National Report **on the Drug Situation in Malta**

2019

Malta National Focal Point on Drugs and Drug Addiction

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National Focal Point for Drugs and Drug Addiction

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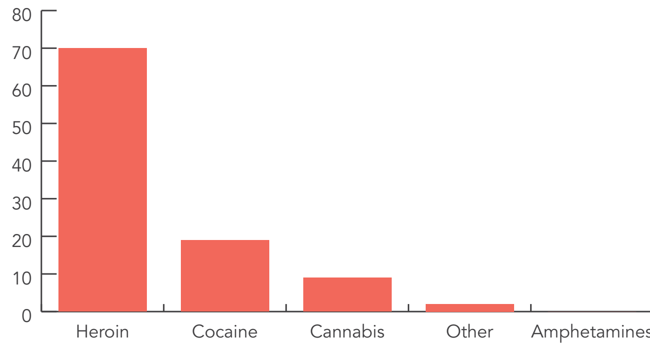
Contents

Authors and contributors 5
Foreword by the Minister for the Family and Social Solidarity 6
Drug Strategy and Coordination 7
Drug Laws and Drug Law Offenses 8
Drug Markets 11
Drug Use, Problem Drug Use and Trends 13
Drug Harms 18
Prevention 20
Treatment 21
Quality Assurance 26
Drug-Related Research 27
Abbreviations 32
Bibliography 33

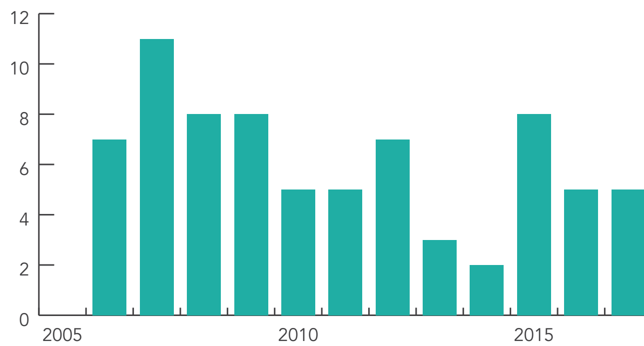
The Drug Problem at a Glance

Treatment Entrants



1025
Clients in OAT

Overdose Deaths



315541
Syringes distributed

HIV Diagnoses

308634
Population

Top 5
Drugs Seized

1. **Cannabis Resin**
2. **Heroin**
3. **Herbal Cannabis**
4. **Cocaine**
5. **MDMA**

739
Drug Law Offences

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Foreword by the Minister for the Family, Children's Rights and Social Solidarity

Following on from the last report on the current drug situation in Malta, particularly from the perspective of reporting, this has undergone a major change. The present report is divided into respective sections, as previously, but in the main the report considers the two primary aspects of concern, that of the supply of drugs and that of the demand for such. Had there been little or no demand then the supply of drugs would taper off and possibly fall away. However, as evidenced from the figures presented within, for both the supply and demand for drugs that this is sadly not the case.

In regards to the number of drug seizures which have hit the headlines recently, these appear to have increased over the past couple of years, especially those related to large seizures involving transhipment through our Freeport. These large seizures from containers passing through our Freeport, implies that now together with the provision of drugs for local use through the usual routes, we have also become part of the larger networks used to tranship bigger volumes to other parts of the world. The good news, if anything, is that now we are able to detect these, whilst in the past it was more difficult to do so.

From the opposite end of the scale, the level of demand for drugs seems to be changing in that, both cocaine and cannabis seem to have outstripped heroin, whilst unfortunately the new synthetic drugs are also on the rise. That is to say that, heroin is still with us but not in the numbers that we had witnessed some five to eight years ago. Heroin still has the greatest impact on health as seen in the extreme, by the number of overdose deaths; but here again these are on the decline coupled with the decrease in drug related hospital emergencies. At this stage of affairs, it would seem sensible to promote further our attempt to prevent any such deaths by introducing the newly available nasal spray that contains the heroin antidote, known as naloxone.

Another major step forward in this direction, is the building of a new centre to address the concerns of those under the age of eighteen, or minors. As I have outlined previously, we need to look after our children to enable them to develop to their full potential, and this present initiative is one of the ways in which we are going to do this, for those not so fortunate.

Drug Strategy and Coordination

The Maltese National Drugs Policy, which has been in place since 2008, addresses illicit drug problems in the main. The strategy aims to streamline the actions of the government and non-government bodies that are responsible for delivering services to drug users. It seeks to (i) improve the quality and provision of drug-related services; and (ii) provide a more coordinated mechanism to reduce the supply of and demand for drugs in society. The strategy's main objectives are to ensure a high level of security, health protection, well-being and social cohesion. It is primarily concerned with illicit drugs, but it also considers the abuse of prescription medications. The strategy is built around six main pillars: (i) coordination; (ii) legal and judicial framework; (iii) supply reduction; (iv) demand reduction, including harm reduction; (v) monitoring, evaluation, research, information and training; and (vi) international cooperation and funding. Forty-eight different actions are set out under these six pillars. A first progress review of the strategy was conducted in 2011.

As in other European countries, Malta evaluates its drug policy and strategy through ongoing indicator monitoring and specific research projects. A wide-ranging performance audit of problem drug use was undertaken by the National Audit Office in 2012. This mixed-methods assessment made a series of recommendations following a review of the structures and systems in place. One of the results of this evaluation was the acknowledgement of the need to do better in relation to those under 18. The Addictions Advisory Board within the Ministry talked to all stakeholders on the matter and then prepared a position paper for the Minister, which was then acted on with the result that new premises and staff will now cater specifically for this age bracket. Moreover, annual reports on the implementation of the 2008 strategy were compiled and a progress review was undertaken in 2011 and again in 2016 with the outcome that a new strategy is to be prepared for consultation to cover the next ten year period.

The main body responsible for drug-related matters in Malta is the Addictions Advisory Board. The Board is part of the Ministry for the Family, Children's Rights and Social Solidarity. The seven members of the advisory board are independent experts from fields such as law, youth studies, education, clinical psychology, psychiatry, epidemiology and neuroscience. The National Coordinating Unit for Drugs and Alcohol, which is also part of the Ministry for the Family, Children's Rights and Social Solidarity, is responsible for the implementation of the National Drugs Policy, while the main remit of the National Focal Point for Drugs and Drug Addiction is that of monitoring the situation and the responses, including the effectiveness of the actions put in place as a result of the National Drugs Policy.

Drug Laws and Drug Law Offenses

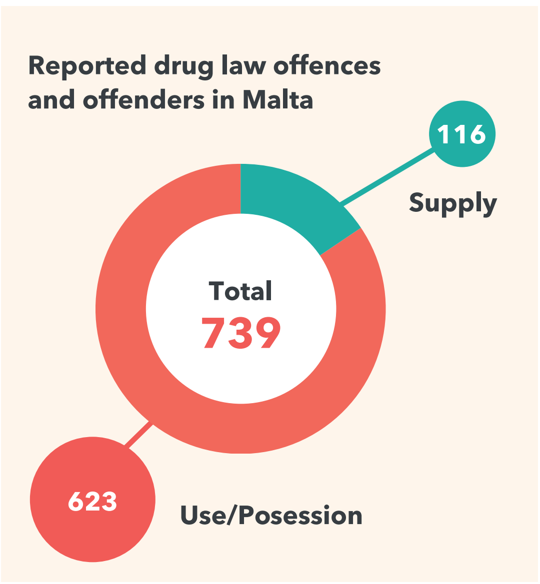
The principal pieces of legislation dealing with substance use in Malta are the Medical and Kindred Professions Ordinance (Cap. 31), which relate to psychotropic drugs, and the Dangerous Drugs Ordinance (Cap. 101) and the Drug Dependence (Treatment not Imprisonment) Act 2014, which relate to narcotic drugs.

The illegal use of psychotropic and narcotic drugs is not, per se, recognised in Maltese law, although the use of these substances, if proven in court, leads to a conviction for possession or trafficking. Maltese law recognises two kinds of possession: simple possession, or possession for personal use; and aggravated possession, or possession of drugs not for the offender's exclusive use.

Under the Drug Dependence (Treatment not Imprisonment) Act 2014, a person found in possession of a small amount of drugs for personal use is required to appear in front of the Commissioner of Justice. If found guilty, a fine of EUR 50 to 100 is imposed for possession of cannabis or of EUR 75 to 125 for possession of other drugs. Any offender who commits a second offence within a period of two years is required to appear before the Drug Offenders Rehabilitation Board, where he or she is assessed for drug dependence and any necessary order may be issued; failure to comply with an order may be punished by a fine or three months in prison. A person found in possession of one cannabis plant for personal use is not liable to a mandatory prison term. In the case of an offender who commits a limited number of offences as a result of drug dependence, the Court may assume the function of a Drug Court and refer the offender to the Drug Offenders Rehabilitation Board.

The range of punishments for supply offences that may be imposed by the lower courts is six months' to 10 years' imprisonment, whereas the superior courts may impose a maximum punishment of life imprisonment. When certain offences take place within 100 metres of the perimeter of a school, youth club or centre or other place where young people habitually meet, the normal punishment is increased because these circumstances are deemed to be an aggravation of the offence. However, an amendment to the Dangerous Drugs Ordinance in 2006 allowed the court not to apply the mandatory prison term of six months if the offender intended to consume the drug on the spot with others. Since 2014, prosecution for trafficking may be guided towards a lower or superior court, considering the role of the offender and quantity guidelines for MDMA/ecstasy, LSD, amphetamine and ketamine. Courts may also opt for the lower punishment range if the higher range is considered disproportionate. New psychoactive substances are addressed through the existing legal framework by amending the lists of proscribed substances in the Medical and Kindred Professions Ordinance and the Dangerous Drugs Ordinance and also now, following our EU Presidency in 2017, in which we were instrumental in enabling the new Directive 2017/2103, which came into effect in November 2018.

Drug law offences (DLOs) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.



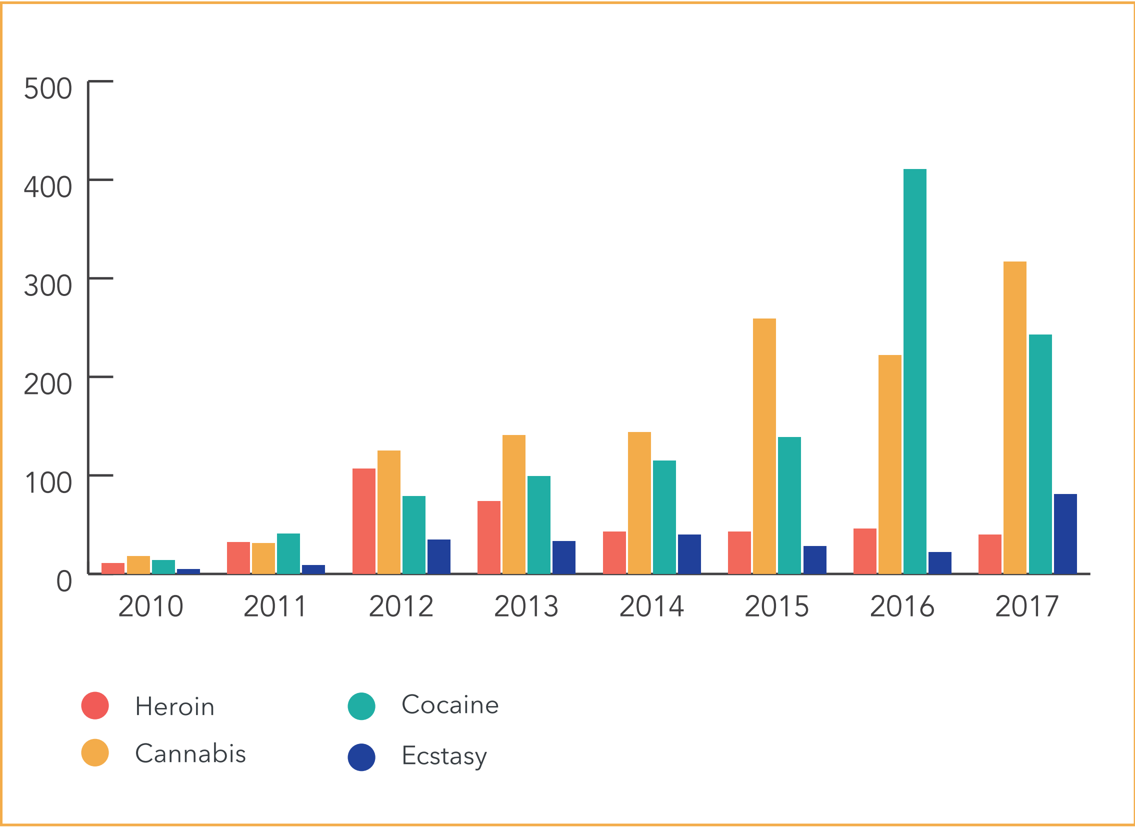
The statistical data provided by the Malta Police Force indicate that most DLOs in 2017 were related to possession, with the majority of these related to cannabis.

As highlighted above and made more apparent in the figure below which provides a graphical display of the number of arraignments related to the drug. Once, again cannabis tops the list followed by cocaine but this time round, ecstasy replaces heroin in third place and the latter falls to fourth place.

As regards, the number of court judgements decided for 2016, the table (Court Data) shows the outcome of judgements delivered between the years 2011 and 2016. One must point out at this juncture that the individual per se may have been arraigned in the same year but in the main this is not the case as the data provided by the courts suggests otherwise. In the year 2016, 251 individual cases were resolved in that a sentence was handed down, and though this figure might be at the lower end of the spectrum when compared to previous years, this does not include individuals who appeared before a tribunal chaired by the Commissioner for Justice in the year 2016, which is outlined further below (the said Tribunal commenced sittings in September 2015 following the enactment of the new Legislation: Treatment not Imprisonment).

The majority of cases in the criminal court that were decided in 2016 revolved around drug possession, with the highest number of cases attributed to the possession of cannabis

Arraignments 2010-2017



Court Data (as at publication)

Outcome of Judgement	2011	2012	2013	2014	2015	2016
Conditional Discharge	92	184	215	273	79	42
Probation	8	22	41	56	40	31
Suspended Jail Term	1	0	0	0	0	0
Imprisonment	14	39	31	66	41	71
Fine/Penali	19	62	52	46	134	93
Acquittal	2	18	3	17	13	14
Total	**136**	**325**	**342**	**458**	**307**	**251**

(110 cases) followed by cocaine (74) and then heroin (47). Judgement outcomes for trafficking amounted to 16 cases, with 6 cases attributed to the trafficking of heroin whilst trafficking cases attributed to cannabis and cocaine were at par, with 4 cases each.The rest are cases related to other drugs.

Sentences handed down by the courts for drug possession and drug trafficking include conditional discharge, probation, suspended jail term, imprisonment, fine and acquittal. The two worthy of note are that of fines which seem to have increased over the years, as well as most notably that of a term in jail. In fact, of all the years shown, 2016 is one in which of the least number of cases, bar 2011 but with the highest number of sentences involving a term in prison, some 71. Of the 71, 60 were for possession while the remaining 11 were for trafficking. In regard to the jail terms handed down for possession, these were made up of the following, 27 cannabis, 15 heroin, 8 cocaine, 6 ecstasy, 2 amphetamine, 1 Khat, 1 methadone and involved terms of a few months to 4 years. The eleven trafficking cases involved the following, 4 for heroin, 3 for cocaine, 3 for cannabis and 1 for ecstasy, the sentences were mainly for a number of years in prison, up to some 12 years.

As highlighted above, sittings by the tribunal chaired by the Commissioner of Justice were initiated in September 2015 following the enactment of the new law which sought to divert possession of small amounts of drugs for personal use from the criminal courts. In addition, it was also a means through which to address individuals with early drug problems, in that, if found in possession of small amounts on more than one occasion then the individual would need to appear before the Drug Offenders Rehabilitation Board. As such, the numbers of those appearing before the Commissioner in 2016, totalled some 790, 20 were found not guilty and 18 still had a pending judgement. Thus, 752 cases were fined (penali) for that year,

Tribunal Cases – Fines/Penali

Penali	2016	2017	2018
Paid	576	545	383
Tribunal Pending Payments	176	150	199
Cases Judged Not Guilty (Not Due)	20	2	13
Cases Pending Judgement	18	11	13
Total	**790**	**708**	**608**

the figure increased to 845 individuals when one considers those that appeared in court and had their sentences finalised for the year 2016.

With the enactment of the new law and the functioning of the tribunal since September 2015 for cases of simple possession, to date, that is April 2019, the total number of cases heard amounted to 2710, which includes both locals, some 68% and non-Maltese nationals, 32%. The majority, some 57% were for simple possession of cannabis, 32% for cocaine, 7% heroin and 2% ecstasy. Of all the total number of Maltese nationals, some 1832, these mainly involved those aged between 18 and 24 years of age, however some 86 sixteen year olds and 81 seventeen year olds have also appeared before the tribunal during its period of operation. Of those appearing for a second time within a two year period and thus fined accordingly, these amounted to 88 and from amongst which a number have been treated accordingly with some success.

Drug Markets

Cannabis is the most frequently seized drug in Malta, and is the only illicit drug known to be produced in the country (cannabis plant), mostly on a small scale for personal use. Cannabis resin from Morocco is imported via Tunisia and Libya. Heroin of Afghan origin is imported via Turkey, North Africa or Western European countries, and cocaine is smuggled to Malta mainly through Spain. Synthetic stimulant drugs such as MDMA/ecstasy and amphetamine are imported from other European countries, particularly Italy and the Netherlands. The availability of new psychoactive substances (NPS) is low but has grown in recent years.

The number of illicit drug seizures in Malta has increased in the last decade. In terms of quantities, in 2017, cannabis products, MDMA, heroin and, in particular, cocaine were seized in larger amounts than in previous years.

The year 2017 saw a total of 739 arrests, a small decrease when compared with the 775 arrests that took place in 2016. From these 623 were for personal possession and 116 for trafficking (in 2016, 627 of those for possession and 148 for trafficking).

The year 2015 registered a small reduction in drug law offences of 4% from the previous year with 516 arrests, with 394 individuals being arraigned for possession and 122 arraigned for trafficking.

In the year 2017 there were 731 drug seizures showing a small decrease from the previous year. In the year 2016 there were 773 drug seizures, an increase from the previous year. In 2015 there was another increase from the previous year with a total number of drug seizures being 512, an increase of 8% over the year 2014.

Seizures for cocaine have seen an impressive 322kg seized for the year 2017 when compared to previous years (21.5kg in 2016) and for 2018 it appears that this has dropped to 99 Kg's but still well above that of 2016.

Cannabis grass and cannabis resin has registered another substantial increase of nearly 194kg and 591kg respectively in 2017 but this is to be surpassed in 2018 in that two vast hauls, one of 5 tonnes and another of 11 tonnes from the Freeport.

Ecstasy tablets seizures have decreased to 405, which shows a downward trend in seizures. There has also been an increase of heroin seizures with 13.5kg seized for 2017 against the 0.3kg seized in 2016.

During 2015 and 2016 the purity at street level for cannabis resin was 7%, a slight decrease from 2014. However, in 2017 purity of this substance increased once again to 8.5%. Cannabis herb was once again on the 7% mark in purity for 2016 but 8% for 2017. Purity levels for heroin was recorded at 21% for the year 2016 and 20% for 2017.

Purity levels for cocaine in 2015 were found to be at 15% on average but have seen this increase up to the year 2017 with purity levels reaching a mean of 24%.

Drug seizures in Malta 2017

COCAINE
232
seizures
322514.4372g
Qty

HEROIN
25
seizures
13481.292g
Qty

TRAMADOL
4
seizures
116800000
Qty

CANNABIS RESIN
109
seizures
591426.132g
Qty

CANNABIS GRASS
175
seizures
193833.155g
Qty

CANNABIS JOINTS
73
seizures
107
Qty

CANNABIS PLANTS
5
seizures
11
Qty

CANNABIS SEEDS
3
seizures
318
Qty

ECSTASY
66
seizures
405
Qty

MDMA POWDER
33
seizures
19.666g
Qty

SYNTHETIC DRUGS
9
seizures
14.693g
Qty

SYNTHETIC POWDER
1
seizures
1000g
Qty

MEPHEDRONE
1
seizures
0.62g
Qty

KETAMINE
8
seizures
4.188g
Qty

AMPHETAMINE
1
seizures
0.389g
Qty

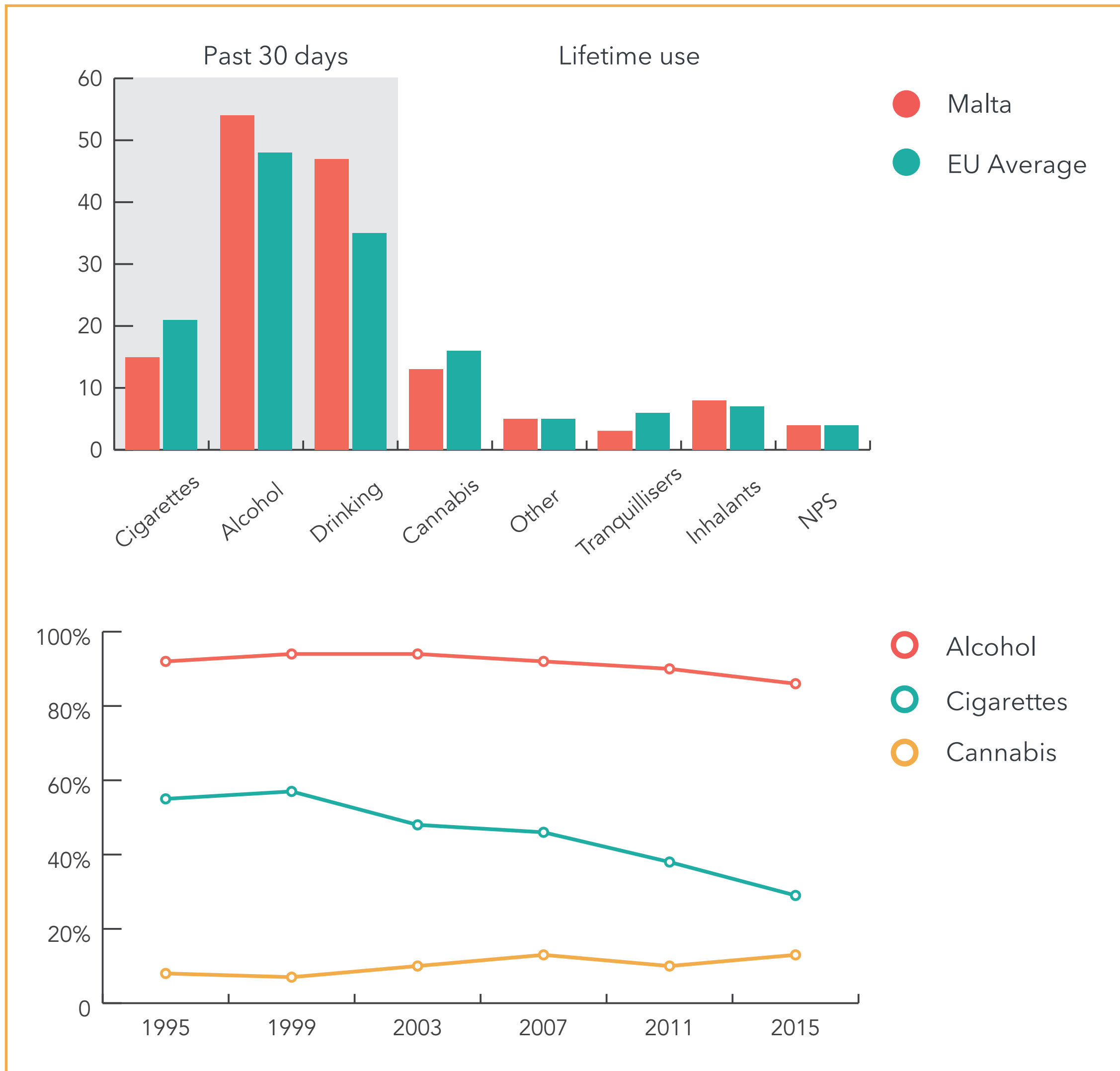
LSD
3
seizures
5
Qty

Drug Use, Problem Drug Use and Trends

Cannabis is the most commonly used illicit drug among the Maltese adult population aged 18-65 years. According to the 2013 general population study, around 4.3 % of those aged 18-65 years reported having used cannabis during their lifetime. The level of lifetime use of illicit drugs other than cannabis was 1.4 % (MDMA/ecstasy, amphetamines, cocaine, heroin, mephedrone, any of the new psychoactive substances (NPS) or LSD); MDMA was the most popular among this group of substances. Drug use was more prevalent in younger adults, with the prevalence of lifetime use of cannabis at 5.1 % among 18- to 24-year-olds. In general, the use of illicit drugs was more common among males than females. In the 2013 study, among those who had used cannabis during their lifetime, the average age at first use was just under 19.

Drug use among 15- to 16-year-old students is reported in the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). This survey has been conducted in Malta since 1995 and the latest data are from 2015. In 2015, Maltese students reported levels of lifetime cannabis use that were lower than the ESPAD average (35 countries), while levels of lifetime use of illicit drugs other than

Substance use among 15- to 16- year-old school students



cannabis and lifetime use of NPS were close to the ESPAD average. For two key variables studied, the Maltese students reported above average levels: alcohol use in the last 30 days and heavy episodic drinking in the last 30 days. Other than this, Maltese students reported substance use levels that were around or below the ESPAD averages.

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

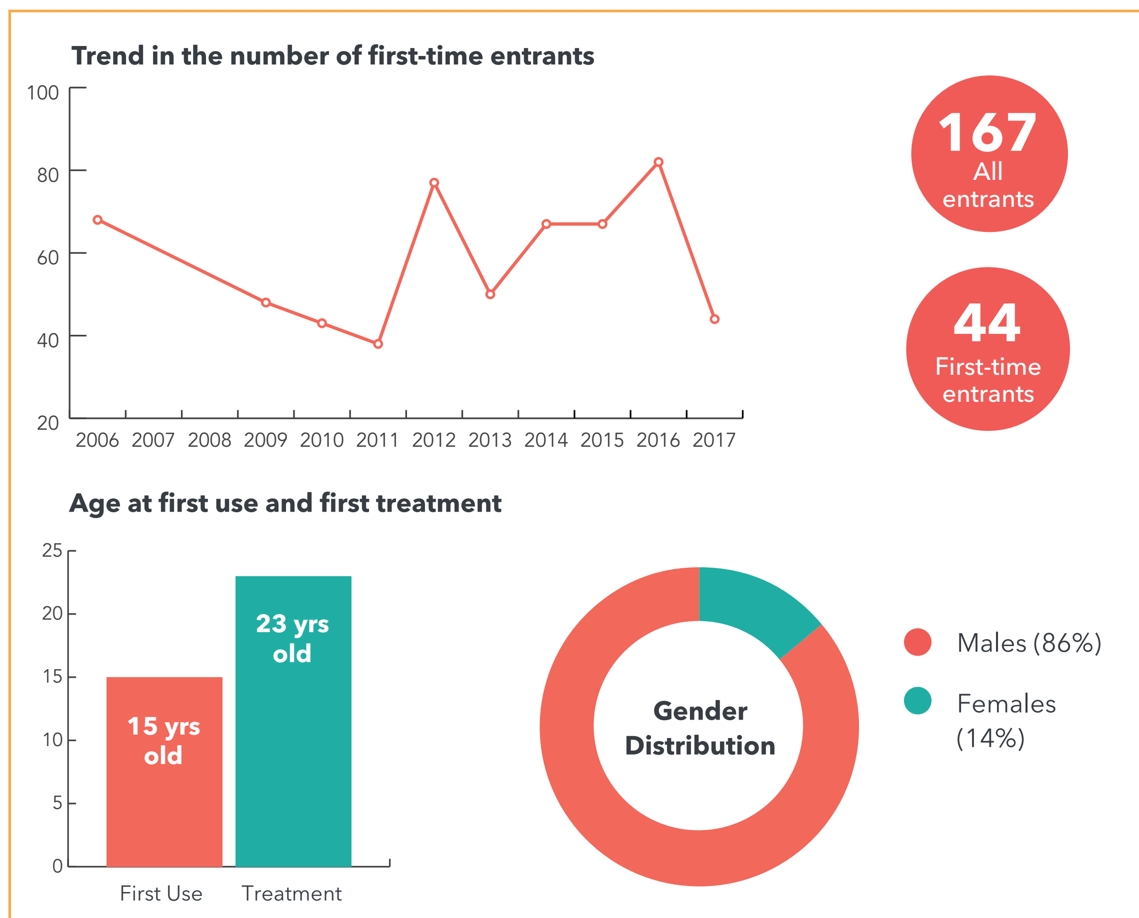
In Malta, heroin remains the illicit drug linked to the most severe health and social consequences. In 2017, there were an estimated 1 425 high-risk opioid users (4.51 per 1 000 population aged 15-64 years) though this figure is lower than that previously registered.

Data from specialised treatment centres indicate that cocaine has become the most common substance among first treatment entrants in recent years, followed by heroin and cannabis. Yet, heroin remains the most common substance among all clients in treatment. Sniffing is the main method of use for cocaine, and only a few treated individuals report injecting it. Almost half of first-time entrants with heroin as their primary drug report injecting, indicating higher risk behaviour for this cohort. Fewer than one in five individuals entering drug treatment are female (See Chapter 7 on Treatment for further details).

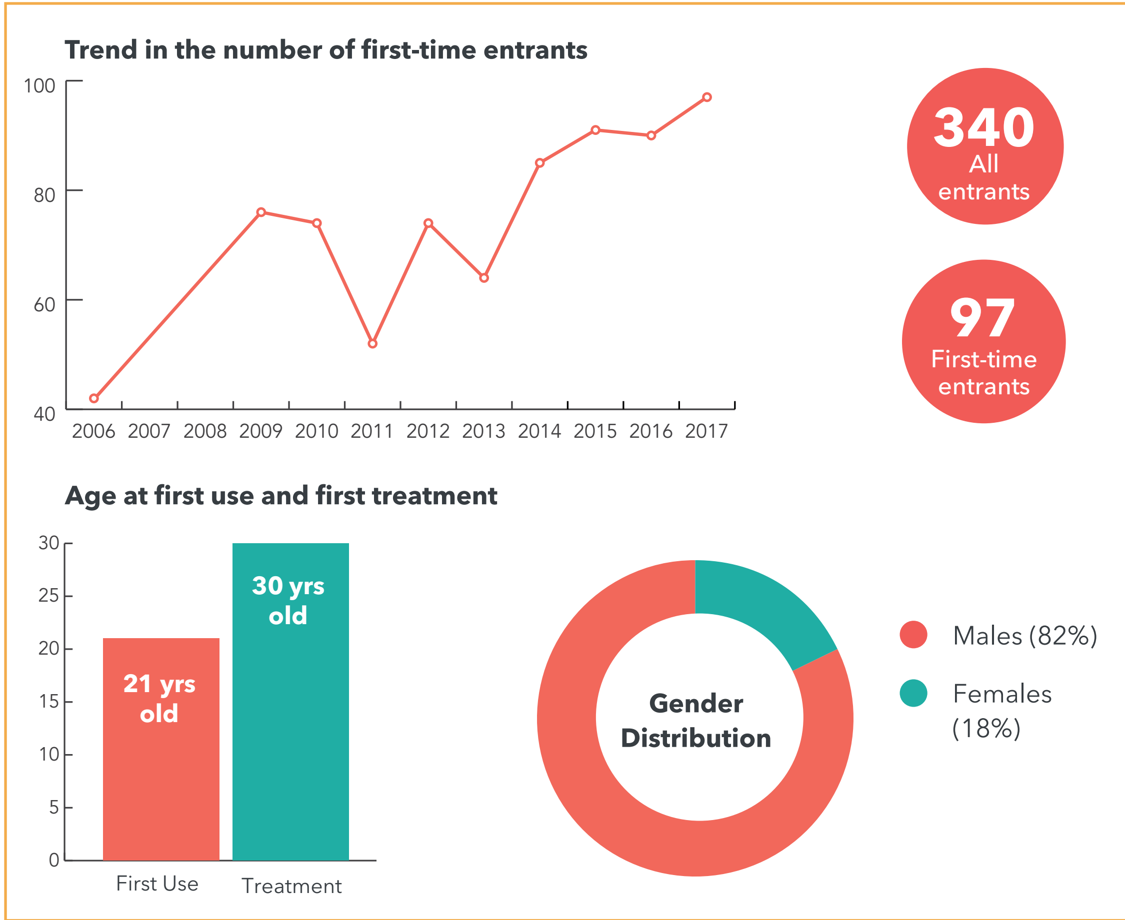
Characteristics of Cannabis Use

Cannabis remains the third most used primary drug for those individuals in treatment with an increase from 1% to 9% (in 2014 and 2015) after a constant of 8% of clients reporting such use for 2012 and 2013. The years 2016 and 2017 registered a stable 9% of the population presenting for treatment primarily for their cannabis use.

Cannabis Use



Cocaine Use



There has been a reduction of new entrants accessing treatment primarily for their cannabis use when compared to 2014 with 25% against the 29% of new clients reporting it as their primary drug in 2013; and a further reduction to 24% in 2015 and 19% in 2017.

Through data collected from the treatment providers for the Treatment Demand Indicator (TDI) Cannabis is showing a decrease as the primary drug as a reason for entry, especially with the new entrants, where these have more than halved.

Characteristics of Cocaine Use

The second most popular drug in 2016 was cocaine with 14%, a reduction from the 16% in 2015, equalling the year 2013 (14%), with another percentage increase over 2012 (13%), also showing an increase of 2% over 2011 (12%). Other stimulant use was reported to be 1.4% of the whole treated population in 2015, which is relatively a very small amount.

In 2017 there was an increase to 18% of treated population being treated for cocaine use.

Injecting behaviour by those making use of cocaine and stimulants stood at 5% in 2014 and 2.5% of the treatment population in 2015, which is very low compared to other drugs, namely opioids.

From those who reported stimulants as their primary drug, 47% reported sniffing as their main route of administration. This was followed by smoking or inhaling with 24% of all stimulant users and injecting reportedly being that of 15%.

Of all the stimulant users, who amounted to 15% of the total number of people in treatment, 30% were reported to have been tested for HCV once in their lifetime. In 2015 4% of those ever tested positive for HCV. Data for HIV and HBV have not been graphically presented as there was only one individual

testing positive for HIV in the year 2015, whilst individuals testing positive for HBV amounted to only two individuals.

Characteristics of Heroin Users

A primary drug is considered as the drug which creates the greatest degree of health, legal or social problems to the individual. In 2016 and 2017, as in previous reporting years, heroin continues to be the most popular primary drug amongst all treated individuals and stands at 71% and 69% respectively (72% for the year 2015). There has been a slight decrease of 3% when compared to 2013 (74%), 2% when compared to 2012 (75%) and 4% when compared to 2011 (77%). This indicates a steady decreasing trend among this cohort which has been ongoing for a number of years.

In 2011, estimates indicate a figure of 2159 daily opiate users (95% confidence interval 1987 to 2369), with an estimated 934 (95% confidence interval 765 to 1147) not attending any of the treatment entities, which implies that approximately 57% of daily opiate users attended treatment services in 2011. In 2012, estimates also show figures on the higher side, with 1,778 daily opiate users (95% confidence interval 1,670 to 1,911). The year 2013 again shows an increase in the estimates with figures on the higher side, with 1,997 daily opiate users (95% confidence interval 1,861 to 2,201). Conversely, in 2014 estimates show a decrease with 1,614 daily opiate users (95% confidence interval 1,500 to 1,759). When compared to the whole population the estimate is of 5.68% in high risk drug use as opposed to 6.97% in 2013. In 2016, there were an estimated 1 592 high-risk opioid users (5.52 per 1 000 population aged 15-64 years). In 2017, there was a further decrease with an estimated 1 425 high-risk opioid users (4.51 per 1 000 population aged 15-64 years) the lowest estimate to date.

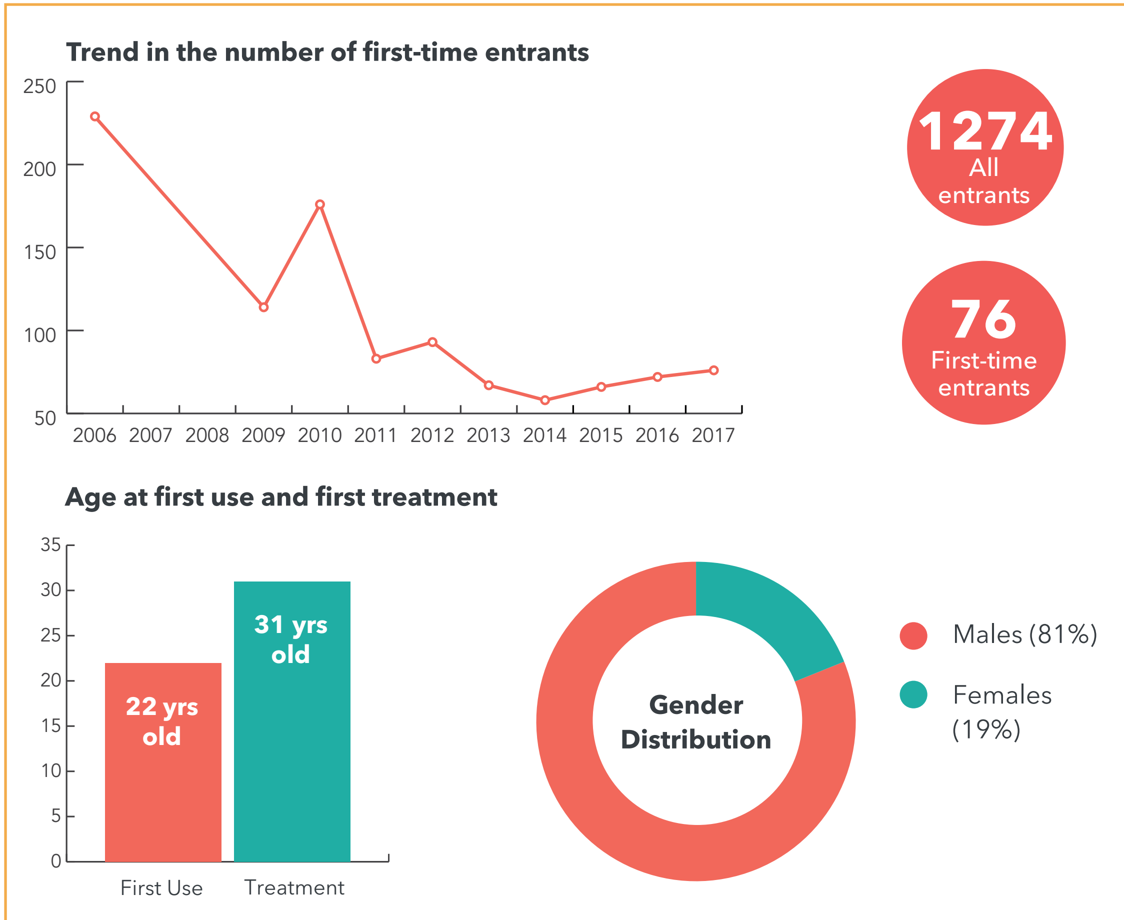
Though these new figures show a decreasing trend, it is still felt that the figures are on the high side, and that the lower end of the estimates should be considered.

From those who reported heroin as their primary drug 28% reported smoking or inhaling as their main route of administration, a percentage point less than 2014. This was followed by sniffing with 7% a percentage point increase from 2014.

With regards to individuals who went into treatment for the first time in 2015, 24% reported heroin as their main primary drug, that is two percentage points less than 2014. From these, 38% reported injecting as their route of administration, another decrease when compared to the 45% in 2014, with another 33% smoking or inhaling. Newly treated individuals in 2016 reported cocaine as their primary drug with 30% and accounted

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
2013	**1,997**	1,861 to 2,201	**788**	652 to 992	**6.97**	6.49 to 7.68
2014	**1,614**	1,500 to 1,759	**527**	413 to 672	**5.68**	5.28 to 6.19
2015	**1,708**	1,584 to 1,863	**613**	489 to 768	**5.99**	5.55 to 6.53
2016	**1,592**	1,476 to 1,742	**511**	395 to 661	**5.52**	5.12 to 6.04
2017	**1,425**	1,332 to 1,544	**419**	326 to 538	**4.51**	4.21 to 4.88

Heroin Use



for some 30% of all new entrants, heroin was 29%. This trend continued to increase in 2017 with 38% for cocaine and 31% for heroin. These last two years saw the preferred route of administration as smoking or inhaling, with 50% in 2016 and 56% in 2017.

In 2015, 68% of all individuals reporting heroin as their primary drug were tested once or more in their lifetime for HCV. From all those tested 23% resulted positive for the virus. In 2016, 26% were tested for HCV in their lifetime, with 26% resulting positive. Alternatively, in 2017 68% were tested at least once in their lifetime, with 28% resulting positive.

Drug Harms

Drug-related Infectious Diseases

In Malta, the National Infectious Disease Surveillance Unit in the Department of Health receives notifications of positive cases from virology departments and prisons. There were no reports of newly detected human immunodeficiency virus (HIV) cases linked to injecting drug use in 2017.

Prevalence estimates of HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV) may be determined from diagnostic tests among people who inject drugs seeking treatment at the outpatient treatment unit managed by Sedqa, the Maltese government's executive agency in the drugs field. In 2016, two clients of a total of 170 tested HIV positive. In 2017, 53 out of 119 were positive for hepatitis C antibodies and one out of 83 was positive for hepatitis B antibodies.

Prevalence of HIV and HCV antibodies among people who inject drugs in Malta (%)

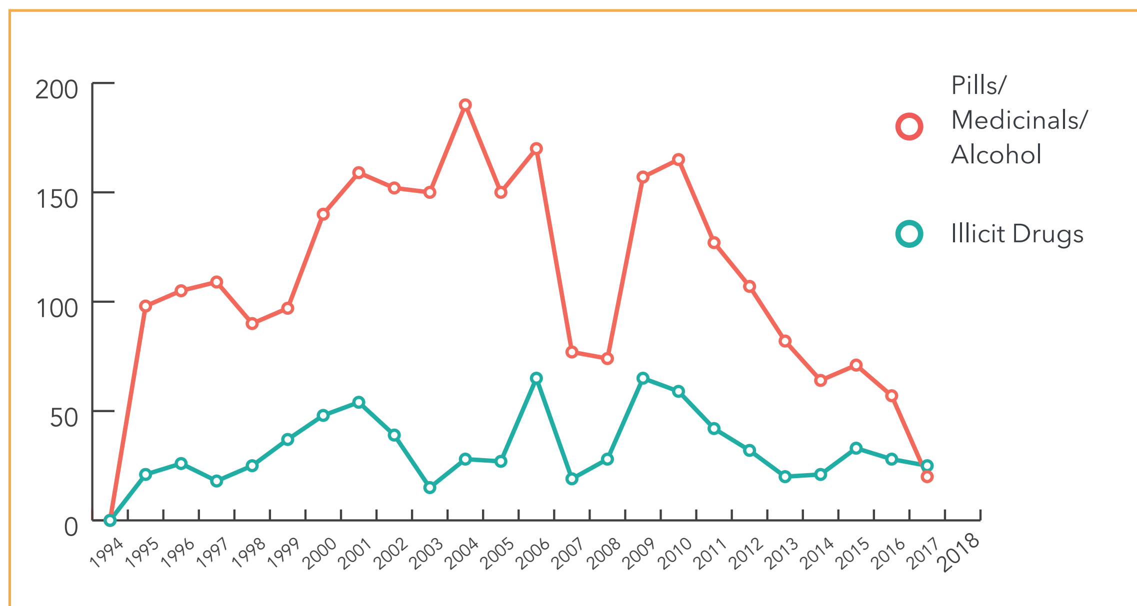
Region	HCV	HIV
National	44.54	0 – 1.2

Year of data, HVC 2017, HIV 2016/2017.

Drug-related Emergencies

The most recent data show that in 2017, a total of 25 non-fatal drug overdoses were reported in Malta, slightly fewer than in 2015. Over the years as depicted below, two thirds of non-fatal overdoses were attributed to the use of prescription medications, but in 2017, for the very first time these plummeted to below that of drug overdoses (20). A clinical toxicology unit from Mater Dei Hospital participates in the European Drug Emergencies Network (Euro-DEN Plus) project, which was established in 2013 to monitor acute drug toxicity in sentinel centres across Europe.

Number of non-fatal drug overdoses

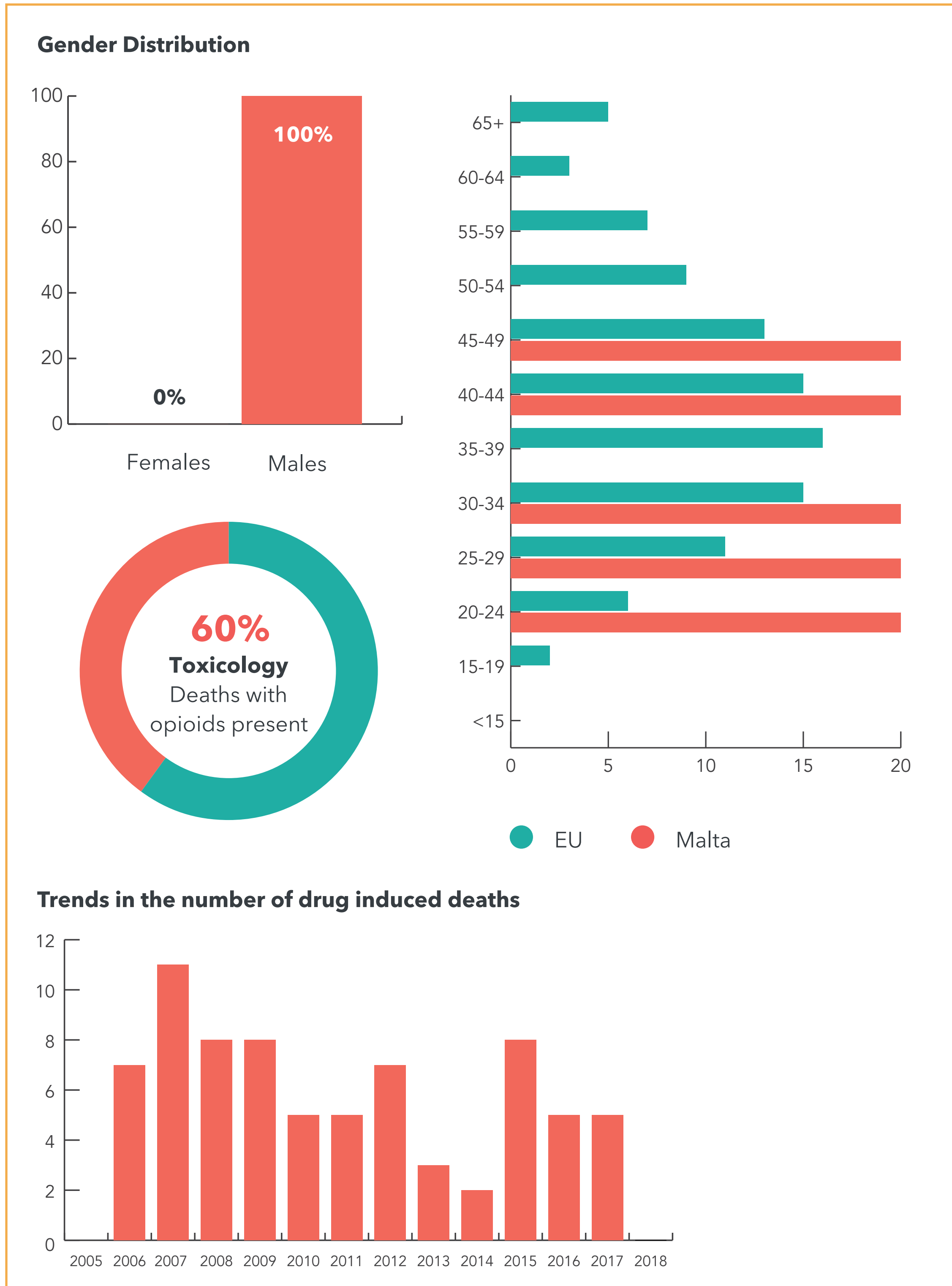


Drug-induced Deaths and Mortality

Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

In 2017, the Police Special Registry registered five drug-induced deaths. Toxicological analyses confirmed the presence of opioids in three of the five deaths, either alone or in combination with other illicit stimulants. In 2017, the mean age of victims was 34 years and all were male.

The estimated drug-induced mortality rate among adults (aged 15-64 years) was 16 deaths per million in 2017, which is slightly lower than the most recent European average of 22 deaths per million.



Prevention

In Malta, the current National Drugs Policy defines a number of actions in the area of drug prevention and underlines the promotion of healthy lifestyles. The Foundation for Social Welfare Services and the Foundation for Medical Services implement prevention activities in close cooperation with non-governmental organisations (NGOs). Sedqa, the Maltese government's executive agency in the drugs field, has established a number of prevention interventions. The NGOs Caritas and the OASI Foundation run a range of prevention programmes targeting specific groups or settings, such as schoolchildren, peers, parents, the community and the workplace, while the Anti-Substance Abuse Unit within the Education Division carries out interventions in the school environment. Few interventions are evaluated.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems, and indicated prevention focuses on at-risk individuals.

Environment prevention approaches in Malta include the adoption of a complete ban on smoking in enclosed spaces and in playgrounds.

Universal prevention in the country is primarily implemented in school settings. 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. Universal family-based prevention programmes in an interactive environment generally tackle topics related to parenthood, such as leadership styles, communication, and child development, and include discussions on drug and alcohol misuse. Community-based prevention programmes primarily target families and young people in local councils, youth organisations, religious societies 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.

Selective prevention interventions are mainly school-based and focus on students with high levels of absenteeism and those who have dropped out of school. A nationwide initiative, the Leap Project, aims to consolidate community resources and networks in order to address social exclusion issues. Other target groups are young people in schools in deprived areas, juvenile prison inmates and young offenders. Appogg, the national agency for children, families and the community, and Sedqa have brought together professionals from several fields to develop a project that aims to offer individual guidance and counselling to adolescents who are referred for support, as well as their parents and partners. The unit also offers crisis intervention when homelessness or abuse is involved.

Treatment

The Treatment System

The National Drugs Policy emphasis the need for synergies between service providers and other health and social professionals and institutions to ensure a multidisciplinary approach to treatment provision. There are five main drug treatment providers: three funded by the government, and two non-governmental organisations (NGOs) partially funded by the government. These providers deliver different types of treatment, which can be classified into five main categories: (i) specialised outpatient services; (ii) low-threshold services; (iii) inpatient treatment programmes; (iv) detoxification treatment; and (v) opioid substitution treatment (OST) now better described as opiate agonist treatment (OAT). NGO-based outpatient services offer long- or short-term support through social work, counselling, group therapy, and psychological interventions, while low-threshold programmes offer day-care services.

Five inpatient units are available in Malta, of which three are therapeutic communities. The residential programmes provide a holistic, multidisciplinary approach to therapy in a communal living environment, and attempt to guide clients towards abstinence. One programme offers inpatient detoxification.

OAT is provided by the Substance Misuse Outpatient Unit (SMOPU). Methadone maintenance treatment has been available in Malta since 1987, with take-home methadone prescriptions available since 2005. Buprenorphine was introduced in 2006. It is also available as a take-home treatment by prescription from either SMOPU or a general practitioner. Dihydrocodeine is prescribed in rare instances.

Treatment Provision

Most individuals entering drug treatment in 2017 were treated in outpatient settings. The majority sought treatment as a result of primary use of opioids, mainly heroin, followed by individuals who use cocaine as their primary drug. Since 2004, a steady increase has been observed in the number and proportion of treatment demands for cocaine as the primary drug.

Most individuals in treatment because of primary heroin use received opioid agonist treatment (OAT). In 2017, over 1 000 clients were prescribed OAT in Malta and around 9 out of 10 of these received methadone.

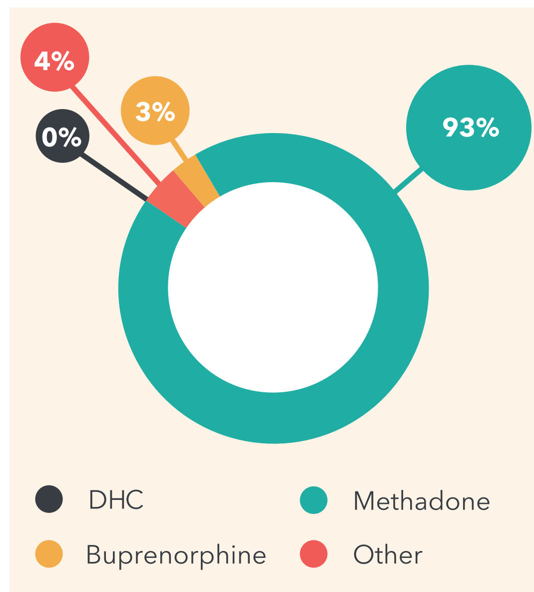
Number of Individuals in Treatment

It has been for some years now that the

Drug treatment in Malta: Settings and Numbers Treated in 2017

Population	Setting	Clients
Outpatient	Low-threshold agencies	682
Inpatient	Hospital-based residential	40
Inpatient	Therapeutic communities	21
Outpatient	Specialized treatment centres	1038
Inpatient	Non hospital-based residential	7
Prisons	Prisons	18
Outpatient	Other settings	39

Proportion of Clients in OAT by Medication in Malta



NB: Year of data 2017 or most recent year available. The label 'Other' refers to the use of two or more medications

number of individuals receiving treatment has been stable at around 1800. Indeed during the years 2016 and 2017 individuals provided treatment amounted to 1822 and 1845 respectively.

Conversely, service users entering the drug treatment services for the very first time in 2016 numbered 283; constituting 15.5% of the entire service using population. In 2017 this amount decreased to 245 individuals or 13% of the total number of service users.

With regards to primary drug of use, those entering treatment for the first time have mostly been cocaine users with 32% in 2016 whilst in 2017 the figure sharply increased to 40% of all those treated for the very first time.

As has been the case since 2010, the number of service users in treatment primarily as a consequence of their heroin use has continued to decrease in 2016 (71%) and 2017 (69%). This trend contrasts sharply with figures of 2010 when the number of such service users stood at 80% of all treated individuals.

Gender

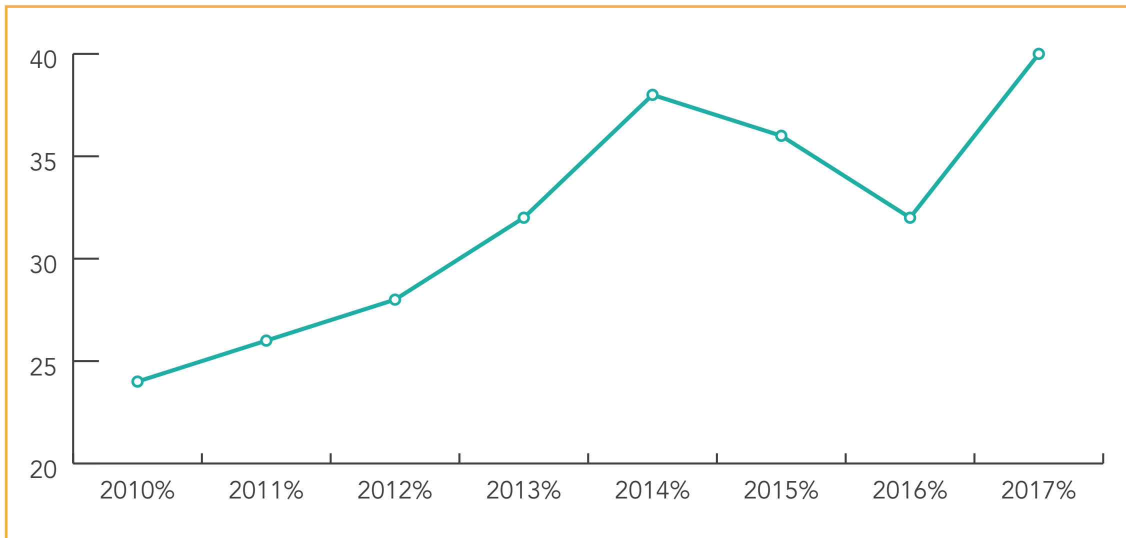
The greater percentage of treatment service users continues to be predominantly male with 1487 (81.6%) individuals in treatment in 2016 and 1512 (82%) in 2017 being male. These figures remain consistent with the two previous years (82% in 2014 and 83% in 2015).

Age

During 2017, the number of individuals in treatment who were aged less than 35 years amounted to 840 individuals, which accounts for 45.5% of the total. This shows a substantial decrease from previous years with 2016 reported at 49.6% and 2015 having registered 52% of individuals to be within this age bracket. This figure may be indicative of an aging population within those individuals in treatment, particularly individuals who use heroin as their primary drug. Indeed, 846 (46%) of all treated individuals were between 35 and 49 years old. In 2016 this figure amounted to (42%). A further 153 (8.3%) were older than 49 years old in 2017 compared to the 7% of 2016 and 6% in 2015,

		All individuals	Previously treated	First treated
2013	**n**	1834	1614	220
	%	100	88	12
2014	**n**	1770	1548	222
	%	100	87	13
2015	**n**	1829	1553	276
	%	100	85	15
2016	**n**	1822	1539	283
	%	100	85	15
2017	**n**	1845	1600	245
	%	100	87	13

Percentage of First Treated Entrants by Cocaine from 2010 to 2017



which continues to indicate that in recent years those within this age bracket have been increasing. This demonstrates that for the very first time, more than 50% of treated individuals were older users.

Also, in 2017 the most common age group in treatment was the cohort of individuals between the age of 30 and 34 with 20.6% (380 individuals), similar to 2016 when such a cohort stood at 20% (364 individuals) of those treated. This marks a shift from previous years when the predominant age was often times reported to be the 25 to 29 age bracket.

With regards to people in treatment who are below the age of 18, in 2017 there were 32 such individuals while in 2016 the number was 30. Those below the age of 15 amounted to 2 in 2017 and 1 in 2016.

Those attending services for the very first time and under the age of 35 increased from 66% in 2015, which had marked a decrease from previous years, to 73 % in 2016 which again in 2017 was more or less equivalent to that of 2016 some 72% (177 individuals). So it would seem that the number of such service users is once again increasing, coming closer to the levels reported in previous years (77% in 2014, 72% in 2013). Also worthy of note is the fact that 14 individuals of the first time treated cohort were below the age of 18 (5.7%), a decrease from 30 (11%) reported in 2016. A further 2 (0.8%) individuals were less than 15 years old in 2017.

Region

The regional data presented in this report is intended to give an overview of the area of residence of those accessing services. In 2017, 1.2% of individuals resided in Gozo, a decrease over 2016 which reported 1.6% to be hailing from this region. These percentages are consistent with previous years which range between 1% and 2% for this region. Conversely, those residing within the Southern Harbour region amounted to 33% (609 individuals) in 2017 and 34.5% (629 individuals) in 2016 , showing that as in previous years, those presenting for services mostly continue to reside in this area, though still a 2% decrease from 2015. This is followed by the Northern Harbour region with 30.6% (565 individuals), a slight decrease of just over 1% over 2016 which had signalled similar figures to 2015 with 32%.

Employment Status

Of those individuals who were in treatment in 2016 there were 44% (800 individuals) who were in regular employment while in 2017 this figure remained stable at 43% (796 individuals). Compared to the previous years there seems to have been a slight increase from 40% in the period 2012 to 2014. On the other hand, those who reported being unemployed amounted to just under 47% (850 individuals) in 2016 and 44% (824 individuals) in 2017. A further 4% (70 individuals) of service users reported to be students however, this figure dropped to just over 2% (43 individuals) in 2017.

Education Completed

In 2016, the great majority of service users 70.5% (1286 individuals) reported to have completed education at secondary school level while in 2017 the figure was 55.5% (1022 individuals). There was also a marginal group of 9 individuals who had reported never attending secondary school. Those reporting having completed higher level education (post-secondary, tertiary, technical or other) amounted to 8.5% (153 individuals) in 2016 and 19% (347 individuals) in 2017. A considerable number of individuals seeking treatment reported only completing education at primary school level with 13.5% in 2016 and 15% in 2017. Though this does not imply that such individuals did not attend any secondary school at all, but it does give an indication that among the treatment seeking population there is a considerable number of service users who left education at a very early age.

Injecting Behaviour All Substances

With regards to mode of administration of certain substances, this section gives an overview of injecting behaviour among the treatment seeking population.

In 2016 and 2017 respectively, 921 (50.5%) and 878 (47.5%) individuals in services reported not having injected drugs in their lifetime, 703 (38.5%) and 716 (39%) reported being current injectors while a further 165 (9%) in 2016 and 160 (9%) reported having injected but not currently doing so. Those reporting not currently injecting would include those individuals who were being treated in residential settings.

With regards to sharing of needles, the majority of individuals, who have at some point injected drugs reported never having shared syringes, with 594 (68.5% of those who ever injected) in 2016 and 631 (72% of those ever injected) reporting never sharing needles. A further 242 (28% of ever injecting) reported not currently engaging in injecting behaviour in 2016 while in 2017 this figure amounted to 225 (26% of ever injecting). In 2016 and 2017 respectively, 28 (3% of ever injecting) and 20 individuals (2% of ever injected) reported currently sharing syringes.

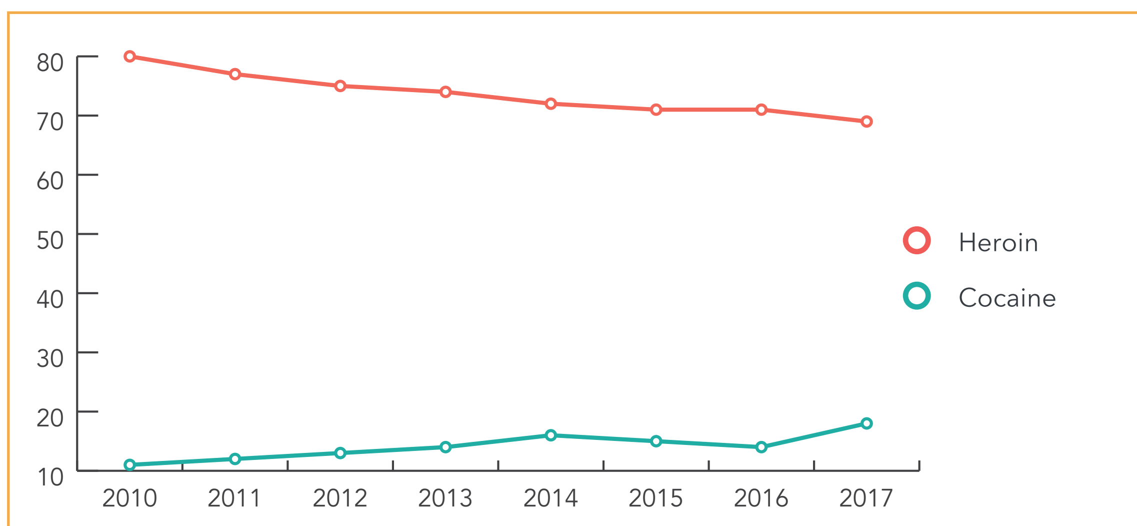
Nationality of Treatment Service Users

The vast majority of individuals accessing local treatment services were Maltese nationals, with 94.5% in 2016 and 91% in 2017. Those with other EU nationalities amounted to 2.6% in 2016 and 3.7% in 2017, while individuals in treatment who are citizens of non-EU countries consisted of 2.2% in 2016 and 2.4% in 2017.

Years in Contact with Service

When using data related to the date of first treatment of individuals accessing services for their drug related problems during the year 2017, such data reveal that of the 1845 individuals in treatment during that year,

Percentage of all Treated Clients by Heroin and Cocaine between 2010 and 2017



those who had been in contact with services for less than 5 years comprised of 32% (587 individuals). Those having been in contact for between 5 and 10 years amounted to 20% (366 individuals), while those in the service who had their first contact between 11 and 20 years ago consisted of 33% (605 individuals). Those whose contact with the services goes back more than 20 years amounted to 6% (108 individuals), 11 of them having been in contact with the service for more than 30 years ago.

Harm Reduction Interventions

In Malta, harm reduction responses relate to the prevention of drug-related infectious diseases and include access to clean injecting equipment, testing and counselling for infectious diseases such as human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV), risk awareness and HBV vaccinations. Blood screening and counselling for infectious diseases are provided at the Substance Misuse Outpatient Unit, in prison, and at the Sexual Health Clinic in Malta.

Needles and syringes are distributed at seven fixed locations across the country. In 2017, around 316 000 syringes were distributed through these specialised facilities, showing a decrease for the second consecutive year. This perhaps coincides with the registered decrease in injecting behaviour among individuals in treatment. A special harm reduction centre for women who inject drugs is operated by Caritas and provides intensive therapy to clients who cannot achieve abstinence in the short term as well as sheltered accommodation.

Drug Use and Responses in Prison

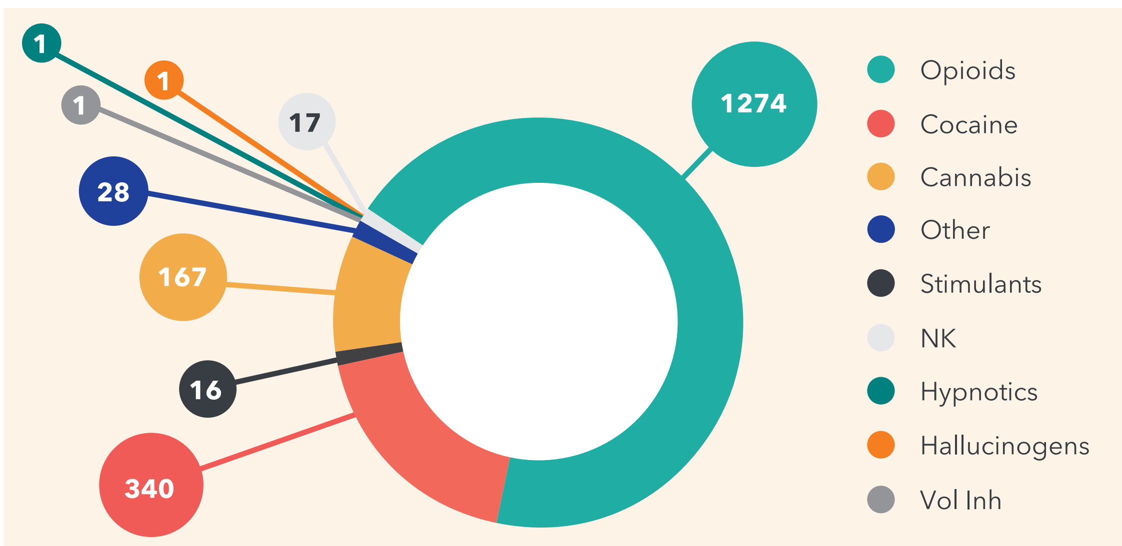
According to the most recent data, in 2014 around 43 % of prisoners in Malta had a history of drug use prior to imprisonment and one quarter had been in drug treatment.

On entering prison, inmates undergo medical screening, which is followed by a consultation with the psychosocial team. Substance use problems are usually assessed with standardised tools. On admission, all prisoners are also tested for human immunodeficiency virus and hepatitis B virus (HBV) infections.

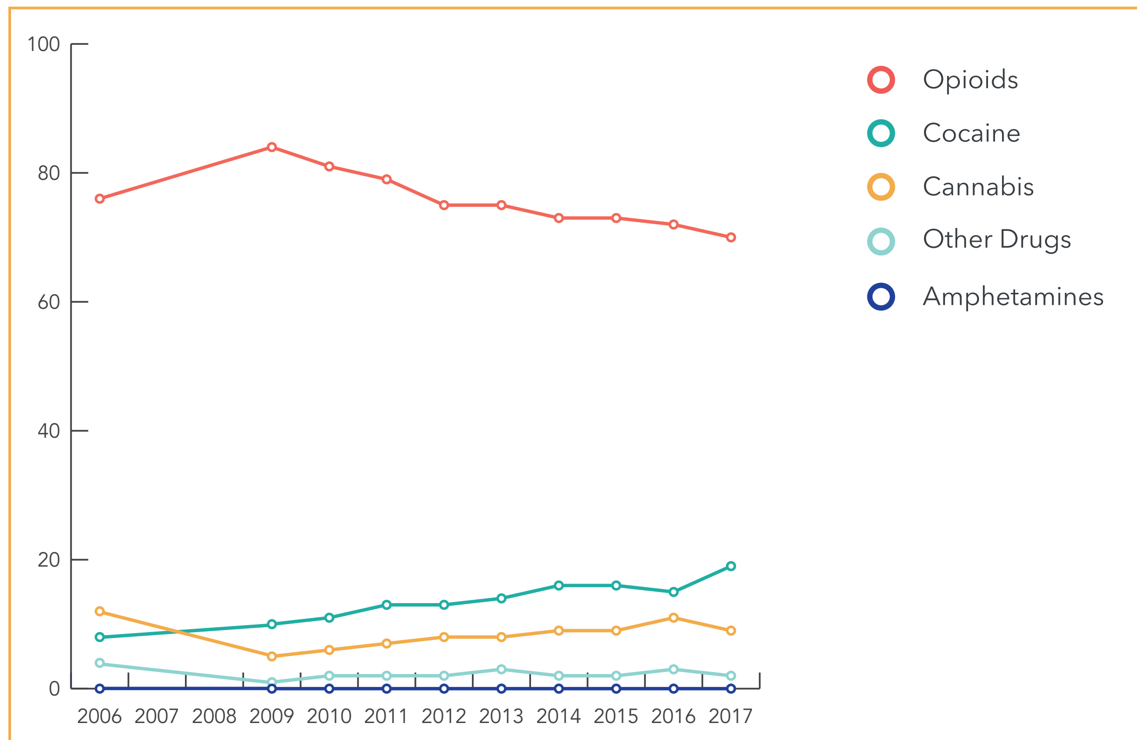
Most prisoners undergoing drug treatment in prison receive opioid agonist treatment (OAT). OAT is initiated at a hospital's forensic unit and the inmates are transferred back to prison once they are stable. Additionally, there are protocols for the transfer of inmates to selected drug rehabilitation units. Drug treatment agencies offer counselling and support services to inmates inside the prison, including assistance with social reintegration. Since 2007, a vaccination programme for HBV has been in place.

Activities are undertaken to prepare inmates for release, but it is not within the remit of the prison to provide continuity of care.

All entrants by Drug for 2017



Trends in Percentage of Clients Entering Specialised Drug Treatment, by Primary Drug, in Malta



Quality Assurance

The Research and Standards Development Unit within the Department for Social Welfare Standards is responsible for quality assurance and the development of standards in collaboration with service providers. In general, each service provider develops its own guidelines and standards, which should be in line with the National Drugs Policy. Common national standards in demand reduction areas are now being developed in Malta as a result of the emergence of the Social Care Standards Authority that came into being in May 2018.

A process of public consultation was launched at the end of June 2019 for the setting up of guidelines on Social Regulatory Standards for Residential Services offered to persons with drug, alcohol and gambling related problems.

Mainly, these guidelines establish the level of service that is expected to be delivered by service providers. They are a guide to decision making on the needs of the residential facility, the choice of workers and the manner in which the service should be managed.

There are seven main standards to follow, based on basic principles worked around the individual service user.

In the meantime, the national focal point has provided and will continue to provide as necessary training opportunities for professionals and other stakeholders at national level. In addition, Malta is considering a recent report from the National Audit Office which suggests ways for the improvement of quality of services which are now also being taken into account by the newly set up standards authority.

The national focal point, based in the Ministry for the Family, Children's Rights and Social Solidarity, to the EMCDDA continues to promote quality assurance and best practices among drug professionals in the country.

Drug-Related Research

In this section, an overview of recent local research in the field of drugs will be presented. The aim of this section is to shed light on current interest in the drugs field and as a means to make such literature more visible to policy makers and the general public. It is hoped that such visibility will contribute towards the utilization of such research in local drug policy making as well as inform local practice on trends and issues that may directly affect drug service provision in the country.

Trends in Treatment Demand Among Socially Integrated Drug Users Accessing Treatment in Malta

Authors: Marilyn Clark, Roberta Gellel, Manuel Gellel (2016)

ABSTRACT

Socially integrated drug users have received less attention than excluded and marginalized drug users who mostly present for treatment with a heroin addiction (EMCDDA, 2007; Terry et al 2007). In an attempt to dispel the myth that all drug users in treatment experience "chaos narratives" (Frank, 1995) and have lost control over their lives and are therefore helpless, unpredictable, and unreliable, this paper explored treatment demand among this group of users. The paper begins with an attempt at unpacking the construct of the 'socially integrated drug user' by reviewing how this specific 'type' of user has been conceptualized in the literature. The empirical work uses secondary data (both numerical and interview data) collected initially by intake officers at the NGO Caritas and analyses trends for a number of treatment demand variables namely, attitudes towards drug use and treatment, motivations for accessing treatment, length of contact with treatment agency, as well as a number of socio-demographic variables of such treatment clients such as employment status, family situation, educational attainment and living conditions. The paper makes recommendations for more effective intervention with such clients.

The Impact of Shaming on the Re-Integrative Process of Male Problem Drug Users

Author: David De Bono, B.Psy (2017)

ABSTRACT

The focus of the study was on exploring the emotional experience of how shame impacted on one`s attempt to stay clean, and what strategies problem drug users employed to negotiate these societal reactions (community shaming) during desistance. For the purpose of this study desistance was seen as a process of ending an addictive career, and maintaining a drug free life. This study revealed the role shame plays in desisting from an addictive career and its impact on negotiating shame in an attempt to change one`s lifestyle. Negotiating identities which might have caused shame need to be shed if change is to be maintained. Negotiating shame is a process of reflection, of weighing the perceived benefits for both the personal self and the social self, between the present self and a future self.

This study was conducted using a qualitative approach. The SQUIN (a narrative) method (Wengraf, 2005) was used to collect data. The Constant Comparative method, a research methodology consisting of a set of procedures capable of generating systematically an analysis based on the data (Corbin & Strauss, 2008), was chosen because so little is known with regards to shame. Shame, a hidden emotion, makes it hard to explore its impact on the self (Kaufman, 1974), and so an inductive approach was favoured. Guided by a symbolic interactionist conceptual framework, this was carried out through the exploration of the shamed experience in the addictive and desistance career trajectories of 6 male ex high risk drug users. Participants were recruited from Narcotics Anonymous (NA). The eligibility criteria required them to have abstained from taking drugs for at least 2 years.

Data showed that to increase the possibility of success in maintaining a drug free life and to overcome shame two elements are important: ambition and social capital. They are related to the dimensions of one`s own personality and one`s social relations. Ambition, as in motivation and personal agency, is the key variable to overcome economic, psychological and social restrictions linked to the early stages of desistance (Liebregts et al, 2015). Likewise, social capital linked to stronger ties within a group, in this as in other careers, are fundamental elements for success in reintegration and in overcoming shame (Veysey et al., 2012).

Studying the impact of shaming is important, not only because it recurs constantly in the life stories of problem drug users, but also because it allows us to introduce the manner in which it operates and the ways in which the stigma spreads, finding fertile ground just in everyday situations. Drug Policy strategies should focus on reducing stigma. The Drug Dependence Act (treatment not imprisonment) has focused on reintegration rather than the exclusion of the problem drug user.

Understanding the Complex Interplay between Substance Use, Offending Behaviour and Victimisation amongst Women in Malta - A Grounded Theory Study

Author: Petra Scicluna, MPsy, Forensic Psychology (2017)

ABSTRACT

Numerous quantitative studies have been dedicated to understanding the social and psychological phenomena of offending behaviour, substance abuse and victimisation. Traditionally, these have been examined as distinct entities with a predominant focus on their influence on the male forensic population. However, the gender gap with regards to crime and substance abuse is narrowing. A review of the current literature indicates a dearth of research and theories exploring the complexity and interrelatedness of these phenomena, particularly within the female population and even more so within the Maltese context. The aim of this research is to fill this lacuna in the literature by developing a grounded theory of the complex interplay between victimisation, substance abuse and offending behaviour among women in the Maltese context. Guided by a career approach conceptual framework, this was carried out through the exploration of the victimisation, addictive and offending career trajectories of 12 women, who are either incarcerated or in a residential drug treatment facility. Data was gathered qualitatively through in-depth interviews and analysed using a grounded theory (Strauss & Corbin, 1990) methodology. Data collection and analysis were conducted concurrently with theoretical sampling and the constant comparative method guiding the research process. A grounded substantive theory, highlighting the gendered nature of the phenomena was developed and seven core categories were elicited, highlighting how the process initially unfolds and develops over time. The strategies that the participants employed to negotiate gender-based victimisation experiences throughout their lifetime, namely the development of a victim identity and the self-medication of emotional distress were explored, together with their influence on the onset and development of the careers as female addicts and offenders. The impact of changes in identity, such as the tension created between deviant and conventional identities was analysed with reference to major turning points, such as pregnancy and motherhood. An exploration of facilitating contingencies on the process of desistance was also conducted, including the role of shame and the awareness of the negative impact of the deviant lifestyle on the self and on the family. Moreover, the obstacles towards exiting the process, such as a lack of motivation and desire, were also explored. This was done in light of the participants' interpretation of such contingencies. The research highlighted a number of implications for practice, policy and future research. These include the need for gender-responsive intervention and interagency collaboration that acknowledges and accommodates for the complex and unique needs of female substance users and offenders.

A Study of Trajectories Out of Female Problem Drug Use

Author: Romina Gatt (2017)

ABSTRACT

The focus of this study was to explore the understanding of females` perspectives in their trajectories for desistance from problem drug use. Strategies used during these trajectories, as well as reasons for desistance, are also addressed to achieve an in-depth comprehension of this phenomenon. This study applied a qualitative approach as it allows profound subjective experiences to unfold. The constant comparative method was used to analyse the data. The analysis uncovers six comprehensive contingencies, namely: the addictive career, desistance as a process, the understanding of desistance, triggers to change/contemplation, action, challenges, and strategies for maintaining change. The concept of motherhood emerges as a critical factor amongst all women in this study. The significance of social support is also highlighted as key in the facilitation of desistance. As a conclusion to this study, recommendations for policy, and for further research are also drawn.

Drugs of Abuse – Cocaine Review

Author: Emanuel Gatt, M.D. (2017/2018)

ABSTRACT

Cocaine is a natural plant based drug that has been consumed since ancient times and it is still being consumed presently. During earlier years it was consumed by direct ingestion of the plant leaves to suppress hunger and fatigue until its euphoric effects kicked in which ultimately lead to addiction. This lead to the extraction of cocaine molecules from the plants and two main forms of cocaine were obtained, crack cocaine which is smoked and the fine white powder cocaine hydrochloride which is either consumed intra-nasally or intravenously since it is soluble in water. Despite cocaine being illegal, it still remains one of the most prevalent drugs throughout the world and according to recent surveys it is on the rise in Malta. Cocaine's main function is to cause the consumer to feel high, producing euphoric effects which makes the person feel lively and energetic. Its main mode of action is to cause an increase in neurotransmitter molecules in the synaptic cleft such as, serotonin, dopamine, noradrenaline and adrenaline. Mostly it causes a large increase in dopamine molecules which is the main chemical responsible for signalling reward by the brain, thus creating the euphoric feeling. This is achieved by blocking the dopamine transporter on the pre-synaptic membrane, hence dopamine in the synapse is not broken down which causes a large build up. Cocaine leads to several patho-physiologies in the human body, from cerebrovascular to cardiovascular to the whole organ system, hence the whole body is affected. It also causes addiction since it affects the limbic system of the brain, which causes a vicious cycle of constant need of cocaine in order to suppress depression and anxiety. The pre-frontal cortex of the brain is also affected by cocaine which leads to a change of character which may result in devastating effects on the consumer's day-to-day lifestyle. Unfortunately, treatment is still underdeveloped and there has not yet been complete disclosure on the production of cocaine treatment supplements. Although research and tests are ongoing in order to develop pharmacological treatments to tackle cocaine addictions, together with behavioural approaches there seems to be a solution.

The Physiological Effects of Cannabis and its Uses in Medicine and Recreation

Author: Erika Briffa, M.D. (2017/2018)

ABSTRACT

The aim of this short review on the current knowledge on cannabis use, is to bring to the fore both medical and recreational use. The role of the body's endogenous cannabinoid system is evaluated in its role as the system responsible for mediating the effects of cannabis. By studying the mechanisms of action of the endocannabinoids, one can better understand the relevance of this system as a therapeutic target as well as how its exploitation is used for recreation.

This literature review covers the physiological substrates that give rise to cannabis intoxication, whilst also exploring both the cognitive and peripheral effects. The assessment of both the short-term and long-term effects of this drug helps clarify the possible side-effects as a result of medicinal or recreational marijuana use, on a day to day basis as well as in the long run.

Lastly, the full potential of cannabis as a medicinal agent is explored, with the current facts and studies evaluated to give a realistic image of what cannabinoid-based drugs may be able to offer and how safe and reliable these products actually are.

The Gender Dimension of Non-Medical use of Prescription Drugs in Europe and the Mediterranean Region

Author: Marilyn Clark (2015)

ABSTRACT

This research mainly focuses on highlighting the gender differences with regards to the non-medical use of prescription drugs (NMUPD). The study utilizes available surveys' data from a number of European and Mediterranean Countries which include Malta. Though the research does not specifically focus on young people, it highlights that the most likely age when individuals are prescribed psychotropic medication will be in their thirties and it also indicates that the use of prescription medication among young people is more common among females than males. The study also concludes that women are a high risk category in terms of NMUPD and that the 'telescoping' phenomenon is evident in women's NMUPD while indicating a clear difference in patterns of use from that of men. The study also indicates that though conclusions can be drawn with regards to differences between men and women on prescription use of psychotropic substance, the picture for non-medical is not as clear.

Coherence Policy Markers for Psychoactive Substances

Authors: Richard Muscat and Brigid Pike (2014)

ABSTRACT
Identifying effective approaches to creating coherent policies regarding licit and illicit drugs has been the priority of the Pompidou Group during its 2010-14 work programme. Over the years, research has evolved in this field as demonstrated in the group's publications: From a policy on illegal drugs to a policy on psychoactive substances in 2008 and Towards an integrated policy on psychoactive substances: a theoretical and empirical analysis in 2010, and then Reflections on the concept of coherency for a policy on psychoactive substances and beyond in 2012. This last publication attempted to put into perspective the salient points of what may be termed a coherent policy on psychoactive substances. It proposed six indicators, around which the concept of coherency was developed: conceptualisation, policy context, legislative and regulatory frameworks, strategic frameworks, responses/interventions and structures and resources. The initial target for the use of these six indicators is that all drugs policies should be in line with the concept of "well-being". At the very least, they should not contradict each other and at best they should be in harmony. On this basis, in 2013 and 2014, researchers refined these indicators and tested them in their countries, namely Croatia, the Czech Republic, Hungary, Ireland, Israel, Italy, Norway and Portugal to verify whether they provided a valid tool to measure the effectiveness and efficiency of a coherent policy on psychoactive substances. The results appear in this publication and indicate that such markers may be indeed used as a basis for discussion on the issue of coherence and in some cases as a means to better implement coherent policies in respect to psychoactive substances, and also possibly policies that address other forms of addictive behaviour.

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 Acid Diethylamide
MCPP	Meta-chlorophenylpiperazine
NAO	National Audit Office
NAAB	National Addictions Advisory Board
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
OAT	Opioid Agonist Treatment
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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