that 32 years of age for the median for heroin users. Cocaine and cannabis users' median age for 2011 is reported as 30 and 25 years old respectively.

Gender and Age of All Treated Clients 2011 by Primary Drug

2011	share%	female%	median age
Heroin	77	17	32
cocaine	12	11	30
cannabis	7	13	25

Table 4.4

Source: Merged Treatment Data Files 2011

Among first treated clients, female clients using heroin as their primary drug increased to 24% from the 19% reported in 2010. The percentage of female clients using cocaine as primary drug decreased by 4% in 2011, with 12% compared to 16% in 2010. The most significant increase in female primary drug use is that due to cannabis use, with a 15% increase in 2011 (24%) compared to 2010 (9%).

Unemployment among first treated clients stood at 37% for 2011, an increase of 4% over 2010 (33%). Female clients who were unemployed increased to 27% compared to the 21% reported in 2010.

Injecting behaviour among first treated clients stood at 29% whilst sniffing was reported at 22% and smoking/inhaling was reported by 36% of this client group.

Profile of First Treated Clients 2011 by Primary Drug

2011	share %	female %	median age	unemployed%	route of administration			frequency of use			
					Inject %	smoke/ inhale%	sniff %	Daily%	2-6 days per week%	>once a week %	not used/ occasional %
heroin	41	24	28	55	59	33	6	78	8	5	5
cocaine	25	12	27	30	17	15	62	37	27	19	17
cannabis	19	24	23	24	0	100	0	58	18	13	11

Table 4.5

Source: Merged Treatment Data Files 2011

CHAPTER 5

DRUG-RELATED TREATMENT

5.1 OVERVIEW

This chapter is intended to provide an update of the availability of drug related treatment services within Malta and Gozo. These interventions include drug-free treatment and pharmacologically assisted treatments that are available on an inpatient as well as outpatient basis. Previous reports have provided a comprehensive description of drug treatment service provision. This section will provide information on new developments within the drug treatment sector and will also highlight the main findings on trends related to the treatment demand of drug users.

5.2 TREATMENT SYSTEMS

In Malta there are five main drug treatment providers. Three of these services are provided and funded by the government: Sedqa, the national agency against drugs and alcohol abuse which forms part of the Ministry of Education, Employment and the Family, SATU (Substance Abuse Therapeutic Unit) which is a prison based facility and falls under the responsibility of the Ministry of Justice and Home Affairs; and the DDU (Dual Diagnosis Unit) within Mount Carmel Hospital that falls under the responsibility of the Ministry of Health the Elderly and Community Care. Caritas and Oasi are voluntary treatment providers which receive partial financial support from the Government.

Additional information regarding residential treatment on the Maltese islands is covered in Chapter 11 of this report, Residential Treatment.

5.3 NEW DEVELOPMENTS

The planning at Mount Carmel Hospital of a Dual Diagnosis Unit for female patients is under way. This unit will cater for approximately 6 beds. Female patients suffering from dual diagnosis are currently receiving services in Female Ward 1, which is a long-term admission ward catering for persons experiencing the whole spectrum of psychiatric disorders.

In November 2011, a service-evaluation exercise conducted with residents of homes that provide services for people with difficulties related to drug or alcohol use was done by the Research and Standards Development Unit within the Department for Social Welfare Standards (Vassallo. J, 2011). This exercise was initiated in light of the creation and publication of standards for residential services for people with difficulties related to Drug- or Alcohol-Use with the main aim of improving the quality of life of service-users.

Service providers were all involved in the development of such standards, and consistently present at working group meetings. Comments from ex-service-users on the draft standards were received and included in the working group discussions. Throughout the development process of these standards, concerns were raised about the fact that the standards document would be considered too lengthy and largely incomprehensible to a good number of service users. The service-evaluation survey offered a more comprehensible and indirect way of gaining knowledge that would inform the development of the standards and direct the focus of standards implementation on areas in which service-users consider more important or as having most needs.

One of the highlights of the results of this survey was the rating of the overall service received with 33% of respondents claiming that the service received is 'excellent' and 32% claiming that it is 'very good'. 15% stated that the service is 'not bad' and 3% classified the service as 'bad', while none of the respondents chose the 'very bad' option.

5.4 PHARMACOLOGICALLY- ASSISTED TREATMENT

Methadone is the most commonly prescribed form of medically assisted treatment for drug users in Malta. It is distributed in Malta through SMOPU. Of a total of 1160 individuals making use of SMOPU services in 2011, 1107 persons (95%) received substitution treatment. Table 5.1 below shows the yearly intake and percentage of individuals receiving substitution treatment over the last three years. During these last three years there was a slight increase in clients using the SMOPU services, the highest increase was in 2011 with 41 more clients than the previous year whereas the difference in the number between 2010 and 2009 was 7%.

Total Clients receiving Substitution Treatment and Percentages in 2009, 2010 and 2011

Year	2009	2010	2011
Total number of Clients	1112	1119	1160
Clients in Substitution Treatment	977	1069	1107
Percentage	88%	95%	95%

Table 5.1

Source: SMOPU Data 2009, 2010 and 2011

The following table 5.2 shows the different types of treatment individuals received while attending SMOPU in 2011 according to gender.

Type of Substitution Treatment Received at SMOPU and the Number of Clients by Gender in 2011

Type of Treatment Received	Gender		Total
	Male	Female	All
Methadone	821	192	1013
Buprenorphine	32	5	37
Methadone and Buprenorphine	21	6	27
Methadone and Other	9	4	13
Buprenorphine and Other	2	0	2
Methadone, Buprenorphine and Other	1	1	2
Other Type of Treatment	13	0	13
Not Receiving Substitution Treatment	43	10	53
Total Number of Clients at SMOPU	942	218	1160

Table 5.2

Source: SMOPU Data 2011

5.5 TREATMENT DEMAND

According to the Treatment Demand Indicator Data in 2011 there were a total number of 1862 different individuals who made use of any of the five treatment services. This shows that there was a total of 4% decrease from the previous year (1936 for the year 2010). Of these, a total of 203 individuals were first time users, demonstrating that the majority of the decrease is due to a reduction the number of first time users of the services. Figures show that there was a consistent increase of previously treated clients, with 89% of all treated clients being previously treated by any of the service providers on the islands. As described above a decrease of 5% was noted in individuals attending a service for the first time. (Please refer to figure 4.2 in the Annual Report). There are various possible explanations for such a decrease but at this stage no analysis has been conducted to provide the basis for such a change. The majority of individuals (1554) were males (84%) whilst the remaining 308 (16%) were females who made use of such services in 2011.

Table 5.3 provides a snapshot of client distribution within each service provider on the Maltese islands taken from the TDI data the service providers pass on to the NFP. Though merged data shows that there were 1862 unique individuals attending these services, some also attended two or more services throughout 2011. It is also important to note that client distribution within the service is not shown in the table as the table shows clients' first or last contact with a service during 2011.

Snapshot of Total Number of Clients Receiving Treatment by Agency in 2011

Service Provider	Programmes	Clients 2011*
Sedqa	SMOPU	1160
	Community Services and Residential	504
		1664
Caritas	Community Services and Aftercare	533
	Residential + Re-Entry	40
	PIP and CCF Outreach	28
	Harm Reduction Shelters	22
	Evening Programme	24
		647
OASI	Community Services and Outreach	59
	Residential and Half-way house	27
		86
Mount Carmel Hospital	Dual Diagnosis Unit	67
		67
CCF	Prison Inmates under Treatment	107
	SATU	7
		114
	Total	2578

Table 5.3

Source: TDI Data from Service Providers Listed, 2011 Data

*The clients listed are individuals who attended such services but not the times they attended or admitted to such services for every individual service provider. An example is the DDU where one sees that there were 118 admissions in 2011 but there were only 67 unique individuals admitted.

Thus, though there were a total of 2578 individuals attending all services, only 1862 were unique individuals using one or more services.

This table also excludes movement of clients within the same service as the table has been extracted from the TDI data provided by the service providers. Data on TDI refer to the first or last contact made by a client in a particular service during 2011. It is this data that is recorded on the TDI.

CHAPTER 6

HEALTH CORRELATES AND CONSEQUENCES

It is now well established that drug use and abuse can lead to health related consequences that include both cognitive aspects as well the more known physical symptoms. At the extreme end of the scale both use and abuse may lead to death. As such, this chapter discusses health issues that are often brought about through, or together with the use and abuse of drugs. Among these are fatal and non fatal overdoses, drug related infectious diseases and mental health problems related to the use of drugs.

6.1 Drug-Related Deaths and Mortality of Drug Users

The definition used in Malta for an acute drug-related death (DRD) is the same as that given by the EMCDDA, 'deaths caused directly by the consumption of drugs, generally occurring shortly after the consumption of the substance'.

The number of drug related deaths is routinely documented by the National Mortality Register (NMR) and the Police Special Register (PSR). The NMR only collects data on Maltese Nationals or Maltese residents, whereas the PSR collects data on all who die as a result of drugs, even if they are non-residents.

During 2011, 4 drug related deaths were reported by the Police Special Registry whilst during 2010, the reported deaths were 5. In 2009, 7 drug related deaths were reported by the same registry. The number of drug related deaths reported seems to be consistent with previous years in which they were reported to be between 5 and 8, but it is the lowest ever for 2011 but more or less akin to the numbers in the three years prior to the year 2000. The only exception resulted in 2007, during which a total number of 11 drug related deaths were reported, the highest number of reported cases in the last 20 years.

Evolution of Deaths

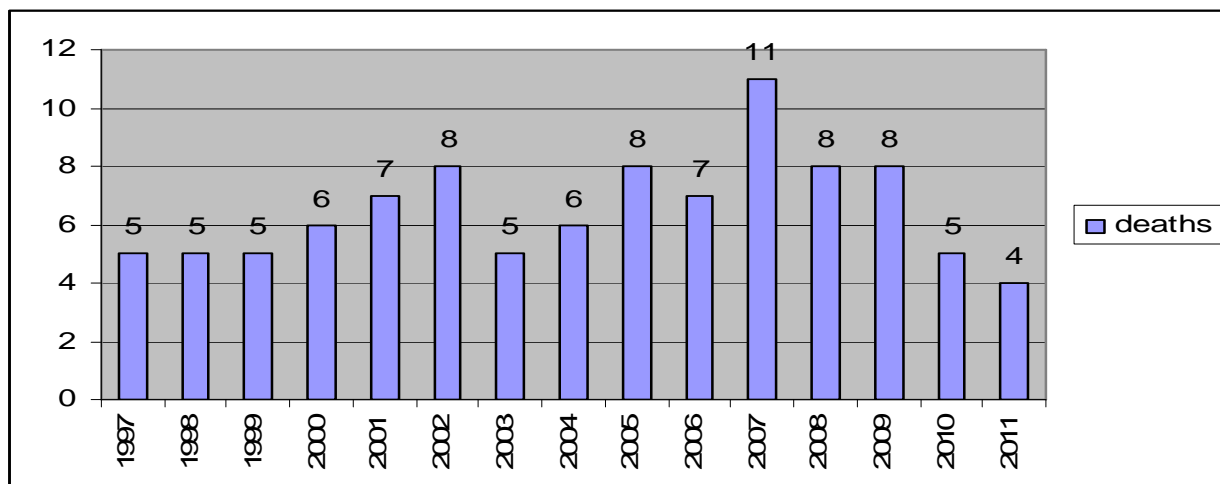


Figure 6.1

Source: National Mortality Registry 1997-2011

Between 1999 and 2011 the mean age of those succumbing to such has continued to fluctuate between 26 years and 38 years of age. The mean age for 2011 is 35 years old. These variances in mean age are mainly due to the small size of the numbers reported and may not be indicative of any increase or decrease related to age.

Mean Age of Drug Related Deaths between 1999 and 2011

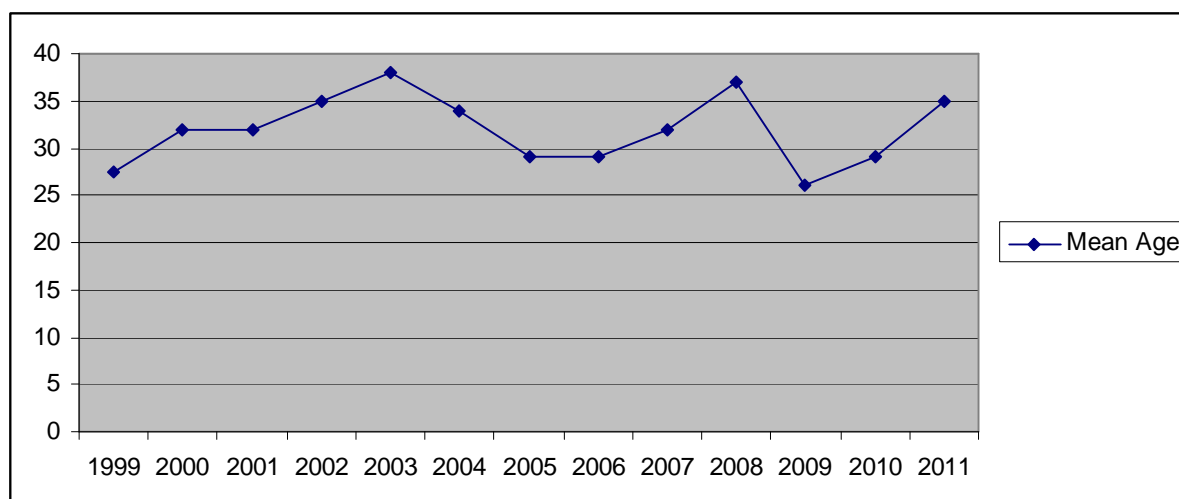


Figure 6.2

Source: National Mortality Registry 1999-2010

6.2 Drug-Related Infectious Diseases (DRIDs)

DRIDs are defined as diseases contracted as a direct or indirect result of using drugs. This section provides data on the level of Hepatitis C (HCV), Hepatitis B (HBV) and HIV amongst drug users. The Substance Misuse Out-Patient Unit (SMOPU) within Sedqa, conducts tests on drug users attending the outpatient service. The results of tests for the years 2009-2011 are presented in Figure 6.3. As in previous reporting years, only injecting drug users (IDU) registered with SMOPU in any given year are included in this data set, and from those, only those tested in that year are included. The results may therefore be biased downwards and therefore possibly underestimates. In 2011, 153 tests were carried out, resulting in 33 new cases of HCV. The number of tests carried out in the years 2009-2011 are presented in Table 6.1. Figure 6.3 shows that the percentage for Hepatitis C infections has decreased as compared to 2010 and those for Hepatitis B and HIV very low as in previous reporting years. In the last three years no positive tests for HIV have been recorded whilst there was only one new case for Hepatitis B (HBV) in 2011 and two new cases for the year 2010.

Data Source SMOPU	Anti HBC	IDUS HCV	HIV
2009 Number Tested	93	121	125
2010 Number Tested	152	183	206
2011 Number Tested	137	153	186

Table 6.1
Data Source: SMOPU 2009-2011

Positive Results for HBv, HCV and HIV between 2009 and 2011

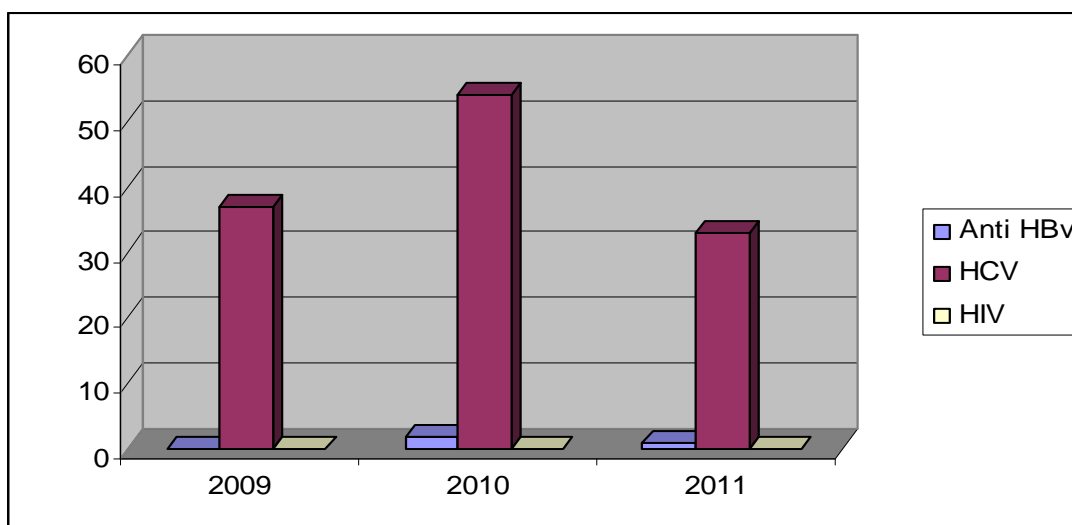


Figure 6.3

Source: SMOPU Data Files 2009-2011

6.3 Psychiatric co-morbidity (dual diagnosis)

There are 3 specialised units for the treatment of clients with dual diagnosis – The Dual Diagnosis Unit (DDU) at Mount Carmel Hospital, the Dual Diagnosis Outpatient Clinic at Sedqa's Substance Misuse Outpatient Unit (SMOPU) and the prison pre-release programme at the Substance Abuse Therapeutic Unit (SATU).

During the last year, contact with the Female Ward 1 in Mount Carmel Hospital was established. This ward manages female patients suffering from dual diagnosis and thus a clearer picture of all DDU patients will be in the offing for the year 2012.

There were 65 individuals who made use of the Dual Diagnosis Unit in 2011. The individuals were all male and were all daily users of illicit drugs.

Percentage of All Treated Clients by Age Group in 2011

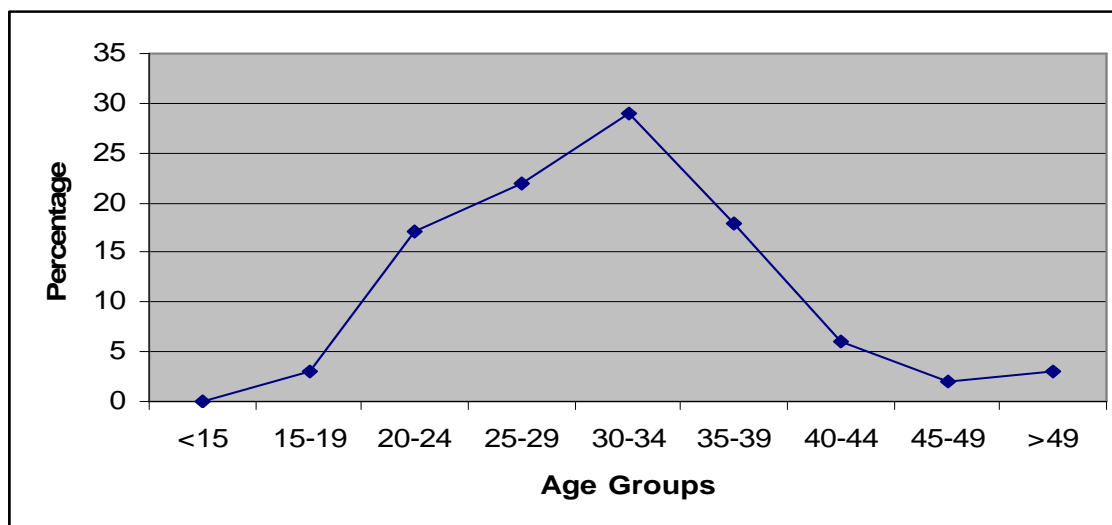


Figure 6.4

Source : Dual Diagnosis Unit 2010

A total percentage of 42% of individuals were less than 30 years of age, down 4% from the year 2010 which recorded a percentage of 46%, with the majority (22%) were in the age bracket of 25 to 29 years old. The second most popular age group was between the ages of 30 to 34 years (29%), (Figure 6.4). Of all the first treated individuals (32% of all clients at DDU) the mean age was of 32 years, similar to that reported in the previous year.

	Share % 2010	Share % 2011	Median Age 2010	Median Age 2011
Heroin	60	83	30	31
Cocaine	5	12	25	28
Cannabis	1.6	3	34	26

Table 6.2

Source: Dual Diagnosis 2010-2011

Table 6.2 shows the percentage of individuals according to their drug of primary use and their median age for the year 2010 and 2011 (Table 6.2). The majority of the individuals (83%) make use of heroin as their primary drug. This shows a marked increase in the

substance when compared to the previous year (60%). Heroin is followed by cocaine (12%). This shows more than a doubling for cocaine as compared to 2010 (5%). A similar scenario is also prevalent with respect to cannabis in which 3% was recorded 2011 against the 1.6% for the previous year. The general pattern however is still that heroin is the major drug for the population of individuals attending drug related services.

6.4 Other Drug-Related Health Correlates and Consequences

Non-Fatal Overdoses (NFODs)

NFOD data are obtained on a yearly basis from the Police Drug Squad records.

The year 2011 saw a significant decrease over the previous two years, with the amount registered at 168 reported cases. Data reporting for 2011 shows that the figures are similar to the year 2000 (191 cases).

Non-fatal over doses related to the abuse of illicit drugs in 2011 also saw a significant decrease as opposed to the previous two years, with a total of 42 reported cases (25% of all reported cases). In 2010 the figure stood at 59 (26% of all cases) compared to the 65 (29% of all cases) in 2009. Figures show that there was a 29% decrease compared to 2010, but still an increase compared to previous reporting years, with 19 cases reported in 2007 (20%) and 28 cases in 2008 (27%).

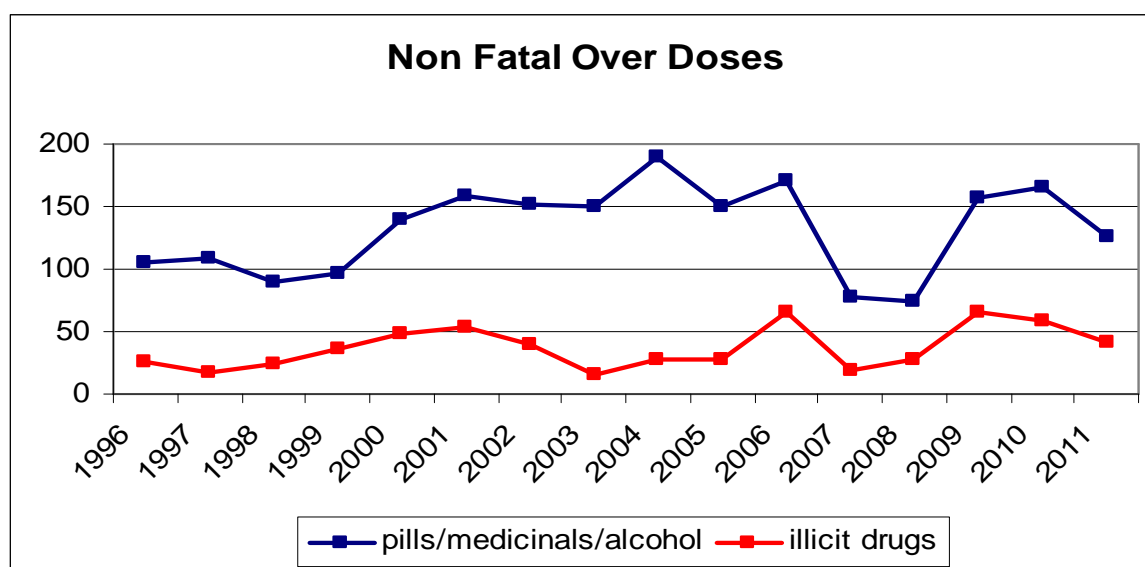


Figure 6.5

Source: Police Drug Squad Records 1996-2011

The proportion of overdoses which are related to the use of illicit substances has shown some decrease in 2010 (26%) compared to 2009 (29%) and this trend continues in 2011 with 25% of all non-fatal overdoses, while overdoses linked to medicinal products still contribute the greater majority of cases reported (75%). As reported in previous National Reports, prescription drugs are more easily obtained, making it easier for the occurrence of abuse to remain high.

Pregnancies and Children Born to drug Users – Methadone Babies

The Special Care Baby Unit provides the necessary care for babies born to dependent mothers who need withdrawal therapy in the form of morphine syrup.

Methadone Babies					
Year	Mothers attending SMOPU on Methadone	Mothers not attending SMOPU	Stillbirths/ miscarriages	Healthy babies on opioid replacement therapy	Babies born not requiring opioid replacement therapy
2007	18	0	2	13	3
2008	22	0	1 (cot death at 3 months)	16	7
2009	19	5	3	11	10
2010	15	0	2	11	2
2011	17	7	3	12	9

Table 6.3

Source: 2007-2011 report from SMOPU

Table 6.3 shows an increase of mothers reportedly being users of illicit substances, with 24 women in 2011 against 15 in 2010. Nonetheless there has been an increase in number for babies who do not need opioid replacement therapy, with figures more similar to the year 2010.

CHAPTER 7

RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

Among the main objectives which are listed in the National Drugs Policy 2008, great importance is given to the protection of public health through the prevention and reduction of drug related harm.

The main measures listed in the document are related to the dissemination of information to the general public as to the dangers and consequences which may be brought about by drug use. These measures are aimed to:

“promote a culture that discourages the use of illicit drugs and misuse/abuse of prescription and non-prescription medication and paraphernalia such as food and drink associated with such use” (Action 30, National Drugs Policy 2008)

Besides offering information to the general public through the various prevention initiatives taken on board on a national level, the policy also aims at ensuring that vulnerable groups receive adequate information regarding the dangers of drugs and services which are made available to those who may find themselves in difficulties related to drug use. The policy states that the Ministry shall be responsible to:

“plan and develop the co-ordination of social integration services with a view to (a) prevent potential users from falling victim of illicit drug use and misuse/abuse of prescription medication, and (b) help rehabilitate users avert relapse” (Action 27, National Drugs Policy 2008)

These measures are involved with services that effectively deal with promoting prevention and diverting drug using behaviour, but also give due importance to the need to ensure that current harm reduction measures, which address the health and social needs of current drug users, are maintained and possibly improved where such improvement is deemed necessary.

“Improve those harm reduction measures which shall be applied in the case of drug users where abstinence from illicit drugs and prescription and non-

prescription medication misuse/abuse is not immediately viable or realistically possible” (Action 24, National Drugs Policy 2008).

In order to achieve targets related to the prevention and reduction of drug related harm the National Drugs Policy also makes reference to the importance of strengthening collaboration by involving all stake holders which may contribute to the implementation of the various measures listed in the policy document.

“strengthen co-ordination among stake holders, including Youth Organizations, Professional Bodies and Local Councils. To promote a co-ordinated and focused approach in the national commitment to combat illicit drug use and misuse/abuse of licit medication”, (Action 34, National Drugs Policy 2008)

7.1 Prevention of Drug-Related Deaths

There have been no new developments in relation to those preventative measures already in place targeting the reduction of drug-related deaths in the reporting years (see previous National Reports).

7.2. Interventions Related to Drug-Related Infectious Diseases

Hepatitis C

Free blood screening as well as pre and post test counselling for Hepatitis C takes place at the Substance Misuse Outpatient Unit (SMOPU). Hepatitis C pre and post test counselling and testing is also offered to clients who are undergoing a drug residential programme. Other settings where testing takes place include prison (CCF), where all inmates are tested upon admission. The Genitourinary (GU) clinic within the department of health also provides a service for free testing of sexually transmitted diseases to the general public. Contact tracing is also affected by this unit as well as by the Department of Public Health’s Disease Surveillance Unit (DSU), which, by law, is meant to receive all Hepatitis C notifications.

Treatment for Hepatitis C includes Interferon treatment alone and Interferon/Ribavarin combination treatment. Drug users who have contracted chronic Hepatitis C and who are still

using drugs are not eligible for treatment as the criteria for eligibility for treatment include drug abstinence and termination of methadone treatment for at least one year.

HIV

The prevention of HIV amongst drug users is similar to that of Hepatitis C. Blood screening and pre and post test counselling is provided by SMOPU, CCF, the GU clinic and the XEFAQ service offered by Caritas. Unlike Hepatitis C, the prevalence of HIV amongst drug users appears to be low in Malta (no cases of HIV among drug users were notified in 2009 and 2010). By law, since 2004, HIV has become a notifiable disease and the DSU is responsible for receiving these notifications and conducting contact tracing. Treatment depends on decisions taken clinically by the infectious diseases consultant.

Hepatitis B Vaccine

Testing and vaccination for Hepatitis B is a free of charge service provided by health centres to the general public. SMOPU provides a free of charge and highly accessible screening and vaccination program to all drug users who are attending the clinic. Prison inmates are screened on admission for Hepatitis B. A vaccination program for inmates has been started in 2007. The prevalence of Hepatitis B amongst drug users is low in Malta (about 1.6%).

Needle and Syringe Availability

Syringe distribution started in Malta in the 1980's as a consequence of the HIV threat to drug users and reached national coverage in 1994. Subsequently, the number of syringes distributed yearly has risen steadily (Figure 7.1), with an increase of 1.4% in 2005 compared to 2004, and of 2.5% in 2006 compared to 2005. During the year 2008, a decrease of 8% from 2007 was registered in the number of syringes distributed. During 2009 a total of 309,315 syringes were distributed through health centres. This indicates an increase of 11% over 2008. This figure shows the return to levels prior to 2008 and thereon the steady increase as seen in previous years. In 2010 a further increase of 4% over 2009 was reported, bringing the total number of syringes distributed to 321,361. Though there was a steady increase in 2009 and 2010, there has been a decrease of 10% in 2011, bringing the total number of syringes distributed to 289,940.

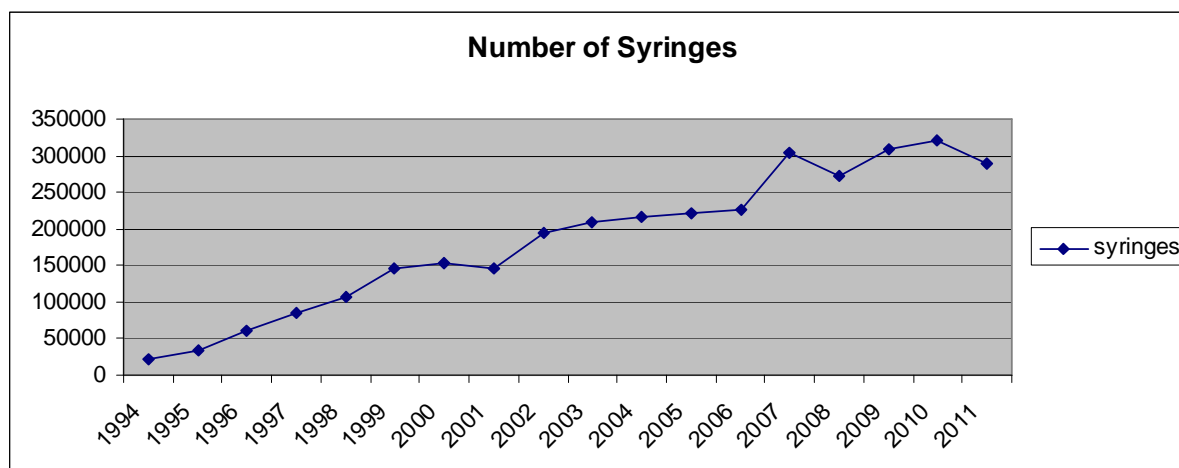


Figure 7.1
Source: Department of Primary Health Care Data 1994-2011

7.3 Interventions related to Psychiatric Co-Morbidity (Dual Diagnosis)

The Dual Diagnosis Unit (DDU) at Mount Carmel Hospital serves to detoxify, stabilise and provide medication to dual diagnosis clients. Referrals to and from other drug treatment agencies are often made. The nursing staff provides patients with basic problem-solving interventions however therapeutic input is limited and further supervision and training in the areas of motivational interviewing, group work, individual and family therapy are needed. Some clients typically discharge themselves against medical advice. Such persons are increasingly susceptible to drug overdose due to their concomitant use of illicit drugs and pills.

SMOPU offers a psychiatric service for clients with varying degrees of mental health problems. The aim of this service which commenced in 2004 is stabilisation of drug use through substitution treatment and treatment of the psychiatric condition.

The standardisation of clients' intake assessments has enabled drug treatment agencies to detect the signs of any co-morbid conditions more easily. This has meant that agencies are now working more closely and in parallel with psychiatrists and psychologists in order to treat clients with psychiatric co-morbidity more effectively. Additionally, whereas in the past, rehabilitation centres did not accept clients on psychotropic medication, in recent years a large number of clients entering rehabilitation are on medication, although rehabilitation centres still do not cater for clients who are psychotic or who are severely depressed.

In order for the needs of clients with psychiatric co-morbidity to be addressed more effectively, common definitions and tools need to be used across the different specialised drug treatment agencies. Also clear working protocols regarding the initial diagnosis, treatment plan and referral of clients to different services and agencies need to be established. Finally, training of staff members in the management of clients with dual diagnosis is essential if agencies are to be in line with best practice when intervening with this type of client group.

7.4 Interventions Concerning Pregnancies and Children Born to Drug Users

Pregnant Substance Misusing Mothers:

During the year 2011, 17 substance misusing women attending the Substance Misuse Outpatient Unit (SMOPU) were pregnant. Another 7 expecting mothers did not use the service, totalling to 24 individuals. Of these, 3 women suffered a miscarriage.

The other 21 mothers all delivered healthy babies. Among the new born children, 12 infants had withdrawal symptoms and were given oral morphine as a substitute. The remaining 9 babies did not have enough withdrawal symptoms that required opioid substitution treatment.

Child Protection Services:

‘Appoġġ’ is the National Agency which is directly responsible for child protection services within the country. It aims at offering comprehensive social work services according to the individual needs of children.

In 2011, of all the cases investigated by ‘Appoġġ’, 51 children were issued care orders, an increase from the 36 cases reported in 2010. Out of these children, 21 were issued care orders in relation to drug using parents. This shows a reduction of three cases, with a percentage of such cases being 41%, against the 67% of cases having drug using parents.

In relation to fostering cases, there has been an increase from the last reported year (2010). The year 2011 saw 89 children whose parents/s had drug related problems, in foster care, out of 259 children. In the year 2010 there were 63 children in foster care whose parent/s had drug related problems.

CHAPTER 8

SOCIAL CORRELATES AND CONSEQUENCES

8.1 Drug-Related Crime

Police Arrest Data

Between the years 2009 and 2011 there have been slight fluctuations in relation to arrests related to possession and trafficking of illicit drugs. In 2010 there has been a reduction of 19% (506) when compared to 2009 (623). In 2011 there has been an increase of 7% (542) over the preceding year.

Arrest data can be affected by law enforcement strategies, levels of police enforcement and also by the level of substance abuse problems within the country. Because data may be affected by any of these individual factors, and at times by a combination of all three factors, it is very difficult to establish any concrete conclusions regarding any changes registered in the amount of arrests taking place.

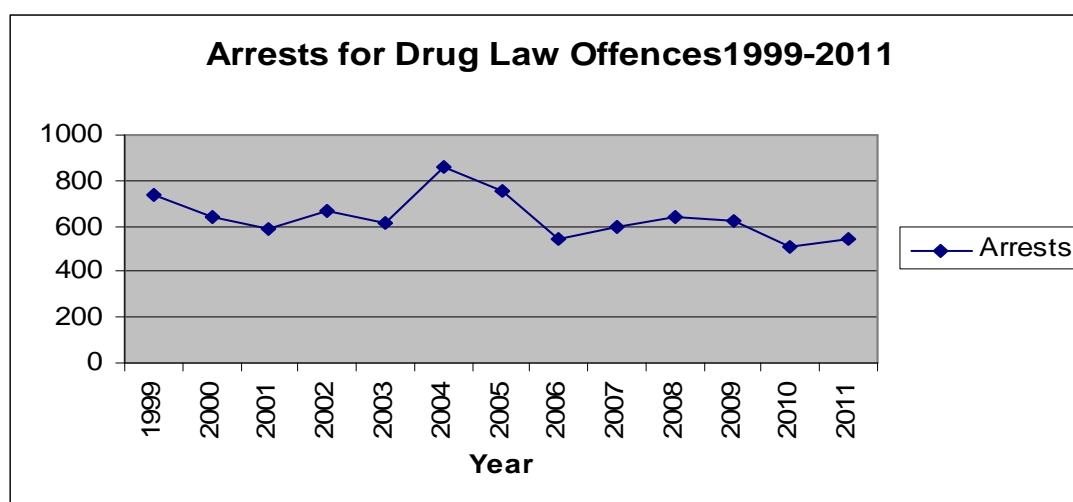


Figure 8.1

Source: Police Arrests Files 1999-2011

In 2011, 542 arrests for drug law offenses were executed by the Malta Police Force, as compared to 2010, where 506 arrests were made. Out of these arrests, 388 individuals were arraigned. A total of 259 arraignments were related to possession of drugs while 129 were related to drug trafficking offences. Most charges for possession involved cannabis, heroin and cocaine.

In 2010, the greatest number of arrests related to trafficking were related to trafficking of heroin (31%), followed by cocaine (21%) and cannabis (19%), whilst in 2009 the greatest number of arrests for trafficking was for cocaine (40%), and followed by heroin (29%) and cannabis (22%). In 2011, cocaine was once again the drug for which the most arrests were executed, with 32% of all arrests, followed by cannabis with the highest percentage in these last three years (30%). Heroin arrests saw a decrease in 2011 with 24%, the least percentage arrests.

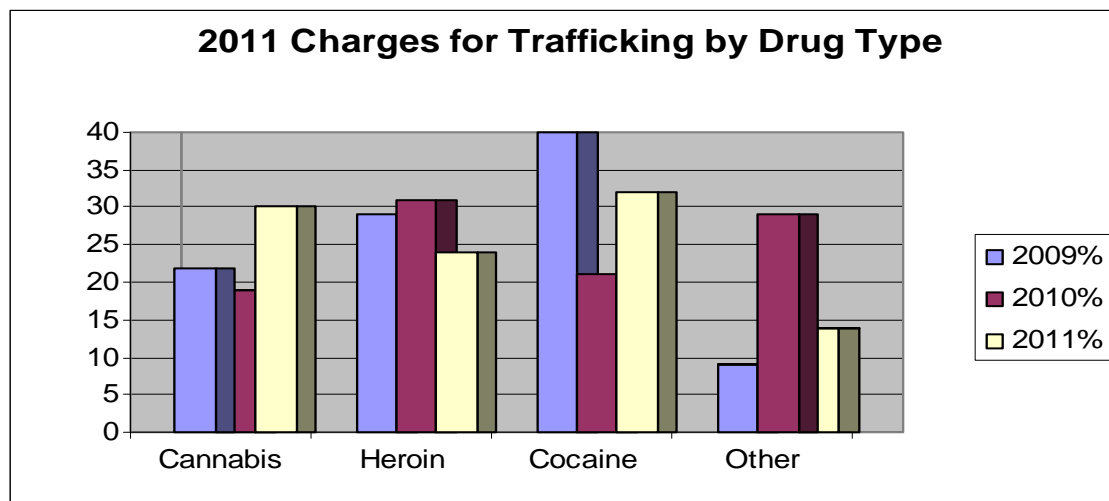


Figure 8.2

Source: Police Arrests File 2010-2011

Demographic characteristics of arrestees charged with drug offences

In 2011, 86% of all individuals charged for either possession or trafficking were male (334 males) while 54 females were charged (14%). This shows a 2% decrease in the female population arrested over 2010, where of the 506 persons arrested in 2010, 424 (84%) were male while 82 (16%) were female. The majority of people arrested in 2011 were Maltese, (87%), an increase over 2010 (72%) and 2009 (75%). Most persons charged with drug possession in 2011 were aged between 15 and 29 years (63%), whereas most persons charged with drug trafficking in the same year were aged between 20 and 34 years (54%), (Figure 8.3).

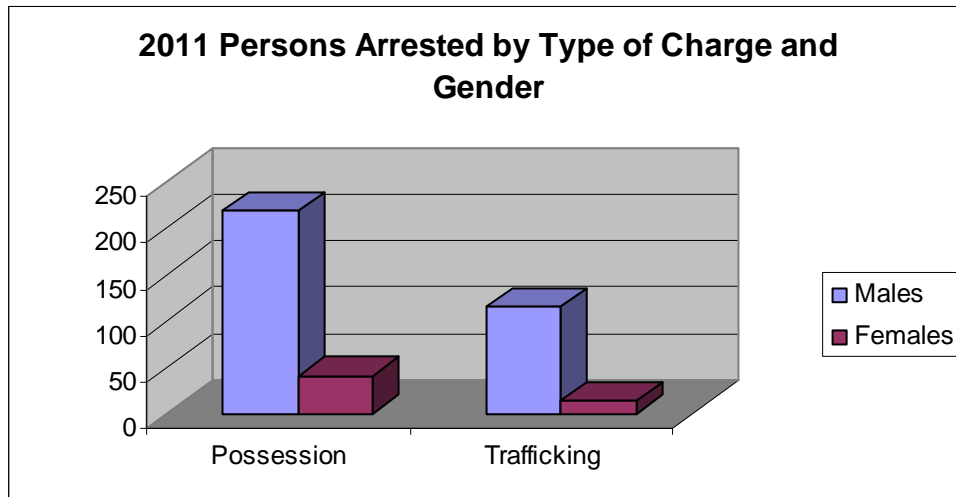


Figure 8.3

Source: Police Arrests Merged Files 2009, 2010 and 2011

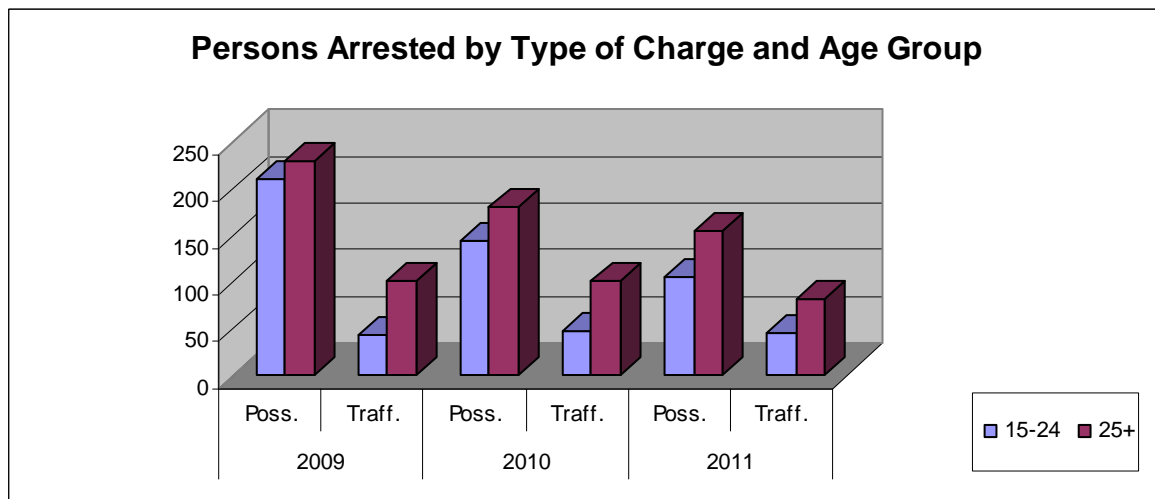


Figure 8.4

Source: Police Arrests Merged Files 2009, 2010 and 2011

Young people aged between 15 and 24 years were most likely to be apprehended for possession of cannabis with 39% of all apprehensions in this age cohort. It is worthy of note that in this same age bracket, cocaine sees 38% of all apprehensions in 2011, only a percentage below that of cannabis. Adults of 25 years or older on the other hand were most likely to be arrested for the possession of heroin or cocaine.

Young people aged 15 to 24 arrested for drug trafficking offences during 2009 were more likely to be arrested for trafficking cannabis (42%) followed by cocaine (20%), a reversal from data related in 2010 which saw cocaine followed by cannabis. The majority of persons 25 years or older were arrested for dealing in heroin and cocaine. Figure 8.5 shows the charges made by the police according to age.

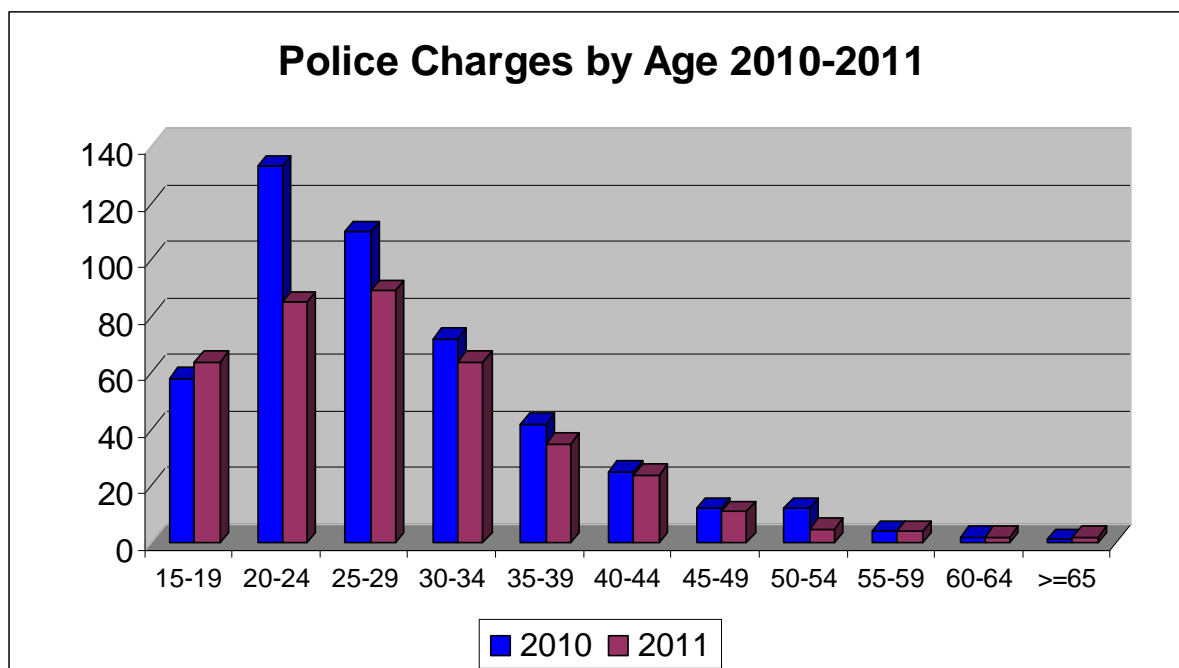


Figure 8.5

Source: Police Arrests Merged Files 2009, 2010 and 2011

Court Judgments:

During 2011, 136 new cases for drug possession were brought before the courts. This is in contrast with data provided for 2010, with nearly three times as much from the 49 new cases reported in 2010. Of these cases, 128 were brought before the Maltese Courts while another 8 were brought before the Gozo Courts. The great majority of individuals charged with possession were males (89%), an increase of 5% from 2010 (males being reportedly 84% in 2010). Thus the number of female individuals brought before the courts on possession charges decreased from 16% in 2010 to 11% in 2011. The mean age of persons brought before the court was 27 years, the same as that for 2010.

The majority of individuals were charged with possession of heroin (32 cases), followed by possession of cocaine (41 cases) and cannabis (31 cases). Other cases were related to the possession of ecstasy (9 cases) and amphetamines (6 cases). Figure 8.6 shows the differences in percentages for possession cases between the years 2010 and 2011, with the majority of cases being possession of cannabis (18 cases), followed by cocaine (14 cases) and heroin (11 cases).

Comparative Percentage of Charges According to Possession 2010 -2011

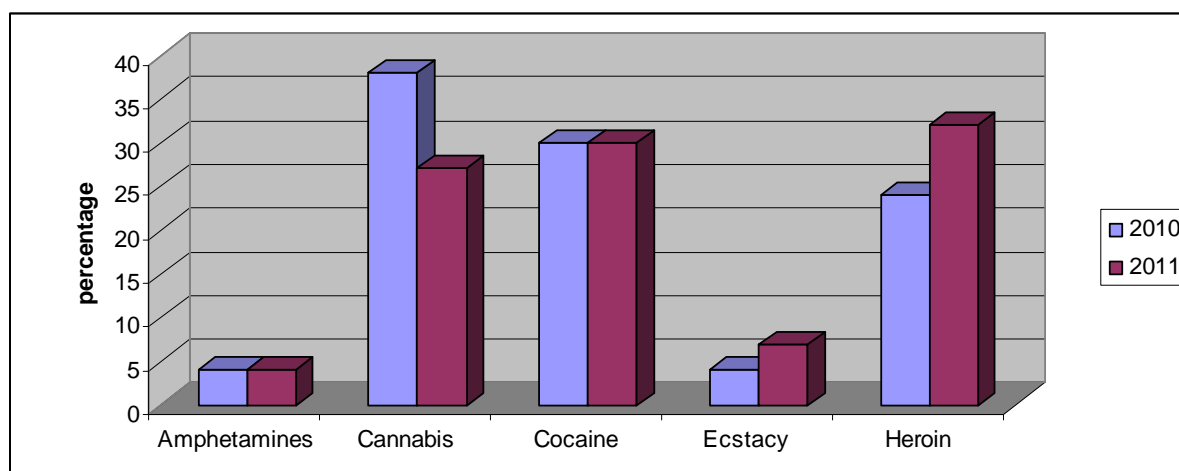


Figure 8.6

Source: Malta Law Courts 2010/2011

The majority of cases resulted in a conditional discharge, 68% of all cases, an increase of 5% over 2010 (63%), while 6% were handed a probation order, a decrease from 2010 (18%). Suspended jail sentences followed the same pattern as probation orders in that, only 0.5% of all sentences for 2011 resulted in suspended sentences against the 6% for 2010. In 2011 however, 10% were sentenced to a prison term, an increase in comparison to 2010 of some 4%. There was also an increase in fines for 2011 with 14% of the total sentences handed down..

Outcome of Judgment for New Possession Cases in 2010 and 2011

Outcome of Judgement	Number of Cases 2010	Number of Cases 2011
Conditional Discharge	31	92
Probation	9	8
Suspended Jail Term	3	1
Imprisonment	2	14
Fine	2	19
Acquittal	1	2
Sentence Appealed	1	0

Table 8.1

Source: Malta Law Courts 2010/2011

Probation Services Data

During 2011, the Probation Services had 296 clients with a known drug problem, an increase of 55 clients over 2010 (241 clients). The majority of clients for 2011 (87%) were male, only 1% more than in 2010 (86%). The average age among clients was 29 years for 2011, as with 2010 (29 years). A total number of 175 persons were known to have problems related to heroin use (59%), a decrease in percentage from 2010 (71%). Cannabis users among probation service clients in 2011 amounted to 72 (24%), a 10% increase over 2010 (16%). In 2011 cocaine users were 44 (15%) an increase when compared to 2010 (12%). More than one percent used other drugs in 2011.

Figure 8.7 shows a trend in the choice of drug for clients with a known drug problem under probation. This trend shows a decrease in heroin use, though it is still the primary drug of the majority. There was an increase in the use of cocaine and cannabis, with the latter nearly doubling the percentage since 2009.

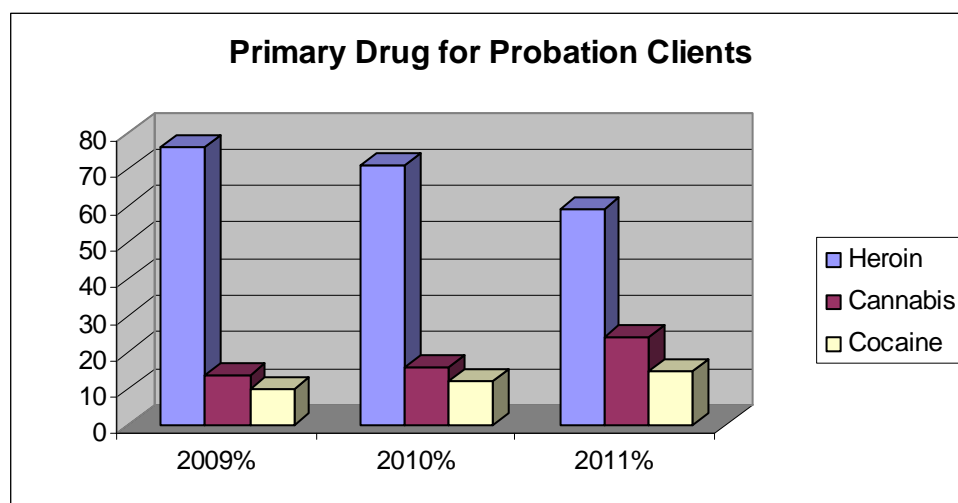


Figure 8.7

Source: Probation Data Files 2009/2010

Prison (CCF) Data

During 2011, 602 persons were in prison after arrest or sentencing. During this year, a total of 262 inmates were tested for drugs on admission, with 98 individuals testing positive to one or more drugs (inmates are tested for opiates, cocaine or cannabis). Table 8.2 shows the total number of positive results by quantity.

Type of Drug Resulting Positive	Amount
Heroin	23
Cocaine	21
Cannabis	22
Heroin and Cocaine	18
Cocaine and Cannabis	4
Heroin and Cannabis	5
Heroin, Cocaine and Cannabis	5
Total	98

Table 8.2

Table 8.3 and Figure 8.8 show that in 2011 there was a significant decrease of 16% for those entering prison found positive for heroin. People testing positive on entry into prison for cocaine have increased considerably from 10% in 2010 to 21% in 2011. Cannabis remained stable with 22% reported positive results as against the 23% for 2010.

	Heroin	Cocaine	Cannabis	Heroin and Cocaine	Heroin and Cannabis	All 3 drugs
2009%	36	11	28	15	7	3
2010%	40	10	23	17	6	4
2011%	23	21	22	18	5	5

Table 8.3

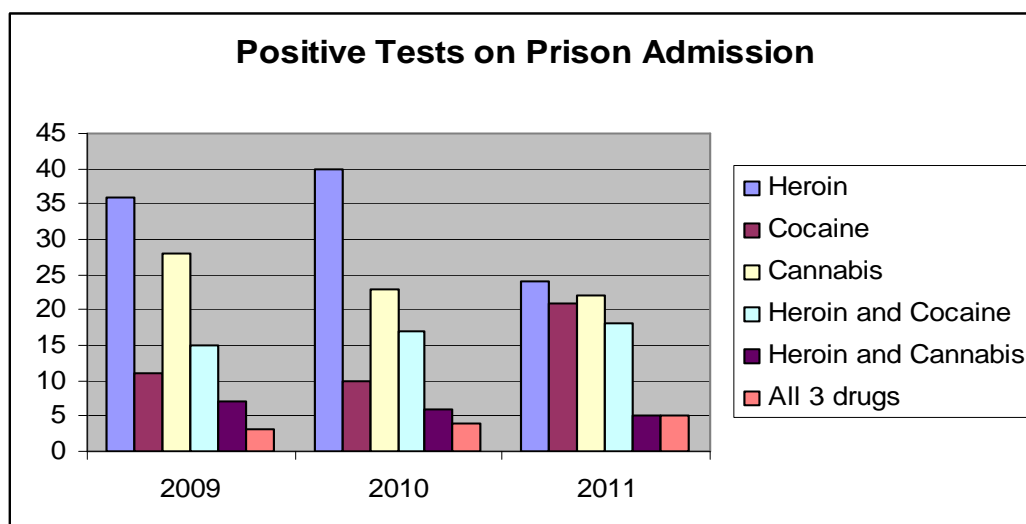


Figure 8.8

8.2 Drug Use in Prison

CCF used to conduct systematic random mandatory drug testing throughout the year but this practice was discontinued in 2009 due to administrative limitations. Random tests were however done on specific occasions related to either prison leave issues or else as a result of suspicion of drug misuse. Moreover, 2011 resulted in the appropriate preparations for these mandatory random tests to resume once again and in 2012 they have indeed been instigated.

CHAPTER 9

RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES

Problem drug use refers to a subset of drugs users that as a consequence of their drug use and related problems have become marginalised from society. These problems normally involve health related issues and social ones such as no fixed abode and criminal proceedings. Often these in turn in lead to loss of a job and income compounding the problem even further and thus these provide the ingredients for social exclusion. Consequently, social integration is now a necessary part of treatment if the treated user is to get back on his/her feet again and become a valued member of society.

9.1 Social Reintegration

Training and Employment

The Employment and Training Corporation (ETC) together with the drug treatment agencies Sedqa and Caritas, Probation Services and Corradino Correctional Facility (CCF) work in tandem to provide training and employment for ex-drug users.

The Supported Employment Section within the Employment and Training Corporation supports and targets disadvantaged groups to enhance their capabilities in order that they may better integrate into the labour market through the Bridging the Gap Scheme. The Section assists these client groups by providing counselling and placement services together with referrals to adequate training programmes.

This scheme is designed to support the client during the transition period from unemployment to employment. It allows the employer to evaluate the performance of the client in the workplace, prior to proper engagement. The scheme offers the client a period of work exposure with an employer to enable him/her to demonstrate the skills needed for a particular job. The employer and ETC enter into an agreement regarding the work exposure period, whereby a client is placed on the scheme with the prospect of employment. The client is considered as an unemployed registrant without the obligation to turn up for his/her weekly signing-up.

The year 2011 saw 164 ex-convicts and 193 ex-substance abusers attend a mainstream training course offered by the Corporation and 55 persons have benefited from a work

exposure opportunity through the Bridging the Gap scheme during the past twelve months. Moreover, 29 ex-convicts and 31 ex-substance abusers were put on work exposure schemes.

The ETC also assists in offering training and educational support schemes for people who are serving a prison sentence. Collaboration between the ETC and CCF continued to be maintained during the year 2011. ETC sponsored training continued to increase both within the complex and with the number of inmates attending at Hal-Far. During 2011, 76 inmates received ETC organised training at the Corradino Correctional Facility.

During 2011, the Co-operation agreement with Caritas (Malta) was also revived. A similar agreement with the OASI Foundation operating in Gozo was also formalised.

The '(Ex-) Substance Abuse Monitoring Board' that comprises of representatives from ETC, Sedqa and the Department of Social Security, evaluates and monitors the employment status and employment prospects of particular clients and provides them with additional assistance if needed. During 2011, 30 clients were called in for an interview by the Ex-Substance Abuse Monitoring Board, while another 30 were referred to DSS upon their declaration that they are not fit to for any kind of employment.

The following chart shows registered unemployed in Part 1 and Part 2 unemployment schemes.

ETC Data	2009	2010	2011
<i>Registered Unemployed with ETC</i>	7,680	6,606	6,587
<i>Registered Unemployed known substance abusers</i>	209	202	202
<i>Registered Ex-prison inmates</i>	134	147	153
<i>Registry Unemployed 'social cases' – some substance abusers can fall under this category</i>	59	73	73

Table 9.1

Source: Employment and Training Corporation

9.2 Prevention of Drug-Related Crime

Arrest Referral Scheme (ARS)

The ARS aimed at referring first time drug offenders (for minor offences) to drug treatment / monitoring programmes was launched in July 2005 and became fully operational in September of the same year. Due to a number of difficulties, the arrest referral scheme was discontinued.

However, in 2011, the National Commission for the Abuse of Drugs (NCADAD), Alcohol and other Dependencies together with the National Coordinating Unit for Drugs and Alcohol (NCUDA) formed a working group so that discussions on the ARS could resume, and during the year 2012 the proposal for the setting up of the 'Arrest Referral Scheme and the Extra Judicial Body', aimed at first time offenders of drug possession for personal use, was submitted to the Minister of Justice, Dialogue and the Family and was approved by the Parliamentary Cabinet. Following approval by Cabinet a public consultation process on this scheme was launched. The NCADAD, together with the NCUDA have presented a report to the Minister concerned regarding the results of this consultation process with a focus on highlighting the way forward.

CHAPTER 10

DRUG MARKETS

10.1 Availability and Supply

Heroin continues to be the most widely used illicit drug among the client population. Most people in treatment for drug related problems seem to continue to be mainly users of heroin as their primary drug, as illustrated in Chapter 4 of this report. However, there has been an increase in the number of clients receiving treatment for cocaine and cannabis.

Herbal cannabis in Malta is generally locally grown, while cannabis resin is imported into the country from North African countries, mainly Tunisia and Libya. Heroin is imported primarily through North Africa (Libya, Tunisia), from Brussels or directly from Turkey. Cocaine is mainly smuggled through Schengen countries, particularly Spain. Ecstasy and other amphetamines are smuggled into Malta mainly from European destinations, particularly from Italy or directly from the Netherlands.

New psychoactive drugs are constantly being made available on the European market and authorities in Malta are informed immediately when one or a number of new drugs appear through the Early Warning System.

10.2 Seizures

During 2011, the total number of drug seizures amounted to 319, an increase of 9% in comparison with the total number of seizures made by Maltese Law Enforcement Authorities in 2010, which amounted to 293. Contrastingly, the number of arrests in 2011 shows a substantial decrease of 22% as compared to 2010. A detailed review can be found in chapter 8 of this annual report. However, the amount of drugs seized in 2011 is still greater than that as compared to the amounts registered for 2010. This is particularly the case for herbal cannabis and resin which more than doubled, with the amounts of more than 1.5kg for the herbal type and 89kg for resin (against 0.755kg for herbal and 42kg for resin in 2010). Khat seizures more than tripled as compared to 2010, with 1,401,000grams seized in 2011 with respect to 423,030grams seized in the previous year.

Total Amount of Drug Seizures

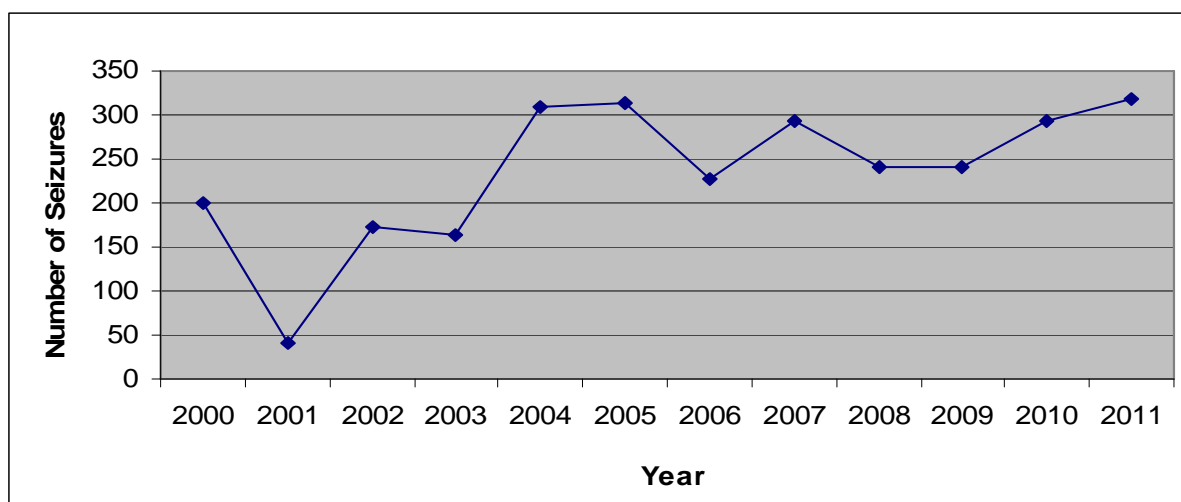


Figure 10.1

Source: Police Drug Squad Annual Reports 2000-2010

Quantities of Drugs Seized 2003-2011

Drug Type	2003	2004	2005	2006	2007	2008	2009	2010	2011
Heroin (grams)	5498.0	769.0	15487.2	1892.1	16427.1	8270.0	8410.0	5090.09	3967.38
Cocaine (grams)	3716.0	152.0	6398.1	4269.0	9518.5	21144.0	16005.0	4234.7	5354.77
Cannabis resin (grams)	34429.0	33081.0	19662.8	44987.3	2271.1	23410.0	23420.0	42771.33	89497.21
Cannabis grass (grams)	24532.8	2348.0	1886.6	2862.9	48.6	160.0	458000.0	755.45	1510.515
Cannabis seeds (num.)	48259.0	2281.0	0.0	0.0	183.0	0.0	0.0	160	0
Cannabis plants (num)	125.0	293.0	3.0	39.0	79.0	11.0	6.0	27	44
LSD (microdots)	0.0	0.0	3.0	0.0	8.0	0.0	0.0	8	0
Ecstasy (tablets)	8694.5	6071.0	17273.0	16479.0	30259.5	13677.0	21682.0	16400	2171
Amphetamines (grams)	0.5	69.0	1000.0	0	0.4	50.0	10.0	1.6	0.5
Mcpp (tablets)	0.0	0.0	0.0	50533.0	0.0	0.0	0.0	0	0
Khat (grams)	0.0	0.0	0.0	11812.3	200.0	0.0	0.0	423030	1401000
BZP (tablets)	0.0	0.0	0.0	170.0	62.0	0.0	0.0	0.0	0
BZP (grams)	0.0	0.0	0.0	9.9	0.0	0.0	0.0	0.0	0

Table 10.1

Source: Police Drug Squad Records 2003- 2011

The majority of persons caught trafficking drugs were Maltese Nationals (87%). The highest number of trafficking cases in 2011 were for cocaine, followed by cannabis and heroin,

which are in contrast to the figures for 2010 in which the highest number of cases were for heroin, followed by cocaine and cannabis respectively.

Traffickers by Nationality and Seizure Cases

Nationality	Drug Type				Total
	Cannabis	Heroin	Cocaine	Amphetamine type	
American	0	0	1	0	1
British	7	0	2	0	9
Chad	0	0	1	0	1
Danish	0	0	1	0	1
Egyptian	1	0	0	0	1
French	1	0	1	0	2
German	0	0	2	0	2
Guinean	1	0	0	0	1
Hungarian	1	0	0	0	1
Iraqi	0	0	1	0	1
Irish	0	0	1	0	1
Italian	0	0	2	0	2
Liberian	0	0	1	0	1
Libyan	1	1	0	0	2
Maltese	79	86	136	4	305
Moroccan	1	0	0	0	1
Norwegian	1	0	0	0	1
Palestinian	0	0	1	0	1
Polish	0	3	0	0	3
Portuguese	0	0	1	0	1
Romanian	0	0	1	0	1
Russian	0	1	0	0	1
Slovakian	0	1	0	0	1
South African	1	0	0	0	1
Spanish	2	0	0	0	2
Sudanese	2	0	0	0	2
Swiss	1	0	0	0	1
Ukrainian	2	0	0	0	2
Total	101	92	152	4	349

Table 10.2

Source: Police Drug Squad Records 2011

10.3 Purity and Price

“Price and purity data, if properly collected, can be very powerful indicators for the identification of market trends. As supply changes in the short-run are usually stronger than changes on the demand, shifts in prices and purities are a good indicator for actual increases or declines of market supply.” (UNODC 2007 World Drug Report)

Purity

During 2011, the purity levels for Cannabis resin showed an increase to 8.0% and cannabis herb is reported at 6.0% as compared to 2010 but these levels are again similar to those reported in 2009. Cocaine purity levels however have consistently increased between 2009 and 2011, 34.0% in purity in 2011 as compared to 2009 (20%) and 2010 (29.5%). Nevertheless, heroin showed a decrease in purity showing 30.0% when compared to 2009 (36%) and stayed stable when compared to 2010 (30%). Although the mean purity percentages may vary slightly from year to year, it is important to keep in mind that sample sizes also fluctuate from one year to the next, and this factor could influence the mean percentages. Additionally, one particular sample that has either very high or very low purity could also skew the overall mean of the reporting year.

Table 10.3 shows the mean purity at street level for different drugs for the years 2009, 2010 and 2011

Mean Purity at Street Level for Different Drugs 2009 - 2011

Substance	2009 purity (%)	2010 purity (%)	2011 purity (%)
Cannabis resin	8.5	6.1	8.0
Cannabis Herb	6.25	5.35	6.0
Heroin	36	30	30.0
Cocaine	20	29.5	34.0
Ecstasy	28	28	54.0

Table 10.3
Source: Malta Forensic Science Laboratory Data 2009, 2010 and 2011

Price

Table 10.4 shows the mean price at street level for different drugs between 2009 and 2011 as reported by the Malta Police Force. Heroin is reported to have decreased in price in 2011 when compared to 2009 and 2010 while the price of herbal cannabis has reportedly continued to decrease when compared to 2009 (€70) with prices ranging from €24.50 in 2010 and €23.32 in 2011.

Figures also show that there has been a decrease in the prices for cocaine and ecstasy with prices ranging from €80 in 2009 to €63.78 in 2011 for cocaine, and €10 for ecstasy in 2009 with the price of €6.65 for 2011.

The limitations as regards drug prices are mainly due to the fact that data is limited to one source (reports by police inspectors) and not multiple sources (e.g. reports by persons in treatment, probation officers through their clients,) that can be cross-compared. Additionally, at present, drug prices are collected only once yearly and this method is not extensive or reliable enough to ensure the integrity and reliability of the data. Finally, prices for cannabis, heroin and amphetamine are reported in amounts that are commonly sold at street level and only roughly 'translated' into weights per gram.

As an overall note, it is also important to acknowledge that the drug market is sensitive to changes occurring at social and law enforcement level and that these factors can affect prices, particularly where drug availability is concerned.

Prices at Street Level for Different Drugs 2009-2011

	Mean Price (€) 2009	Mean Price (€) 2010	Mean Price (€) 2011
Cannabis resin	10	17	17.85
Cannabis herb	70	24.50	23.32
Cocaine	80	80	63.78
Heroin	70	73	55.50
Ecstasy	10	10	6.65

Table 10.4

Source: Malta Police Force 2009, 2010 and 2011

PART B

SELECTED ISSUES

CHAPTER 11

RESIDENTIAL TREATMENT FOR DRUG USERS IN EUROPE

11.1 History and Policy Framework

11.11 History of Therapeutic Communities in Malta

Therapeutic Services for drug users in Malta were initiated during the mid 1980's.

In 1985, Caritas-Malta introduced a day programme for people with substance abuse problems. This was done after a number of staff members within Caritas returned from specialized training abroad. The project at the time was called 'Caritas Malta Rehabilitation for Drug Users'. This programme eventually developed into the first long-term residential treatment Centre in Malta. This took place in 1989 when the Day Programme eventually developed into the San Blas Therapeutic Community which is still run by Caritas to this day. The need was felt for residential services which could act as a crisis intervention centre for drug users who find themselves in situations of homelessness or are living in a chaotic environment; Caritas New Hope started a residential facility in 2004. The facility was originally meant to cater for male clients but eventually in 2009 another harm reduction shelter was opened to cater for the needs of female clients who found themselves in similar crisis situations. This programme eventually developed into a residential TC which caters solely for female clients, as previously, San Blas TC used to cater for both male and female clients.

In 1990, a former military hospital known as St. Mary's Hospital was converted and inaugurated as an orientation centre for people who were considering attending the San Blas Programme. During this time, state services for people with drug abuse problems was limited to medical related treatment which included in-patient treatment at Mount Carmel Psychiatric Hospital and the Detoxification Centre within St. Luke's General Hospital. For a short period of time between 1990 and 1994 the programme at St. Mary's; which later became known as 'Kommunita' Santa Marija', functioned as a fully fledged therapeutic Community which was independent of the Caritas programmes.

Following the publication of the Meli Report (1993), a new state agency, Sedqa was set up with the mission to offer therapeutic and preventive services related to drugs and alcohol abuse. Sedqa was inaugurated in June of 1994 and Komunita' Santa Marija was taken over by the new national agency. New staff were eventually appointed most of whom were sent for a training period at 'Comunita' Incontro' which is one of the main TC's in Italy. About 10 years ago, Komunita' Santa Marija started to accept residents who also were concurrently serving a prison sentence. It is the only TC in Malta that integrates prisoners with non-prisoners at the same facility and that accepts female prisoners for admission into the programme. The Santa Marija TC is still operational to this day.

In 1989, a need was also felt to address the situation with drug use problems in the island of Gozo. A group of people met over a period of about six months to discuss the drug abuse problem in Gozo. These discussions eventually led to the inception of the Oasi Foundation in 1991. In June 1992 the Oasi Centre was officially opened. In 1993, a study team was appointed to develop a strategy and action plan for the Oasi Foundation. By the end of July 1993, the study team presented a proposal for an integrated Oasi Substance Abuse Prevention Programme. It was recommended that Oasi should develop three distinct programmes that would respectively address preventive services, intervention and treatment and rehabilitation of drug and alcohol abuse. It was in November of 1998 that Oasi eventually opened its residential unit for the treatment of addiction. The residential Unit is situated in the centre of the island of Gozo and is still run by Oasi to date.

11.12 Strategy and Policy framework for residential treatment

In Malta there are currently three agencies which provide residential treatment to drug users. These three organisations are:

- Sedqa, which is the national drug agency and is funded completely by the government. Sedqa is responsible for running the Santa Marija residential TC.
- Caritas Malta, which is a non-governmental, Catholic Church run organisation which is partly funded by the government and operates the San Blas TC.
- Oasi Foundation, which is a non-government organisation also partly funded by the government, which provides residential treatment in the island of Gozo (though services are not restricted only to residents of Gozo).

Objectives of the programmes:

In this section the objectives of the agencies regarding residential treatment which are listed in agency documents are highlighted.

Caritas Malta: The agency offers residential services in the form of crisis intervention units (Male/female shelters) as well as a T.C (San Blas)

Male/female shelters mission statement:

To offer crisis interventions, and provide emergency shelter and sustenance to persons with drug dependant problems who are homeless or living in a chaotic environment not conducive to lessening drug intake.

San Blas T.C mission statement:

To offer beneficiaries who abused drugs the opportunity of receiving further rehabilitation on a 24-hour intensive residential basis within a safe and secure community setting.

In addition to the above statements, in its documents Caritas New hope states the criteria which need to be adhered to in order for a T.C to be considered as such.

The document states the following:

“There are certain conditions that must exist for a treatment program to qualify as a TC. The T.C. is a therapeutic environment characterized by the interactions of several factors. The major factors are the following:

1. There is a therapeutic working relationship between staff and residents;
2. The physical setting and how daily life is structured,
3. The rules or community norms,
4. The methods employed to shape and manage deviant behaviours.
5. The methods used to deal with psychological issues and the enhancement of self-awareness.
6. The tools used to develop self-competence and self-reliance”.

OASI: The OASI Foundation has two main objectives which are related to drug treatment:

“To assist individuals who acquire the disease of addiction in their process of recovery and social reintegration, and
To give assistance to their families”

Funding:

Drug Treatment services in Malta are all funded by the government either in full or in part. Sedqa, which is a government agency that falls under the Foundation for Social Welfare Services (FSWS) receives its funds as part of the overall budget allocated to FSWS. The performance of the Santa Marija programme is monitored through the structures of the FSWS, in particular by the Board of Directors and the foundation's Chief Executive Officer.

On the other part, NGO's working within this field, namely Caritas and OASI are partly funded by the government through a formal agreement between the Agencies concerned and the respective ministry concerned with drug services. The Ministry currently responsible for drug rehabilitation/treatment services is the Ministry of Justice, Dialogue and the Family. This agreement is renewed every year and the amount of funds received is dependent on conditions which the agencies need to adhere to. Apart from offering services to drug users, these agencies through the agreement are bound to submit a self-evaluation report every six months to the Non Governmental Organisations Project Selection Committee (NGOPSC).

This report needs to be substantiated with supporting documents and documented evidence of the implementation or otherwise of the service outputs of the project which are listed on the formal agreement. The agencies also undertake to give a clear account of the expenditure and income of the project, which includes any contributions or fees or donations made by the service user. Because both Caritas and OASI are only partly funded by the government the agencies need to finance their programs from other sources of funding. These sources include donations and fund raising activities. The programs offered by Caritas and OASI are free of charge for the service users; however donations or contributions are accepted from those clients who can afford to make such contributions. Those who cannot afford to contribute financially are still admitted to the services and provided with all the help and support which the agencies have to offer through their respective programmes.

11.2 Availability and characteristics

11.21 National Availability:

In Malta, there are a total of five residential drug treatment units, four in Malta and one in Gozo which are provided by the three agencies which were mentioned in section 1.2:

- Komunita' Santa Marija (Sedqa)
- Komunita' San Blas (Caritas New-Hope)
- Harm Reduction Shelter for male drug users (Caritas New-Hope)
- Harm Reduction Shelter for female drug users (Caritas New-Hope)
- OASI Residential Unit (OASI)

Note: There are a further two residential Units in Malta which cater specifically for drug users serving a prison term, and another Dual Diagnosis Unit which caters for drug users with mental health problems, which will not be covered by this chapter.

11.22 Types and Characteristics of residential treatment units:

11.22a Though there is a good working relationship between all three agencies which provide residential treatment in Malta, each agency has its own policies and criteria regarding the provision of residential treatment.

Sedqa: Sedqa's approach to residential treatment reflects that of traditional Therapeutic Communities, in which residents are assigned every day manual duties as the centre of the activities and with a strong cognitive-behavioural approach where all residents are held accountable for their individual actions with every action carrying its consequences. This is maintained through constant staff supervision and also among the residents themselves. Residents are also provided with individual attention through the allocation of a key-worker and specialized services of psychotherapy.

Caritas New-Hope (all residential units): Caritas's approach to residential treatment is also greatly based on the cognitive-behavioural approach. Residents are involved in the day to day running of the T.C. Throughout the duration of the programme, residents are provided with individual attention through the system of allocating a key-worker, professional counselling sessions and therapeutic group sessions.

Oasi: The therapeutic approach applied by Oasi is based on the 12 Step (AA/NA) and Minnesota Models. During their stay at the residential Unit, drug users are provided with group sessions and individual attention through individual sessions. The facility also makes use of informational talks, videos and reading material as part of the support and learning process for the residents.

11.22b The Santa Marija residential unit does not provide methadone treatment to residents entering the programme but provides detoxification to those who require such services through the in-patient unit which is also run by Sedqa. However, they sometimes have some residents with other kinds of substitution treatment, such as Suboxone or Subatex, although these are kept to the minimum. Also, pregnant residents must retain any dose of methadone or substitution treatment as prescribed by the resident's doctor.

In San Blas T.C, residents admitted into the programme are required to be free from substitution treatment. This means that clients attending group sessions at the Community Services Unit need to be weaned off methadone or any other substitution treatment. Alternatively, those clients who are admitted to the Harm Reduction Shelter can take a methadone dose which does not exceed that of 40mg daily. In the event that a client is motivated to enter San Blas T.C., that client would need to be weaned off the methadone dose gradually while residing in the harm reduction shelter and prior to admission to San Blas T.C.

In the case of the female shelter, clients would ideally be on a dose of methadone not exceeding 20mgs daily or 2mg of suboxone before being admitted, however, in exceptional cases and/or crisis, this issue may be managed accordingly following a discussion on a case by case basis. Also, pregnant drug users in need of the services can enter the shelter and retain the dose prescribed by the doctor at the Substance Misuse Out-Patient Unit.

In the case of OASI residential services, clients in need of substitution treatment can be admitted whilst receiving Suboxone treatment.

11.22c In all of the residential services provided by the different agencies, clients are encouraged to receive medical care according to their needs. In the case of screening for infectious diseases such as HIV/AIDS, HCV, HBV, clients are referred to the relevant health services and/or to the Substance Abuse Out-Patient Unit. Whilst in residential units, clients also receive services such as motivational interviewing, relapse prevention, educational

services and are also encouraged to be involved in leisure activities and sports organized within the TC's and sometimes even within the community. Clients in need of housing support are also helped during their stay at the residential unit so as to avoid any unpleasant situations once the client is back in society. Residents are also encouraged to seek employment before completing the residential phase of their respective programmes and support and training is also provided in collaboration with the Employment and Training Corporation (ETC) through various schemes and training courses that are locally available. Of important note is that family members of residents are also supported and are encouraged to engage actively in the process of treatment. This is done through the respective family units of the agencies.

11.22d Interagency collaboration:

As mentioned earlier in this report, all organisations within the country are committed to collaborate with other stakeholders working within the same field. A case in point to substantiate this is the fact that clients attending the Substance Misuse Outpatient Unit SMOPU or the Inpatient Unit (locally known as Dar L-Impenn) are both services which are managed by Sedqa, which is the national Drug Agency. However, clients currently using services from these Units are often referred to the service by agencies other than Sedqa. A policy that is in place is that in order to receive treatment from SMOPU a client needs to be referred by one of the available agencies. This measure was taken so that clients could be encouraged to engage with support and rehabilitative services in addition to receiving medical care for their drug use problems.

Another example of collaboration is also related to substitution treatment. An arrangement exists in which clients residing within the Harm Reduction Shelters run by Caritas can continue to receive medical support, as well as substitution treatment from SMOPU whilst in residential care. On the other hand, clients who need detoxification from drugs\substitution treatment prior to being admitted to residential care are referred to the Inpatient Unit, 'Dar L-Impenn'. This service is used by all agencies who offer residential treatment.

Case conferences are also conducted between stakeholders and involve professionals from health services, social services and treatment providers. Another meeting which is regularly held is the Multi Disciplinary Team (MDT) meeting that takes place to discuss drug users who are pregnant

11.3 Quality Management

11.31 Availability of guidelines and service standards for residential treatment

Although agencies working in the field, particularly those receiving funding from the government, need to produce Output and performance reports as described in section 1.2, currently there are no national guidelines by which agencies are bound to perform. In this regard, the Department of Social Welfare Standards (DSWS) has this year (2012) produced a draft on the 'National Minimum Standards for Residential Treatment for People with Problems related to Drugs, Alcohol and Gambling'. This draft followed an addiction services evaluation "Service Users' Perception of the service delivered at Residential Homes that cater for People with difficulties related to drugs and/or alcohol", which was also conducted by DSWS. Reference to this particularly study is made in Chapter 5 of this report.

Since as described above national standards are not yet in place, policies related to staffing levels and minimum requirements for staff qualification remain at the discretion of the service providers which adopt their own criteria.

Staffing levels:

Sedqa:

Currently, Sedqa employs 10 staff members within 'Komuita' Santa Marija' (KSM). These staff members consist of:

- A Unit Leader
- A Coordinator
- 8 care workers

It was brought to our attention that in the coming weeks, Sedqa is to open a new service called the "Assessment and Stabilization Unit". As a consequence, 4 care workers from KSM will be transferred to this new unit and the T.C is planning to reduce its full residential capacity to 15-18 clients.

Other professionals are involved in KSM, namely social workers from the Drug Community Team within Sedqa, Psychologists, psychotherapists and family workers. These professionals are involved in individual as well as group sessions at KSM.

Initially there were no staff minimum requirements, and most of the original staff complement consisted of carers who were either former drug users themselves who had gone through

rehabilitation or 'good and well meaning' persons mostly involved in voluntary work. Currently Sedqa requests a basic MCAST (Malta College of Arts, Science and Technology) qualification in Care-Work or a minimum of 6 Matsec 'O' level passes (including English, Mathematics and Maltese). Care workers are also encouraged to attend a course for care-workers which is offered at the University of Malta. The agency pays the fee for this course.

Caritas Malta:

The organization employs personnel within their residential services in the following order:

- | | |
|---------------------------------|------------------------------|
| • Heads of Units | 4 full time |
| • Facilitators | 16 full time and 3 part time |
| • Night Shift workers/relievers | 16 part time |
| • Receptionist | 1 full time |
| • Secretarial | 2 part time |
| • Employment Officer | 1 part time |

The organization's human resources section is responsible for recruiting and training of staff and is also responsible to upkeep Internal Policies and Procedures which need to be adhered to by all staff members. Specific guidelines according to rank within the organization are drafted. These policies and procedures specify in detail the job description of each position's duties and also provide guidelines for good working practice and in-house practice policies. The Human resources Section also assures that Performance Appraisals are held for staff members regularly every year.

Caritas also employs other professionals to provide alternate services both to clients as well as for the purpose of staff supervision. A number of volunteers also offer services in a variety of sectors. These positions are listed below.

- A psychologist
- 3 counsellor
- Creative Arts Teacher (Youth worker0
- 3 Educational Teacher (English Language, General and Art Teacher)
- A Trainee Psychotherapist

OASI:

The following staff members work within Oasi's residential unit:

- One Treatment Rehabilitation Manager (Social Worker)
- Three full time Treatment and Rehabilitation Officers (Psychology graduates)

- One House Manager
- One Medical Advisor (medical doctor)
- Eight Duty Officers (four of whom are qualified nurses)

11.4 Discussion and Outlook

11.41 Outlook

This section provides a picture of the trends in the demand for residential treatment. For the purpose of this section, data for each residential unit will be presented individually. Also, it is important to note that the number of clients was calculated, taking into account individual clients, as some clients may have entered residential services more than once in a given year, and hence it would not give a clear picture of how many clients will have opted for residential treatment (No double counting). Most of the agencies providing the necessary information for this chapter have been able to provide such data since 2005. Consequently, trends shown here reflect the last seven years, from 2005 to 2011.

Sedqa Santa Marija Residential Unit:

In Figure 10.1 below trends in treatment demand for Sedqa's Santa Marija Residential Unit are shown. It can be observed that there was a significant increase of 71.7% in clients making use of this residential unit between 2005 (N=60) to 2008 (N=103), while in the following years, between 2008 and 2011 there was a steady decrease of 50.5% between 2008 when clients amounted to 103, and 2011 as the number of clients stood at 51 clients. Among the reasons cited by the agency to explain the decrease in demand for residential services, it was lately noticed that the profile of the 'typical' client has changed in such a way that they are becoming less chaotic and tend to have more stable relationships, have jobs and overall have less social problems, hence they may not need residential treatment. As a consequence the residential unit became more attractive to people serving a prison sentence. It was also mentioned that the agency is making a conscious choice of trying to support the client in the community when this is possible so as to prevent the effects of institutionalization, especially among those with dual diagnosis. Another factor may be that the programme was revised and made shorter.

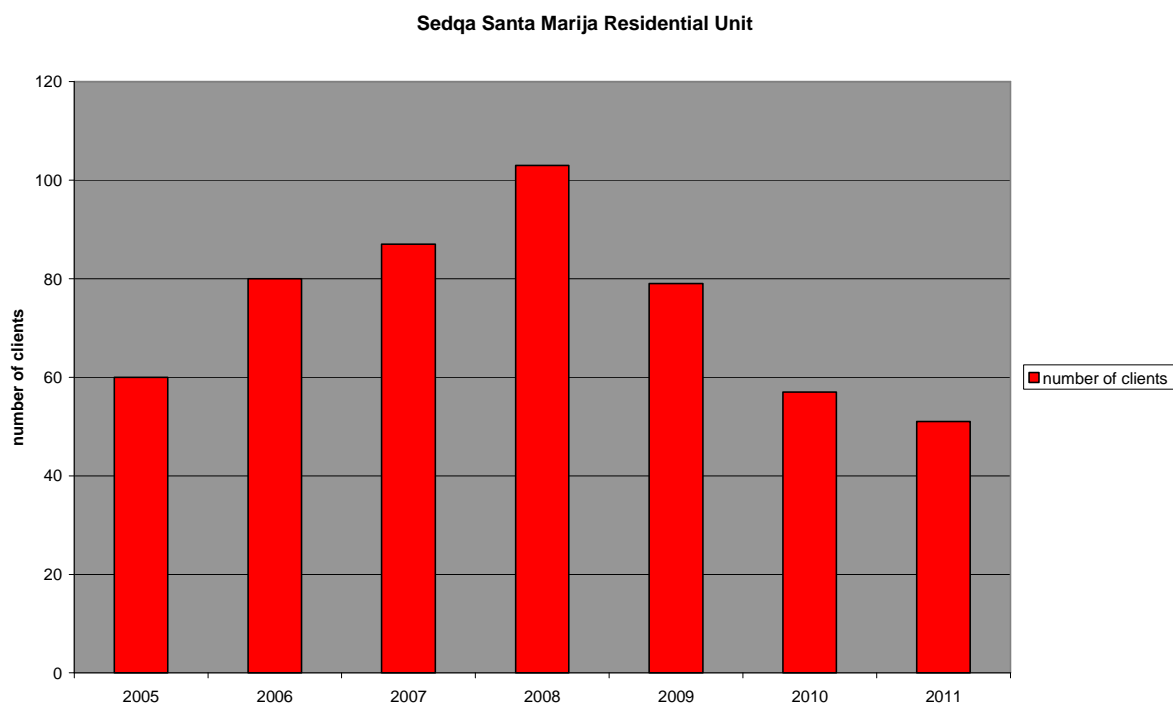


Figure 11.1

The table below shows the percentage of female clients who were residents in Santa Marija T.C. The proportion of female clients between 2005 and 2010 stood between 9% and 14%, with 2011 marking a significant increase from previous years, with 20% of the total clients being female residents. The average age of service user in 2005 was 26 years. In 2008 the average age was still similar to 2005 (26years) while in 2011 the average age increased slightly to 28 years.

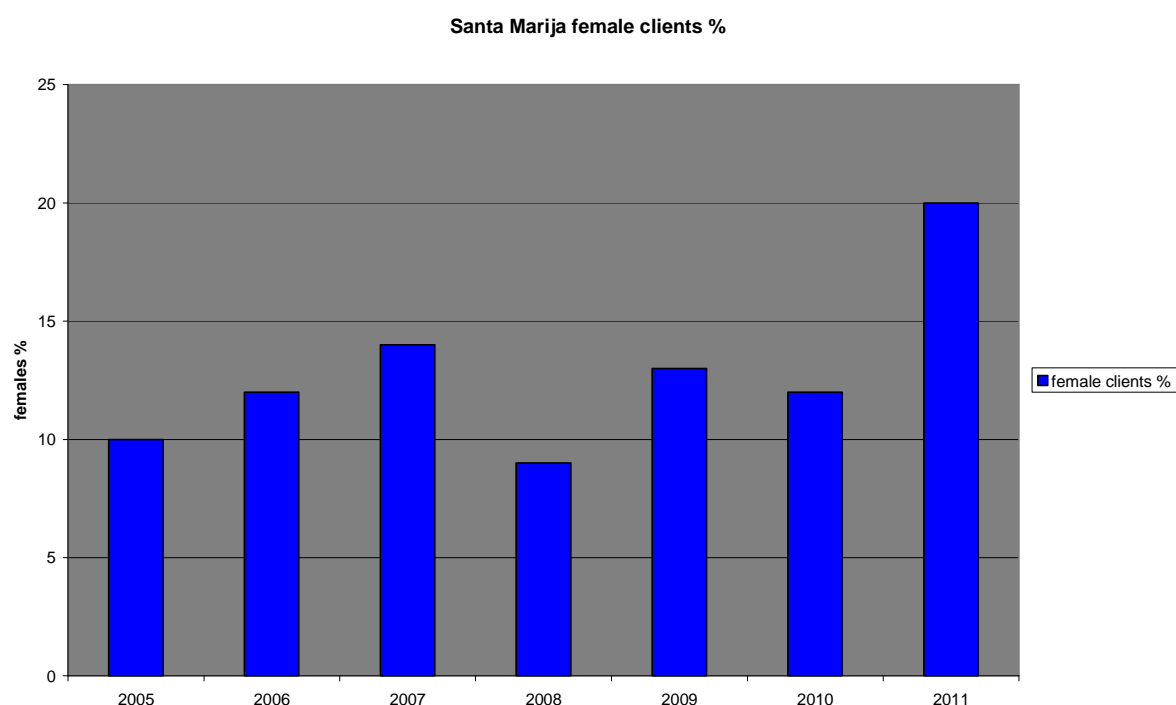


Figure 11.2

Caritas services:

San Blas Residential

In 2011, a total of 63 clients were in treatment in San Blas Residential, 4.5% less than 2010 (N=66), 11.2% less than 2009 (N=71), 18.1% less than 2008 (N=77), 14.8% less than 2007 (N=74), 12.5% less than 2006 (N=72) and 3.0% less than 2005 (N=65). Figure () shows that since 2005 a steady increase in demand for San Blas T.C resulted up until 2008, which however was followed by an equally steady decrease from 2008 to 2011. It is however, important to note that before 2010, San Blas T.C offered services to both male and female clients. This all changed in 2010 when female clients started to receive services in the female shelter, which also serves as a T.C for women, instead of San Blas. If one were to take note of the figures shown in figure 10.3 the number of clients would increase by 17 in 2010 (N=83) and 20 in 2011 (N=83). This in fact resulted in an increase in demand for the T.C. The average age of service users in 2005 stood at 25 years, whilst it increased to 27 in 2008 and again increased to 29 in 2011.

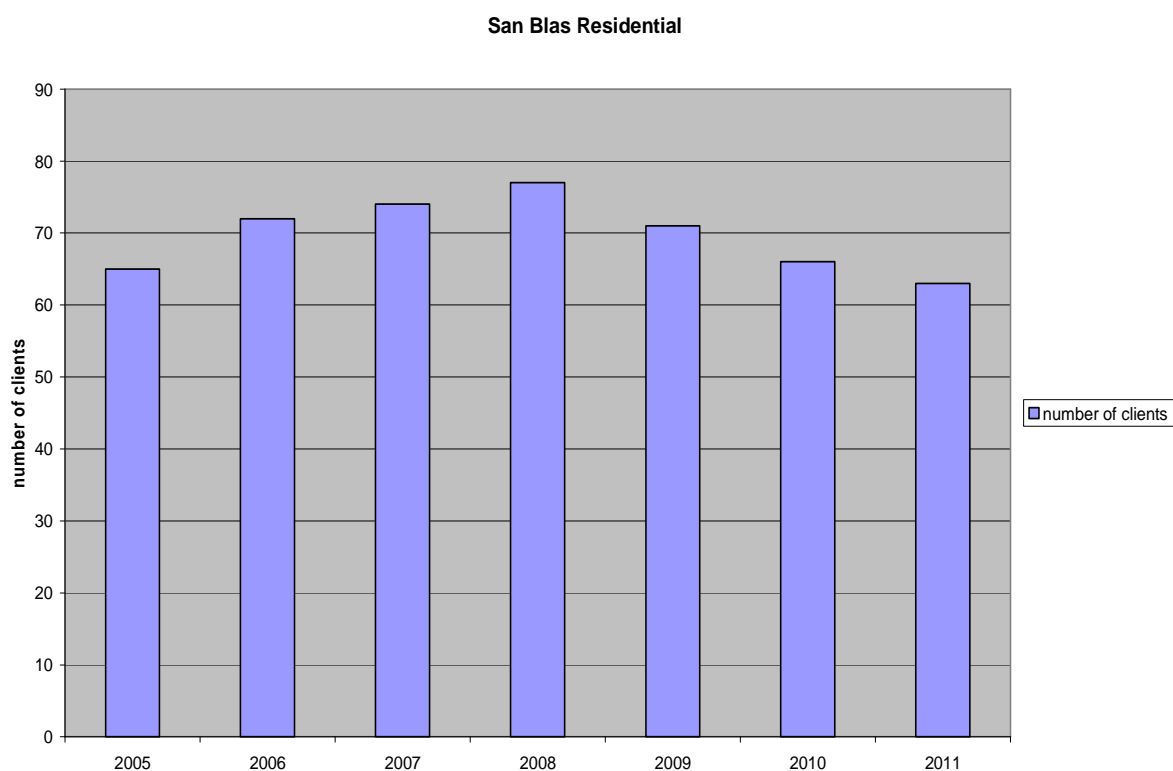


Figure 11.3

Caritas Male Harm Reduction Shelter

In 2011, a total of 82 clients were in treatment at the Harm Reduction Male Shelter, 4.6% less than 2010 (N=86), 7.8% more than 2009 (N=76), 1.2% more than 2008 (N=81), 22.3% more than 2007 (N=67), 2.5% more than 2006 (N=80) and 46.4% more than 2005 (N=56). The trends in demand for this unit seem to give a relatively stable picture on the number of clients who benefitted from the service with only 2005 and 2007 showing trends of any real decrease.

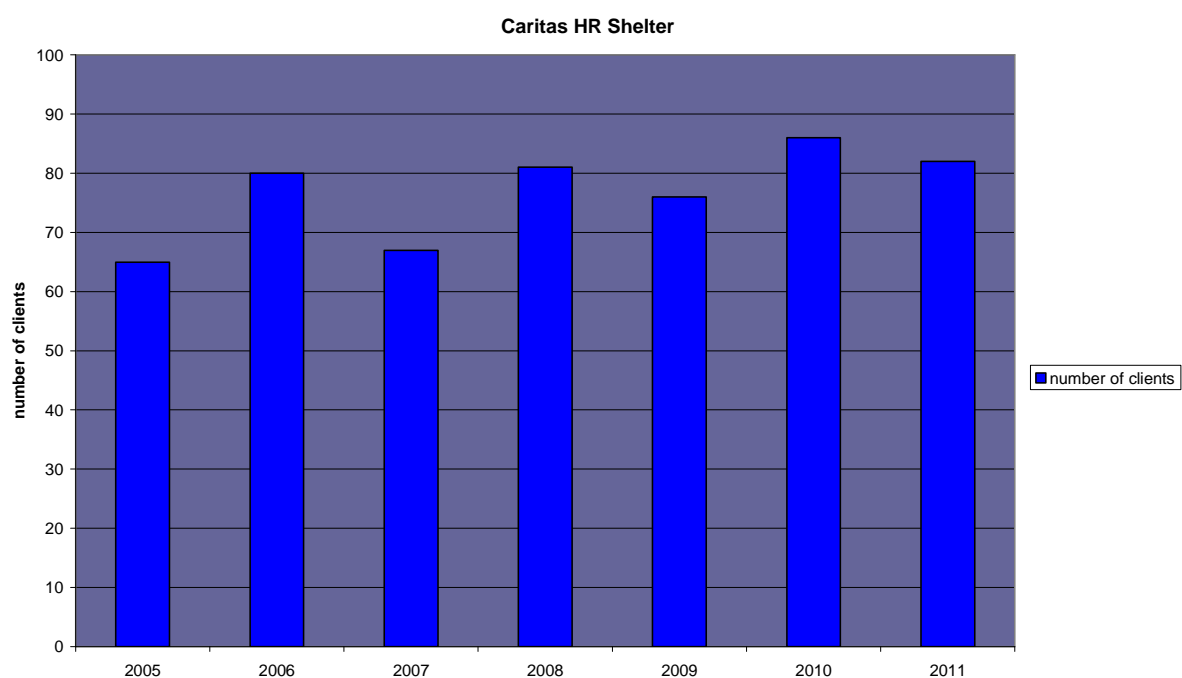


Figure 11.4

Caritas Female Shelter:

As discussed previously, since 2010, Caritas started to provide treatment for female clients in an entirely separate unit from San Blas T.C which now only provides services for male clients. In 2011, a total of 20 clients were in treatment at the Harm Reduction Female Shelter providing an average of 5 clients per month, 17.6% more than 2010 (N=17).

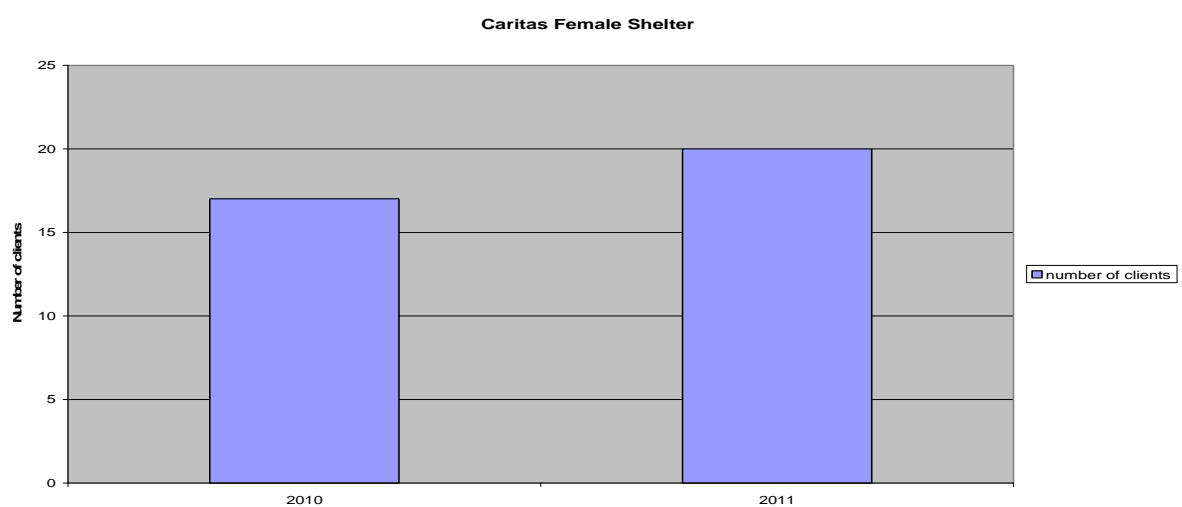


Figure 11.5

OASI Foundation:

In terms of number of clients, between 2005 and 2008 there was a fluctuation of demand for residential treatment from between 18 and 30 individuals. During 2009 the number increased to 34 clients, with a minor decrease in 2010. However in 2011, demand for residential treatment at OASI increased to 52 clients, approximately a threefold increase, since the 18 clients reported in 2005. The average age of service users in 2005 stood at 43.43 years, whilst in 2011 the average age decreased to around 30.62 years. Female clients entering residential treatment at OASI in 2005 amounted to 16.6%, whilst in the following years the proportion of female clients gradually increased and in 2011 stood at 36.5%.

It is important to note that residential treatment at OASI includes clients who have problems with alcohol use, so the number of clients attending the service may be slightly inflated due to some clients receiving services for alcohol. It is also important to note that in recent years, OASI also increased its capacity of beds in their residential units, which meant that they could also increase their intake of clients. Another development in OASI was that the residential phase duration was reduced from 3 months to a minimum stay of 6 weeks.

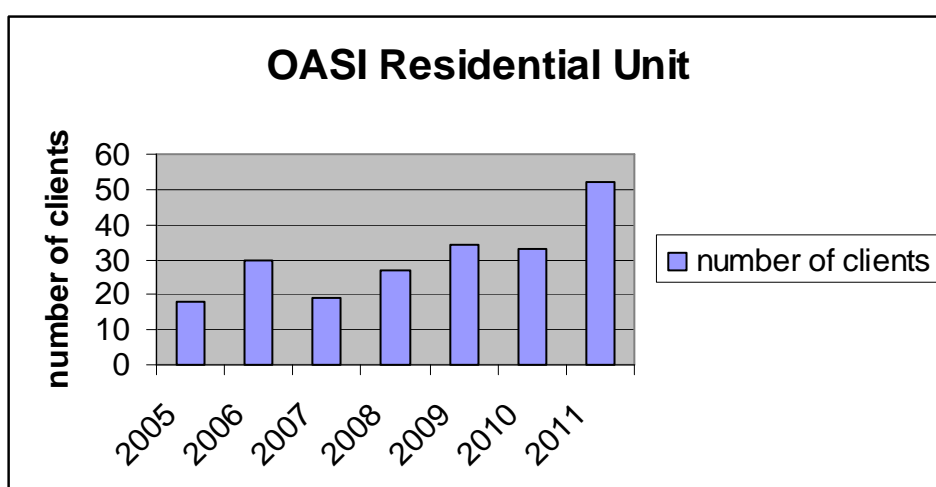


Figure 11.6

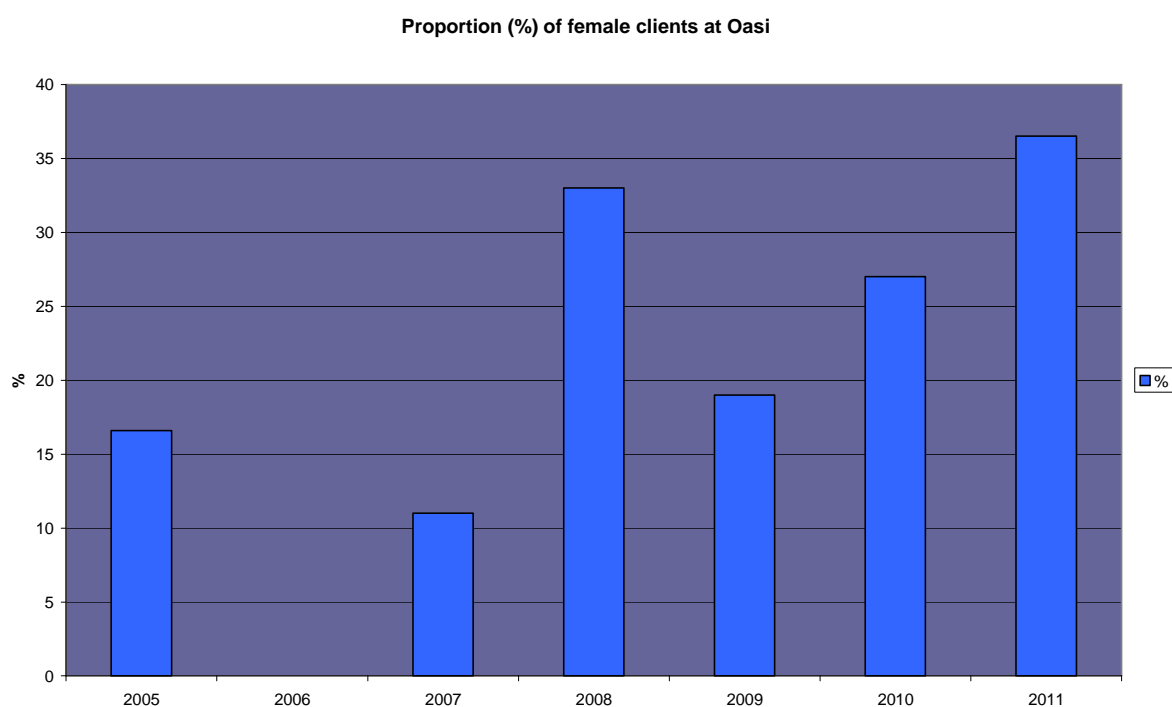


Figure 11.7

Specific Added value of residential treatment:

As reported in other national reports, demand for treatment in the country is predominantly attributed to problem heroin use. Although residential treatment is not the only option available to drug users, the benefits of this type of treatment's greatest strength lie in the fact that it creates an opportunity to provide, a safe and structured environment in which residents can be offered security, and individual attention according to that person's particular needs. Since residents are required to receive treatment for a number of months, it is also beneficial in that the person involved, together with staff will have more time to re/organize personal situations according to the need (housing, employment, relationship issues, social/poverty issues, criminal/judicial, health).

CHAPTER 12

PUBLIC EXPENDITURE

12.1 Introduction

In Malta, the financing of drug related activities is decided every year by the entities in charge of their implementation. Each individual entity has its own budget and the allocation of resources is decided internally according to the procedures and policies bound by laws governing such entities.

12.2 Definition of Public Expenditures and Limitations in Data Collection

For the purpose of this chapter the term **public expenditures** refers to the value of goods and services bought by the administrative bodies of the state; in Malta's case these constitute the central government and its ministries. It therefore excludes costs of indirect consequences (e.g. loss of income due to drug related illness) and non-quantifiable costs (e.g. loss of welfare) as well as expenditures related to the acquisition of illicit drugs by the consumer. This document assesses the monetary but not the social impact (social costs) or loss of quality of life. Additionally, it does not calculate revenues created by the illegal drug market. Last but not least it is a calculation which at times is based on a rough estimate of public finances and not private expenditures or investments.

Methodology

The methodology applied refers to the concepts of **Cost of Illness (COI) Theory** rather than to the **Cost-Benefit Approach**.

Public drug expenditures are of two types:

- Expenditures that appear in public finance that are directly labelled as being related to drug problems – ***direct expenditures***
- General authorities who devote part of their resources to deal with the issues precipitated by drugs – ***indirect expenditures***

Documents used to collect data regarding expenditure (both direct and indirect) were the following:

- The National Budget
- Ministerial End of Year Reports
- A drug expenditures report from Ministerial Departments

By perusing the above-mentioned documents one is able to at least identify the **labelled drug-related expenditures/direct expenditures** and **non-labelled drug related expenditures/indirect expenditures** and include **health** and **law enforcement** sectors as these account for the bulk of government expenditures on drugs. Not all **non-labelled drug-related expenditures** are necessarily identified as such in national budgets or year-end reports. These may however be calculated by following a **top-down approach**.

12.3 Account of the Public Expenditures on Drugs

The amounts quoted hereunder in Table 12.1, were supplied by each Ministry and their related departments and refer to the year 2011 together with a rough estimate for 2012. These figures are also complemented by the figures given in the 2007 Annual Report:

Public Expenditures on Drugs 2005 and 2011 with an estimate for 2012

Ministry	Department	Exp. (Eur) 2005	Exp. (Eur) 2011	Estim. (Eur) 2012
Office of the Prime Minister	Armed Forces of Malta	53,813	53,813	53,813
Ministry of Finance, Economy and Investment	Customs Division	274,704	307,176	310,138
Ministry for the Family and Social Solidarity Ministry of Education, Employment and the Family	Sedqa	2,026,718	2,340,058	2,530,970
	Caritas	349,434	530,000	530,000
	OASI	139,805	140,000	205,500
	Commission for Drugs and Alcohol ...	-----	60,000	60,000
	'New Hope' Caritas	116,504	116,000	116,000

Malta National Report 2011

Ministry for Justice and Home Affairs	Corradino Correctional Facility/SATU	226,213	226,213	226,213
	Drug Rehabilitation Inmates (Caritas)	186,413	290,000	300,000
	Probation Services	74,568	74,568	74,568
	Police General Drug Expenditure	958,067	131,757	131,757
	Judiciary Administration	173,604	173,604	173,604
Ministry of Education and Employment	Student Services Section	4,659	4,659	4,659
Ministry of Health, the Elderly and Community Care	Mount Carmel Hospital DDU	182,691	182,691	182,691
	Directorate General of Health	12,618	510,123	510,000
Ministry for Gozo	Donation to OASI Foundation	11,645	11,645	11,645
	Gozo Hospital short stay unit	53,810	53,810	53,810
	Gozo hospital detox unit	3,261	16,733	16,733
	Gozo hospital Methadone dispensing	1,549	1,320	1,320
Total Expenditure	(Eur)	4,850,076	5,224,170	5,492,208

Table 12.1

Source: Budget requests from all entities

The figures above have been provided by the entities in question. For all those entities who stated that there was no change in expenditure, the figures have remained the same for all three years.

Malta National Report 2011

Data collected from the National Budget and Ministerial End of Year Reports for the year 2005 indicated that the grand total of drug related expenses for Malta amounted to Eur. 4,850,076 (Annual Report 2007).

In comparison, there has been an increase of Eur. 374,094 from 2005, with a further possible increase in expenses of Eur. 268,038 from 2011 to the year 2012. This table shows that there has been a steady increase in the budget allocation according to the cost of living and other factors (both direct and indirect) affecting the budget of each consecutive year.

The Following table is an example of the breakdown of expenses incurred in 2011 and an estimate for 2012 for Agenzija Sedqa, The National Drug Agency.

AGENZIJJA SEDQA		Year 2011	Year 2012 Estimates
		€	€
Primary Prevention		267,728	294,501
Drugs Community Team		298,315	328,146
Detox Out-Patients (SMOPU)		547,926	602,718
Komunita' Santa Marija		413,932	455,325
Alcohol Community Services		183,794	202,173
Alcohol Rehabilitation Services		175,723	175,723
Dar L-Impenn		255,218	255,218
Family Services		84,372	92,810
Psychological Services		113,050	124,355
Total		2,340,058	2,530,970

Table 12.2
Source: Agenzija Sedqa

PART C

BIBLIOGRAPHY AND ANNEXES

BIBLIOGRAPHY

Cefai, C. & Camilleri, L. (2009). *Healthy Students Healthy Lives*. University of Malta.
ISBN: 978-99932-0-780-1

Currie C. et al (eds.) 2004. *Young People's Health in Context: International report from the HBSC 2001/02 survey*. WHO Policy Series: Health policy for children and adolescents Issue 4, WHO Regional Office for Europe, Copenhagen.

Code of Police Laws. http://docs.justice.gov.mt/lom/legislation/english/leg/vol_1/chapt10.pdf

D'Amato, J. (2007). *Methadone treatment and young people in Malta: Characteristics, management and outcome*. Unpublished B.A. Dissertation. University of Malta, Malta.

Department of Health Information (2003). *The First National Health Interview Survey*.
Department of Health Information. ISBN – 99932-609-3-2.

Department of Health Information (2008). *European Health Interview Survey*. Department of Health Information and Research, Strategy and Sustainability Division, Ministry for Health, Elderly and Community Care

EMCDDA. (2007). *Definition of terms*. [online]. Available:
<http://www.emcdda.europa.eu/html.cfm/index42578EN.html> [accessed 21.12.07]

EMCDDA (2005) *EMCDDA Annual Report 2004: The state of the drugs problem in the European Union and Norway*. European Monitoring Centre for Drugs and Drug Addiction, Lisbon.

ETC (2009). *Annual Report 2009*. Employment and Training Corporation, Malta.

Ford, C., Morton, S., Lintzeris, N., Bury, J. and Gerada, C. (2004). *Guidance for the use of buprenorphine for the treatment of opioid dependence in primary care*, 2nd edn. Royal College of General Practitioners, London.

Hibell, B., Guttormsson, U., Ahlstrom, S., Balakireva, O., Bjarnason, T., Kokkevi, A., Kraus, L. (2009) *The 2007 ESPAD Report – Substance Use Among Students in 35 European Countries*. ISBN – 978-91-7278-219-8, www.espad.org

Korf, D., Benschop, A., Bless, R., Rapinett, G., Abela, D., Muscat, R. (2001). *Licit and Illicit Drug Use in Malta in 2001: A General Population Survey Among 18-65 Year Olds*. National Commission on the Abuse of Drugs Alcohol and other Dependencies. Ministry for Social Policy, Valletta, Malta.

Malta Communications Authority. (2012) *Consumer Perception in ICT Survey*. MCA

Malta National Focal Point (2011). *2008 – 2010 National Report – Malta Drug Situation*. ISBN – 978-99957-0-136-9.

Malta National Focal Point (2007). *2007 National Report – Malta Drug Situation*. ISBN – 978-99932-688-6-4.

Malta National Focal Point (2006). *2006 National Report – Malta Drug Situation*. ISBN – 13: 978-99932-688-5-7.

Malta National Focal Point (2005). *2005 National Report – Malta Drug Situation*. ISBN – 13: 978-99932-688-2-6.

Malta National Focal Point. (2004). *2004 National Report – Malta Drug Situation*. ISBN – 99932-688-0-1

Medical and Kindred Professions Ordinance.

http://docs.justice.gov.mt/lom/legislation/english/leg/vol_3/chapt31.pdf

Mifsud, M. (2011). *Consideration of the Synthetic Cannabinoids, Including the Mixture Spice*. Recommendation Paper.

Ministry for the Family and Social Solidarity (2006). *National Action Plan Against Poverty and Social Exclusion 2004-2006*. Office for Social Inclusion, Ministry for the Family and Social Solidarity, Valletta, Malta.

Ministry for the Family and Social Solidarity (2008). *National Drugs Policy 2008*.

Ministry for the Family and Social Solidarity, Malta.

Ministry for the Family and Social Solidarity (2006). *National Report on Strategies for Social Protection and Social Inclusion 2006-2008*. Ministry for the Family and Social Solidarity, Malta.

National Commission on the Abuse of Drugs Alcohol and other Dependencies, National Focal Point for Drugs and Drug Addiction, Sedqa National Agency Against Drugs and Alcohol (2006). *Alcohol, Tobacco and Drug Use Amongst 18 - 24 Year Olds in Post-Secondary and Tertiary Education*. Ministry for the Family and Social Solidarity, Malta.

National Statistics Office, Malta (2012). *Census of Population and Housing 2011. Preliminary Report*. ISBN: 978-99957-29-35-6

National Statistics Office, Malta – website – www.nso.gov.mt

National Statistics Office (2009). *Lifestyle Survey 2007*. NSO
ISBN: 978-99909-73-77-8

Office of the Commissioner for Children (2006). *A Fair Deal: A study on Children and Young People with very Challenging Behaviour*. Ministry for the Family and Social Solidarity, Valletta, Malta

Prevention of Money Laundering Act.

http://docs.justice.gov.mt/lom/legislation/englihs/leg/vol_10/chapt373.pdf

Rossi, (2002). *Pompidou Group Project on Treatment Demand: tracking king-term trends. Guidelines for the estimation at local level of incidence of problem drug use (Revised Version)*. P-PG/Epid (202) 02rev E. Pompidou Group, Lisbon.

The 2011 ESPAD Report – Substance Use Among Students in 35 European Countries.
www.espad.org

UNODC 2007 *World Drug Report*. United Nations Office on Drugs and Crime, Vienna.

Vassallo, J. (2011) *Service Users' Perception Survey*. Department for Social Welfare Standards.

ANNEXES

Abbreviations

ARS	Arrest Referral Scheme
COI	Cost of Illness
DSU	Disease Surveillance Unit
EAP	Employee Assistance Programme
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMQ	European Model Questionnaire
ESPAD	European School Survey Project on Alcohol and Other Drugs
ETC	Employment Training Corporation
EWS	Early Warning System
CIAU	Crime Intelligence Analysis Unit
CCF	Corradino Correctional Facility
DDU	Dual Diagnosis Unit
DSU	Disease Surveillance Unit
EU	European Union
GU	Genitourinary
HBSC	Health and Behaviour in School Aged Children
HBV	Hepatitis B Virus
HIV	Human Immune Deficiency Virus
HPV	Human Papilloma Virus
ICD	International Classification of Diseases
IDU	Injecting Drug User
LSD	Lysergic Dyethylamide Acid
MCPP	Meta-chlorophenylpiperazine
NCADAD	National Commission on the Abuse of Drugs Alcohol and other Dependencies
NFOD	Non Fatal Overdose
NFP	National Focal Point for Drugs and Drug Addiction
NGO	Non Governmental Organisation
NHIS	National Health Interview Survey
NMR	National Mortality Register
OD	Overdose
PIP	Prison Inmates Programme
PSR	Police Special Register
SAFE	Substance Abuse-Free Employees

SATU	Substance Abuse Therapy Unit
SCBU	Special Care Baby Unit
SMOPU	Substance Misuse Outpatients Unit
TC	Therapeutic Community
TDI	Treatment Demand Indicator
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
YOURS	Young Offenders Unit of Rehabilitation Services

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