



**2013 NATIONAL REPORT (2012 Data)
TO THE EMCDDA
By the Reitox National Focal Point**

MALTA
New Developments and Trends

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 previous national reports to date, the principal components of legislation that specifically address substance abuse in Malta are the Medical and Kindred Professions Ordinance (Cap.31) that concern psychotropic drugs, and the Dangerous Drugs Ordinance (Cap.101) that concern narcotic drugs.

New Developments

During 2012 there were no new developments with regards to issuing legal notices both to the Medical and Kindred Professions Ordinance and the Dangerous Drugs Ordinance.

Chapter 2 – Drug Use in the Population

This chapter mainly outlines the results from the ESPAD study conducted in 2011, with results published in 2012. ESPAD 2011 indicated 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

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.

Other Initiatives

During 2012, a working group which was appointed by the National Commission on the Abuse of Drugs, Alcohol and Other Dependencies (NCADAD), worked on the completion of a report which was started in 2005-2007. The aims of this study were to “evaluate existing school-based drug prevention programmes amongst 13-14 year olds”.

Chapter 4 – Problem Drug Use

Prevalence and Incidence Estimates of Problem Drug Use

In 2012, estimates indicate a figure of 1778 daily opiate users (95% confidence interval 1670 to 1911), with an estimated 581 (95% confidence interval 473 to 714) not attending any of these treatment entities, which implies that approximately 67% of daily opiate users attended treatment services in 2012. 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 2012 than estimates suggest.

Treatment Data

All Treated Clients 2011

Treated clients in Malta during 2012 amounted to 1874 as compared to 2011 (1962 individuals), a marginal increase over the preceding year. Male clients made up 82% of all treated clients. This is consistent with other reporting years. The most predominant age groups during 2010, 2011 and 2012 were the 25 to 29 age bracket (24% for 2010, 25% for 2011 and 22% for 2012, a decrease of 3% from the preceding year) and the 30 to 34 year old cohort (21% for 2010, 20% for 2011 and 22% for 2012, an increase of 2% from 2011).

First Treated Clients 2011

The total number of first time treated clients during 2012 amounted to 266 individuals (14% of all treated clients) as compared to 2011, which amounted to 203 persons (11% of all treated clients). The largest group constituted those aged between 15 to 19 years of age (26%) a first in this age group, whereas 2011 saw the highest proportion in clients 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 20-24 years (24%), another distinction from the preceding years with the age group for 2011 being 25-29 years (21%), which however was lower than that of the previous year (25% for 2010).

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 1135 individuals making use of SMOPU services in 2012, 1094 persons (96%) received substitution treatment. In 2011, a total of 1107 individuals were reported to be receiving methadone treatment of a total of 1160 individuals.

Chapter 6 – Health Correlates and Consequences

Drug-related Deaths and Mortality of Drug Users

During 2012, 5 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 still the lowest number ever 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 2012, 131 tests were carried out for HCV, resulting in 46 new cases. In the last three years no positive tests for HIV have been recorded whilst there were only two new cases for Hepatitis B (HBV) in 2012.

Non-Fatal overdoses (NFODs)

The year 2012 saw a significant decrease over the previous three years, with the amount registered at 139 reported cases. Data reporting for 2012 shows that the figures are similar

to the year 1999 (134 cases). Non-fatal over doses related to the abuse of illicit drugs in 2012 also saw a significant decrease as opposed to the previous two years, with a total of 32 reported cases (23% of all reported cases).

Psychiatric co-morbidity (dual diagnosis)

There were 44 individuals who made use of the Dual Diagnosis Unit in 2012. The average age of treated clients was that of 35 years of age.

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 2010, 2011 and 2012.

Needle and Syringe Availability

The year 2012 has seen the highest syringe distribution ever since 1994 with a total amount of 376,104 syringes distributed and an increase in percentage of some 23% over 2011.

Interventions Concerning Pregnancies and Children Born to Drug Users.

During the year 2012, 19 substance misusing women attending the Substance Misuse Outpatient Unit (SMOPU) were pregnant. Another expecting mother did not use the service, totalling to 20 individuals. None of these women suffered a miscarriage and all 20 mothers delivered healthy babies. Among the new born children, 15 infants had withdrawal symptoms and were given oral morphine as a substitute. The remaining 5 babies did not require opioid substitution treatment.

Chapter 8 – Social Correlates and Consequences

Arrest Data

In 2012, the Malta Police Drug Squad made 681 arrests for drug law offences compared to the 552 made in 2011. Of these arrests, 403 resulted in court arraignments. In 2012, cocaine was once again the drug for which most arrests were made, 33% of all arrests.

Probation Services Data

During 2012, the Probation Services had 291 clients with a known drug problem, stable when compared to 2011 (296 clients). The majority of clients for 2012 were male with 86% of the whole population, a percentage decrease from 2011 (87%) and equal to 2010 (86%). A total number of 156 persons were known to have problems related to heroin use (54%), a decrease in percentage from 2011 (59%). Cannabis users among probation service clients in 2011 amounted to 77 (27%), a 3% increase over 2011 (24%). In 2012, 51 (18%) were cocaine users an increase of 3% when compared to 2011 (15%).

Court Judgments

During 2012, 355 new cases for drug possession were brought before the courts, which is nearly three times the number of cases reported for 2011 (136 cases). The majority of individuals were charged with possession of cannabis (125 cases). Heroin followed with 107 new cases presented in court followed by cocaine with 79 new cases. Charges for the possession of ecstasy amounted to 35 cases whilst there were two new cases involving the possession of methadone.

Chapter 9 – Responses to Social Correlates and Consequences

This chapter looks at ways in which drug users are re integrated back into society by training, education, housing, social assistance and employment.

Training and Employment

The year 2012 saw 63 ex-prison inmates and 78 ex-substance abusers attend a mainstream training course offered by the Corporation and 24 persons have benefited from a work exposure opportunity through the Bridging the Gap scheme during the past twelve months.

Moreover, 14 ex-prison inmates and 14 ex-substance abusers were put on work exposure schemes.

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 2012, the total number of drug seizures amounted to 383, an increase of 20% in comparison with the total number of seizures made by Maltese Law Enforcement Authorities in 2011, which amounted to 319. The amount of drugs seized in 2012 is greater than that as compared to the amounts registered for 2011.

Drug Purity

During 2012, the purity levels for Cannabis resin showed a decrease to 7.5% and cannabis herb is reported at 7.0% a figure that posits an increase in the trend for the past 3 years. Cocaine purity levels have seen a marked decrease in 2012, with 15.5% of purity levels as against the 34.0% reported in 2011. Heroin also showed a marked decrease in purity with 20.0% when compared to 2011 (30%).

Drug Price

There has been an increase in prices in relation to all drugs, with cocaine registering the greatest hike, a mean price of Eur.79 in 2012 as opposed to Eur.63.78 in 2011, but similar to the mean price in 2010 (Eur.80). Heroin has also seen a rise in price in 2012, Euro.66 against the Eur.55.50 in 2011, but still cheaper than in 2010 (Eur.73).

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 bodies 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 2012 there have been no new developments with regards to legal notices both to the Medical and Kindred Professions Ordinance and the Dangerous Drugs Ordinance.

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** was set up in November 2010 within the Ministry of Education, Employment and the Family now re-named to Ministry for the Family and Social Solidarity 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 are 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 and now the 2013-2020 EU Drug Strategy. 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 (Currently the Ministry for the

Family and Social Solidarity). 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.

Performance Audit

The Auditor General, under the National Audit Office undertook a performance audit published as 'Tackling Problem Drug Use' in 2012. The NAO saw to the performance audit to evaluate how problem drug use is being tackled in Malta on a national level. The audit sought to carry out the following:

- Determine what is being done by the Government to mitigate the problem of drug abuse;
- Reference to all service providers was also made throughout the course of the study;
- An assessment of supporting Government services in place to care service providers within the sector;
- The identification of gaps in the overall system and the establishment of the level of coordination between Government, service providers, as well as other stakeholders;
- Determining whether the sector is appropriately regulated and monitored.

After the auditing process, a number of conclusions and recommendations were proposed for the bettering of service provision and more coherence between stakeholders, mainly:

- Further development and refinement of efforts with respect to the employment component of social reintegration;

- The combined efforts of all stakeholders as the key to an eventual creation of services for minors;
- An increase in collaboration between all stakeholders, with the NCADAD and the NCUDA as the ideal fora and platforms for such collaboration;
- Further development of information management structures to help in decision-making and policy design.

Draft National Standards for Residential Facilities

During the last part of 2012, the Department for Social Welfare Standards issued the Draft National Standards for Residential Facilities which provide accommodation to people with Drug, Alcohol and Gambling-Related issues. This was implemented through a working group including professionals across the border and received feedback from various services users, their families and other ancillary services and departments.

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. The Arrest referral scheme is intended to be a measure which will target first time offenders for possession of drugs for personal use. 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 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 of 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.

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.

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.

Entities and Organisations Involved in Responses to Drug Use in Malta

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

Table 1.1

Source: National Drugs Policy – end of January 2012

Amended according to amalgamation of Ministries

1.3 Economic Analysis

During the year 2012 the possibility of change in budgets was not finalized and so the figures have remained the same as those shown in the 2011 Annual Report.

The following are the estimates of expenditure which have been actualized during the years 2005, 2011 and 2012 as reported previously.

Malta National Report 2012

Public Expenditures on Drugs 2005, 2011 and 2012

Ministry	Department	Exp. (Eur) 2005	Exp. (Eur) 2011	Exp. (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
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

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	Gozo Hospital short stay unit	53,810	53,810	53,810
	Gozo hospital detox unit			
	Gozo hospital Methadone dispensing	3,261	16,733	16,733
		1,549	1,320	1,320
Total Expenditure	(Eur)	4,850,076	5,224,170	5,492,208

Table 1.2

Source: Budget requests from all entities

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 issued in 2012.

It is also worthy of note that a General Population Survey is to be implemented in 2013 with the results of such a survey to feature in the next annual report.

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

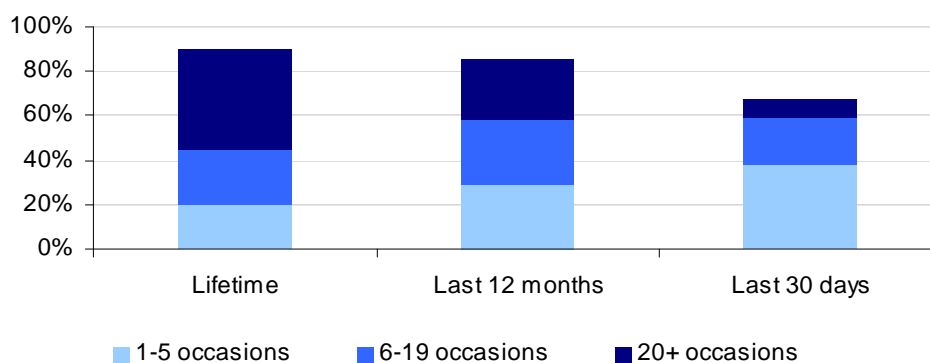


Figure 2.1

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.

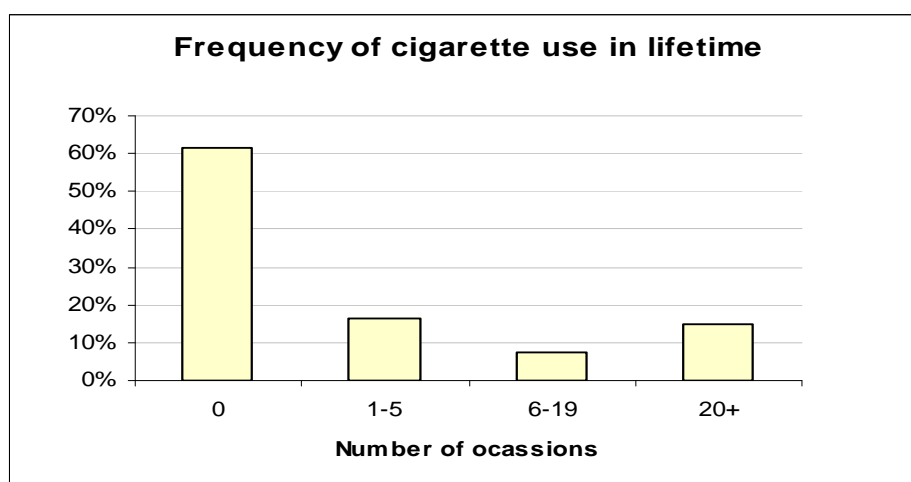


Figure 2.2

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 by 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.

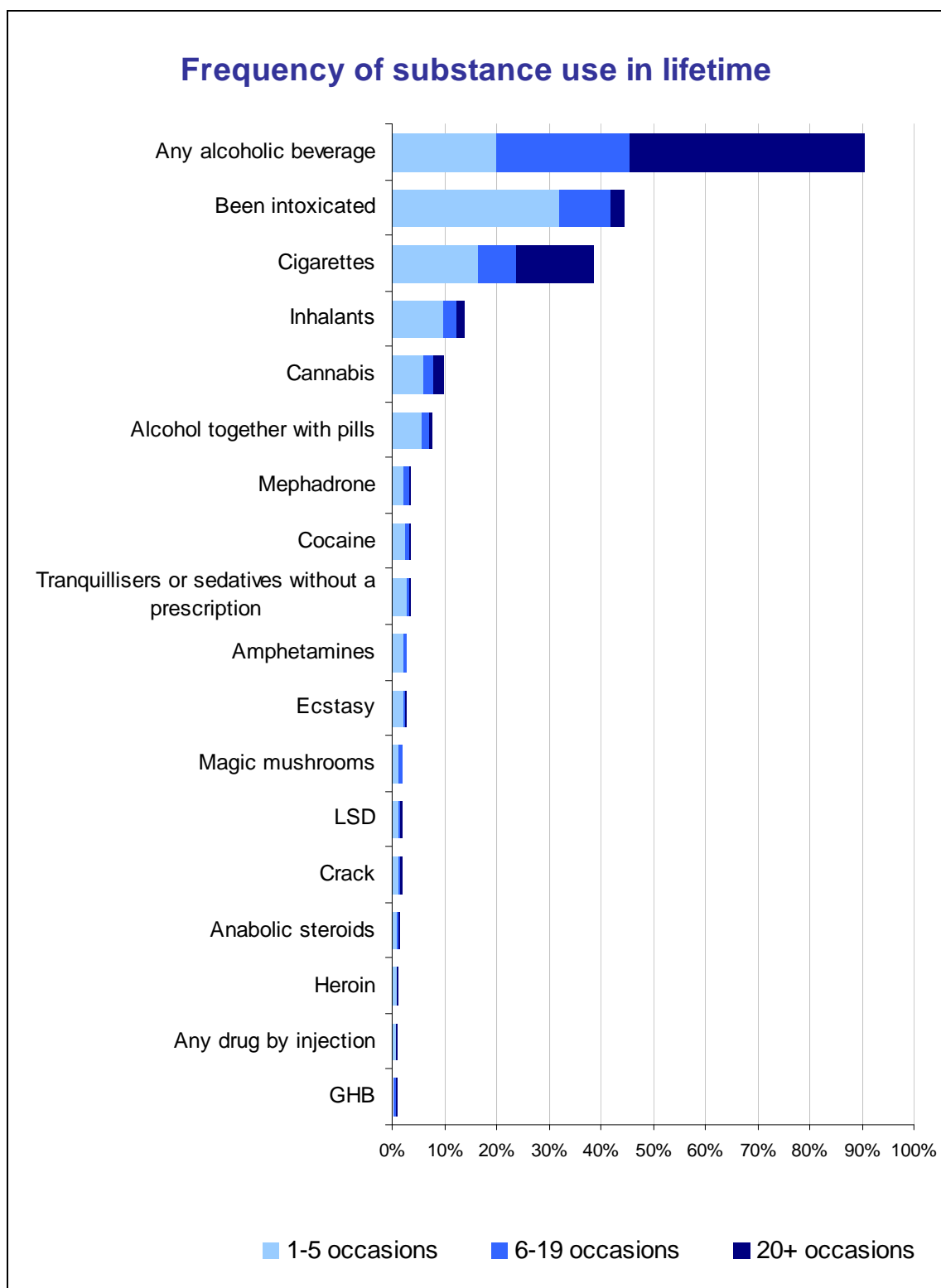


Figure 2.3
Source: ESPAD 2011

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 refers 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%).

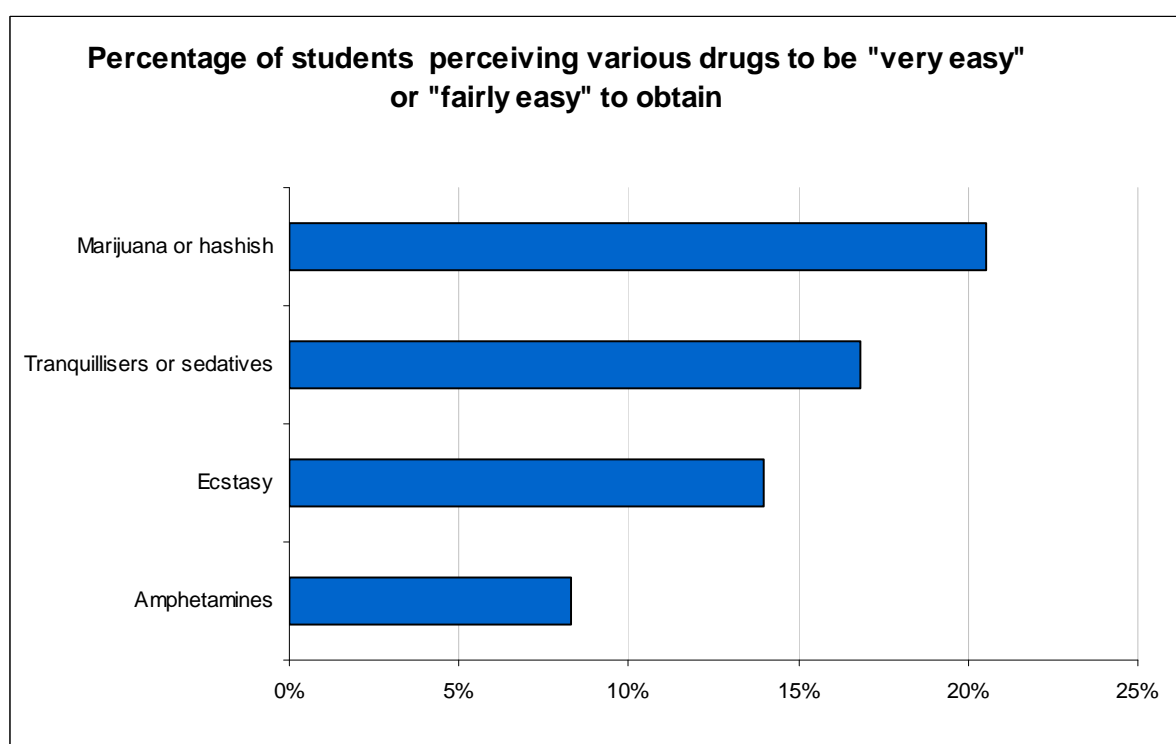


Figure 2.4
Source: ESPAD 2011

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.

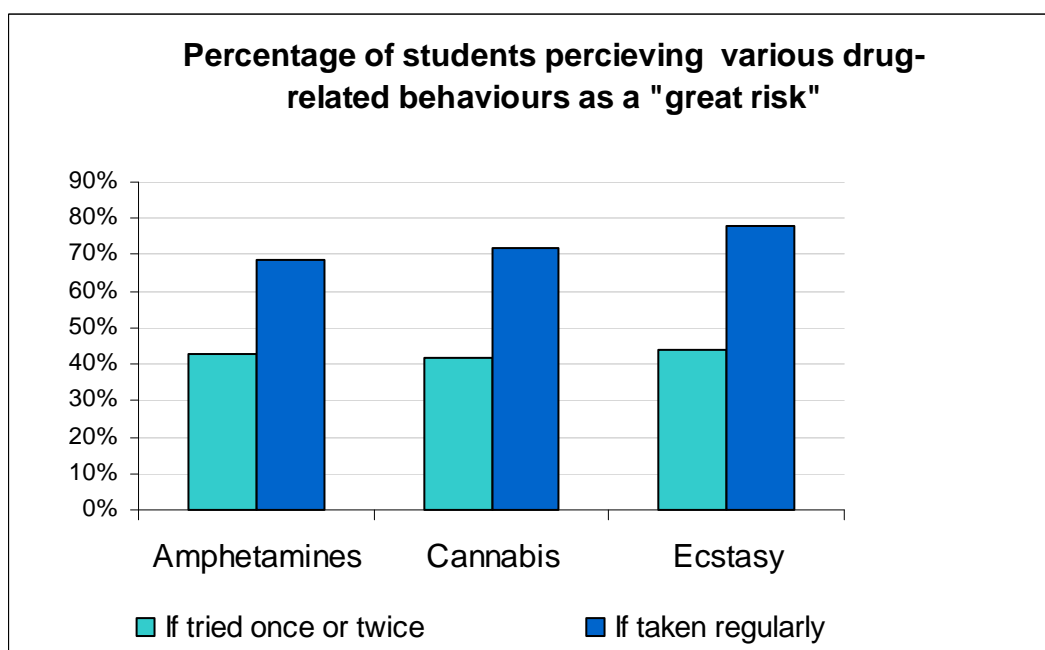


Figure 2.5
Source: ESPAD 2011

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.

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 2012. 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 that 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 2012 the Education Division organised the yearly Skolasajf activity where students gather in their schools in an informal atmosphere and through creative activities, 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 Zejtun which is run by the local Jesuit order. The primary aim of the Paulo Freire Institute is to respond to the growing problem of illiteracy amongst children and adults alike. However it has 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.

Agenzija Appoġġ, within the Foundation for Social Welfare Services, has given priority to 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 the community principles St. Jeanne Antide Foundation, 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 Foundation 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.

Other Initiatives

During 2012, a working group which was appointed by the National Commission on the Abuse of Drugs, Alcohol and Other Dependencies (NCADAD), worked on the completion of a report which was started in 2005-2007. The aims of this study were to “evaluate existing school-based drug prevention programmes amongst 13-14 year olds” with particular reference to measuring:

- a) knowledge, attitudes and behaviours towards licit and illicit drug use pre and post programme intervention.
- b) Prevalence (lifetime, last 12 months, and last 30 days) of licit and illicit drug use amongst the target group pre and post programme intervention.

Following the completion of the report, the NCADAD, together with the National Coordinating Unit for Drugs and Alcohol (NCUDA), organized a morning seminar for relevant stakeholders working directly within the area of drug prevention. In this seminar, an overview of the findings was presented and feedback was sought regarding the way forward. The main point emerging from the seminar was that prevention professionals felt the need to consolidate coordination of services, particularly to promote better cooperation and enhanced pooling of resources. To this effect, the NCADAD, through the NCUDA has proposed that a National Coordinating Body on prevention services should be set up and a number of meetings were held with representatives from the Prevention Network to outline the way forward.

CHAPTER 4

PROBLEM DRUG USE

4.1 OVERVIEW

This chapter provides information regarding the characteristics and socio-demographic details of all persons attending drug treatment services within the Maltese Islands during 2012. The agencies concerned with treatment provision in Malta and Gozo are, Sedqa, Caritas Malta, Oasi, the Dual Diagnosis Unit (DDU) within Mount Carmel Psychiatric Hospital, the Substance Abuse Therapeutic Unit (SATU) and the Maltese Prison Services. Treatment of Drug users refers to both medical and non-medical interventions which are provided locally.

By the end of the year 2012 the Maltese Population stood at approximately 421,230. Due to this relatively small population, and consequently the small number of service providers operating in the drug treatment sector, any changes in the operating procedures of local agencies or changes in the availability of services can have a substantial impact on national data. However, no major changes were reported in the provision of drug related services since the last publication of the National Report on the Drug Situation 2011.

4.2 PREVALENCE ESTIMATES OF PROBLEM DRUG USE

In Malta problem drug use was estimated using the capture-recapture method, mainly the Poisson distribution, 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, with heroin being the primary drug of 75% of all clients. In the years 2010 to 2012 a four source capture–recapture methodology was used since only a couple of individuals attend the prison services, one of the five Agencies providing treatment services, reported using opiates on a daily basis during these years.

In 2010 the estimated number of daily heroin users stood at 1755 (95% confidence interval 1643 to 1891). 1107 daily opiate users attended one or more of the services in operation on the Maltese islands, with an estimated 649 (95% confidence interval 536 to 784) not

attending any of these treatment entities, which implies that approximately 78% of daily opiate users attended treatment services in 2010.

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. 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 she/is to be in contact with other treatment services. Lower overlaps in clients attending different services produce higher PDU estimates. Over time 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.

In 2012, estimates also show figures on the higher side, with 1,778 daily opiate users (95% confidence interval 1,670 to 1,911). Though the figures are closer to the ones for the year 2010, it is still felt that the figures are on the high side, and that the lower end of the estimates should be considered.

This year it was felt that a new model might be introduced within the Capture-Recapture Method, basically that of the Negative Binomial Distribution within the log-linear models due to over-dispersion in the data. With this in mind, data for 2013 might be compared with data for the previous two years with this new model for a more accurate estimate.

Estimates for Malta 2010 – 2012

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
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	7.5	6.9 to 8.3
2012	1,778	1,670 to 1,911	581	473 to 714	6.18	5.8 to 6.64

Table 4.1

Source: EMCDDA Annual Report 2007 and 2011

4.3 PROFILE OF CLIENTS IN TREATMENT

In this section data is provided related 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 2012 but are still making use of the services in the indicated year.

Number of Clients

In 2011 there was a decrease of 4% as compared to 2010 (n=1936). Also, there was a substantial decrease of 35% of clients using treatment services for the first time.

In 2012 there was a slight increase in clients using services with a total of 1874 (1% increase from the previous year). It also shows a nominal increase of 3% in clients seeking services for the first time with 203 persons in 2011 (11% of the whole clients) to 14% (266 clients) in 2012.

Number (%) of Clients Treated for Drug Use in Malta by Status, 2010-2012

	2010		2011		2012	
	n	%	n	%	n	%
<i>All clients</i>	1936	100	1862	100	1874	100
<i>Previously treated clients</i>	1623	84	1659	89	1608	86
<i>First treated clients</i>	313	16	203	11	266	14

Table 4.2

Source: Merged Treatment Data Files 2010, 2011 and 2012

Gender

During 2012, 82% (1538 out of 1874) of the client base was male. It is relatively similar to the preceding years though there was an increase in the percentage of the female population. This year has also shown a slight percentage decrease in the male population using the service for the first time but the trend is one of a decrease as it was 78% for the year 2012 compared to 79% in 2011 and 83% in 2010.

Female clients attending services in 2012 increased by 3% of the whole population using the services (18% of the whole population), in addition to a percentage increase of the female population with regards to new clients for 2012 (22% in 2012 as opposed to 21% in 2011, 17% in 2010). These data show a constant increase in the trend, though minimal, of the female cohort attending the services.

Age

In 2012, the number of all treated clients aged below 35 years amounted to 64%, a slight decrease of 2% over 2011 (66%). The most predominant age groups during 2010, 2011 and 2012 were the 25 to 29 age bracket (24% for 2010, 25% for 2011 and 22% for 2012, a decrease of 3% from the preceding year) and the 30 to 34 year old cohort (21% for 2010, 20% for 2011 and 22% for 2012, an increase of 2% from 2011).

Percentage of All Treated Clients by Age

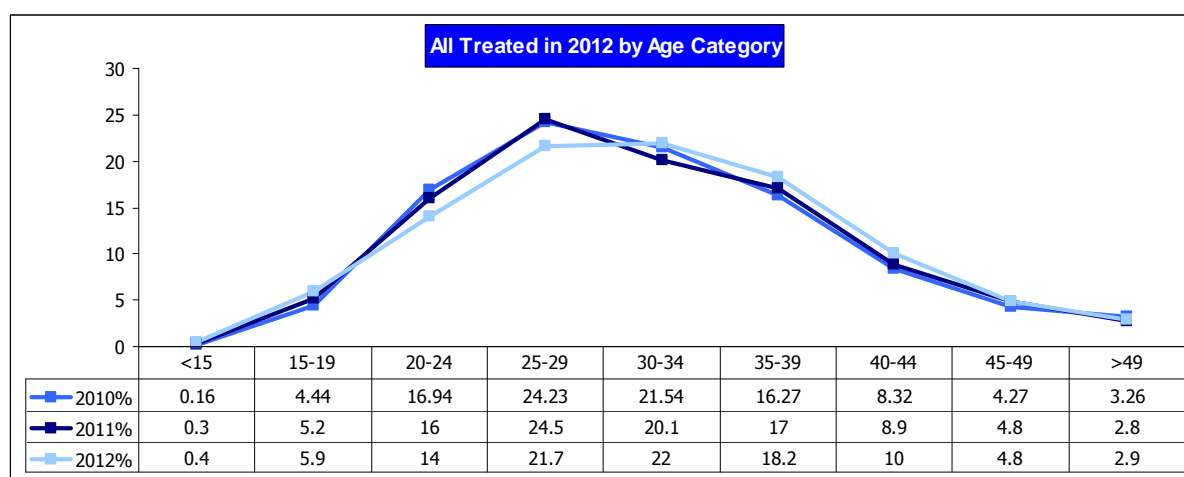


Figure 4.1

Source: Merged Treatment Data Files 2010, 2011 and 2012

In 2012, there was a total of 82% of first time clients (218 clients) who were under the age of 35 years, which shows a percentage decrease of 6%, though the numbers are higher.

There were a total of 88% of first time clients (179 clients) in 2011 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 15 to 19 years of age (26%) a first in this age group, whereas 2011 saw the highest proportion in clients 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 20-24 years (24%), another deviation from the preceding years with the age group for 2011 being 25-29 years (21%), which however was lower than that of the previous year (25% for 2010). During 2010 individuals aged 30 to 34 years stood at 20%. Conversely, in 2011 there was a sharp decrease of 7% (13%) over 2010 and also a further percentage reduction of 1% for the year 2012 with 12%. This demonstrates that individuals with such problems are seeking service provision much earlier in their drug careers.

Percentage of First Ever Treated Clients by Age

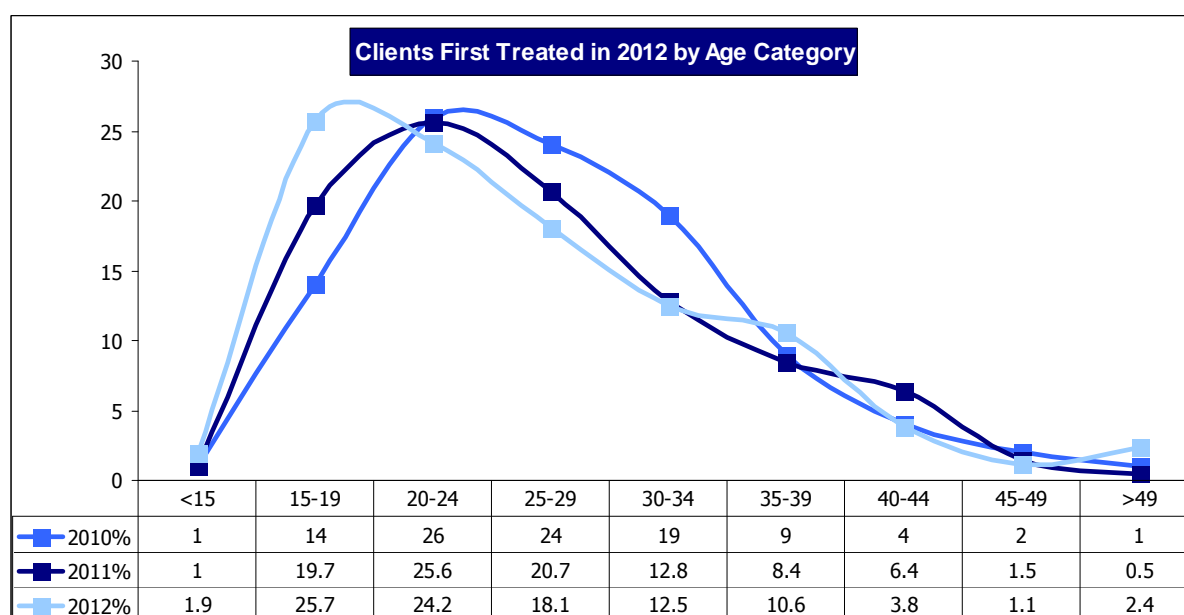


Figure 4.2

Source: Merged Treatment Data Files 2010, 2011 and 2012

Region

2012

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 (126 per 10,000 residents) a decrease on 2011 (129 per 10,000 population). It is followed by the Northern Harbour region (71 per 10,000 residents), an increase on 2011 (67 per 10,000 population). In 2012, the share of clients hailing from the South Eastern region stood at 52 individuals per 10,000 population, another increase compared to 2011 (50 per 10,000 population).

The highest rates of first treated clients are those from the Northern Harbour (13 per 10,000) followed by the Southern Harbour region (11 per 10,000 population), the Northern region (9 per 10,000 population), the South Eastern region (7 per 10,000 population), and the Western region and Gozo (all at 5 per 10,000) respectively.

These rates have been calculated on the 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 2012

	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	666	578	202	235	148	30	1859
Rate of persons in treatment per 10,000 of the regional pop. aged 15-64	126	71	45	52	37	14	65
First treated clients							
No. in treatment 2011	60	103	40	32	18	10	263
Rate of persons in treatment per 10,000 of the regional pop. aged 15-64	11	13	9	7	5	5	9

Table 4.3

Source: Merged Treatment Data Files 2012

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

In 2012, 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 2012, most clients attending treatment came from the Southern Harbour region (36%), followed by the Northern Harbour region (31%), the South Eastern Region (12.5%), the Northern region (11%), the Western region (8%) and Gozo (1.5%). Figures show that the Southern Harbour region had a slight decrease in the proportion of treated clients while all others showed an increase, except for Gozo which had a slight decrease.

During the years 2011 and 2012 the majority of first time treated clients arose from the Northern Harbour region (29% and 39% respectively), showing a steady increase in this region with 10% more in client distribution. The Southern Harbour region has seen a decrease from the preceding years (25% in 2011 and 23% in 2012). The South East region decreased slightly from 14% in 2010 compared to 13% in 2011 and again to 12% in 2012.

All Clients Treated by Region 2010, 2011 and 2012

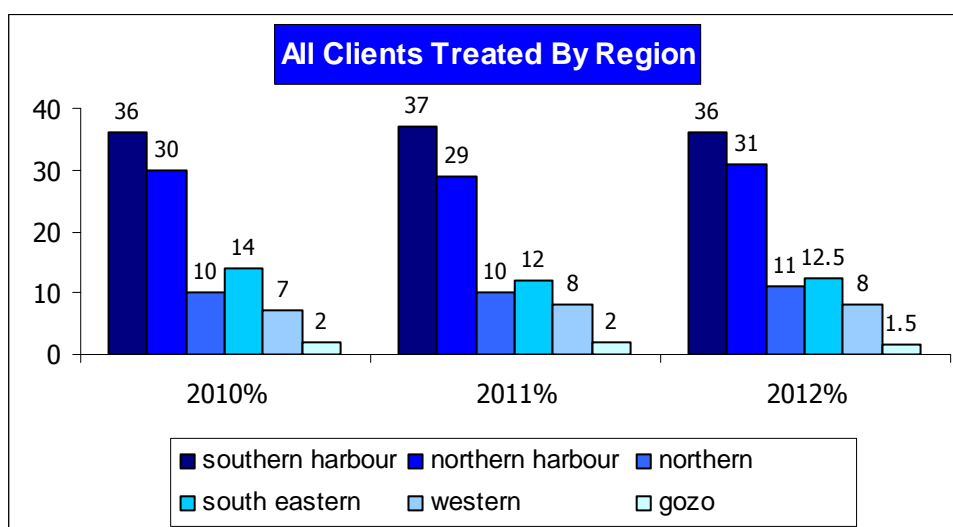


Figure 4.3

Source: Merged Treatment Data Files 2010, 2011 and 2012

First Time Treated Clients by Region 2010, 2011 and 2012

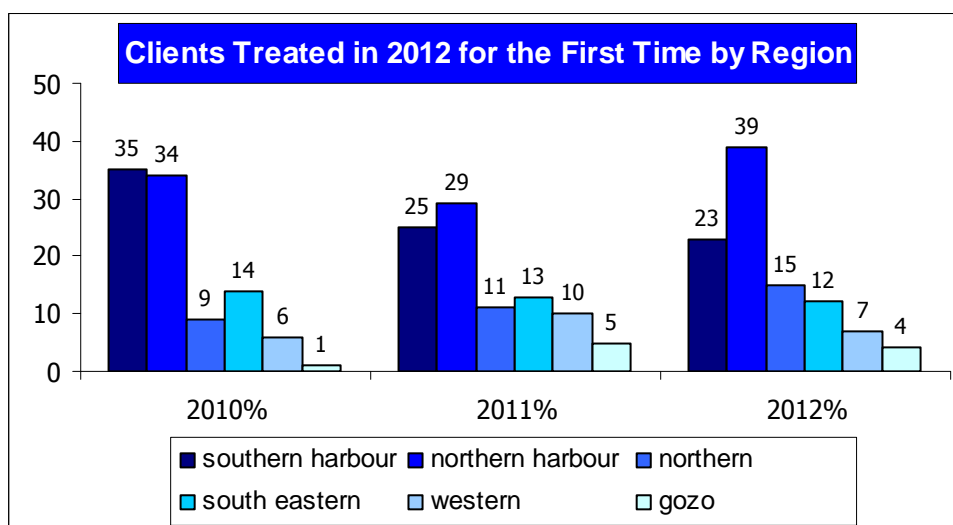


Figure 4.4

Source: Merged Treatment Data Files 2010, 2011 and 2012

Locality

Figure 4.5 displays towns with the highest percentage share of clients in 2010, 2011 and their correlated data for the year 2012. Amongst all treated clients a higher percentage of clients reside in Valletta, Żabbar and Cospicua for all respective years. The trend with Valletta and Żabbar is a decrease in the last three years, with new localities emerging as increasing in client population, such as Fgura, Ħamrun and St. Paul's Bay.

Percentage of All Treated Clients by Locality

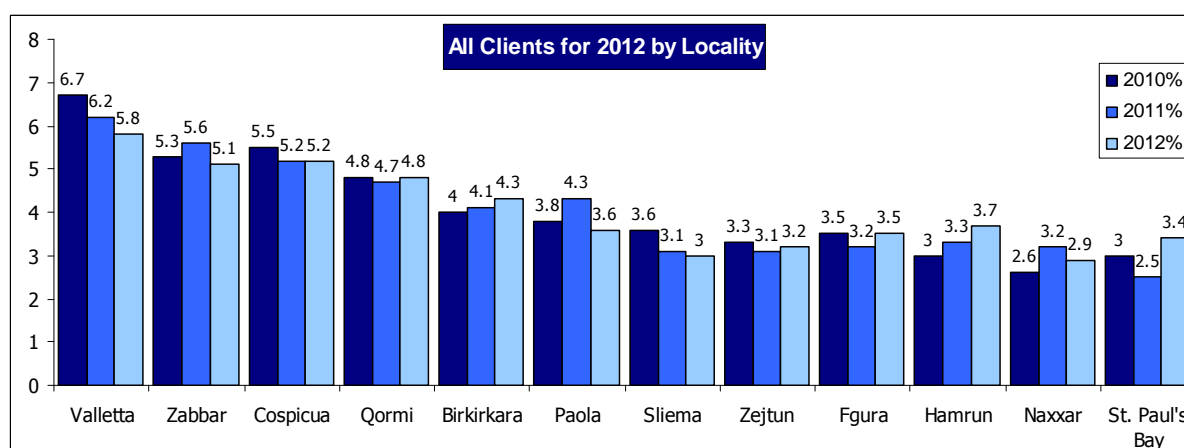


Figure 4.5

Source: Merged Treatment Data Files 2010, 2011 and 2012

Amongst first treated clients in 2010 a higher percentage resided in B'Kara, Cospicua and Qormi. 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. However, the year 2012 saw the emergence of new localities with the highest percentages, those of Hamrun and Mosta with Qormi coming in third in line with the highest percentages.

Percentage of First Treated Clients by Locality

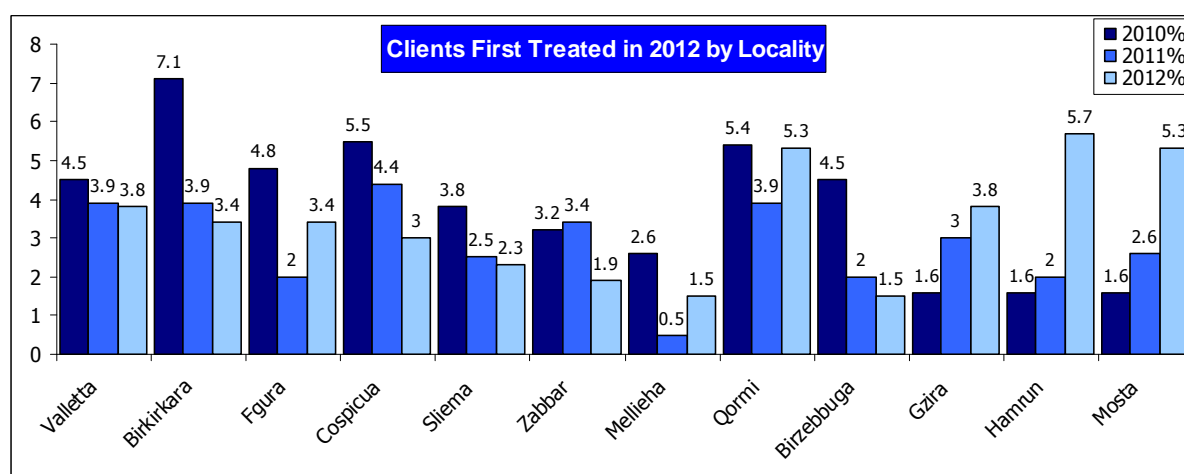


Figure 4.6

Source: Merged Treatment Data Files 2010, 2011 and 2012

Nationality

The majority of all treated clients were Maltese Nationals during 2012 (97%), the same as that for 2011 with 97% and showing a minor increase compared to 2010 (95%). The number of Maltese first treated clients was reported at 94%, a slight decrease of 3% from 2011 (97%). Treated clients coming from other EU countries in 2012 remained stable at 2% of the entire service using population as in 2010 and 2011.

Occupation

The total amount of people in treatment who were gainfully employed in 2012 stood at 40%, a slight increase compared to 2011 (39%) and the same as the year 2010 with 40%. The percentage of unemployment in 2012 stood at 49%, a slight increase from 2011 (47%). The remaining 13% were classified as 'other' (this group includes students and homemakers). These percentages seem to have remained similar over previous reporting years.

All Treatments by Labour Status and Gender

	Male	Female	not known/missing	Total
1. regular employment	654	95		749
2. pupil / student	48	13		61
3. economically inactive (pensioners / housewives, -men / invalids)	55	22		77
4. unemployed	733	192		925
5. other	11	2		13
6. not known/missing	37	12		49
Total	1538	336		1874

Table 4.4
Source: Merged Treatment Data Files 2012

First Treatments by Labour Status and Gender

	Male	Female	not known/missing	Total
1. regular employment	97	20		117
2. pupil / student	19	7		26
3. economically inactive (pensioners / housewives, -men / invalids)		2		2
4. unemployed	80	23		103
5. other				
6. not known/missing	11	7		18
Total	207	59		266

Table 4.5

Source: Merged Treatment Data Files 2012

Primary Drug of Use

A primary drug is considered as the drug which creates the greatest degree of health, legal or social problems to the individual. In 2012, as in previous reporting years, heroin continues to be the most popular primary drug amongst all treated clients and stands at 75% of the total treatment using population. However, 2012 shows a decrease of 2% over 2011 (77%). This shows a new trend in the decrease of heroin as primary drug. The second most popular drug was cocaine with 13%, showing an increase of 1% over 2011 (12%). This is the fourth consecutive year in which cocaine use as a primary drug increased by a percentage. Cannabis remained the third most used primary drug with 8% of clients reporting such use for 2012, an increase of 1% over 2011, also showing a minimal but constant increase in cannabis as primary drug.

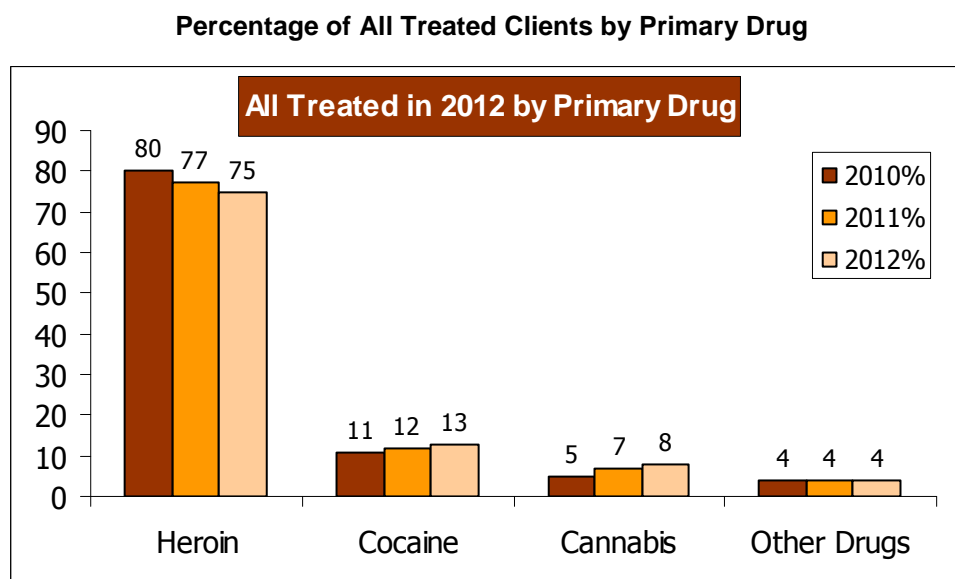


Figure 4.7

Source: Merged Treatment Data Files 2010, 2011 and 2012

Whilst heroin continues to be the most popular drug among first time treated clients, 2012 saw another decrease of such a primary drug, with 35% compared to the 41% in 2011 and to 56% in 2010. Cocaine was the primary drug for 28% of first time treated clients in 2012, an increase of 2% over 2011 (26%) and another increase of 2% over 2010 (24%). Cannabis has seen the greatest increase in 2012, with 29% of new clients reporting it as primary drug. This is an increase of 10% over the preceding year (19% in 2011) and another 5% over 2010 (14%).

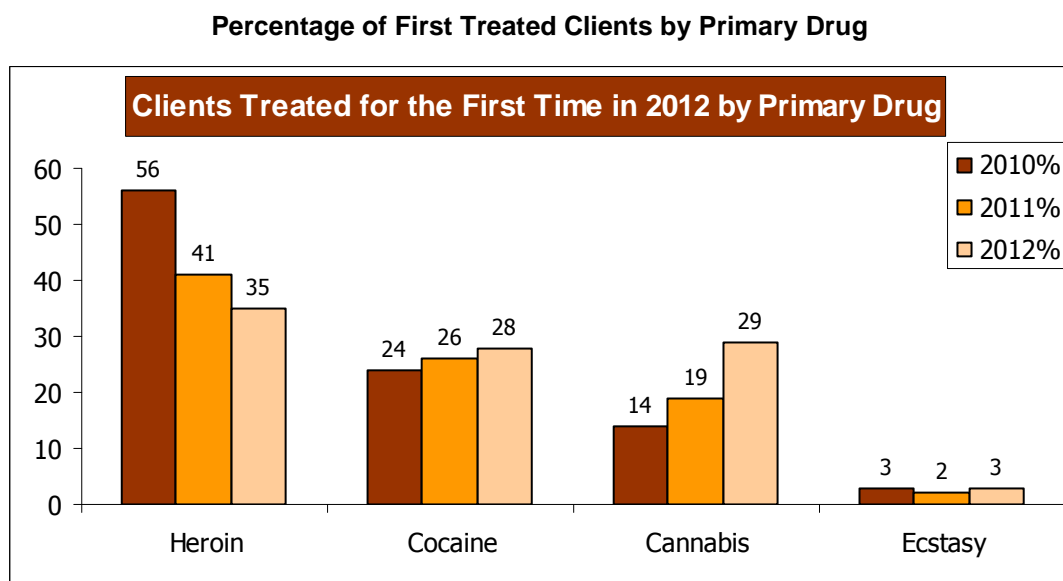


Figure 4.8

Source: Merged Treatment Data Files 2010, 2011 and 2012

Current Injecting Status

Injecting drug behaviour in 2012 stood at 49% of all clients in treatment, with an increase of 10% over the year 2011 (39%). The increase was already notable the previous year when in 2010 the reported percentage of injecting drug users was 35%.

First time treated clients reported in 2012 (22%) show an opposite trend than the figures shown above, with a decrease of 2% from the year 2011 (24%). These figures are still on the higher end when compared to 2010 which saw 12% of clients currently injecting, but lower than in 2009 (29%).

Frequency of Use of Primary Drug

The year 2012 saw an increase in clients making daily use of their primary drug over the preceding year with 55% against the 53% in 2011. It is worthy of note that the figure for 2011 is still lower than the percentage reported in 2010, which saw 74% of new clients making daily use of their primary drug.

In 2012, the number of clients reporting using their primary drug twice weekly or more has seen a decrease to 12% against 2011 which was reported as 15% but still higher than 2010 with 9%.

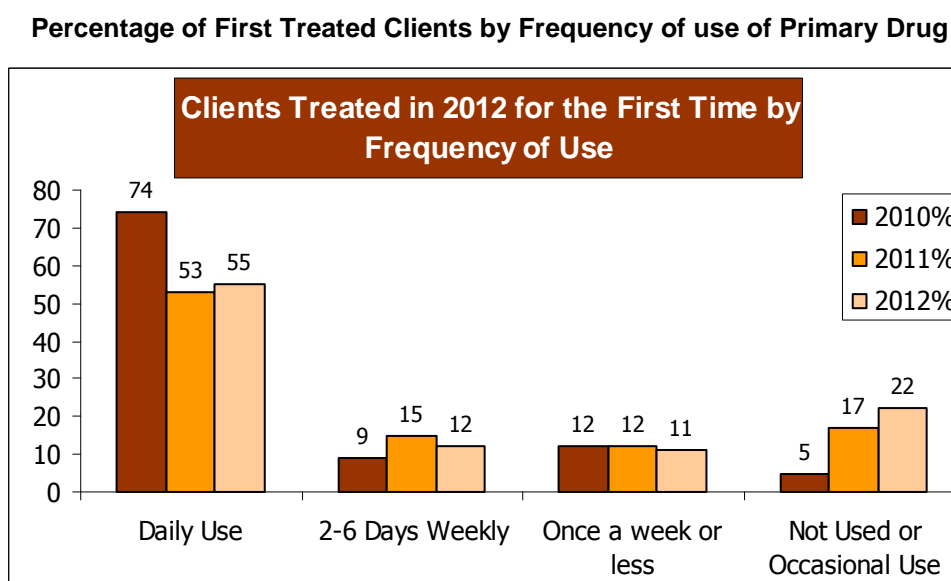


Figure 4.9

Source: Merged Treatment Data Files 2010, 2011 and 2012

Profile of Cases by Primary Drug

2012

Going against the trend of the previous three years, female clients using cocaine as their primary drug have seen this rise to 16% as opposed to 2011 (11%) and 2010 (15%), but still relatively lower than that for 2009 (29%). Heroin use also saw an increase of 2% (19% in 2012) than 2011 (17%) in the female population. Cannabis use also saw a marginal increase among female clients in treatment reporting 14% against a consistent percentage of 13% for both 2010 and 2011.

Percentage Share and Gender of All Treated Clients 2012 by Primary Drug

2012	share%	female%
Heroin	75	19
Cocaine	13	16
Cannabis	8	14

Table 4.6

Source: Merged Treatment Data Files 2012

Among first treated clients, female clients using heroin as their primary drug continued on the increase with 28% reported against the 24% in 2011 and 19% reported in 2010. The percentage of female clients using cocaine as their primary drug increased by 4% in 2012, with 16% compared to 12% in 2011 but similar to 2010 (16%). Cannabis use among the female cohort has seen another decrease from 24% in 2011 to 20% in 2012.

Unemployment among first treated clients stood at 39%, a 2% increase from 2011 (37%) and yet another increase from 2010 (33%). Female clients who were unemployed decreased to 22% compared to the 27% reported in 2011 and relatively similar to 2010 (21%).

Injecting behaviour among first treated clients stood at 22%, a decrease in percentage against 2011 (29%), whilst sniffing was reported at 18%, another decrease from 2011 (22%). Smoking/inhaling saw the greatest increase with 47% reported in 2012 against the 36% reported in 2011 within this client group.

Profile of First Treated Clients 2011 by Primary Drug

2011	share %	female %	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	55	59	33	6	78	8	5	5
cocaine	25	12	30	17	15	62	37	27	19	17
cannabis	19	24	24	0	100	0	58	18	13	11

Table 4.7

Source: Merged Treatment Data Files 2011

Profile of First Treated Clients 2012 by Primary Drug

2012	share %	female %	unemployed %	route of administration			frequency of use			
				Inject%	smoke/ inhale%	sniff%	Daily %	2-6 days per week%	>once a week%	not used/ occasional%
heroin	35	28	41	52	41	2	77	5	2	0
cocaine	28	16	43	14	24	51	35	18	20	15
cannabis	29	20	36	0	88	1	42	10	5	21

Table 4.8

Source: Merged Treatment Data Files 2012

CHAPTER 5

DRUG-RELATED TREATMENT

5.1 OVERVIEW

This chapter provides 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 now forms part of the Ministry for the Family and Social Solidarity SATU (Substance Abuse Therapeutic Unit) which is a prison based facility and during the time of reporting fell under the responsibility of the Ministry of Justice and Home Affairs; and the DDU (Dual Diagnosis Unit) within Mount Carmel Hospital which at the time fell 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.

Specialised drug treatment in Malta started in the first half of the 1980's when Caritas Malta asked the Coolemine Lodge Therapeutic Community of Ireland to assist them in the setting up of a Rehabilitation Centre in Malta. In March 1985, after Maltese qualified staff returned from specialised training abroad, the very first Rehabilitation Day-Programme was launched. Following an increased demand for treatment a meeting was held in September 1988 between Caritas and a group of professionals and business people who offered their voluntary help in the administration of a Residential Rehabilitation Centre. In June 1989 Caritas started the first long-term rehabilitation centre (San Blas). Methadone treatment dates back to before 1985, when initially methadone was given on a weekly basis from the psychiatric unit, to a small number of drug users to take home. In 1987, the detox unit was set up at St. Luke's Hospital, now known as the Substance Misuse Outpatient Unit

(SMOPU), where methadone was dispensed both for detoxification and substitution treatment. An inpatient detoxification clinic also existed within the unit. In 1994, the inpatient clinic moved to a building close by and became known as Dar L-Impenn. Initially, detoxification was conducted using methadone and catapress, and in June 1996 naltrexone was also introduced. Drug treatment on the island of Gozo was initiated by Oasi in 1992 as an outpatient service and later extended to 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 1135 individuals making use of SMOPU services in 2012, 1094 persons (96%) 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 were some fluctuations in clients using the SMOPU services. The highest increase was in 2011 with an increase of 41 clients over the previous year whereas there was a slight decrease in clients for 2012, with 25 less persons using the service.

Total Clients receiving Substitution Treatment and Percentages in 2010, 2011 and 2012

Year	2010	2011	2012
Total number of Clients	1119	1160	1135
Clients in Substitution Treatment	1069	1107	1094
Percentage	95%	95%	96%

Table 5.1

Source: SMOPU Data 2010, 2011 and 2012

The following table 5.2 shows the different types of treatment individuals received while attending SMOPU in 2012 according to gender.

Type of Substitution Treatment Received at SMOPU and the Number of Clients by Gender in 2012

Type of Treatment Received	Gender		Total
	Male	Female	All
Methadone	828	185	1013
DHC	6	1	7
Methadone and DHC	10	6	16
Methadone and Suboxone	20	3	23
Methadone, Suboxone and DHC	1	0	1
Suboxone	30	2	32
Other Type of Treatment	2	0	2
Not Receiving Substitution Treatment	33	8	53
Total Number of Clients at SMOPU	930	205	1135

Table 5.2

Source: SMOPU Data 2012

5.4 TREATMENT DEMAND

According to the Treatment Demand Indicator (TDI) data in 2012 there were a total number of 1874 different individuals who made use of any of the five treatment services. This shows that between the years 2011 and 2012 there was little change, with 2012 showing only an increase of less than 1% (1862 for the year 2011). Of these, however a total of 266 individuals were first time users and this cohort increased in comparison to the previous year. . The majority of individuals (1538) were males (82%) whilst the remaining 336 (18%) were females who made use of such services in 2012.

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 1874 unique individuals attending these services, some also attended two or more services throughout 2012. It is also important to note that client distribution within the service is not shown in the table as the table shows clients' last contact

with a service during 2012. This does not include those who were terminated/left or deceased during the year 2012.

Snapshot of Total Number of Clients Receiving Treatment by Agency in 2012

Service Provider	Programmes	Clients 2012*
Sedqa	SMOPU	1135
	Community Services and Residential	468
		1603
Caritas	Community Services and Aftercare	425
	Residential + Re-Entry	26
	PIP and CCF Outreach	26
	Harm Reduction Shelters	15
	Evening Programme	13
		479
OASI	Community Services and Outreach	89
	Residential and Half-way house	3
		92
Mount Carmel Hospital	Dual Diagnosis Unit	44
		44
CCF	Prison Inmates under Treatment	56
	SATU	0
		56
	Total	2274

Table 5.3

Source: TDI Data from Service Providers Listed, 2012 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. Thus, though there were a total of 2274 individuals attending all services, only 1874 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 last contact made by a client in a particular service during 2012. 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 2012, 5 drug related deaths were reported by the Police Special Registry, whilst during 2011, 4 drug related deaths were reported 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.

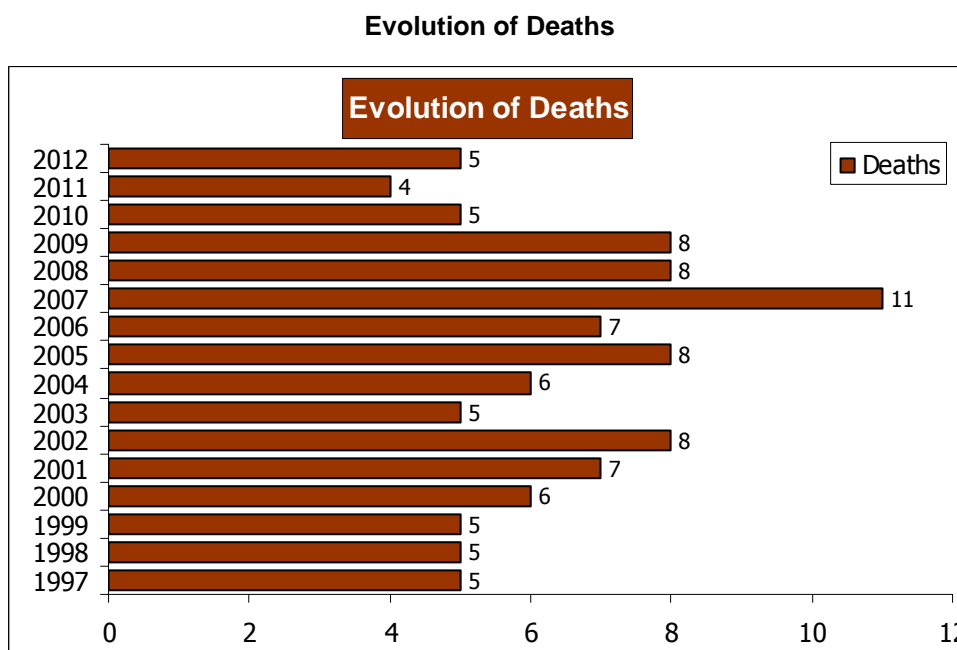


Figure 6.1

Source: National Mortality Registry 1997-2012

Between 1999 and 2012 the mean age of those succumbing to drug overdoses has continued to fluctuate between 26 years and 38 years of age. The mean age for 2012 is 32 years old showing an average age which is 3 years younger than for the year 2011. 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 2012

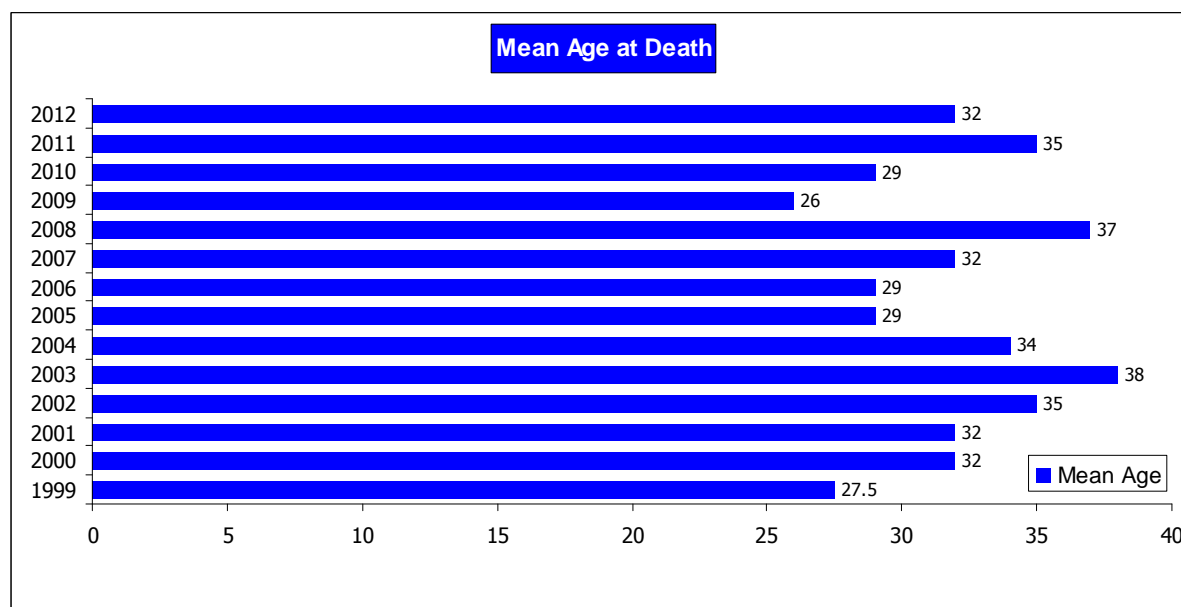


Figure 6.2

Source: National Mortality Registry 1999-2012

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 2010 - 2012 are presented in Figure 6.3. This year the data reported in Figure 6.3 and Table 6.1 includes all service users at SMOPU against the injecting drug users only for the previous years in any given year with only those tested in that year being included.

In 2012, 131 tests were carried out for HCV, resulting in 46 new cases. The number of tests carried out in the years 2010-2012 are presented in Table 6.1. Figure 6.3 shows that the percentage for Hepatitis C infections has increased as compared to 2011, as well as two new cases for Hepatitis B. Suffice it to say that 31 individuals out of the 46 of the HCV positive cases reported in the table are injecting drug users, that is the majority (67% of all positive cases). There were no new cases for HIV, a constant in the last three years.

Number of Tested Service Users in 2010 - 2012

Data Source SMOPU	Anti HBC	IDUS HCV	HIV
2010 Number Tested	152	183	206
2011 Number Tested	137	153	186
2012 Number Tested	113	131	138

Table 6.1
Data Source: SMOPU 2010-2012

Positive Results for HBV, HCV and HIV between 2010 and 2012

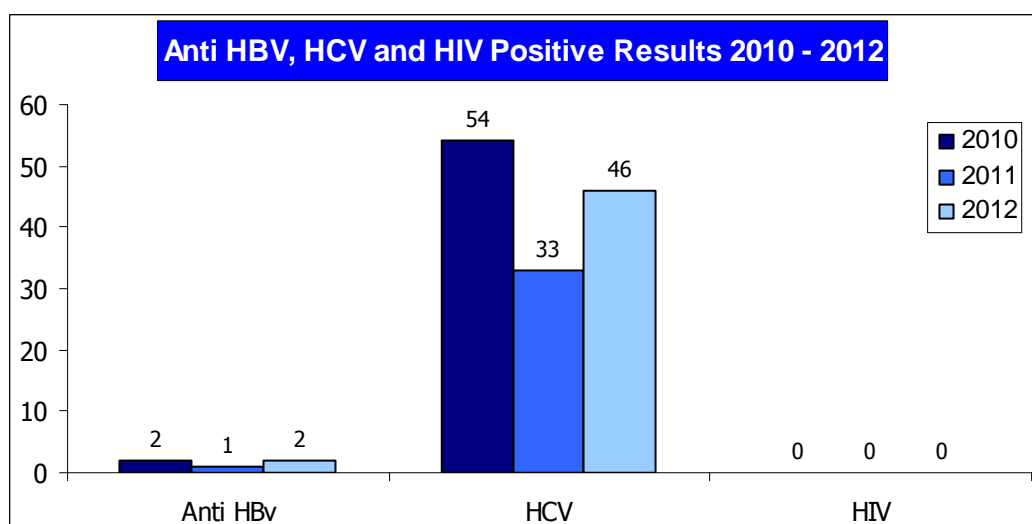


Figure 6.3

Source: SMOPU Data Files 2010-2012

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).

There were 44 individuals who made use of the Dual Diagnosis Unit in 2012. The individuals were all male and were all daily users of illicit drugs.

The average age of clients at DDU was that of 35 years. Only two individuals, that is; 4.5%, were new to the service in 2012, with an average age of 38 years.

Dual Diagnosis Share % for 2010 – 2012

	Share % 2010	Share % 2011	Share % 2012
Heroin	60	83	81
Cocaine	5	12	7
Cannabis	1.6	3	2

Table 6.2

Source: Dual Diagnosis 2010-2012

Table 6.2 shows the percentage of individuals according to their drug of primary use and their median age for the years 2010 to 2012 (Table 6.2). The majority of the individuals (81%) make use of heroin as their primary drug. This shows a 2% decrease in the substance when compared to the previous year (83%), but is still on the higher side when compared to 2010 (60%). Heroin is followed by cocaine (7%). This shows a substantial decrease for cocaine as compared to 2011 (12%). Cannabis was similar to 2010 (1.6%) and 2011 (3%), thus remaining a constant low. 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 2012 continues to see a decrease in non-fatal overdoses with the amount of cases being of 139 registered cases. Figures show a similar tendency to those in 1999 (134 cases).

Non-fatal overdoses related to the abuse of illicit drugs in 2012 saw a continued decrease over the preceding two years, with a total of 32 reported cases (23%) of all reported cases. The year 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.

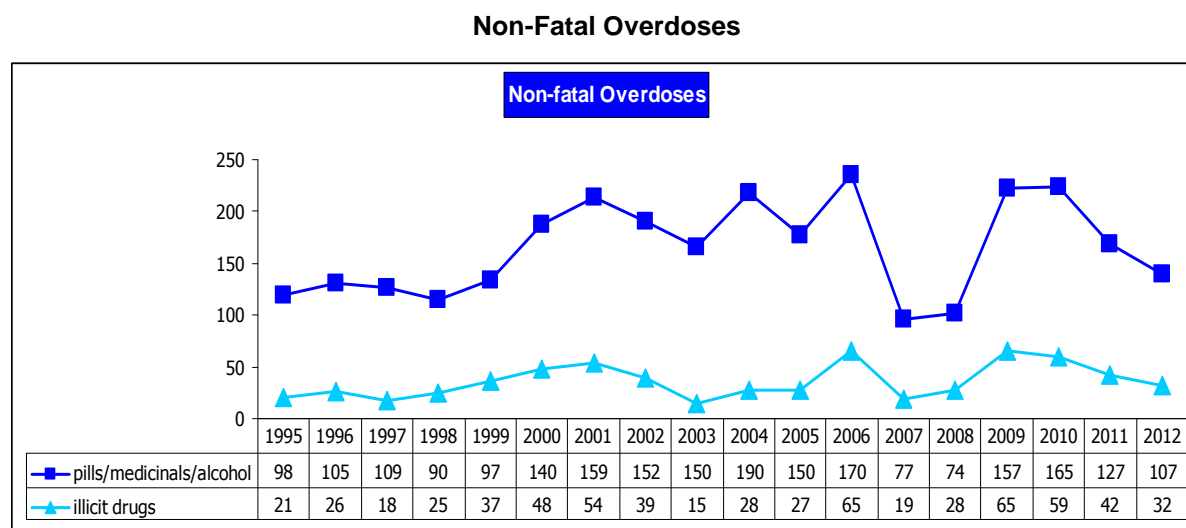


Figure 6.4

Source: Police Drug Squad Records 1995-2012

The proportion of overdoses which are related to the use of illicit substances has shown some decrease in 2011 (25%) compared to 2010 (26%) and compared to 2009 (29%). This trend continues in 2012 with 23% of all non-fatal overdoses, while overdoses linked to medicinal products still contribute the greater majority of cases reported (77%). As reported in previous National Reports, prescription drugs are more easily obtained, making it easier for the occurrence of abuse to remain high.

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 between 2009 and 2012). By law, since 2004, HIV has become a notifiable disease and the DSU is responsible for receiving these notifications and conducting contact tracing.

Hepatitis B Vaccine

Testing and vaccination for Hepatitis B is a free of charge service provided by health centers 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 was started in 2007. The prevalence of Hepatitis B amongst drug users is low in Malta (about 1.8%).

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). The year 2007 saw an increase of 14% from the year 2006. During the year 2008, a decrease of 8% from 2007 was registered in the number of syringes distributed. During 2009 there was 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. In 2011 there was a decrease of 10%, bringing the total number of syringes distributed to 289,940. But the year 2012 has seen the highest syringe distribution ever since 1994 with a total amount of 376,104 syringes distributed and a percentage increase of 23% over 2011.

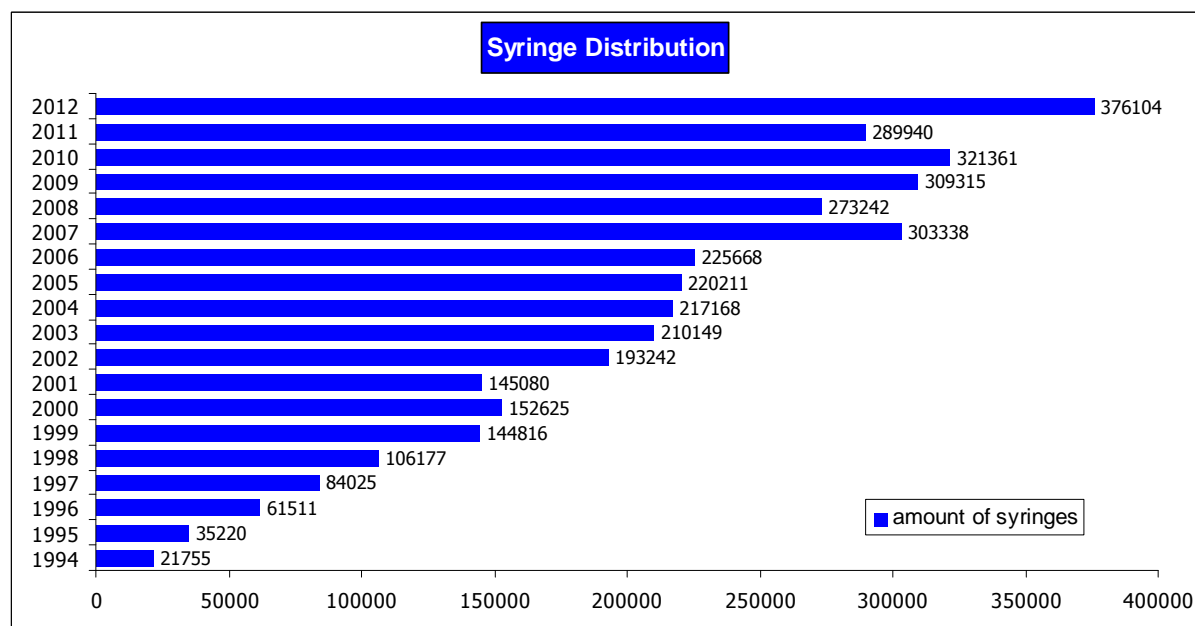


Figure 7.1
Source: Department of Primary Health Care Data 1994-2012

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

The Dual Diagnosis Unit (DDU) at Mount Carmel Hospital serves to detoxify, stabilize 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 2012, 19 substance misusing women attending the Substance Misuse Outpatient Unit (SMOPU) were pregnant. Another expecting mother did not use the service, totalling to 20 individuals. None of these women suffered a miscarriage and all 20 mothers all delivered healthy babies. Among the new born children, 15 infants had withdrawal symptoms and were given oral morphine as a substitute. The remaining 5 babies did not require opioid substitution treatment. Table 7.1 shows the trend within these last 6 years.

Pregnant Substance Misusing Mothers

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
2012	19	1	0	15	5

Table 7.1
Data: SMOPU 2007 -2012

Child Protection Services

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

In 2012, of all the cases investigated by ‘Appoġġ’, 34 children were issued care orders, a decrease of 33% (51 care orders) from the year 2011 and two cases less than 2010 (36 care orders). Out of the 34 children, 18 were issued a care order in relation to drug using parents, showing a reduction of 3 cases from 2011 but an increase of 12% (53% of care orders) in relation to the total amount of care orders between 2011 and 2012. This figure is still below the 67% of care orders issued due to drug using parents in 2010.

In relation to fostering cases, there has been an increase from the last reported year (2011). The year 2012 saw 24 children whose parent/s had drug related problems, in foster care, out of 288 children in foster care during the same year. This is in contrast with 2011 which saw 89 children with parent/s having 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

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

Of particular interest is the year 2012 which has seen a dramatic increase in the number of arrests than the preceding years, with the amount of 681, or an increase of 26% of arrests over the year 2011.

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.

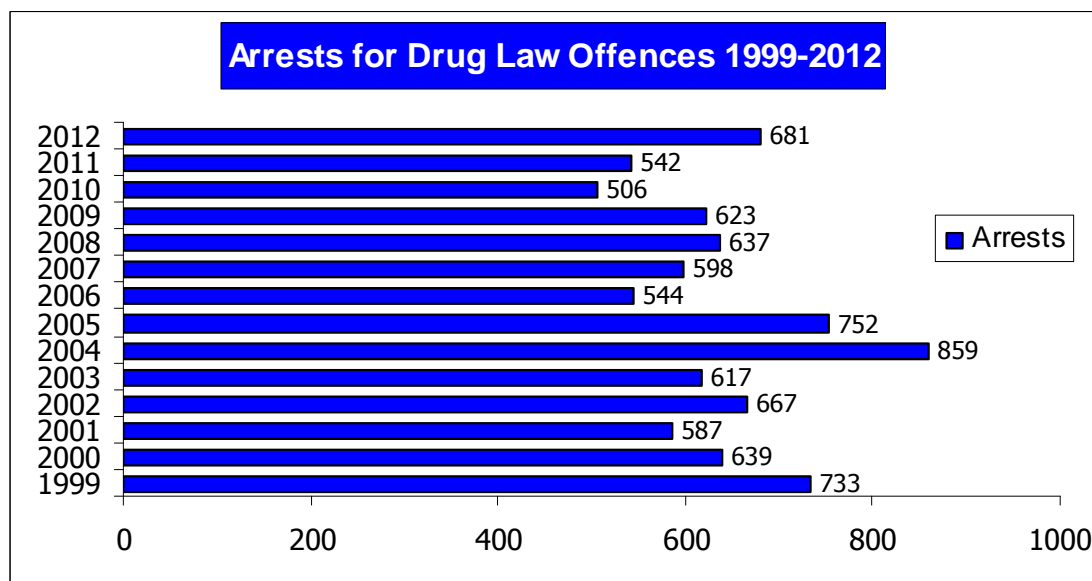


Figure 8.1

Source: Police Arrests Files 1999-2012

In 2012, 681 arrests for drug law offences were executed by the Malta Police Force, as compared to 2011, when 542 arrests were made, and compared to 2010, when 506 arrests were made. Of these arrests, 403 individuals were arraigned. A total of 254 arraignments were related to possession of drugs while 149 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 was related to trafficking of heroin (31%), followed by cocaine (21%) and cannabis (19%), whilst 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.

In 2012, there was a slight increase in all main drugs for trafficking, mainly cannabis which saw an increase of 2% from the year 2011 and cocaine which saw a percentage increase from 32% in 2011 to 33% in 2012. Perhaps the most significant increase was that of heroin, an increase of 4% from the preceding year with 28% against the 24% from 2011. Other drugs, which include ecstasy, this was halved from 14% in the year 2011 to 7% in 2012.

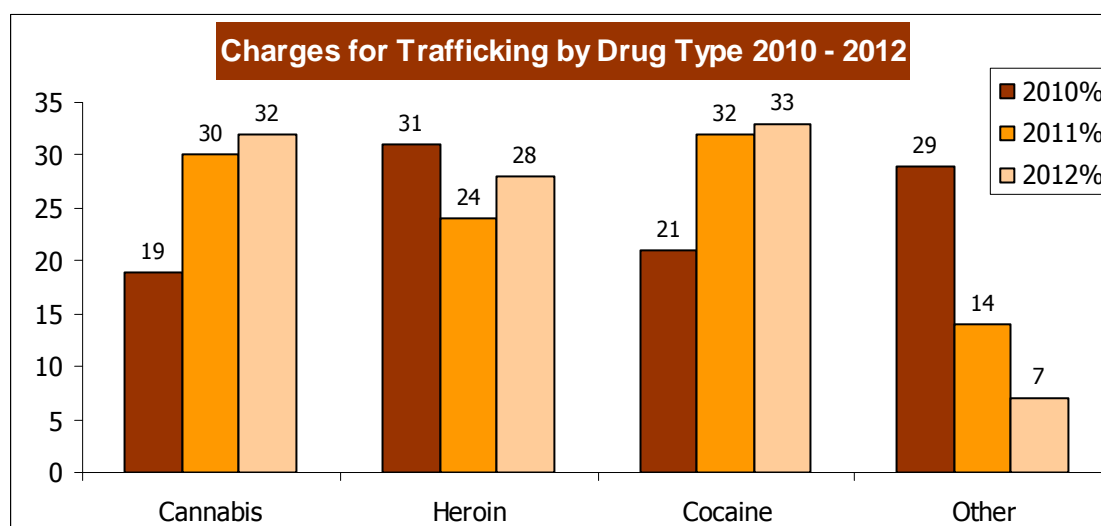


Figure 8.2

Source: Police Arrests File 2010-2012

Demographic characteristics of arrestees charged with drug offences

In 2012, 87% of all individuals charged for either possession or trafficking were male (350 males) while 53 females were charged (13%). This shows a marginal 1% decrease in the female population arrested over 2011, when of the 388 persons arrested in 2011, 334 (86%)

were male while 54 (14%) were female. Most persons charged with drug possession in 2012 were aged between 15 and 29 years (70%), whereas most persons charged with drug trafficking in the same year were aged between 20 and 34 years (57%), (Figure 8.3).

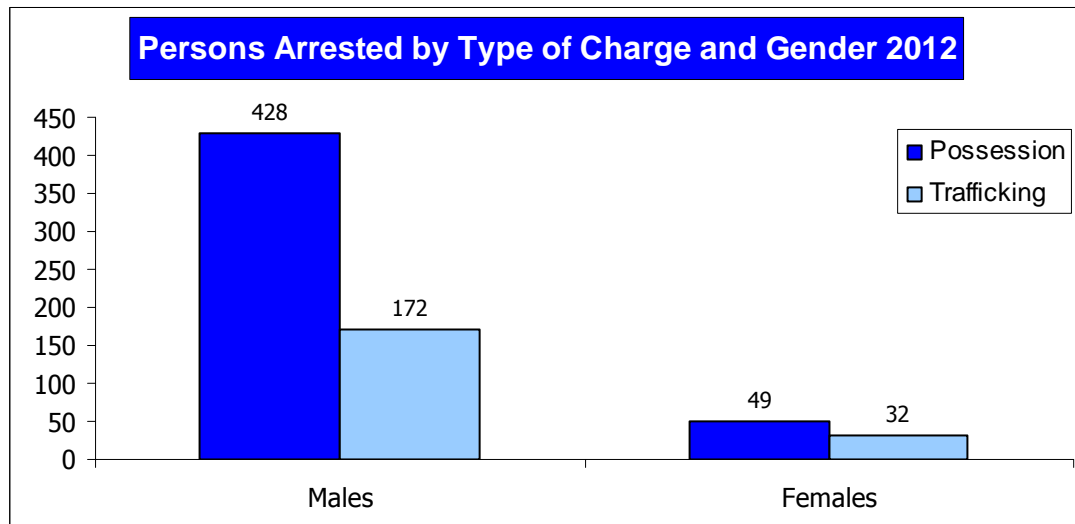


Figure 8.3
Source: Police Arrests Data File 2012

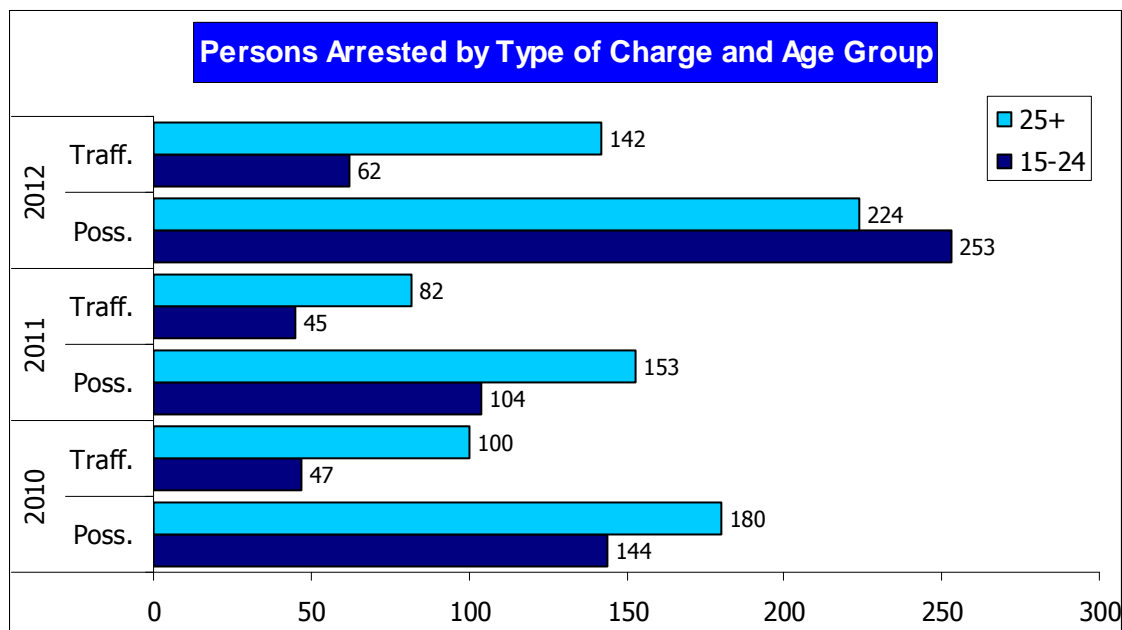


Figure 8.4
Source: Police Arrests Merged Files 2010, 2011 and 2012

Young people aged between 15 and 24 years were most likely to be apprehended for possession of cannabis with 51% of all apprehensions was accounted for by this age cohort. It is worthy of note that in this same age bracket, cocaine accounts for 21% of all apprehensions in 2011, a decrease of 17% from the previous year (38% in 2011). Adults of

25 years or older on the other hand were most likely to be arrested for the possession of heroin or cocaine.

Figure 8.5 shows the charges made by the police according to age.

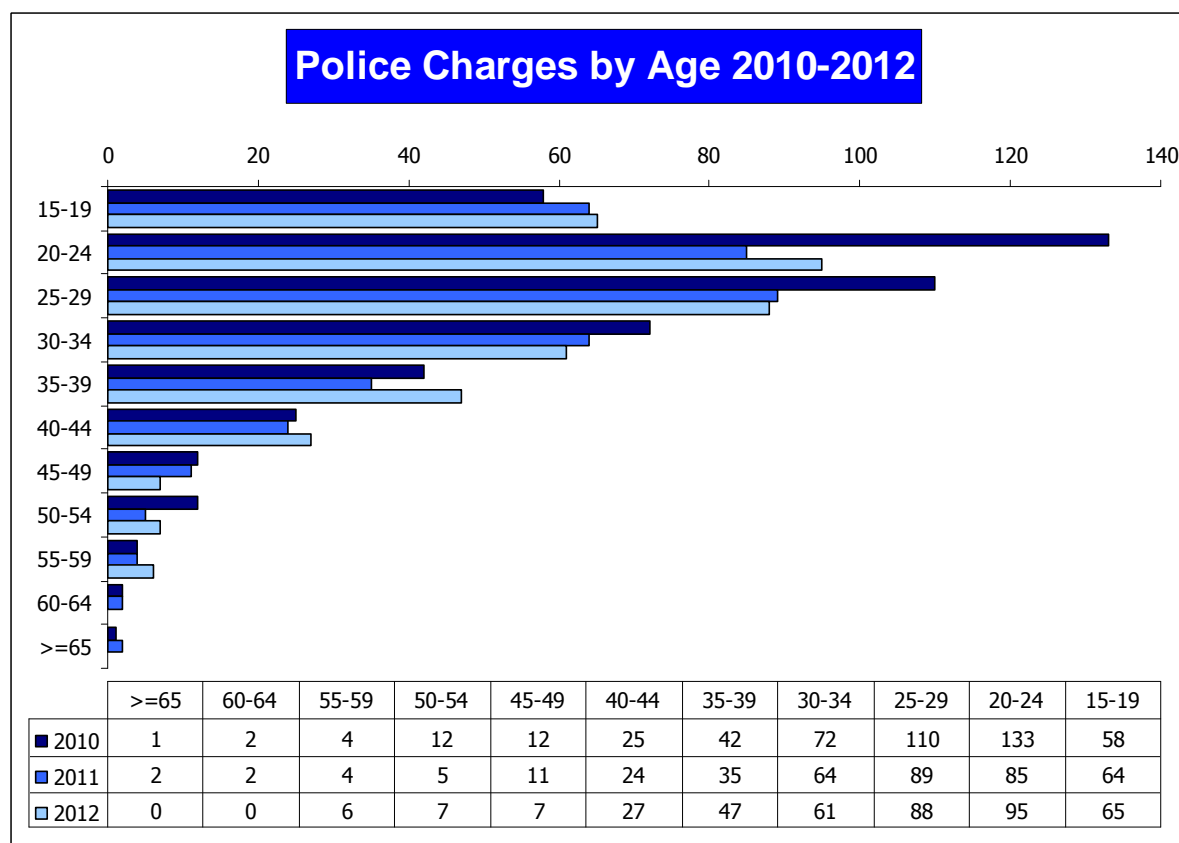


Figure 8.5

Source: Police Arrests Data File 2012

Court Judgments

The year 2012 saw a major increase in cases for drug possession being brought before the courts. The total number of such cases was 355 against the 136 new cases for 2011. This is current with the trend as of last year where 136 new cases were brought before the courts against the 49 new cases reported in 2010.

The great majority of individuals charged with possession were males (81%), a decrease of 7% from the previous year (88% in 2011) and still below the percentage in 2010 (males being reportedly 84% in 2010). This implies that the number of female individuals brought before the courts on possession charges has increased from where it was in 2011, 11% to 19% in 2012.

The majority of individuals were charged with possession of cannabis (125 cases) against the preceding year when the majority of cases presented were for heroin. Heroin still follows with 107 new cases presented in court and cocaine following with 79 new cases. Possession of ecstasy charges amounted to 35 cases whilst there were two new cases involving the possession of methadone.

Figure 8.6 shows the differences in percentages for possession cases between the years 2010, 2011 and 2012, with the majority of cases being possession of cannabis (125 cases), followed by heroin (107 cases) and heroin (79 cases).

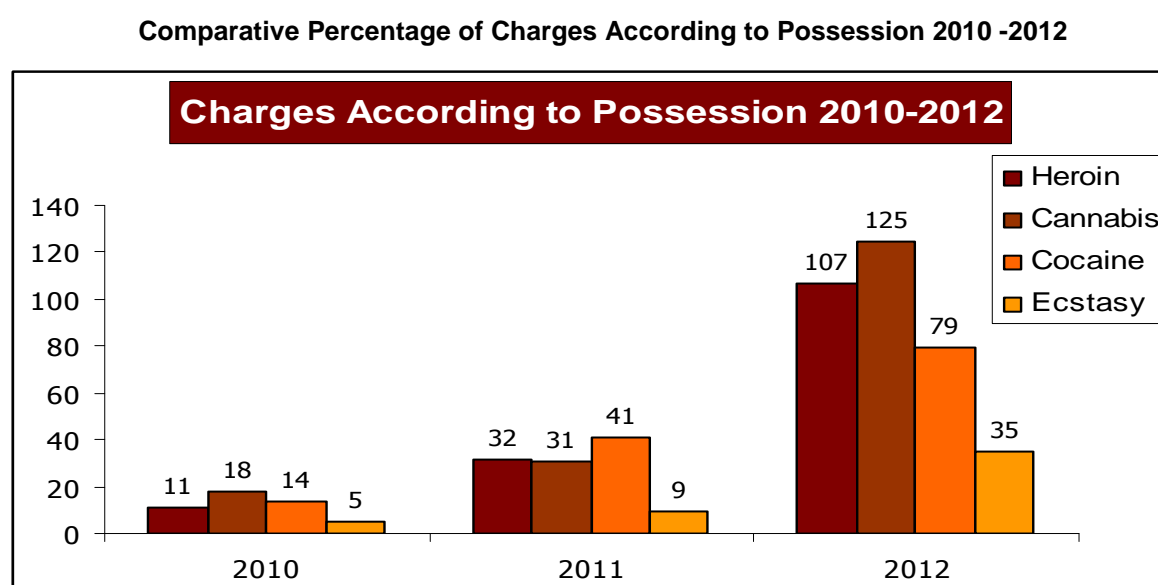


Figure 8.6

Source: Malta Law Courts 2010/2011

The majority of cases were handed a conditional discharge with 58% of all cases against the 68% for 2011, while 7% were handed a probation order against the 6% for 2011. There was a 2% increase in prison term with 12% for 2012 against the 10% for 2011. There was a significant increase in fines, with 19% of all cases in 2012 against the 14% for the total sentences given overall.

Outcome of Judgment for New Possession Cases in 2010-2012

Outcome of Judgement	No. of Cases 2010	No. of Cases 2011	No. of Cases 2012
Conditional Discharge	31	92	184
Probation	9	8	22
Suspended Jail Term	3	1	0
Imprisonment	2	14	39
Fine	2	19	62
Acquittal	1	2	18
Sentence Appealed	1	0	0

Table 8.1

Source: Malta Law Courts 2010, 2011 and 2012

Probation Services Data

During 2012, the Probation Services had 291 clients with a known drug problem, stable when compared to 2011 (296 clients). The majority of clients for 2012 were male with 86% of the whole population, a percentage decrease from 2011 (87%) and equal to 2010 (86%).

A total number of 156 persons were known to have problems related to heroin use (54%), a decrease in percentage from 2011 (59%). Cannabis users among probation service clients in 2011 amounted to 77 (27%), a 3% increase over 2011 (24%). In 2012 cocaine users were 51 (18%) an increase of 3% when compared to 2011 (15%).

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.

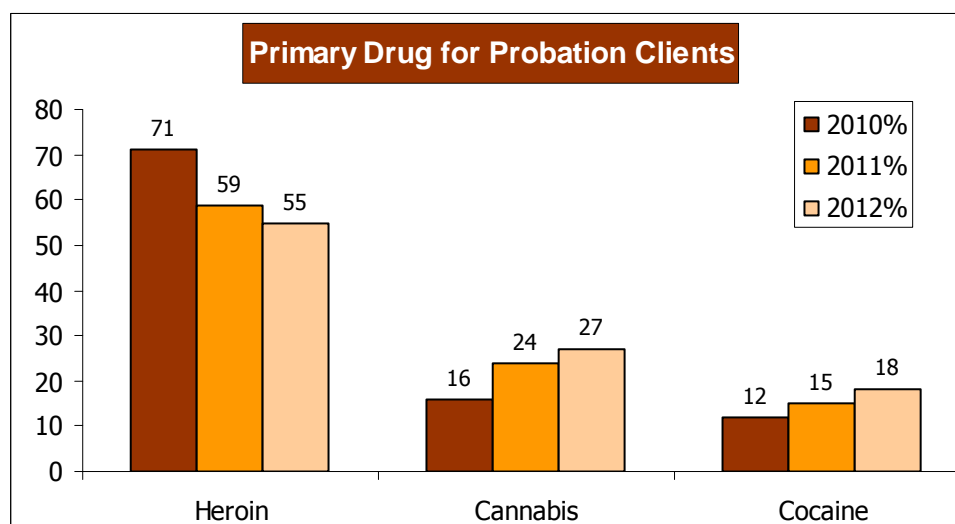


Figure 8.7

Source: Probation Data Files 2009/2010

Prison (CCF) Data

During 2012, 683 persons were in prison after arrest or sentencing. During this year, a total of 384 inmates were tested for drugs on admission, basically 122 more tests than 2011 (262 tests were carried out in 2011) with more than double (193 individuals) being positive to one or more drugs than in 2011(98 individuals). Table 8.2 shows the total number of drug positive results by quantity.

Type of Drug Resulting Positive	Amount
Heroin	56
Cocaine	34
Cannabis	34
Heroin and Cocaine	40
Cocaine and Cannabis	12
Heroin and Cannabis	9
Heroin, Cocaine and Cannabis	8
Total	193

Table 8.2

Data: Prison Data 2012

Figure 8.8 shows that in 2012 there was an increase of 5% for new inmates found positive for heroin from the preceding year. People testing positive for cocaine have once again

decreased to 18% from 21% in 2011. Cannabis also showed some decrease from 22% in 2011 to 18% in 2012.

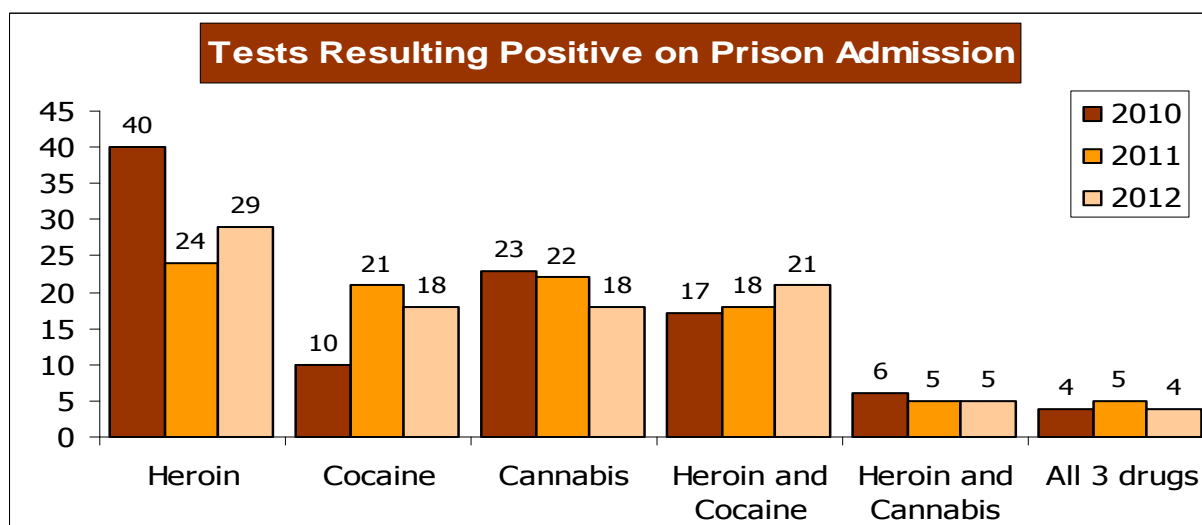


Figure 8.8
Data: Prison Data 2012

8.2 Drug Use in Prison

Mandatory random tests for drug use have commenced once again and new data will be present for the next annual report.

These tests are once again being done after they had been discontinued in 2009 due to some administrative limitations. Actual random tests carried out were sporadic and usually tied to either prison leave issues or else to suspicion of drug misuse.

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 problems such as no fixed abode and criminal proceedings. Often, these in turn 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 2012 saw 63 former inmates and 78 recovering substance abusers attend a mainstream training course offered by the Corporation and 24 persons have benefited from a work exposure opportunity through the Bridging the Gap scheme during the past twelve months. Moreover, 14 former inmates and 14 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 2012. ETC sponsored training continued to increase both within the complex and with the number of inmates attending at Hal-Far.

Cooperative Agreements with Caritas and OASI continued to function in 2012, with a total 131 (105 Caritas and 16 OASI) jobseekers referred to respective agreements.

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 2012, 67 clients were called in for an interview by the Advisory Drug Misuse Board.

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

Unemployed in Part 1 and Part 2 Unemployment Schemes

ETC Data	2010	2011	2012
<i>Registered Unemployed with ETC</i>	6,606	6,587	6,811
<i>Registered Unemployed known substance abusers</i>	202	202	184
<i>Registered Ex-prison inmates</i>	147	153	140
<i>Registry Unemployed 'social cases' – some substance abusers can fall under this category</i>	73	73	62

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 for 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 these substances are reported through the Early Warning System.

10.2 Seizures

During 2012, the total number of drug seizures amounted to 383, an increase of 20% in comparison with the total number of seizures made by Maltese Law Enforcement Authorities in 2011, which amounted to 319. The amount of drugs seized in 2012 is greater than that as compared to the amounts registered for 2011. This is particularly the case for cannabis grass and cocaine, with the former nearly doubling in amount with 1510 grams in 2011 and 2785 grams in 2012, and for cocaine the amount being 5354 grams for 2011 and 14286 grams for 2012, nearly three times that of the preceding year. Significant reductions, though, were made for heroin and cannabis resin (see Table 10.1).

Malta National Report 2012

Total Amount of Drug Seizures

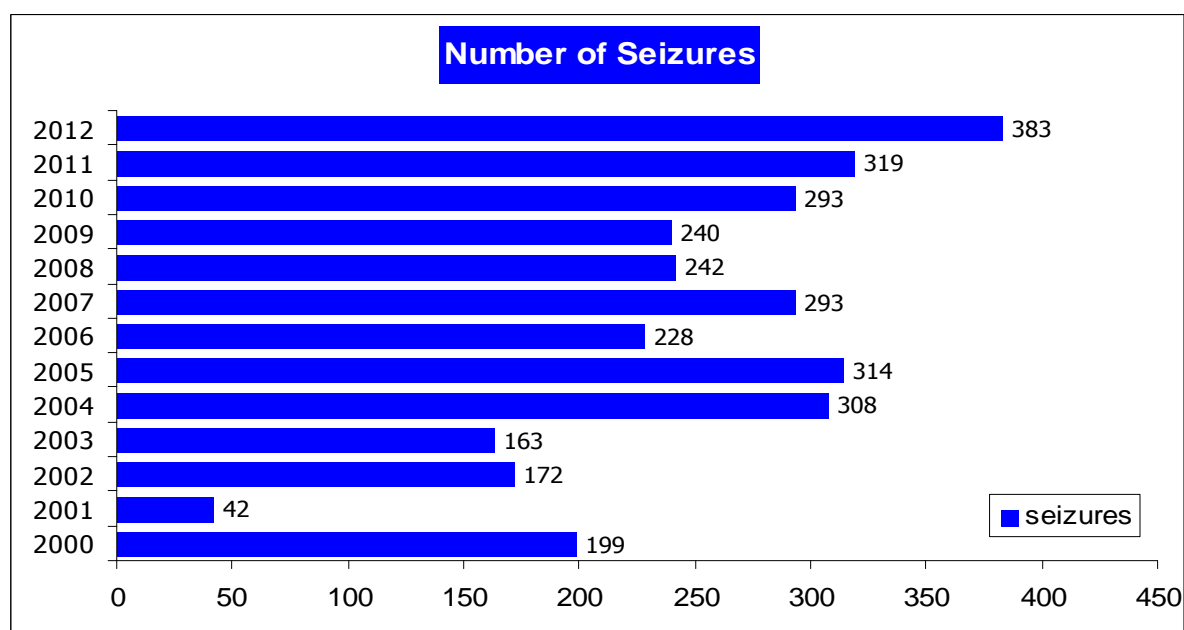


Figure 10.1

Source: Police Drug Squad Annual Reports 2000-2010

Quantities of Drugs Seized 2004-2012

Drug Type	2004	2005	2006	2007	2008	2009	2010	2011	2012
Heroin (grams)	769.0	15487.2	1892.1	16427.1	8270.0	8410.0	5090.09	3967.38	1331
Cocaine (grams)	152.0	6398.1	4269.0	9518.5	21144.0	16005.0	4234.7	5354.77	142860
Cannabis resin (grams)	33081.0	19662.8	44987.3	2271.1	23410.0	23420.0	42771.33	89497.21	16460
Cannabis grass (grams)	2348.0	1886.6	2862.9	48.6	160.0	458000.0	755.45	1510.515	2785
Cannabis seeds (num.)	2281.0	0.0	0.0	183.0	0.0	0.0	160	0	73
Cannabis plants (num)	293.0	3.0	39.0	79.0	11.0	6.0	27	44	46
LSD (microdots)	0.0	3.0	0.0	8.0	0.0	0.0	8	0	0
Ecstasy (tablets)	6071.0	17273.0	16479.0	30259.5	13677.0	21682.0	16400	2171	1080
Amphetamines (grams)	69.0	1000.0	0	0.4	50.0	10.0	1.6	0.5	20.19
Mcpp (tablets)	0.0	0.0	50533.0	0.0	0.0	0.0	0	0	0
Khat (grams)	0.0	0.0	11812.3	200.0	0.0	0.0	423030	1401000	1197000
BZP (tablets)	0.0	0.0	170.0	62.0	0.0	0.0	0.0	0	0
BZP (grams)	0.0	0.0	9.9	0.0	0.0	0.0	0.0	0	0

Table 10.1

Source: Police Drug Squad Records 2004 - 2012

The majority of persons caught trafficking drugs were Maltese Nationals (77%). The highest number of trafficking cases in 2012 was for cannabis, followed by cocaine and heroin.

Traffickers by Nationality and Seizure Cases

Nationality	Drug Type				Total
	Cannabis	Heroin	Cocaine	Amphetamine type	
African	1	0	0	0	1
British	1	0	0	0	1
Bulgarian	9	0	0	0	9
Colombian	1	0	6	0	7
Dominican Rep	0	0	1	0	1
Dutch	2	0	0	0	2
Italian	7	0	0	0	7
Ivory Coast	0	0	1	0	1
Libyan	0	1	1	0	2
Maltese	54	49	39	2	144
Nigerian	1	0	2	0	3
Polish	0	1	0	0	1
Portuguese	0	0	2	0	2
Romanian	0	0	2	0	2
Sierra Leone	0	0	1	0	1
Somali	0	0	1	0	1
Spanish	0	0	2	0	2
Sudanese	1	0	0	0	1
Total	77	51	58	2	188

Table 10.2

Source: Police Drug Squad Records 2012

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 2012, the purity levels for Cannabis resin showed a decrease to 7.5% and cannabis herb is reported at 7.0% an increase again over the past 3 years. Cocaine purity levels have

seen a marked decrease in 2012, with 15.5% of purity levels as against the 34.0% in 2011. Heroin also showed a marked decrease in purity with 20.0% when compared to 2011 (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 2010, 2011 and 2012.

Mean Purity at Street Level for Different Drugs 2010 - 2012

Substance	2010 purity (%)	2011 purity (%)	2012 purity (%)
Cannabis resin	6.1	8.0	7.5
Cannabis Herb	5.35	6.0	7
Heroin	30	30.0	20
Cocaine	29.5	34.0	15.5
Ecstasy	28	54.0	54.5

Table 10.3
Source: Malta Forensic Science Laboratory Data 2010, 2011 and 2012

Price

Table 10.4 shows the mean price at street level for different drugs between 2010 and 2012 as reported by the Malta Police Force. There has been an increase in prices in relation to all drugs, with cocaine being the most acute with a mean price of Eur.79 in 2012 as opposed to Eur.63.78 in 2011, but similar to the mean price in 2010 (Eur. 80). Heroin has also been subject to a price rise for 2012 Eur.66 against the Eur.55.50 in 2011, but still cheaper than in 2010 (Eur.73).

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 levels and that these factors can affect prices, particularly where drug availability is concerned.

Prices at Street Level for Different Drugs 2010-2012

	Mean Price (€) 2010	Mean Price (€) 2011	Mean Price (€) 2012
Cannabis resin	17	17.85	24
Cannabis herb	24.50	23.32	25
Cocaine	80	63.78	79
Heroin	73	55.50	66
Ecstasy	10	6.65	10

Table 10.4
Source: Malta Police Force 2010, 2011 and 2012

PART B

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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
DSWS	Department for Social Welfare Standards
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
MCPD	Meta-chlorophenylpiperazine
NAO	National Audit Office
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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