

National Report on

**THE DRUG
SITUATION AND
RESPONSES
IN MALTA**

2023

Copyright
National Focal Point for Drugs and Drug Addiction

First Published 2024

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, transmitted or utilised in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the permission in writing from the publishers.

Published by the Ministry for Social Policy and Children's Rights
and co-funded by the EMCDDA.

2023 National Report on the Drug Situation and Responses in Malta
ISBN: 978-9918-9580-0-9

Key words: drugs, situation, response, Malta

Typeset by Etienne Robinich
Printed at the Government Printing Press

CONTENTS

Minister's Forward 7

01 **Drug Strategy & Coordination** 9

02 **Drug Laws & Drug Offences** 11

03 **Problem Drug Use** 19

04 **Drug Harms** 31

05 **Prevention** 35

06 **Treatment** 41

Authors and Contributors

Authors (In alphabetical order)

Manuel Gellel
Roberta Gellel
Richard Muscat
Alessia Pulis

Graphic Design

Roberta Gellel

Contributors (In alphabetical order)

Sharon Arpa	Foundation for Social Welfare Services
Joshua Aquilina	Caritas Malta
Ronald Balzan	Foundation for Social Welfare Services
Jeffrey Bonnici	Mater Dei Hospital, Toxicology Unit
Eleonor Borg	Caritas Malta
Stephania Calafato	Law Courts
Maria Theresa Camilleri	Dual Diagnosis Units
Alosia Camilleri	OASI Foundation
Mariella Camilleri	Correctional Services Agency
Moses Camilleri	Sedqa Substance Misuse Outpatients Unit
Joe Caruana	Sedqa Substance Misuse Outpatients Unit
Alistair Chetcuti	Male Dual Diagnosis Unit
Charlene Ann Ciantar	Malta Police Force, Drug Squad
Graziella Cutajar	OASI Foundation
Raymond Cutajar	Primary Health Care
Maria Ellul Desira	Caritas Malta
Alexandra Distefano	Department for Policy in Health
Kathleen England	Mater Dei Hospital, Toxicology Unit
Anthony Gatt	Caritas Malta
Sandro Gatt	Malta Police Force, Drug Squad
Jareth Grima	Sedqa National Agency for Drugs and Alcohol Abuse
Alfred Grixti	Foundation for Social Welfare Services
Marshal Mallia	Malta Police Force, Drug Squad
Christine Marchand Agius	Foundation for Social Welfare Services
Daniel Mercieca	Caritas Malta
Claire Micallef	OASI Foundation
Mike Orland	Sedqa National Agency for Drugs and Alcohol Abuse
Nathalie Saccasan	Probation Services
Antoine Saliba	Anti-Substance Abuse Service
Godwin Sammut	Forensic Analysis Laboratory and Toxicology, University of Malta
Charles Scerri	Sedqa National Agency for Drugs and Alcohol Abuse
Sarah Schembri	Forensic Analysis Laboratory and Toxicology, University of Malta
Vicky Scicluna	Commissioner for Justice
Miriam Sevasta	Probation Services
Dorianne Tabone	Sedqa National Agency for Drugs and Alcohol Abuse
Anna Vella	Sedqa Substance Misuse Outpatients Unit
Mario Vella	Primary Health Care
Noel Xerri	OASI Foundation

List of Figures

- Figure 2.0: Total number of arraignments 2017-2022
- Figure 2.1: Total number of arraignments by possession and trafficking 2017-2022
- Figure 2.2: Total number of arraignments by type of drug 2017-2022
- Figure 2.3: Trafficking arraignments by drug type 2017-2022
- Figure 2.4: Possession arraignments by drug type 2017-2022
- Figure 2.5: Probation and Parole individuals by type of drug 2020-2022
- Figure 2.6: Mean purity levels by type of drug 2017-2022
- Figure 3.0: Total number of syringes distributed between 1994-2022
- Figure 3.1: All treated individuals by primary drug 2022
- Figure 3.2: Previously treated individuals by primary drug 2022
- Figure 3.3: First treated individuals by primary drug 2022
- Figure 3.4: Primary drug Heroin by frequency of use 2022
- Figure 3.5: Primary drug Heroin by route of administration 2022
- Figure 3.6: Primary drug Heroin by secondary drug 2022
- Figure 3.7: Primary drug Cocaine by frequency of use 2022
- Figure 3.8: Primary drug Cocaine by route of administration 2022
- Figure 3.9: Primary drug Cocaine by secondary drug 2022
- Figure 3.10: Primary drug Cannabis by frequency of use 2022
- Figure 3.11: Primary drug Cannabis by secondary drug 2022
- Figure 4.0: Drug-related emergencies by type of drug 2017-2022
- Figure 4.1: Emergency entrants that were admitted to other medical services
- Figure 4.2: Emergency entrants who were admitted to psychiatric services
- Figure 4.3: Evolution of deaths 1997-2022
- Figure 6.0: Primary drug Cocaine by first treated 2017-2022
- Figure 6.1: Proportion of Heroin and Cocaine from all treated individuals 2017-2022
- Figure 6.2: Age distribution by primary drug 2022
- Figure 6.3: Distribution of service users by region 2022

List of Tables

- Table 1.0: Policy process
- Table 2.0: List of Tribunal cases 2017-2022
- Table 2.1: Quantity and number of seizures 2022
- Table 6.0: Individuals in treatment 2017-2022
- Table 6.1: Service users by region 2020 and 2022
- Table 6.2: Tal-Ibwar source of referral 2022

Minister's Foreword

Minister for Social Policy and Children's Rights.

This latest National Report on the Drug Situation and the Responses in place to address these issues arrive in the wake of the COVID pandemic, as well as during the turmoil that ensues in war-torn regions. This context has impacted the manner in which international organisations have been able to focus on the worldwide increase in drug use and the resultant consequences. The coming year sees the UN body responsible for drug affairs, the Commission on Narcotic Drugs (CND), hold a Ministerial segment for a mid-term review on the responses to these increases. Malta will also take its place, for the very first time, on the Bureau of the CND, starting January 2024, following its election to the CND in April.



In light of this background, the national context has in turn been impacted by events elsewhere; but responses in place to reduce availability and to prevent drug use in the first place and treat those with problematic drug use have made inroads on certain levels.

In relation to the supply side of the equation, the number of arraignments for drug trafficking has consistently been in the order of over 100 for the last five years; whereas that for possession has come down dramatically from a high of 623 in 2017, to 31 last year. This in effect is the result of the policy to treat people who use drugs not as criminals, but as those that require some form of intervention for their problem. This is further made more explicit in the recent launch of the new drug policy last June, in which low threshold services are to come into play to better serve individuals in need.

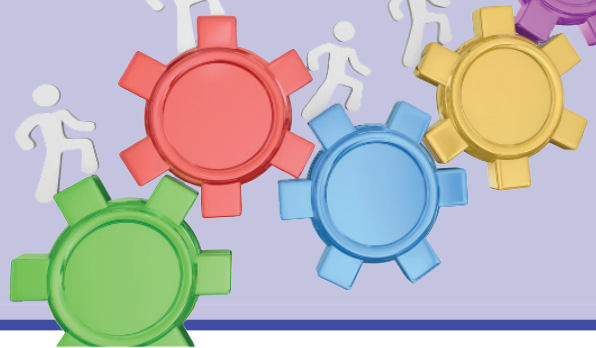
The other side of the equation, that of demand, has for a number of years highlighted the increase in cocaine use, and hence the numbers coming forward for treatment for such use, are now in the majority. Moreover, it would also appear that the use of crack cocaine has now come to the fore and is on par with that of cocaine. As outlined above, with the new drug policy in place, this is to be tackled with effective prevention interventions with the set-up of the Prevention Body, as well as the Law Enforcement Body.

As to cannabis use, following the change in the law in December 2021, this does not feature with regards to new entrants into treatment as yet, but it would appear to follow cocaine, with regard to the supply indicators and equal to that of cocaine with regards to hospital emergency admissions. This in itself is a concern and would suggest an increase in new users, in that, those using for the very first time and are unaware of the effects of cannabis, may have been liable to a panic attack and the resultant cardiovascular consequences, thus requiring emergency treatment.

Heroin use is luckily on the wane, as most indicators show either a downturn or are the same as the previous year's low. This is encouraging, to say the least, as heroin is considered to be the most harmful of all drugs in that it too can be the most lethal. The future introduction of buprenorphine should also provide better outcomes for those with an opiate use disorder. Similarly, the use of Narcan should now prevent the calamitous loss of life due to heroin overdose. Once again, these initiatives are given further prominence in the new drug policy, a result of the successful monitoring that has been achieved here over the years.

Much has been done, but more needs to be done.

01 Drug Strategy & Coordination



Legislative Framework

The main body responsible for drug policy matters in Malta is the National Addictions Advisory Board. The Advisory Board is an integral structure within the Ministry for Social Policy and Children's Rights. The ten members of the Advisory Board are independent experts appointed by the Minister. The experts hail from a variety of different disciplines that include 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 Social Policy and Children's Rights, is responsible for monitoring 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. The National Focal Point is also required to report on a yearly basis to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) the drug situation and drug responses put in place by Malta.

National Drug Policy (2023-2033)

The Ministry for Social Policy and Children's Rights launched the second National Drug Policy (2023-2033) on UNs Drug Day the 26th June 2023. The new policy builds on the pillars established in the first National Drug Policy of 2008 National Drug Policy whilst also addressing the emerging needs and challenges related to the current drug situation in Malta. The policy continues to address supply reduction, demand reduction and Malta's Judicial Framework. Particular emphasis is placed on countering the advancements of the illicit drug market by addressing the evolution of new drug trafficking routes and methods of distribution. The Policy also addresses the need to continue improving services related to the prevention of substance use and the treatment of individuals who use drugs. The policy also introduces new measures that address harm reduction, in line with the common position taking by EU Member States and the EU Drugs Strategy to promote the introduction of harm reduction measures that aim to minimize the harm caused by substance use. Emphasis is also placed on adopting a human rights-based approach in our interactions with substance users and assuring the integration of people who use drugs within our society and the prevention of stigma. One such measure is the proposal to introduce low threshold services. The policy contains policy actions that call for providing access to 'care and human dignity, in line with the European Convention on Human Rights and the EU Charter of Fundamental Rights (National Drug Policy, 2023-2033, p:20) The policy proposes the provision of training of professionals working in the field of substance use and also other professionals who may come into contact with such individuals in the day to day performance of their work. The policy proposes the introduction of training modules on addictive behaviour for courses related to youth work, social work, medical professions, psychology and psychotherapy and other related professions. Such measures aim to continue the government's efforts to consolidate the holistic approach adopted in recent years to address substance use in Malta.

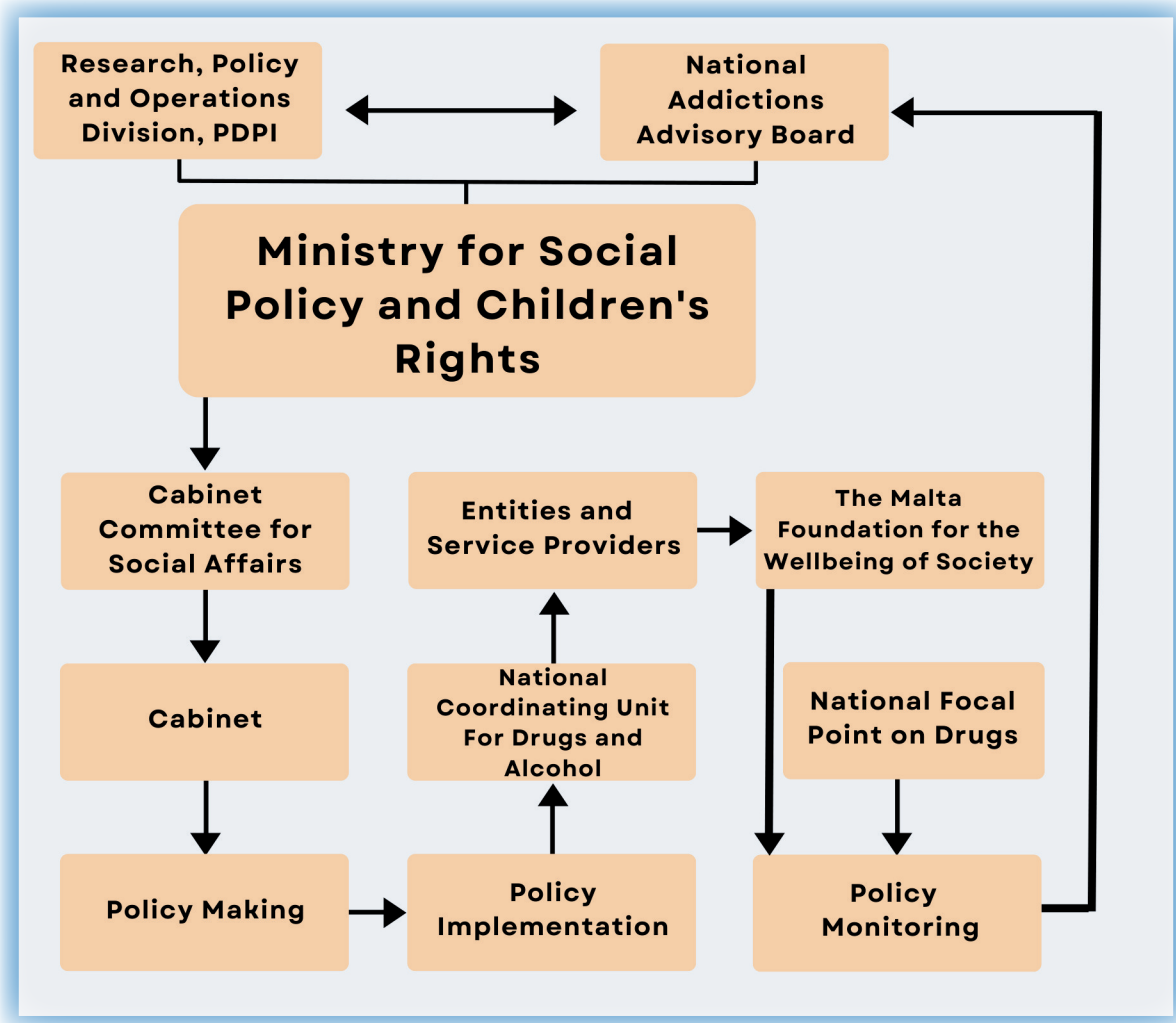


Table 1.0: Policy process

02 Drug Laws & Drug Offences



2.0 LEGAL CONTEXT

The principal pieces of legislation dealing with substance use in Malta are the Medical and Kindred Professions Ordinance 1901 (Cap. 31) and updates, which relate to psychotropic drugs, and the Dangerous Drugs Ordinance 1939 (Cap. 101) and updates such as that in 2005 relating the prescription of methadone and the latest act, the Drug Dependence (Treatment not Imprisonment) Act 2014 (Cap 537), which relate to narcotic drugs. Drug law offence (DLO) 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 Drug Dependence (Treatment not Imprisonment Act) 2014 (Chapter 537 of the laws of Malta) was brought into force in April of 2015. Through this act, drug possession for personal use in stipulated amounts is not a criminal offence and thus subject to other administrative arrangements as that determined by the Commissioner for Justice outside of the law courts. Specifically, the law stipulates that, possession for personal use of up to 2g or up to two pills of any drug other than cannabis, irrespective of purity, is an offence punishable by a fine according to the type of drug. In the case of a second offence for possession for personal use of a drug other than cannabis within the period of two years, the person will be requested to attend the Drug Offenders Rehabilitation Board where an assessment of the situation is conducted for the purpose of assisting that person with his drug problem and whether the person is drug dependent. In case of a breach of any of the recommendations by the Commission of Justice or the Drug Offenders Rehabilitation Board, the person is to be summoned in front of a Drug Court, in accordance with the Act. This act is also dependent on other pieces of legislation. Possession of more than the stipulated amounts remains a criminal offence and the case is tried before the Maltese Law Courts.

In March of 2021 a white paper on the responsible use of cannabis was presented. Following a wide consultation on the white paper, in December 2021 a new law was passed for the setting up of the Authority on the Responsible use of Cannabis (Chapter 628 of the Laws of Malta). The Authority's remit is to monitor and regulate cannabis associations under the provisions of the new law. The Authority is also responsible for producing research related to the monitoring of the law regulations and to produce adequate reporting on the progress and outcomes of the new law.

Additionally, Chapter 537 Drug Dependence- Treatment Not Imprisonment Act, was also amended to regulate use and distribution of cannabis in Malta. The new law states that authorized cannabis associations will now be able to have up to 500 registered members and supply cannabis in a non-for-profit framework. Each member can be supplied with up to 7g daily, capped at 50g per month from the organization. Only residents of Malta are allowed to register with the cannabis organizations. Additionally, individuals can carry up to 7g of cannabis on their person in public without the fear of sanctioning. However, the use of cannabis in public is still not permissible. The amount can be extended to 28g if deemed for personal use, but in such circumstances the case would be referred to the Commissioner for Justice in accordance with Chapter 537. The law also states that individuals can grow up to 4 plants of cannabis in their home and have up to 50g of dried produce in their residence at any given point. Such plants cannot be visible to third persons. Minors will not be allowed to register as members of associations or grow/use cannabis.

Individuals using cannabis can only do so in the privacy of their home and out of reach of minors in the household and in a space not visible to the public. As a result of this Act people using cannabis no longer need to fear prosecution or their conduct certificate tainted as long as they use the substance within the parameters of the law.

2.1 POLICE DATA ON ARRAIGNMENTS AND SEIZURES

The Malta Police Force provides statistical data on National Enforcement Operations related to drug law offences. In this section, data related to the total amounts of arraignments for drug trafficking and/or possession, and drug seizures in Malta during 2022 are presented.

2.2 ARRAIGNMENTS

In 2022, there were a total of 140 arraignments in court for drug related offences. The figure below shows that there continues to be a downward trend in the number of individuals arraigned in court since 2019. This may in part be attributed to the fact that since the introduction of the drug law reform through Chapter 537, Drug Dependence, Treatment not Imprisonment Act in 2015, cases related to possession of small amounts of drugs are no longer processed through the criminal courts but are instead processed through the Commissioner for Justice. Indeed, figures reported for 2022 show a 45% decrease from 2021 (256 arraignments) and a 47% decrease from 2020 (262 arraignments). The drop in cases was even more significant, with a 68% decrease compared to 2019 (434 arraignments) and a 77% decrease compared to 2018 (613 arraignments).

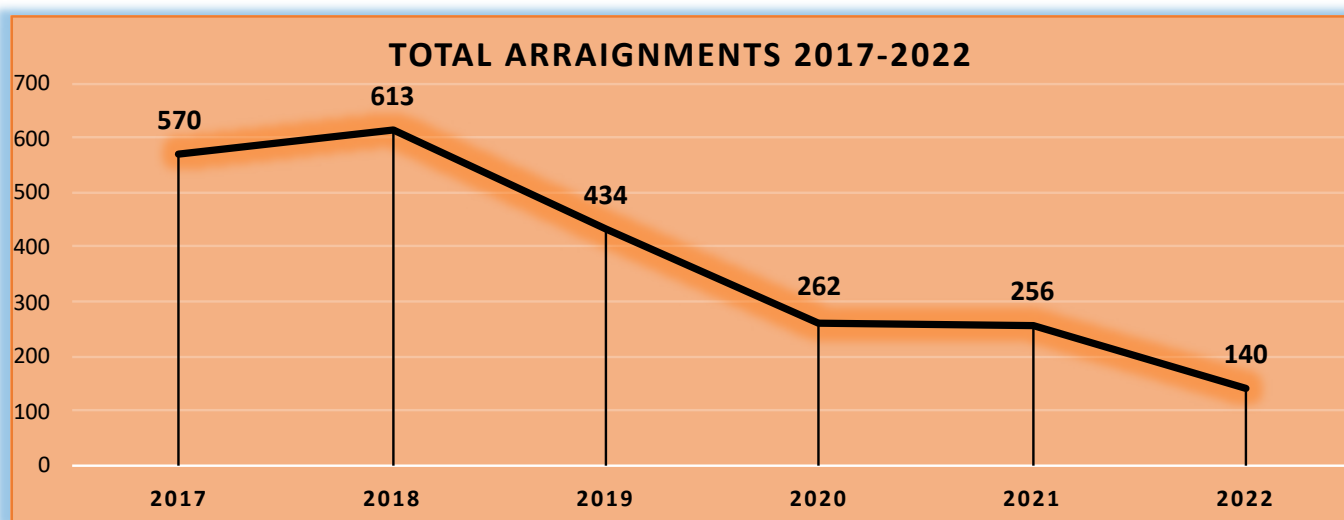


Figure 2.0: Total number of arraignments 2017-2022

2.3 ARRAIGNMENTS BY TYPE OF OFFENCE

When stratifying the number of arraignments by type of offence, the majority of cases (109) in 2022 were for trafficking, while the remaining cases (31) were for possession. In 2021, however, the majority of cases (142) were for possession offences, with the remaining cases (114) were for trafficking offences. It is also worth noting that, over the last six years, there has been a significant decline in the number of arraignments for possession offences while those for trafficking have remained constant. The decline in arraignments for possession may be partially due to the COVID-19 situation during the intervening years. As also stated above, the implementation of the Treatment not Imprisonment Act of 2015, and the amendments made in 2021 may also have had an impact resulting in these changing trends.

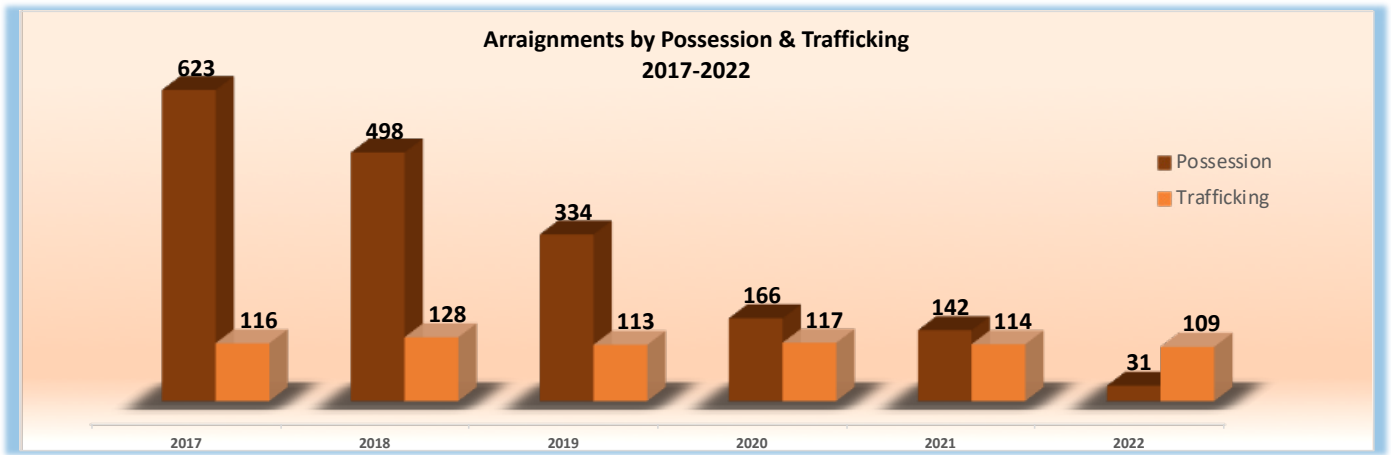


Figure 2.1: Total number of arraignments by possession and trafficking 2017-2022

2.4 ARRAIGNMENTS BY TYPE OF DRUG

The figure below illustrates the arraignments over the last six years by type of substance. Cocaine accounted for the majority of arraignments in 2022, with 77 arraignments, reflecting an increase from 66 arraignments in 2021. When compared to 2020, data for 2022 show a 23% decrease from 100 arraignments. In comparison to 2019, a 33% decrease (115 arraignments) was recorded. The number of arraignments decreased by 59% when compared to 2018 (188 arraignments) and a 68% decrease (243 arraignments) in 2017.

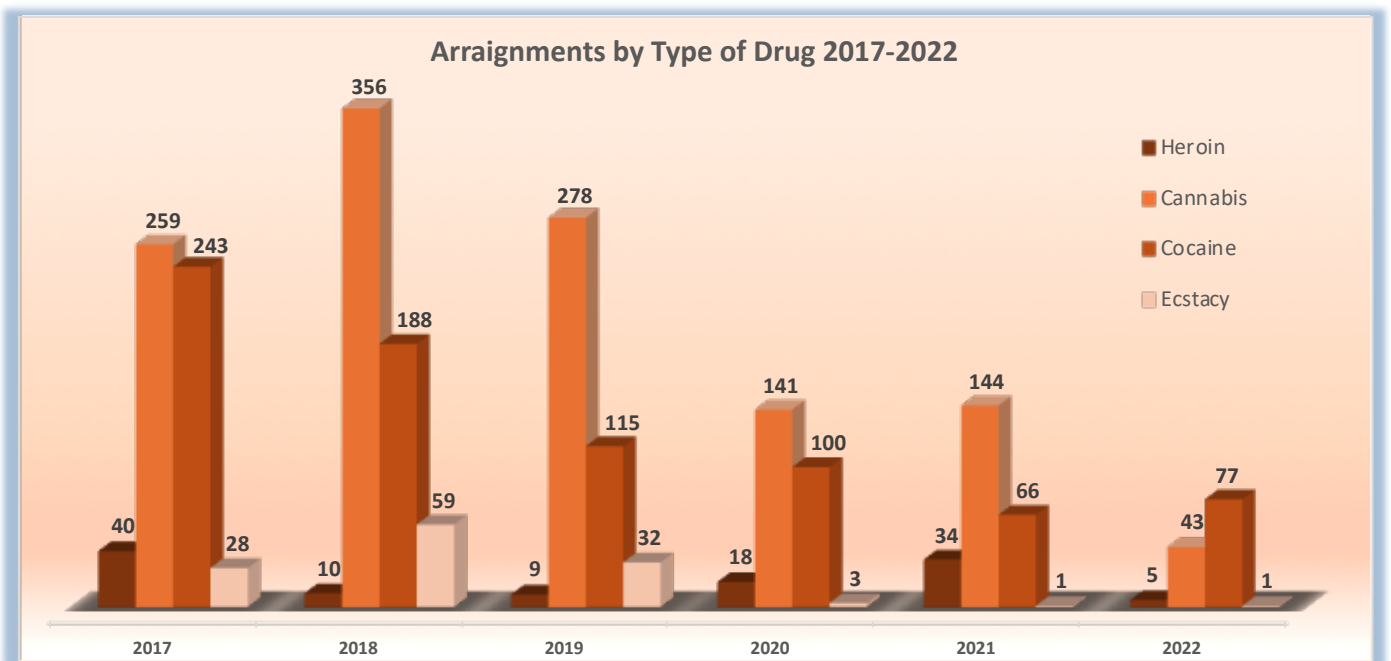


Figure 2.2: Total number of arraignments by type of Drug 2017-2022

In comparison, cannabis showed a substantial decrease in drug-related arraignments, with 259 arraignments in 2017 dropping to 43 arraignments in 2022. The substantial decrease in arraignments pertaining to cannabis may be a direct result of the new legislation brought into force in December of 2021, that regulates the use and distribution of cannabis.

The same pattern can be seen in data pertaining to arraignments for Ecstasy, which decreased from 59 arraignments in 2018 to 32 arraignments in 2019, and a significant decrease in 2020 with 3 arraignments and only 1 arraignment in 2021 and 2022 respectively.

In 2022, the number of arraignments related to heroin decreased substantially to 5 arraignments, compared to the 34 arraignments reported in 2021, when an increase from 18 arraignments in 2020 was reported. In 2019 and 2018 arraignments related to heroin amounted to 9 and 10 respectively, while in 2017 there were 40 arraignments.

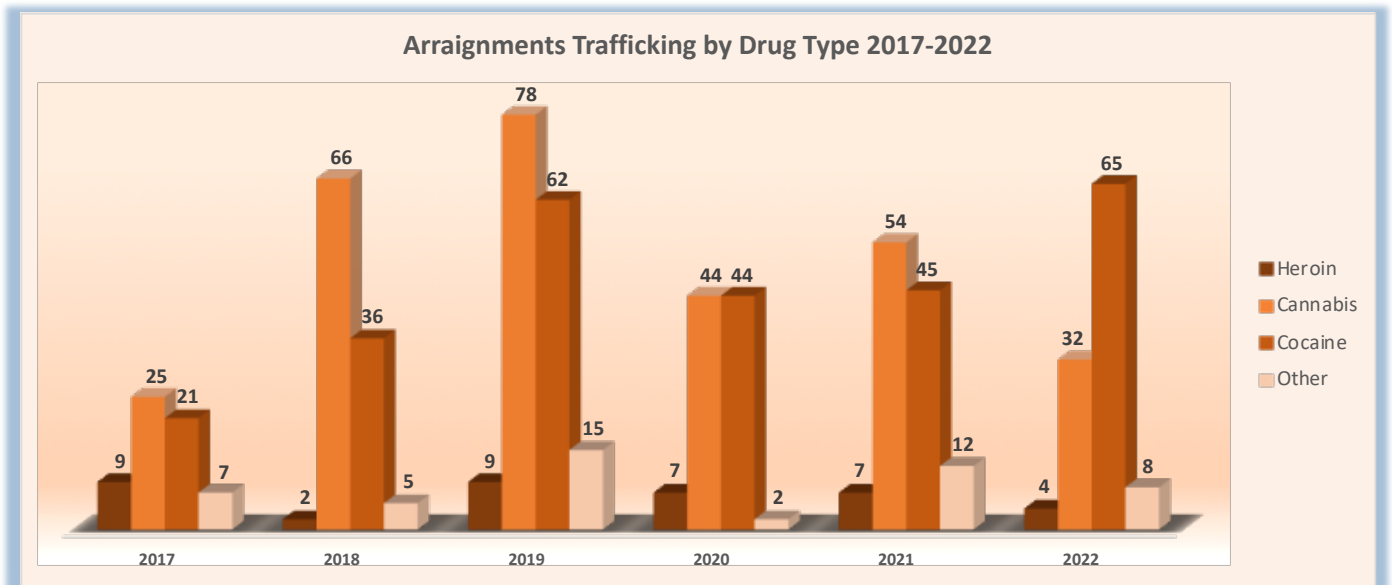


Figure 2.3: Trafficking Arraignments by Drug Type 2017-2022

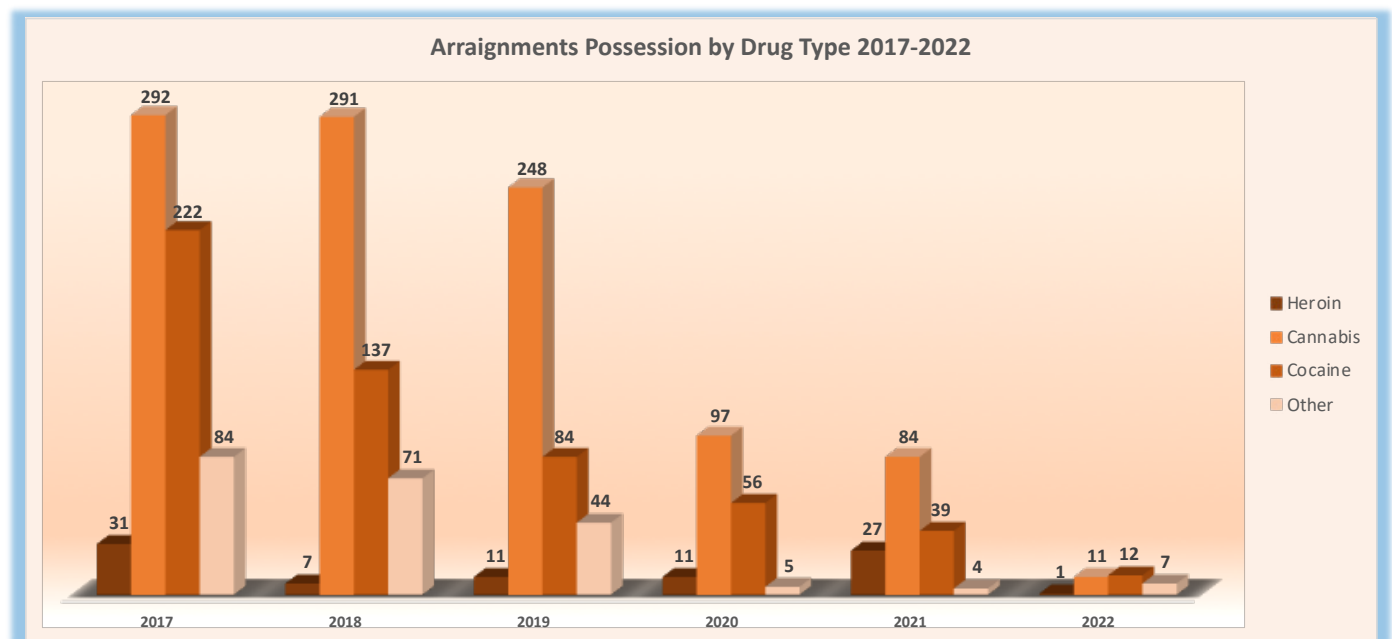


Figure 2.4: Possession Arraignments by Drug Type 2017-2022

2.5 TRIBUNAL CASES: OFFENCES BY SUBSTANCE TYPE

During the period since the tribunal started processing cases of possession in 2015 until December 2021, the tribunal had processed a total of 3,822 cases. The majority of cases processed were for possession of cannabis which total some 2,235 cases, among which 1,592 cases were for possession of cannabis grass and 643 for cannabis resin. Cases appearing before the tribunal for cocaine possession amounted to 989 cases, whilst 234 cases were for possession of Ecstasy (MDMA). Cases related to heroin possession amounted to 220. Cases related to other substances amounted to 144 among which the majority of individuals appearing before the tribunal were Maltese residents, amounting to 2,614 (68%) out of the total of 3,822, while the remaining 1,186 (32%) were foreign nationals.

2.6 TRIBUNAL OUTCOMES

Penali	2017	2018	2019	2020	2021	2022	Graphics
Paid	553	399	631	204	207	79	
Tribunal Pending Payments	141	186	166	77	131	68	
Cases Judged Not Guilty (Not Due)	2	13	16	4	2	4	
Cases Pending Judgement	0	0	0	1	13	14	
Total	696	598	813	286	353	165	

Table 2.0: List of Tribunal cases 2017-2022

Since the enactment of Chapter 537 of the Laws of Malta entitled the Drug Dependence (Treatment Not Imprisonment) Act in 2015, the number of individuals appearing before the Commissioner of Justice for possession amounted to 135 cases in 2015, rising to 779 in 2016. In 2017, there was a slight decrease in cases with 696, whilst a further decrease to 598 in cases were reported in 2018. Conversely, in 2019, the number of cases appearing before the tribunal had risen to 813. In 2020, the number of cases decreased to 286, while in 2021 the total amounted to 353. In comparison to previous years, 2022 recorded the highest decrease since 2015, with only 165 cases. Once again, there is the possibility that such figures may be a reflection of the recent change in the law as individuals in possession of small amounts of cannabis are now not liable to any criminal or administrative sanctions. Furthermore, the years affected by COVID-19 may also have affected the downward trend in cases processed.

2.7 PROBATION AND PAROLE

Data reported by the Department for Probation and Parole, show that a total of 465 clients were registered within the service in 2022. The vast majority of these clients, 406 individuals (87%) were males and the remaining 59 (13%) were females. Cocaine was the primary drug of choice for the majority of individuals, with a total of 256 individuals (55%). This was followed by 113 individuals (24%) reporting cannabis as their primary drug while a further 79 individuals (17%) were reported to primarily use heroin. A further 17 individuals (4%) within the service were registered as using synthetic substances as their primary drug.

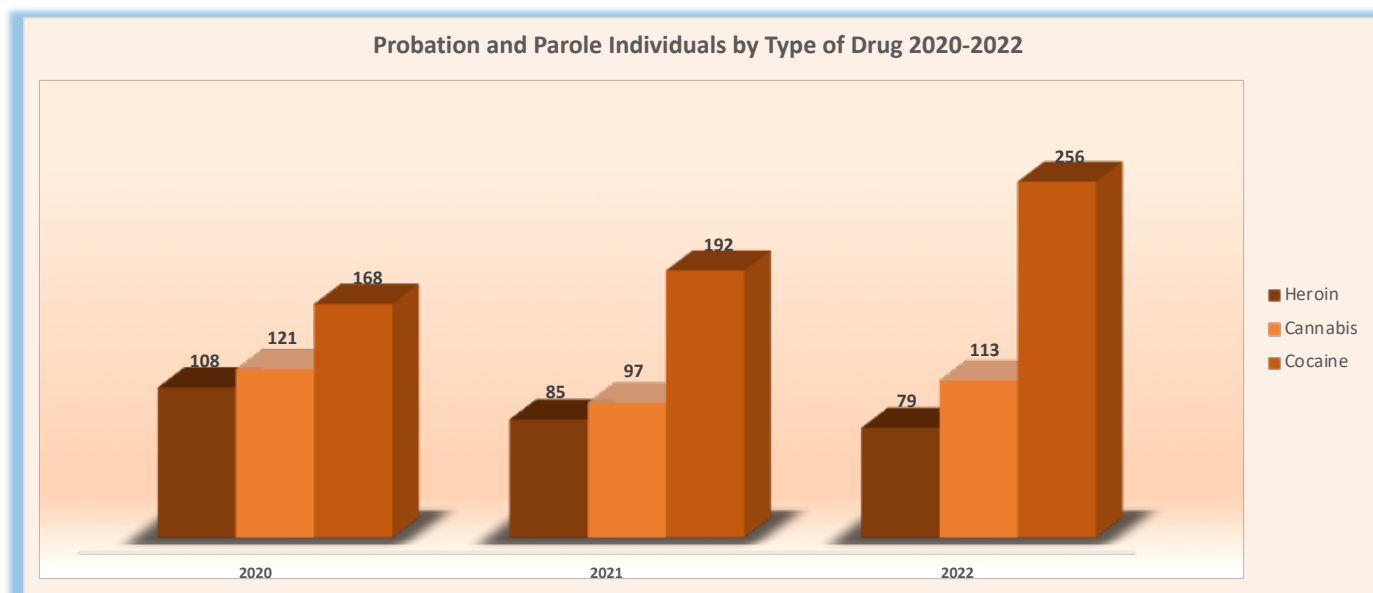


Figure 2.5: Probation and Parole Individuals by Type of Drug 2020-2022

2.8 DRUG SEIZURES

The table below shows the number of drug seizures in Malta for 2022. It is important to note that drug seizures includes both seizures of drugs destined for the local market and also drugs in transit through Malta.

Type of Drug	Quantity	Number of seizures	Trafficking	Possession	N/A
Cannabis Grass	156.67889 kg	42	26	9	7
Cocaine	2970.48355 kg	57	37	11	9
Heroin	19.58867 kg	15	7	8	0
Cannabis Resin	156.67889 kg	3	2	1	0
Seeds	5	1	0	1	0
Cannabis plants	70	5	0	5	0
Scheduled synthetic	2.54788 kg	2	0	0	2
Crack Cocaine	0.93378 kg	5	4	1	0
Magic mushroom	0.13 kg	4	0	0	4
Ecstasy	10	3	1	1	1
LSD	1	1	0	1	0
Amphetamine	0.13695 kg	1	0	0	1
Khat	17.5 kg	3	2	1	0
Ketamine	0.0005 kg	1	0	1	0

Table 2.1: Quantity and number of seizures 2022

2.9 PURITY/POTENCY

Average purity at street level of heroin in 2022 was 25%, 6% higher than 2021 (19%), and 4% higher than 2020 (21%). The average purity level of cocaine increased to 51% in 2022, which shows some increase when compared to the 48% reported in 2021 and a substantial increase from the 28% purity reported in 2020. This however may be due to large seizures of cocaine at the Malta Freeport which may affect the level of purity as substances seized in such operations are usually of high potency and will not be of street level purity. Potency of cannabis in 2022 was reported at an average of 11% THC content for both resin and herbal cannabis, same as 2021. The THC level of cannabis had been increasing for a number of years, following slight decreases in 2015 and 2016 when the potency at street level was 7%. In 2017, potency of cannabis resin had increased to 8.5% of THC content. The most significant increase was registered in 2018 with potency peaking at an average of 15%. However, in 2019 and 2020, there was a 3% drop with both years reporting 12% THC content. Cannabis grass THC content was reported at 7% in 2016, 8% in 2017 and also increased to 15% in 2018, while in 2019 and 2020 purity had decreased slightly to 12%. The potency decreased to 11% in 2021 and 2022 continues to show a gradual downward trend in potency levels of both cannabis resin and cannabis grass.

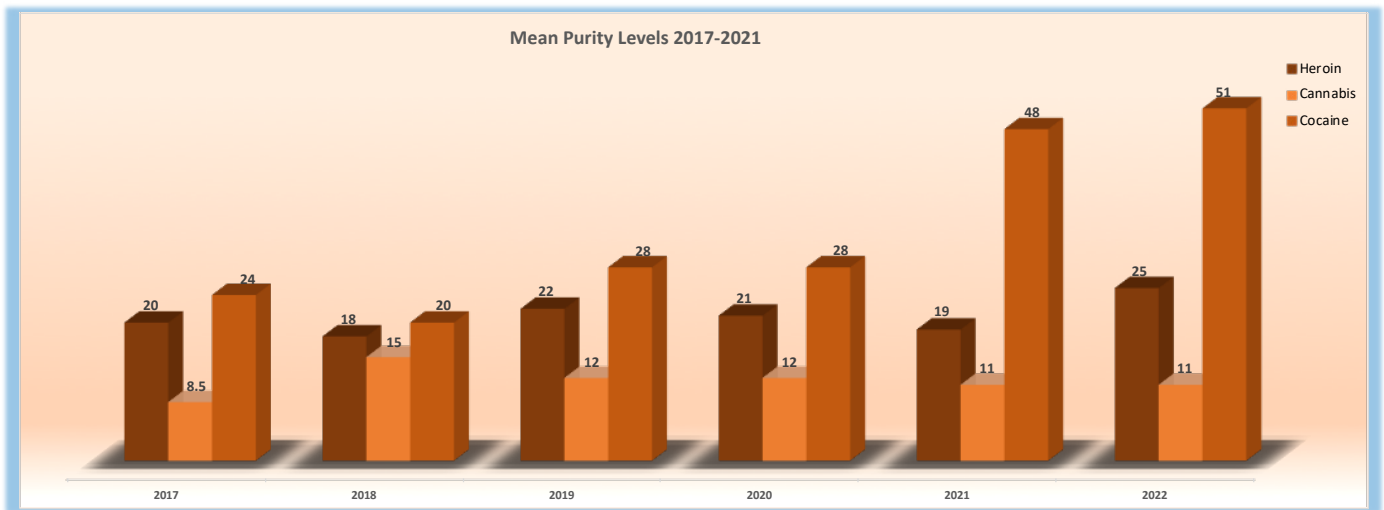


Figure 2.6: Mean purity levels by type of drug 2017-2022

03 Problem Drug Use



3.0 HIGH RISK DRUG USE

The reporting of estimates of high-risk drug use is an important exercise that provides a clearer picture for a more insightful understanding of problematic trends of substance use among the population in Malta. In 2022, the trends continued to show that the vast majority of individuals entering treatment, did so primarily for their use of cocaine or heroin, estimates of high-risk heroin use and high-risk cocaine use are thus provided in this chapter. These data are presented in the relative respective sections within this chapter dedicated to use of cocaine and heroin. Furthermore, data pertaining to entrants to specialised drug treatment centres, with particular emphasis on data related to first time entrants into treatment, are presented to support a better understanding of emerging trends in overall drug use and high-risk drug use among those in treatment.

3.1 SYRINGE DISTRIBUTION IN MALTA

Malta has for many years included a system of needle and syringe distribution that is provided free of charge. Such service is provided from seven designated health centres spread across Malta and Gozo with a view to reach all people who need such services across all regions within the country. This measure aims to reduce the incidences of individuals sharing syringes and drug paraphernalia or the use of contaminated/dirty needles with the goal to minimize risky behaviour that may contribute to the spreading of blood borne diseases and infections among people who inject drugs.

In 2022, health centres across the country distributed around 76,666 syringes. This figure shows a substantial decrease of just over 28% when compared to the previous year, 2021, when 106,276 syringes were distributed. These figures continue to show a steady decrease over the figures reported since 2017. Indeed, the number of syringes distributed in 2022 decreased by 76% when compared to 2017.

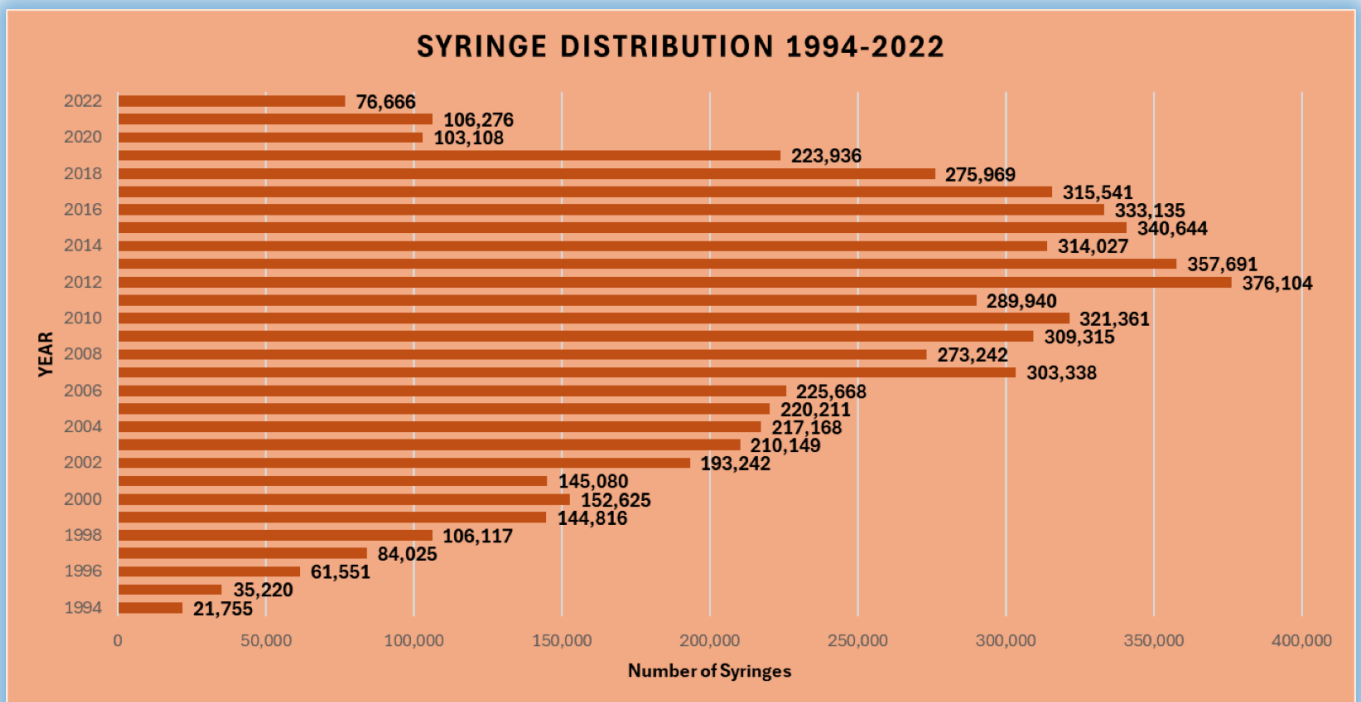


Figure 3.0: Total number of syringes distributed between 1994-2022

3.2 PRIMARY DRUG¹

Figure 3.1 below shows that out of 1,927 individuals seeking treatment in 2022, heroin was the most used primary drug among all treated individuals, summing up to 47% (908 individuals) of the cohort. This was followed by cocaine which featured at 39% (750 individuals), and cannabis which summed up to 12% (233 individuals).

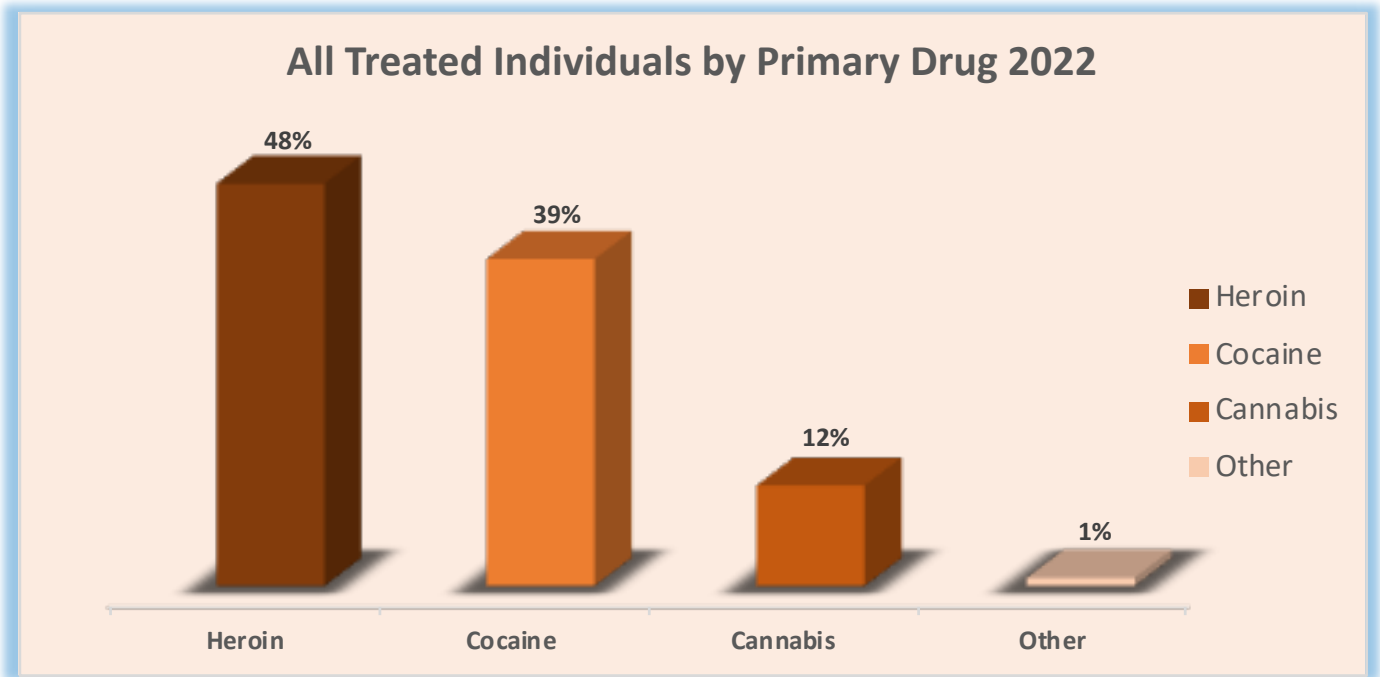


Figure 3.1: All treated individuals by Primary Drug 2022

Further analysis revealed that 76% (1,458 individuals) had already received treatment before 2022. Heroin was the primary drug of choice among 55% (798 individuals) of previously treated individuals. This is followed by cocaine at 34% (496 individuals) and cannabis with 10% (151 individuals).

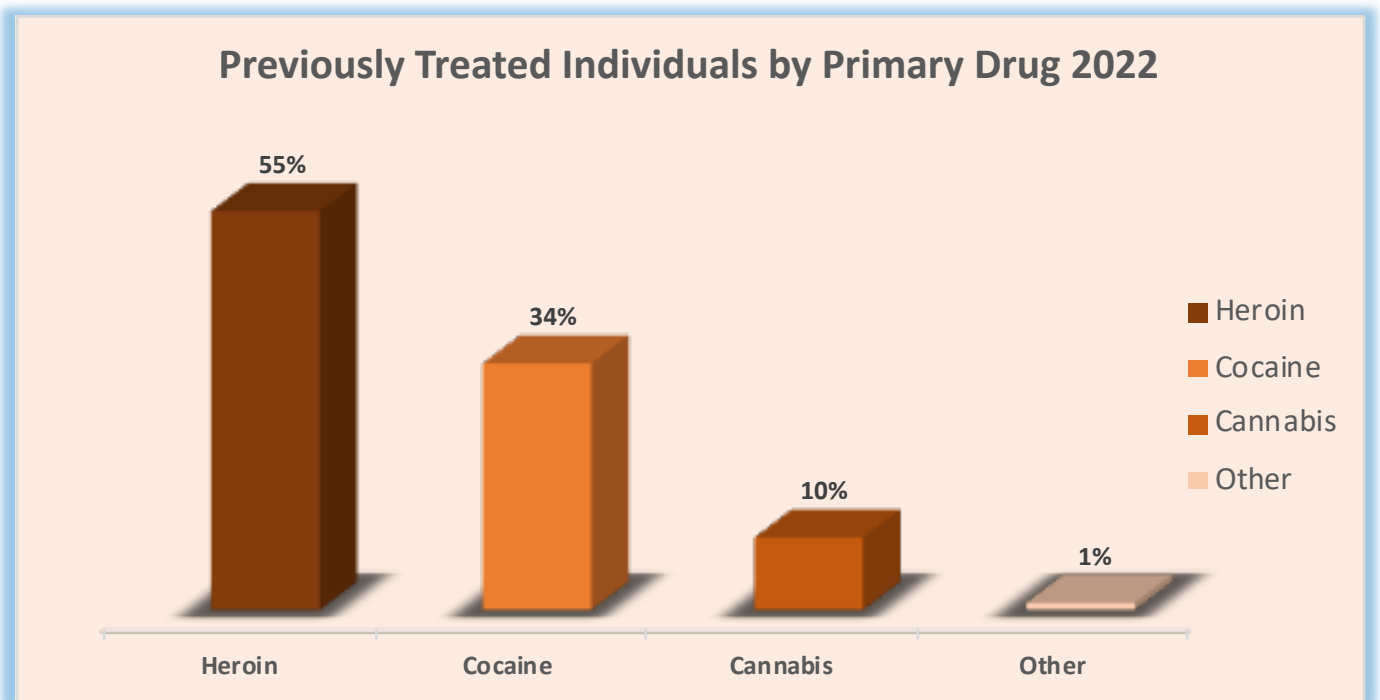


Figure 3.2: Previously treated individuals by Primary Drug 2022

¹ A primary drug is described as the substance that causes the most health, legal, or social problems for the individual.

In 2022, the number of proportion of individuals coming into the drug treatment services for the very first time amounted to just over 24% (469 individuals). Among this group individuals, cocaine was the primary drug of choice for 54% as shown in Figure 3.3 below.

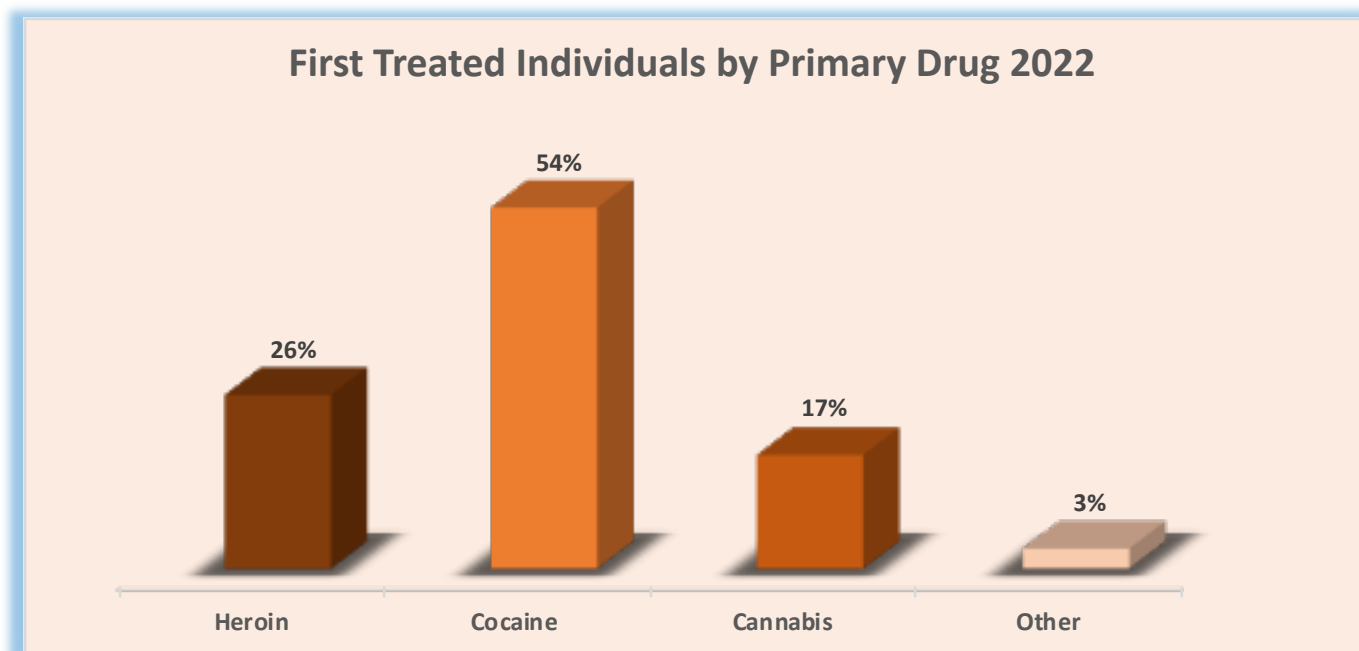


Figure 3.3: First treated individuals by primary drug 2022

The figures above show that cocaine is currently the most common primary drug among service users entering drug treatment for the first time. The data also show that heroin as the primary drug of choice among new treatment entrants has increased by 9% to 26% in 2022 when compared to the 17% reported in 2021. The use of cannabis among first treated individuals has decreased considerably from 28% in 2021 to 17% in 2022. There was also a 2% decrease of the use of other substances to 3% from the 5% reported in 2021.

3.3 HEROIN TREATMENT ENTRANTS

Treatment entry data for 2022, continue to show that heroin is still the most reported primary drug among all those receiving treatments, making up 48% of the cohort (908 individuals). However, similar to trends in recent years, this still continues to decrease from the 50% reported in 2021.

A total of 13% (119 individuals) of the 908 individuals registered as entering treatment primarily due to heroin use were reported as new cases. These figures point to a 6% increase in new cases when compared to the previous year (7%; 71 individuals). This increase may be a consequence of a variety of factors, one of which, may have been the COVID-19 pandemic which may have played a significant role in this shift.

The majority of persons seeking treatment for heroin as their primary drug of choice were male, amounting to 81% (636 individuals), while females accounted for the remaining 19% (153 individuals). The median age of these individuals was 43 years old.

The median age of first use of any drug for individuals seeking treatment for heroin use was 16 years old. Data also indicate that heroin users sought treatment 7 years after their first use. A total of 64% (576 individuals) of these individuals either went to treatment on their own initiative or were recommended to do so by family members or friends.

There were 94% (855 individuals) of individuals using heroin as their primary drug, who reported having a stable housing situation and most lived in the Island's northern and southern harbour regions. Furthermore, 40% (364 individuals), reported being regularly employed. In terms of educational background, 71% reported having completed their secondary school level (647 individuals), whereas 8% had obtained a higher level of education (74 individuals).

The vast majority of individuals, 80% (729 individuals), reported receiving opioid agonist treatment. Additionally, 7% (65 individuals) reported a poly-drug use problem .

3.4 FREQUENCY OF USE

The frequency of use is calculated on the basis of the number of times the individual used heroin on a weekly basis. A total of 78% (711 individuals) of those signifying that heroin was the main drug of choice, reported using daily. This shows a decrease compared to 2021, when 83% (825 individuals) of heroin users used the drug on a daily basis. Conversely an increase of 1% was recorded when compared to 2020, 77% (844 individuals). When compared to 2019 an increase of 3% was recorded, 75% (846 individuals). Analysis of data on heroin users who reported using the drug 2 to 3 times per week, a relatively stable rate of around 3% was recorded over the past four years. This is similar to the 3% of heroin users who said they used heroin once a week or less during 2022. Figure 3.4 shows that heroin users who reported using the drug 4 to 6 times per week amounted to 1%. This rate is slightly less when compared to 2021 (2%) and 2020 (3%).

Heroin users reporting not using the drug in the previous 30 days decreased from 14% (158 individuals) in 2020 to 8% (84 individuals) in 2021, with a subsequent increase back to 14% (130 individuals) in 2022.

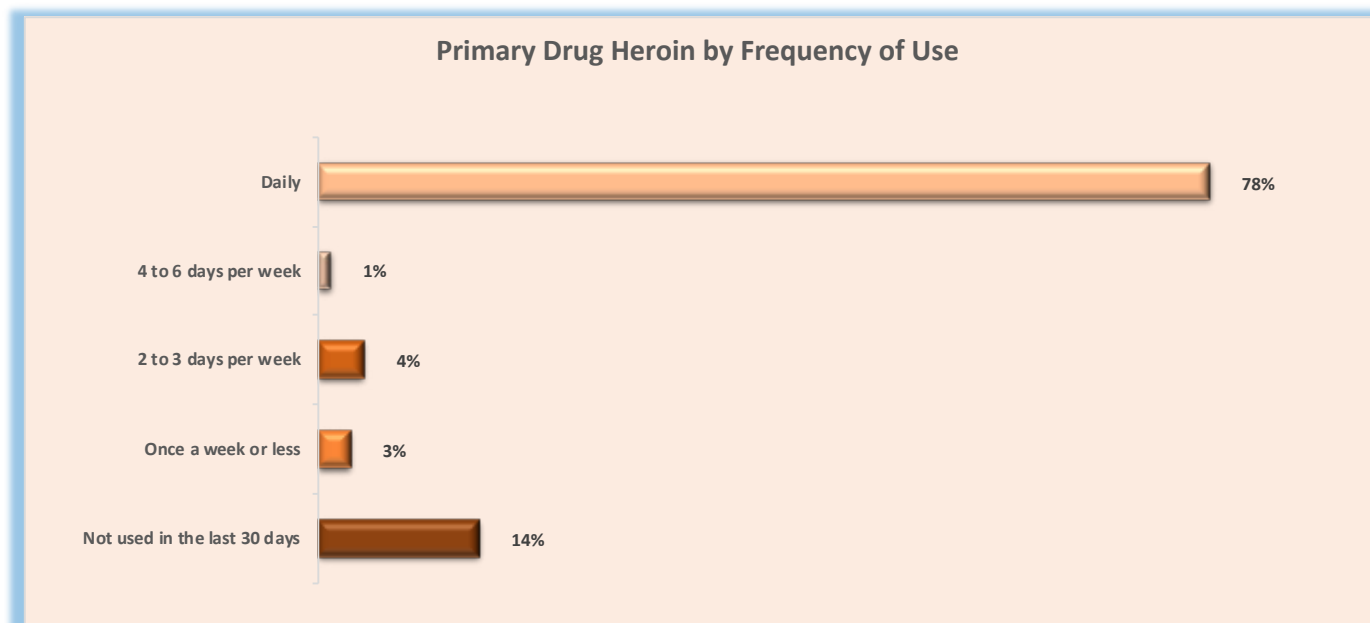


Figure 3.4: Primary drug Heroin by frequency of use 2022

² A poly-drug use problem occurs when the client perceives two or more drugs to be the source of the problem and it is difficult to determine which is the primary drug.

3.5 ROUTE OF ADMINISTRATION³

There were 48% of individuals who reported heroin as their main drug of choice, stating that smoking or inhaling heroin was their preferred route, showing an increase of 10% when compared to 2021 (38%) and a decrease of 3% when compared to 2020 (51%). Figure 3.5 below reveals that this was followed by injecting heroin amounting to 45%, which was 8% less when compared to 2021 (53%), whilst the figure shows a 3% increase over 2020 (42%). Sniffing heroin was reported by 7% of individuals, same as 2021, and an increase of 1% when compared to 2020 (6%).

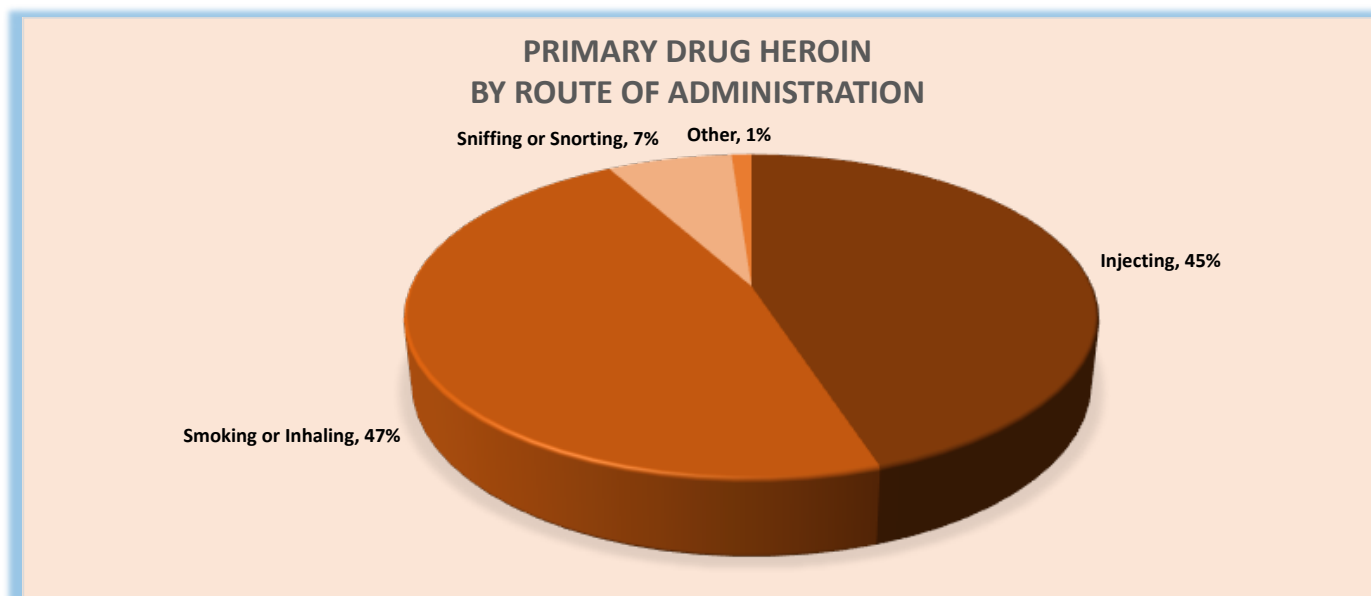


Figure 3.5: Primary drug Heroin by route of administration 2022

3.6 USE OF SECONDARY SUBSTANCE

Among the 908 individuals who reported heroin as their primary drug of choice, there were 35% (319 individuals) who reported using cocaine as their preferred second drug, an increase of 2% when compared to 2021 data (33%; 328 individuals), a 4% increase to 2020 data (31%; 344 individuals) and a 6% increase to 2019 (29%; 318 individuals). These figures continue to demonstrate the increasing popularity of cocaine among people in treatment in Malta.

As can be seen from figure 3.6 below, individuals who reported cannabis as their preferred second drug amounted to 22% in 2022, showing a decrease of 3% from 2021 (25%), a decrease of 4% compared to 2020 (25%), and a decrease of 5% from 2019 (27%).

Conversely, individuals who reported no other secondary drug totalled 37%, an increase of 3% from 34% in 2021, and a 4% decrease compared to the 41% reported in 2020. The remaining 6% (57 individuals) reported using a variety of other substances during 2022.

³ The route of administration of a drug refers to how it enters the body, such as through injection or oral consumption. .

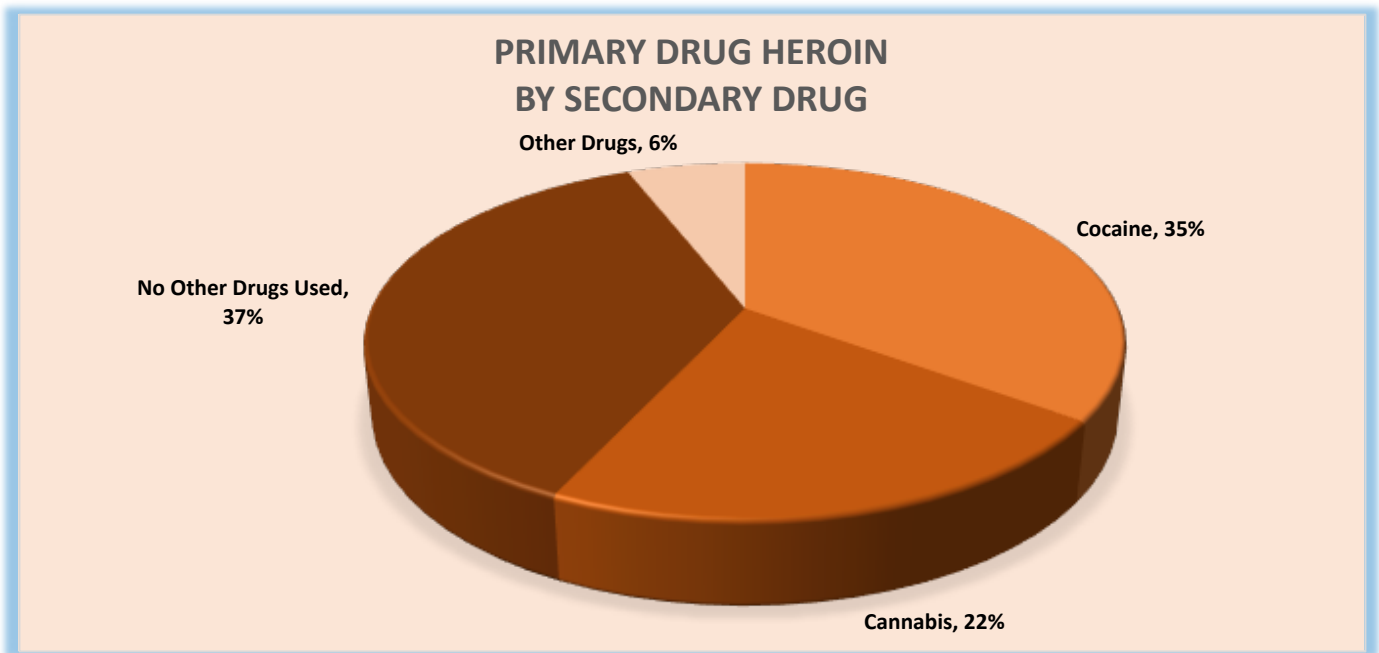


Figure 3.6: Primary drug Heroin by secondary drug 2022

3.7 PROBLEM HEROIN USE

In 2022, there were an estimated 1,374 high-risk opioid users in Malta. Data also shows that 711 individuals were in treatment for using heroin daily. This would imply that among the estimated number of daily heroin users, 52% are in treatment (3.73 per 1,000 population aged 15–64 years).

3.8 COCAINE TREATMENT ENTRANTS

Cocaine is the second most used primary drug among the overall population of individuals seeking treatment after heroin and has continued to rise, reaching 39% (750 individuals) in 2022. This upward trend indicates that the rate of individuals entering treatment primarily for cocaine use has increased by 21% since 2017 and is to date, the highest ever recorded. Out of the 750 cocaine users, 39% (290 individuals) reported crack cocaine as the drug that caused them most of their problems.

There were 34% (254 individuals) of the 750 individuals registered for cocaine use who were new cases, representing an 3% increase from the previous year (31%; 207 individuals). Whilst the total amount of cocaine users has increased, previously treated individuals have also increased in the last 6 years, indicating that cocaine users are remaining in treatment and thus increasing the overall number of such users in treatment.

During 2022, the majority of those seeking treatment for cocaine as their primary drug of choice were males, constituting 79% (591 individuals) of the total, with females accounting for the remaining 21% (159 individuals). The median age of these individuals was reported to be 37 years. Data collected from individuals seeking treatment for cocaine use show that, the median age when they initiated drug use was 20 years old. Data also reveal that these individuals sought treatment for their drug problem 10 years after their first use. Among these individuals, 59% (442 individuals) presented for treatment on their own initiative or were recommended to do so by family members or friends.

The majority, 88% (657 individuals) reported having a stable housing situation. Around 31% (232 individuals) live in the island's northern harbour region. There were 50% (376 individuals) who reported being regularly employed. With regards to educational attainment, 60% (450 individuals) reported having completed their secondary level and 15% a higher level of education (115 individuals).

A total of 15% (112 individuals) of individuals who reported the use of cocaine as their primary substance were registered as also receiving opioid agonist treatment, indicating that a fraction of individuals who use cocaine also receive treatment for their opioid use. The figure reported for 2021 was 11%, which indicates that the number of individuals using cocaine primarily whilst also receiving OAT has increased by 4% in 2022. Additionally, 12% (92 individuals) reported a poly-drug use problem.

3.9 FREQUENCY OF USE

There were 42% (312 individuals) of those who said cocaine was their main drug of choice who reported that they used the substance daily. This indicates an increase in daily use over previous years with 35% (236 individuals) in 2021, 38% in 2020 (228 individuals) and 36% in 2019 (182 individuals).

Figures for cocaine users who reported using the drug 4 to 6 times per week remained the same in 2022 (14%; 102 individuals) when compared to 2021 (14%; 94 individuals), a 1% decrease was recorded when compared to 2020 (15% or 90 individuals), and a 5% decrease when compared to 2019 (19% or 95 individuals).

The percentage of cocaine users who said they used cocaine once a week or less also showed no change when compared to 2021 (2022, 13%; 97 individuals; 2021, 13%; 89 individuals). However, there was a 1% increase compared to 2020 (12%; 75 individuals) and a 2% decrease compared to 2019 (15%; 75 individuals).

Conversely, when compared to the previous years, a decrease in cocaine users who reported using the drug 2 to 3 times per week was registered for 2022 at 17% (125 individuals), compared to 2021 (23%), 23% (139 individuals) in 2020, yet still a figure superior to the 13% (65 individuals) reported in 2019.

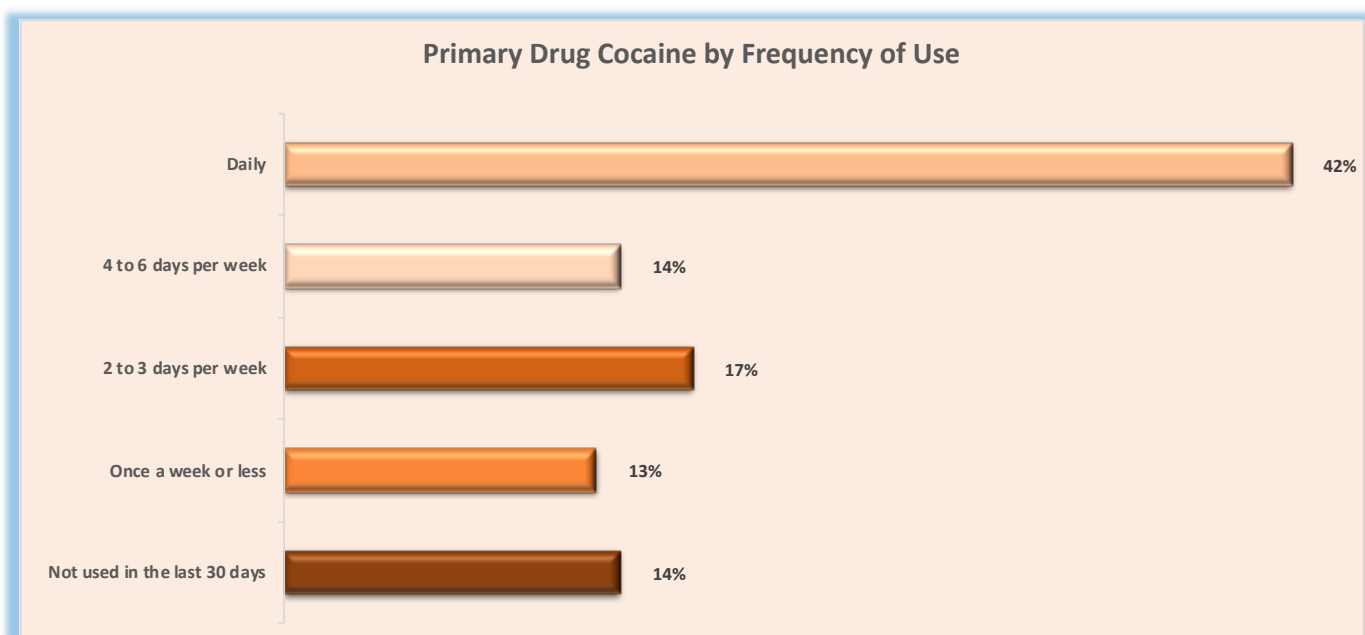


Figure 3.7: Primary drug Cocaine by frequency of use 2022

In 2022 there were 14% of cocaine users reporting not using the drug in the previous 30 days, a decrease of 1% compared to the 15% (99 individuals) in 2021, but still a larger amount than the 11% (68 individuals) reported in 2020, which had conversely shown an increase from the 18% (90 individuals) reported in 2019.

These findings suggest that the frequency of cocaine use has remained relatively stable over the past few years. It is noteworthy that despite the increase in overall cocaine use, the proportion of individuals using cocaine once a week or less has not changed significantly. This indicates that while the number of cocaine users may be increasing, their usage patterns have remained consistent.

3.10 ROUTE OF ADMINISTRATION

The route of administration of a drug refers to how it enters the body, such as through injection or oral consumption. Among individuals who reported cocaine as their main drug of choice, 47% (351 individuals) stated that sniffing or snorting was their preferred route of administration, a 6% decrease from 2021, when 53% reported such route. This trend was more pronounced with an 18% decrease over 2020, when 65% reported sniffing or snorting. Conversely, individuals who reported smoking or inhaling cocaine in 2022 increased by 6% (46%; 350 individuals) over the 40% (273 individuals) reported in 2021. This trend was also observed when compared to 2020 where an increase of 13% was registered to the 33% who reported smoking or inhaling.

Individuals who use cocaine have very low injecting behaviour, in contrast to those who use heroin, for whom injecting behaviour is similar to that of smoking or inhaling. Only 6% (42 individuals) of cocaine users reported injecting in 2022, same percentage recorded in 2021, though this is a 5% increase from 1% in 2020.

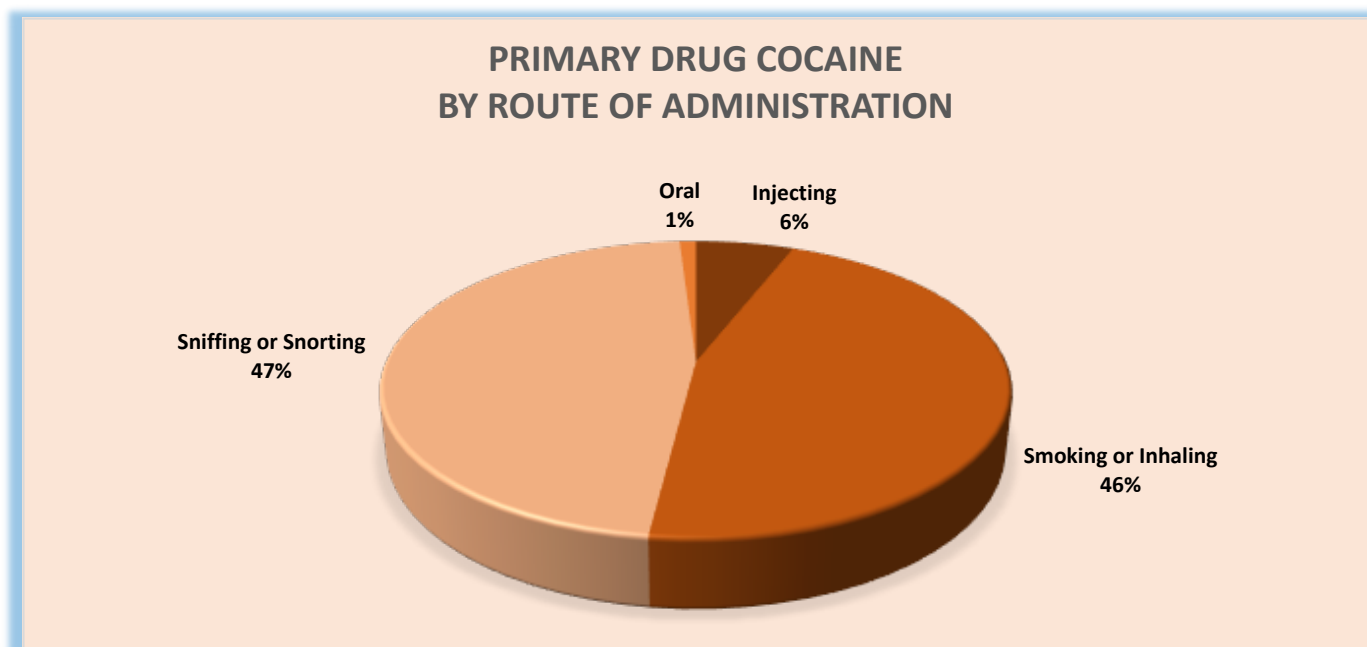


Figure 3.8: Primary drug Cocaine by route of administration 2022

These data are indicative of a noticeable shift in the preferred methods of using cocaine among individuals surveyed. While sniffing or snorting remains the most common route of administration, there has been a steady decline in its popularity over the past few years. On the other hand, a significant increase was reported for smoking or inhaling cocaine, indicating a shifting trend towards this method of consumption and thus possibly an increase in the use of the cheaper crack cocaine. These findings highlight the evolving patterns of cocaine use and the need for targeted interventions and prevention strategies.

3.11 USE OF SECONDARY SUBSTANCE

Among the 750 individuals who reported cocaine as their primary drug of choice, a total of 18% (138 individuals) reported using heroin as their preferred second drug. A slight 1% increase was recorded when compared to 2021, 2020 and 2019 data, which all reported heroin use at 17%.

Individuals who reported cannabis as their preferred second drug amounted to 19% (140 individuals) in 2022, an increase of 2% when compared to 2021 data with 17% (119 individuals), and 2020 (17%; 103 individuals). However, worthy of note is the significant decrease of 8% when compared to 2019 (27%; 135 individuals).

Conversely, individuals who reported no other secondary drug in 2022, decreased by 10%, with 43% (319 individuals) reported, when compared to the 53% (356 individuals) in 2021. Data for 2022 however, shows a 3% increase from the 40% (240 individuals), reported in 2020, and a 13% increase from 30% (154 individuals) in 2019. In 2022, 153 individuals who made up the remaining 20% stated that they had used a variety of other drugs.

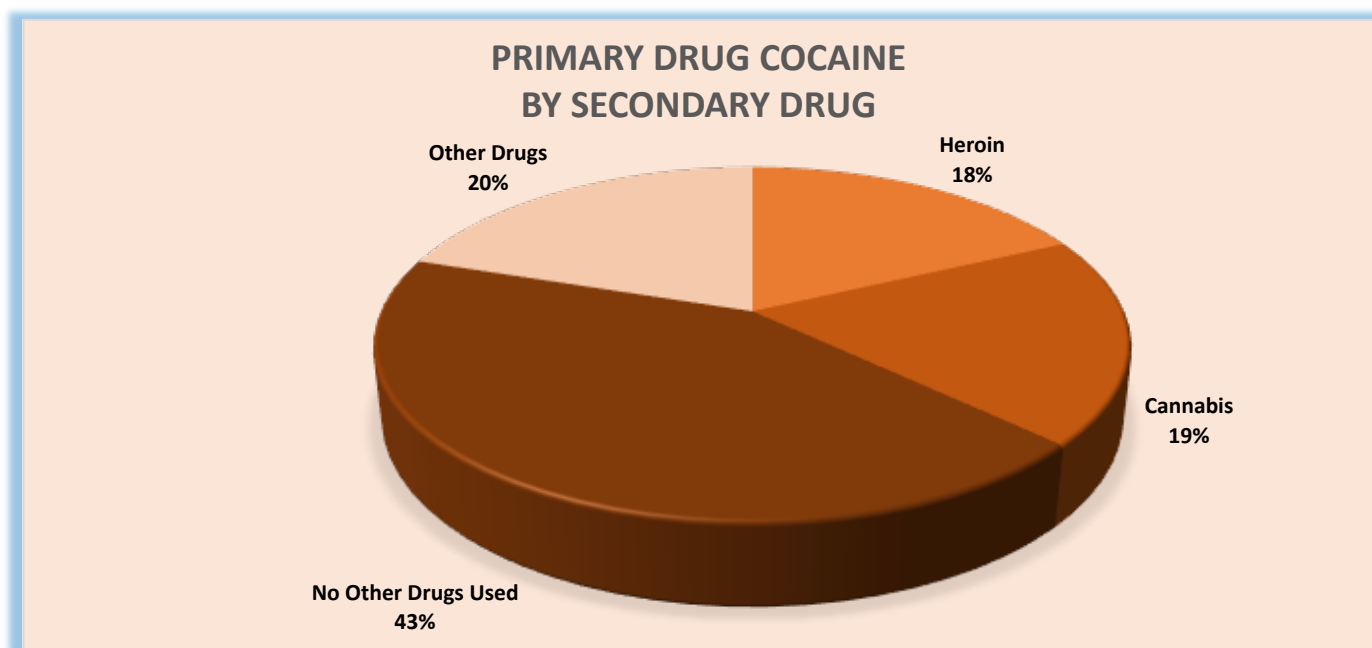


Figure 3.9: Primary drug Cocaine by secondary drug 2022

3.12 PROBLEM COCAINE USE

In 2022, there were an estimated 1,465 high-risk cocaine users in Malta. Data also shows that 312 individuals were in treatment for using cocaine daily. This would imply that among the estimated number of daily cocaine users, 21% are in treatment (3.98 per 1,000 population aged 15–64 years).

3.13 CANNABIS TREATMENT ENTRANTS

Cannabis is the third most used primary drug among individuals seeking treatment after heroin and cocaine. Compared to 2021 data (15%; 291 individuals), cannabis use as a primary drug decreased by 3% in 2022 (12%; 233 individuals). Despite the decrease in 2022, this trend still shows a 4% increase over 2015 when such use was reported at 8%.

In 2022, total of 35% (82 individuals) of the 233 individuals registered as primarily using cannabis were reported as new cases. This represents a 5% decrease from 2021 (40%; 115 Individuals). Conversely, these figures reflect an increase of 6% when compared to 2019 and 2018 when percentage of newly admitted individuals reporting using cannabis as primary drug totalled 29% respectively.

During 2022, males seeking treatment primarily for their cannabis use, constituted the majority of cases, constituting 85% (197 individuals) of the cohort, with females accounting for the remaining 15% (36 individuals). The median age of these individuals was reported to be 29 years.

The median age of the first use of any drug for those seeking treatment primarily for cannabis use was 16 years old. Data indicate that on average, such individuals sought treatment for their drug problem 9 years after their first use. Among these individuals, 49% (115 individuals) went to treatment on their own initiative or were recommended to do so by family members or friends.

The majority, 86% (200 individuals) had reported a stable housing situation. There were 35% (82 individuals) who reported living in the Island's northern harbour region. Additionally, data show that 50% were regularly employed (117 individuals), 65% had completed their secondary level (152 individuals) and 16% completed a higher level of education (37 individuals).

A total of 8% (18 individuals) of individuals who use cannabis as their primary substance are registered as also receiving opioid agonist treatment, indicating that a small number of individuals who use cannabis also receive treatment for their opioid use. Furthermore, 16% (38 individuals) reported having a poly-drug use problem.

3.14 FREQUENCY OF USE

The frequency of use refers to how frequently the individual used cannabis on a weekly basis. 61% (141 individuals) of those who said cannabis was their main drug of choice reported they used the substance on a daily basis. The same amount was registered in 2021 (180 individuals). In 2020, 59% (158 individuals) of cannabis users used the drug on a daily basis, compared to 56% in 2019 (155 individuals). These figures show a 5% increase in 2022 when compared to 2019 and a 2% increase in comparison to 2020.

Figures for cannabis users who reported using the drug 4 to 6 times per week increased slightly by 1% in 2022 (13% or 31 individuals) when compared to 2021 (12% or 34 individuals). The same percentage was recorded when compared to 2020 (13% or 35 individuals) and a 3% increase was registered when compared to 2019 (10% or 28 individuals).

Cannabis users who said they used the drug 2 to 3 times per week in 2022 were reported at 12% (27 individual), an increase of 1% when compared to the 11% (31 individuals) of 2021, same as 2020 11% (29 individuals), but an increase of 6% from the 6% (16 individuals) reported in 2019.

The percentage of cannabis users who reported using the substance once a week or less decreased to 3% (8 individuals) in 2022, compared to the 6% reported in 2021 (17 individuals) and the 6% (16 individuals) of 2020. A decrease of 9% was noted when 2022 was compared to 2019, with 12% (33 individuals).

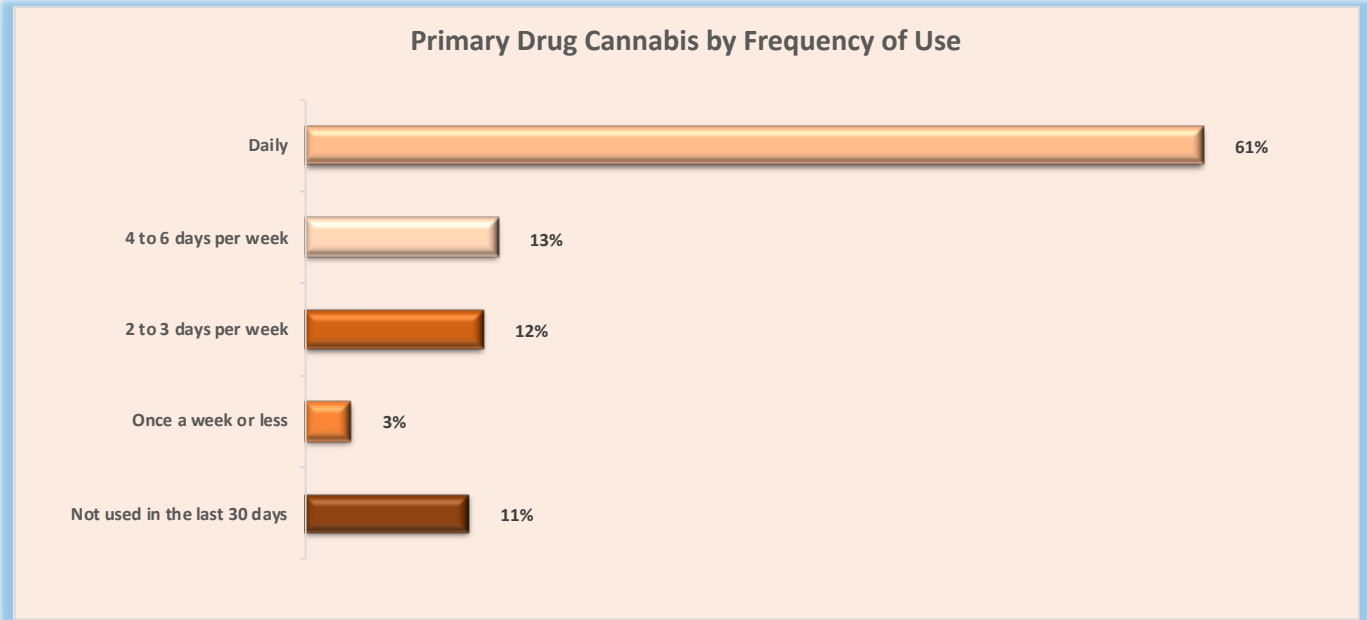


Figure 3.10: Primary drug Cannabis by frequency of use 2022

Cannabis users who said they had not used the drug in the previous 30 days increased by 1% in 2022, with 11% (26 individuals) in 2022, compared to 10% (28 individuals) in 2021. The figures for 2020 stood at 12% (31 individuals,) while in 2019 the figure stood at 16% (46 individuals).

3.15 USE OF SECONDARY SUBSTANCE

Among the 233 individuals who said cannabis was their primary drug of choice, 25% (58 individuals) said cocaine was their preferred second drug. This percentage decreased by 4% when compared to 2021, which was reported at 29% (83 individuals). Furthermore, the figure for 2022 constitutes an increase by 1% when compared to 2020, which was 24% (53 individuals), and a decreased by 2% in 2019, which stood at 27% (75 individuals).

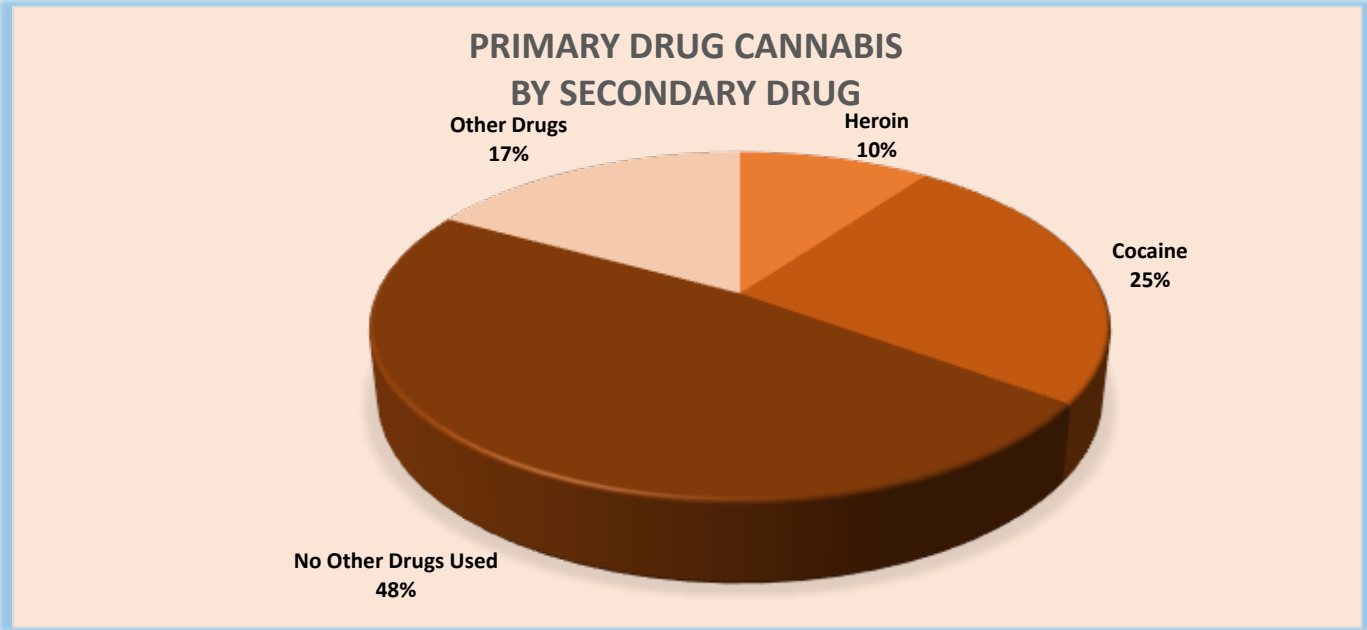


Figure 3.11: Primary drug Cannabis by secondary drug 2022

Individuals who reported heroin as their preferred secondary drug registered at 10% (23 individuals), a 1% decrease from 2021 with 9% (25 individuals), a 2% increase over 2020 (8%; 21 individuals), and a 4% increase over 2019 (6%; 17 individuals).

Individuals who reported no other secondary drug in 2022 amounted to 48% (112 individuals), a 4% decrease over 2021 with 52% (152 individuals), an 8% decrease over 2020, 56% (151 individuals) and a decrease of 8% over 2020 with 56% (151 individuals). In contrast, a 2% increase was recorded if one compares figures for 2022 with the 46% (129 individuals) reported in 2019. In 2022, the remaining 17% (40 individuals) reported using other drugs, with cannabinoids accounting for 4% (10 individuals).

04 Drug Harms



4.0 DRUG-RELATED INFECTIOUS DISEASES

In Malta, the National Infectious Disease Surveillance Unit within the Department of Health receives notifications of positive cases from virology departments and prisons. Prevalence estimates of human immunodeficiency virus (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 2022, 70 (4%) individuals were tested for HIV. There were no reports of positive HIV cases linked to injecting drug use during the year in question. With regards to HBV, data for 2022 show that 78 individuals (4%) were tested, of whom no recorded positive cases were reported. Looking at HCV, data for 2022 showed that 76 individuals (4%) were tested during that year. From those tested a total of 13 (1%) resulted positive.

4.1 HEALTH CONSEQUENCES AMONG HEROIN USERS

In 2022, 65% (594 individuals) of individuals who used heroin as their primary drug reported being tested for HCV at least once in their lifetime. This shows a 9% decrease from 2021 (74%), and a 1% decrease from 2020 (66%). Furthermore, 8 new HCV positive cases among heroin users were recorded, a decrease from 2021 (30 new positive cases).

In 2022, 18 (2%) heroin users were reported to have tested for the first time for HBV. These figures show a 2% decrease from 2022 (4%). No positive HBV cases were reported among heroin users in 2022, a decrease when compared to 2021 (3 individuals). With regards to testing for HIV, 15 (2%) users of heroin as primary drug were tested for the first time, with no positive cases reported.

4.2 HEALTH CONSEQUENCES AMONG COCAINE USERS

In 2022, 28% (208 individuals) of individuals who used cocaine as their primary drug reported being tested for HCV at least once in their lifetime. This shows a decrease of 2% from 2021 (30%). A total of 5 individuals tested positive in 2022, a slight decrease compared to 2021 (6 individuals).

With regards to HIV testing, in 2022, 198 individuals (26%) reported being tested at least once in their lifetime, a decrease of 4% over 2021 (30%). Conversely, there were 207 individuals (27%) that were tested at least once in their lifetime for HBV also showing a decrease of 3% when compared to 2021 (30%). Data for 2022 also show that there were no new positive cases reported among cocaine users.

4.3 HEALTH CONSEQUENCES AMONG CANNABIS USERS

In 2022, 28 individuals who used cannabis as their primary drug (12%) reported being tested for HBV at least once in their lifetime, showing a 3% decrease over 2021 (15%), with no new cases reported for both 2021 and 2022. A total of 27 people (12%) reported having been tested for HIV

at least once in their lifetime, showing a 3% decrease from 2021 (15%). There were no new positive cases among cannabis users tested in the previous year, but one new positive case was registered in 2021. Data for 2022 reveal that 29 individuals (12%) reported ever being tested for HCV in their lifetime, a 3% decrease from 2021 (15%), with no new cases reported for the years 2021 and 2022.

4.4 DRUG-RELATED EMERGENCIES

A clinical toxicology unit at Mater Dei Hospital has been participating in the European Drug Emergencies Network (Euro-DEN Plus) project, which was launched in 2013 with the aim to monitor acute drug toxicity in sentinel centres across Europe. The figure below shows a steady increase of drug-related emergency admissions during the last 5 reporting years, with cocaine and cannabis being the main drugs leading individuals to seek medical assistance due to intoxication. Of particular concern is that the data for 2022 shows an overall increase in admissions due to intoxication of all substances reported in the table below. Indeed, the highest increase was reported for the number of cases reported as admissions for cannabis intoxication, with an increase to 431 cases in 2022, compared to the 97 cases reported in 2021 which implies four times the number as that of 2021. Furthermore, admissions due to cocaine intoxication increased to 438 in 2022, when compared to 2021 that had reported 273 such cases which is close to a doubling of cases. Admissions due to heroin intoxication also increased to 68 in 2022, from the 43 reported the previous year which is equivalent to a 60% rise. Finally, admissions for synthetic cannabinoid intoxication also increased from 100 in 2021, to 135 in 2022, a 35% increase. Though there is a shortage of information on synthetic cannabinoids, particularly in treatment services, the fact that in 2022 there were 135 emergency admissions, the largest reported figure to date, is an indication that these substances are highly available locally and that synthetic cannabinoids are causing adverse health effects, such as psychosis, leading to people to be admitted to the psychiatric hospital.

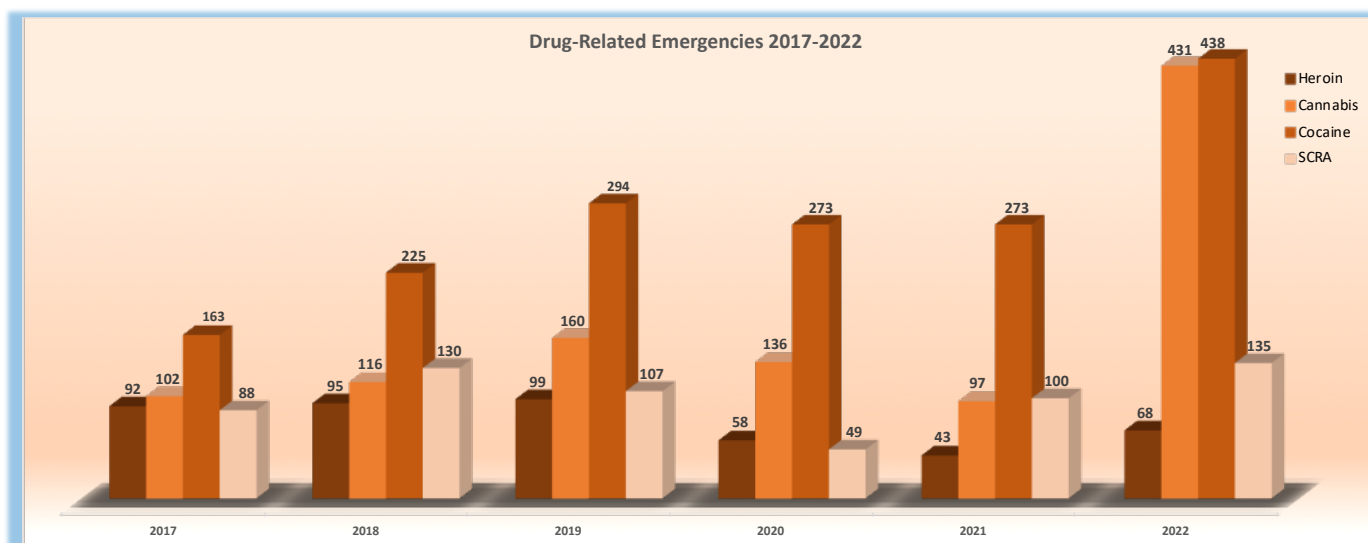


Figure 4.0: Drug-related emergencies by type of drug 2017-2022

Among the overall emergency admissions, a significant number of patients required further care from emergency to other medical services. Notably, 189 individuals admitted due to cocaine intoxication, required further medical interventions, indicating that the acute use of the substance in question had resulted in a chronic outcome. Similarly, 111 patients experiencing cannabis intoxication were referred to another medical service, once again reflecting that acute intoxication may also lead to longer term problems. The trend continues with 39 patients admitted with Synthetic Cannabinoid Receptor Agonist intoxication, underscoring the need for sustained healthcare support in these cases. Additionally, 26 patients with heroin intoxication were directed to other services.

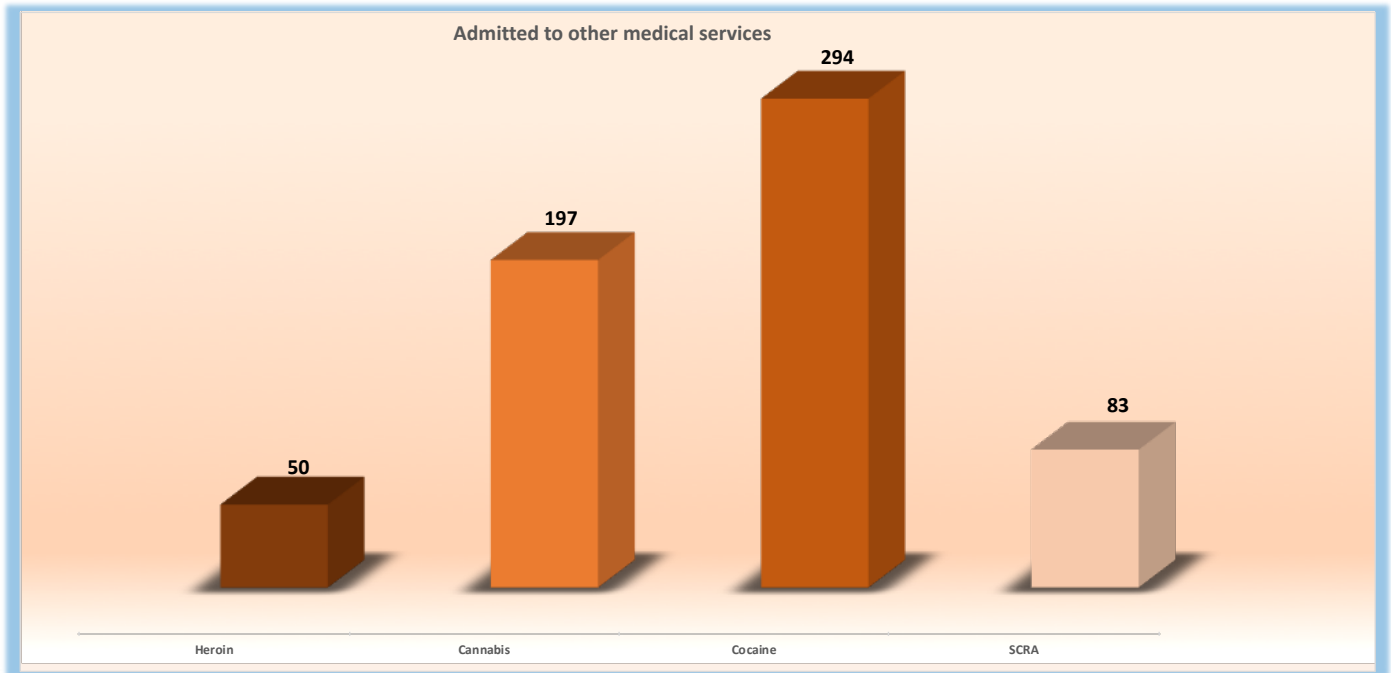


Figure 4.1: Emergency entrants that were admitted to other medical services

Within the spectrum of emergency admissions that were admitted to other medical services, a discernible pattern emerges regarding patients with specific substance intoxication requiring mental health assistance. Notably, 105 individuals with cocaine intoxication were directed toward psychiatric care, signifying the complex mental health considerations associated with this substance. Similarly, 86 patients experiencing cannabis intoxication were admitted to psychiatric care, highlighting the mental health dimension involved in managing the effects of this substance. This trend persists with 44 patients admitted for Synthetic Cannabinoid Receptor Agonist intoxication. Lastly, 24 patients with heroin intoxication were transferred and admitted to mental health care services.

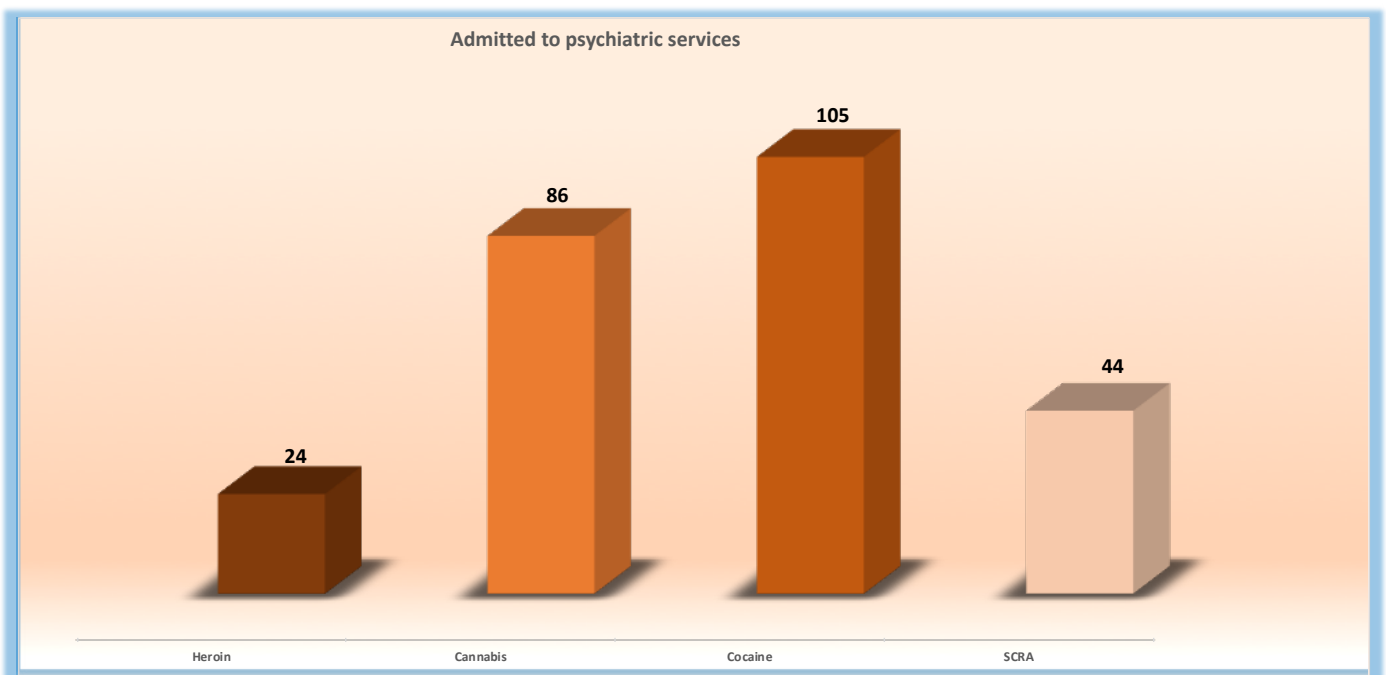


Figure 4.2 Emergency entrants who were admitted to psychiatric services

4.5 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 2022, the Police Special Registry registered four drug-induced deaths. In 2022, victims of overdose death reported were all male. The figure below depicts the evolution of deaths between 1997 and 2022.

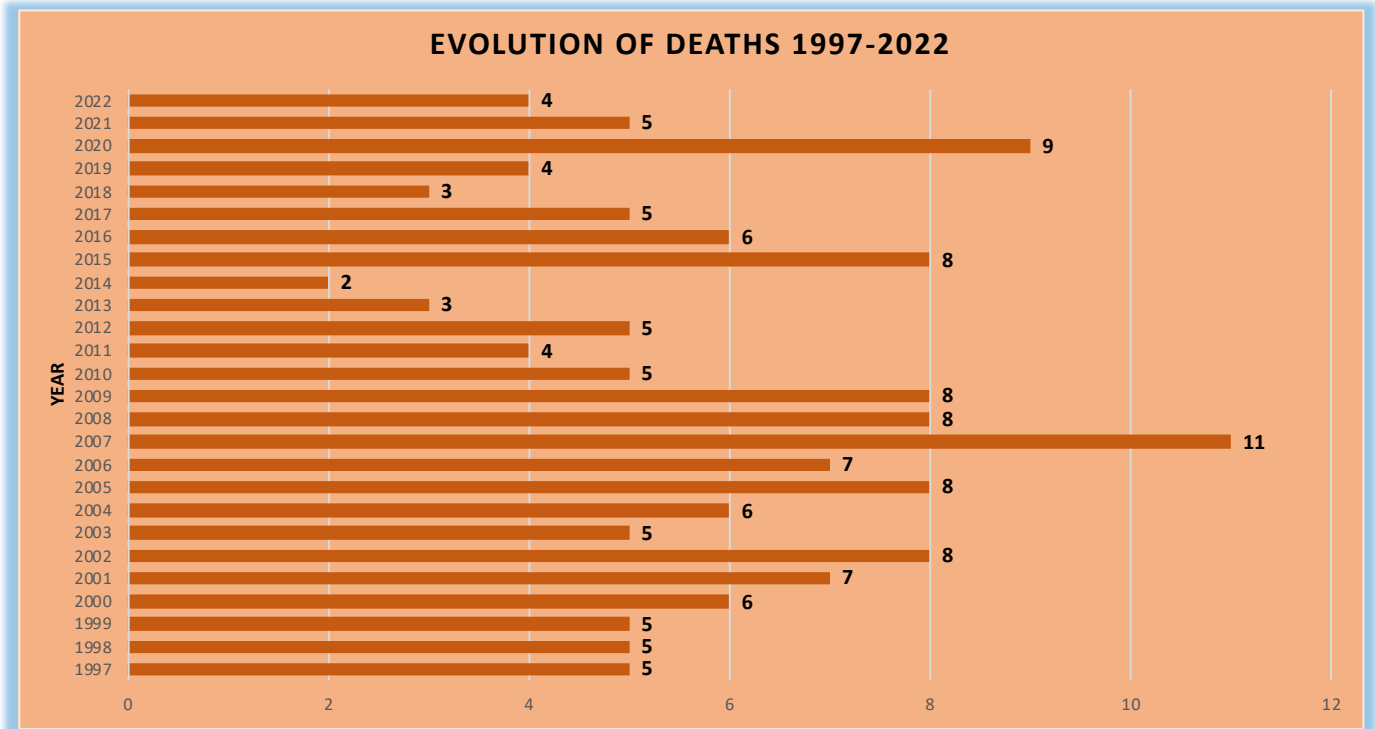


Figure 4.3: Evolution of deaths 1997 - 2022

05 Interventions



5.0 PREVENTION INTERVANTIONS

Prevention interventions in Malta include a wide range of approaches that provide services to a diverse audience among the population in Malta. Services provided include, universal prevention initiatives, that address prevention within the entire population, selected prevention, that addresses prevention needs of specific vulnerable groups within society, and targeted prevention services that address the needs of individuals who may already be experimenting with substance use and are at increased risk of developing an addiction.

Environment prevention are measures that aim to reduce the use of substances through limiting the opportunities to use substances, particularly in designated areas. Such measures in Malta include the adoption of a complete ban on smoking in enclosed spaces and in playgrounds, non-smoking areas in several designated indoor places such as restaurants, bars and shops and the ban of smoking in cars carrying young children.

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 invested in the notion that the most effective addiction treatment to achieve a healthy recovery considers the complex social, psychological, and physical factors that influence the development of an addiction. As a result, since January 2021, a new triage system, better called as MDT (Multi-disciplinary Team) is being utilized to cater for incoming new clients following an initial, preliminary assessment at intake stage. The MDT team (including a social worker/social welfare professional, a doctor and a psychologist) subsequently provides a detailed care plan to be followed by the client in question. Such a system has been widely praised by clients themselves, who feel their addiction-related issues are being tackled through a more personal and holistic approach.

The NGOs Caritas and the OASI Foundation also provide a range of prevention programmes that target specific groups or settings.

Caritas Tal-Ibwar Adolescents Therapeutic Services is a service launched in 2021 that is offered by Caritas at specially built facilities aimed to support and empower young people aged 12- to 17-years old, who are struggling with problematic substance use, assisting them to reach their full potential and lead fulfilling lives. Together with their families and caregivers, Tal-Ibwar provides educational opportunities and psycho-social treatments through day care services and residential therapeutic programs. The therapeutic services at Tal-Ibwar include a thorough assessment with a focus on engagement, treatment retention, relationships, and education, as well as screening for psychiatric and psychological problems, trauma, drug and alcohol use, and associated health conditions.

OASI provide selected prevention services, an immediate intervention to reach out to people before they start to indulge in experimentation with unhealthy behaviours. Services include individual sessions, home visits, family sessions and social support. This service opens up a process of change and growth in the person. Through coaching and support therapy, it helps individuals to

recover self-confidence and thus manage their ordinary, everyday life responsibilities without fear and with a more relaxed and matter of fact attitude.

The Anti-Substance Abuse Service (ASAS) helps children and adolescents of compulsory school age and/or those who attend an institution that falls under the responsibility of the Directorate for Educational Services. The ASAS also guides parents /guardians according to need. In order to help student's refrain from experimenting with substances, using them on a regular basis, or overcoming their addiction, several interventions are in place to tackle each of the situations.

Role of ASAS

The role of the guidance teachers within the ASAS includes several responsibilities, including the following:

- a. Consultation services with educators, professionals and parents/guardians, amongst others.
- b. Individual support to students. The team's work primarily focuses on one-to-one sessions with the students in need, as well as meetings with parents/guardians. A care plan is set up and implemented for each student according to his/her needs, so that they are provided with the specific intervention they require. Other professionals may be involved in this care plan.
- c. Structured prevention sessions with groups of students and other stakeholders according to the needs of the College. This includes detailed logistical planning and meetings for tailor-made prevention sessions.

5.1 NEW PREVENTION INITIATIVES 2022

The Foundation for Social Welfare Services/Sedqa

During 2022, Sedqa prevention services continued to strengthen their programmes by revamping them and finalising all booklets and interactive games according to the objectives of each programme. The T.F.A.L. 3 and T.F.A.L. 5 programmes acquired accreditation from the Directorate for Quality and Standards in Education. A comprehensive exercise of evaluation was concluded on all prevention programmes and interventions after receiving feedback from various stakeholders. Interventions in post-secondary school settings were developed in a manner to enable interactive sessions with young people with a view to enable further discussion on different substances and other behavioural addictions. The prevention team also created the Instagram and LinkedIn accounts within the agency's Social media platforms. Corporate social responsibility initiatives were developed through the successful collaboration with the Alfred Mizzi Foundation, Kindred and Maypole Bakery. The prevention team also put forward four abstracts for consideration for the conference organised by the International Society of Addiction Medicine, of which, three were accepted. The titles of the abstracts were:

- a) The Role of Workplace Policy in Addressing Employees' Substance Misuse Difficulties
- b) A Substance Misuse Policy in the Workplace: Senior Leadership Teams' Attitudes
- c) Substance Misuse Prevention Programmes: The Maltese Context

Training Development: Prevention professionals attended and presented at the European Society for Prevention Research (EUSPR) conference in Estonia on the theme; "Prevention Between Ethics and Effectiveness." Furthermore, a number of other prevention professionals attended the Planet Youth Conference in Iceland, "Creating a better future for Youth." The latter was intended to also further establish networks in the prevention field and assess further modalities within an international context.

Caritas Malta

Caritas provides various talks for smaller communities such as scout groups, football nurseries, elderly groups and others. The main aim of this outreach service is to create awareness about mental health and substance abuse, and moreover provide psycho-social tools. Collaboration with community police was also developed by Caritas that focuses on promoting mental health within the community and provides knowledge about certain conditions such as epilepsy. Radio programmes were also organised to provide the public with information about mental health and psycho-social tools they may use to better the quality of life among the population in Malta.

OASI

In 2022, the OASI prevention team conducted several activities throughout the year. OASI participated in a number of radio programmes both on local radio stations and national radio stations, addressing different issues and discussing different topics in relation to addiction. OASI also participated in a number of TV programmes throughout 2022.

School sessions in both primary and secondary schools forms a large part of the work conducted by the prevention team. Up until June of 2022, OASI in the main provided 1 session with every class in primary and secondary schools in Gozo and at times found it challenging to cover the necessary material and hence ensure that the message was received. However, following extensive research and a number of internal discussions, a decision was made to increase the sessions per year from just one session to three sessions for every class in both primary and secondary schools. At the beginning of the 2022-2023 scholastic year, meetings were held with Heads of Schools explaining to them the new curriculum which was based on the EMCDDA study emphasizing the need for awareness and prevention, as the risks are always increasing. The new curriculum was launched and implemented from the start of the academic year in October 2022.

The primary prevention team also collaborated with two local psychiatrists in order to host a lecture at the OASI premises, entitled Comorbidity: Mental Illness and Addiction. The aim of this event was to attract those in the field of addiction and mental health and students alike to attend to better understand managing those individuals with a dual diagnosis. The lecture took place on the 25th of March 2022. Another two lectures were held by OASI at the Diaconia Office & Institute for Pastoral Ministry Diocese of Gozo in early 2022, entitled 'The Road to Inner Freedom: Overcoming Addictions' as part of an accredited course. Awareness talks on the topic of addiction were also held with students at Barts Medical School in March. Another awareness talk was held during the month of June at the Ghasri Parish Church on the topic of addiction and recovery. In August, as part of their Master's in Counselling programme, 4 students visited OASI and had informative discussion with the staff that included information on addiction as well as the services provided by OASI. Prevention talks were also held with youth groups during the months of October and November with a beneficiary of the service sharing their experience of their stay at the OASI rehabilitation centre. During the month of November, Betapsi Malta invited OASI prevention team to hold a talk on addiction awareness for the psychology students present for their event.

Furthermore, in 2022, a national conference titled 'Ix-xogħol...u l-Addiction?' (Work and Addiction) was held on the 18th of May at Dolmen Hotel in collaboration with Regjun tat-Tramuntana. This event targeted professionals working in the field of social well-being, healthcare and also human resource management, and other groups that employ people. Six different professionals were the main speakers who shared their opinions and discussed the topic according to their profession. It was a well-attended conference with fruitful discussions had by all in an attempt to further shed light on the problem at hand.

At the beginning of the 2022, OASI decided to include a prevention component at SkolaSajf throughout the summer. Meetings were held with the co-ordinator for this initiative to take place. A plan was then drawn up on the topics and activities that could be included in these sessions. This involved creating PowerPoint presentations which required some research and finding activities tailored to the needs of the age groups of the children. Sessions were held with different age groups up to the age of 11. Three sessions were conducted with every age group at the six Skolasajf centres that were operating in Gozo.

In July, a two-day training program was held at OASI Foundation in collaboration with Dar Kenn ghal-Sahhtek. This training was planned and organized to address and discuss eating disorders and how they are related to addiction and well-being. There were 5 speakers from Italy and 1 from Malta addressing this event, which was attended by 35 participants who were all professionals within the field. In September, the OASI primary prevention team organized the Youths4Youths Project which was the 9th edition of this event. The aim of this project is to target youngsters between the ages of 8-12 to spend a day learning through edutainment activities. This year, 27 participants attended the event. Youths toured the Dwejra Marine Environmental Education Centre which provided edutainment including an insight into the fauna and flora found around Dwejra. Thereafter, the youths went on a boat ride around the caves that connect the Inland Sea to the open Mediterranean Sea.

Another activity which was organized by the prevention team was the OASI Cup Run and Fun Walk which was held in October. A total of 180 participants participated in the event including a 10K run, 5K walk, and 3 children's runs.

The prevention team also is responsible for the OASI.kom, which is a bi-annual magazine that is released in June and December and is distributed to every household in Gozo and uploaded in both English and Maltese online. This magazine has a different theme for every edition and includes relevant articles about the theme chosen and also news about what has happened and has been done by the OASI Foundation itself.

Anti-Substance Abuse Service (ASAS)

Individual Referrals

During the year 2022, ASAS received 186 new referrals of individual students. A total of 980 individual sessions with students were held, as well as 368 sessions / meetings with parents/guardians. There were also 552 meetings that took place between ASAS and other professionals. There were 50 consultation meetings.

Prevention Sessions to Students

During the year 2022, several informative sessions and seminars took place, on a class or small group basis. Sessions were held either in person or virtually, according to need.

Prevention Sessions to Other Professionals working within the Educational Sector

Various informative sessions were held with professionals in the educational sector. The aim of these sessions was to share information about the effects of substances, with a special focus on newly introduced substances and their effects, together with new trends in this area. The role of the ASAS and an overview of the procedures and their necessary implementation were also outlined to these professionals and to university students who were training to become teachers.

These procedures are followed when a substance is found on school premises, or when there is a disclosure about an individual using a substance.

Information and Prevention Sessions with Parents/Guardians

Sessions that were supportive, informative, and guiding were held with parents/guardians as necessary.

'Teen Outside the Box' Prevention Programme, held with all Year 8 students in Malta and Gozo

This programme was organised, held and evaluated in collaboration with Sedqa prevention team. The topics discussed during the three sessions were 'Decision Making and Coping Skills', 'Wise Use of Technology' and 'Addictions'. Some students were referred to individual sessions following the programme.

Drug Squad Police Talks

The ASAS worked in collaboration with the police Drug Squad. Talks were held in every College, targeting Year 11 students and some Year 10 students.

Drama Fora

There was collaboration between the ASAS and the Drama Unit, such that an educational play tackling substance use was prepared and planned for the following scholastic year 2022-2023. This programme targeted students in Year 9.

Alcoholics Anonymous (AA)

During the year 2022, the ASAS maintained contact with Alcoholics Anonymous (AA). A speaker from AA was invited to share his experience with alcohol use, and students were encouraged to ask questions. A healthy discussion was held afterwards. These sessions were held with some students in Year 10.

Tal-Ibwar Adolescents Therapeutic Services (Caritas Malta)

There was regular collaboration between ASAS and Tal-Ibwar Adolescents Therapeutic Services. Meetings were held according to need with various professionals.

Continuous Professional Development

The guidance teachers within the ASAS attended various conferences, courses and seminars as part of their continuous professional development, with a special focus on substance-related areas.

5.2 The National Drug Policy 2023-2033

In 2022, the Ministry for Social Policy and Children's Rights through the National Addictions Advisory board, and in collaboration with the National Coordinating unit for Drugs and Alcohol launched the new National Drug Policy for the coming 10 years. The policy contains a strong component related to prevention services within the country. Among the most important policy actions, the document proposes the setting up of a National Coordinating Body for Prevention, with the aim to bring together all stakeholders working Nationally within the prevention sector.

The policy also addresses the need for a strengthened framework that supports employers in appropriately managing substance use among the work force. Furthermore, the policy also calls for the improvement and further investment in the availability, accessibility and effectiveness of Environmental, Universal and Selective Prevention with a view to prevent and/or delay the onset of substance use and minimize the negative impact of initial substance use.

06 Treatment



6.0 THE TREATMENT SYSTEM

The new National Drugs Policy 2023-2033 continues to stress the importance for taking a multidisciplinary approach to drug service provision through fostering collaboration between specialized drug service providers and other health and social professionals and governmental and non-governmental institutions to ensure a holistic range of services that meet the need of people who use drugs. In Malta there are five main drug treatment providers: three funded by the government and two non-governmental organisations (NGOs), partially funded by 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
- (v) opioid agonist treatment (OAT)

Drug Agencies offer a range of services in the community that include long- or short-term support through social work, counselling, group therapy, family services and psychological interventions, while low-threshold programmes offer day-care services.

In Malta, there are five in-patient treatment units, three of which are therapeutic communities (TC's.) The residential programmes provide a safe, drug free communal environment and take a holistic, multidisciplinary approach to therapy. Such services aim to provide support to clients towards attaining desistance from their substance use. 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 and stepped up since 2020 following the COVID-19 situation at the time. 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.

6.1 TREATMENT PROVISION

SMOPU administered opioid agonist treatment (OAT) to 857 individuals in 2022, an 8% increase from 796 individuals in 2021. No change was registered in 2020, when 855 individuals were registered as receiving OAT. However, there was a 7% decrease from 920 individuals in 2019. In comparison, the figure for 2022 represent a 17% increase from the 730 individuals receiving OAT in 2018. The vast majority of individuals who received OAT remain in treatment due to heroin use as their primary drug.

6.2 INDIVIDUALS IN TREATMENT

The table below shows that, in 2022, a total of 1,927 individuals received treatment, marking a 3% decrease from 2021 when 1,990 individuals were receiving treatment. Conversely the previous five years maintained a consistent upward trend of an average increase of 2% per year. The average number of individuals seeking treatment in the six years between 2017 and 2022 was 1,931.

	2017		2018		2019		2020		2021		2022		Graphics n
	n	%	n	%	n	%	n	%	n	%	n	%	
All Individuals	1845	100	1898	100	1943	100	1984	100	1990	100	1927	100	
Previously Treated	1600	87	1508	79	1596	82	1487	75	1579	80	1458	76	
First Treated	245	13	390	21	347	18	497	25	411	20	469	24	

Table 6.0: Individuals in treatment 2017-2022

There were 469 service users entering drug treatment services for the very first time in the year 2022, an increase of 14% from the 411 new entrants in 2021. Conversely a 6% decrease was recorded when compared to 2020 (497 individuals) but still a significant increase when compared with other years. It is also worth noting that over the last six years, there have been a total of 2,358 individuals who have sought treatment for the very first time.

Persons entering treatment for the first time who primarily use cocaine have increased in recent years. A 4% increase was recorded in 2022 when compared to 2021, with 54% (254 individuals) in 2022 and 50% (207 individuals) in 2021. Despite the decrease in 2021, an upward trend of individuals requesting treatment for cocaine as a problem drug has constituted an upward trend for the past several years, as can be seen in the figure below.

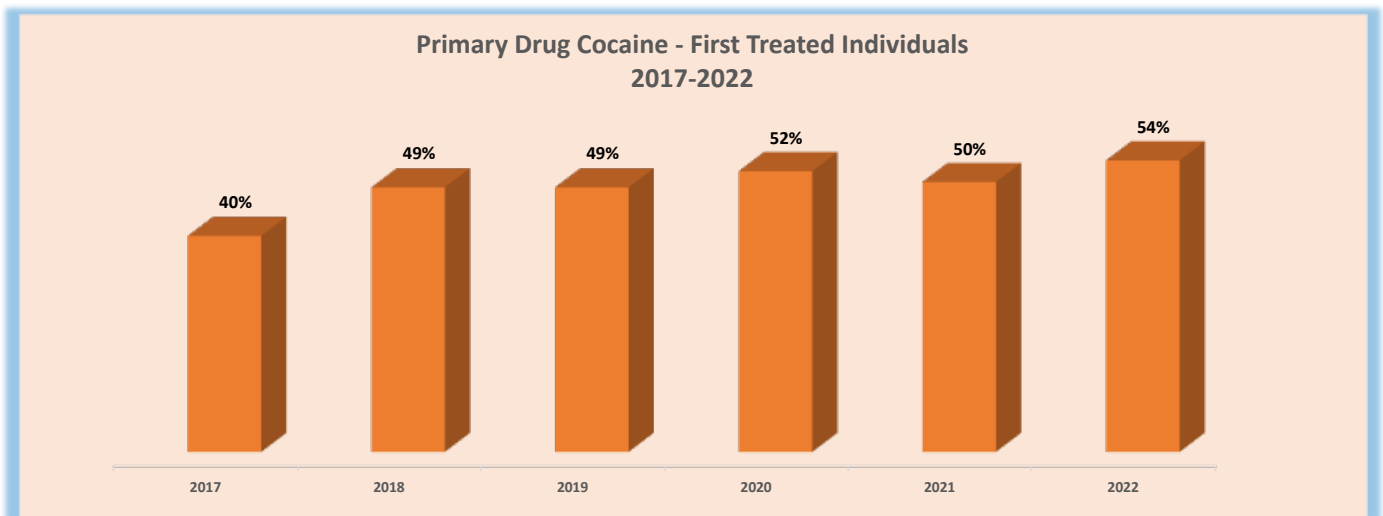


Figure 6.0: Primary drug Cocaine by first treated 2017-2022

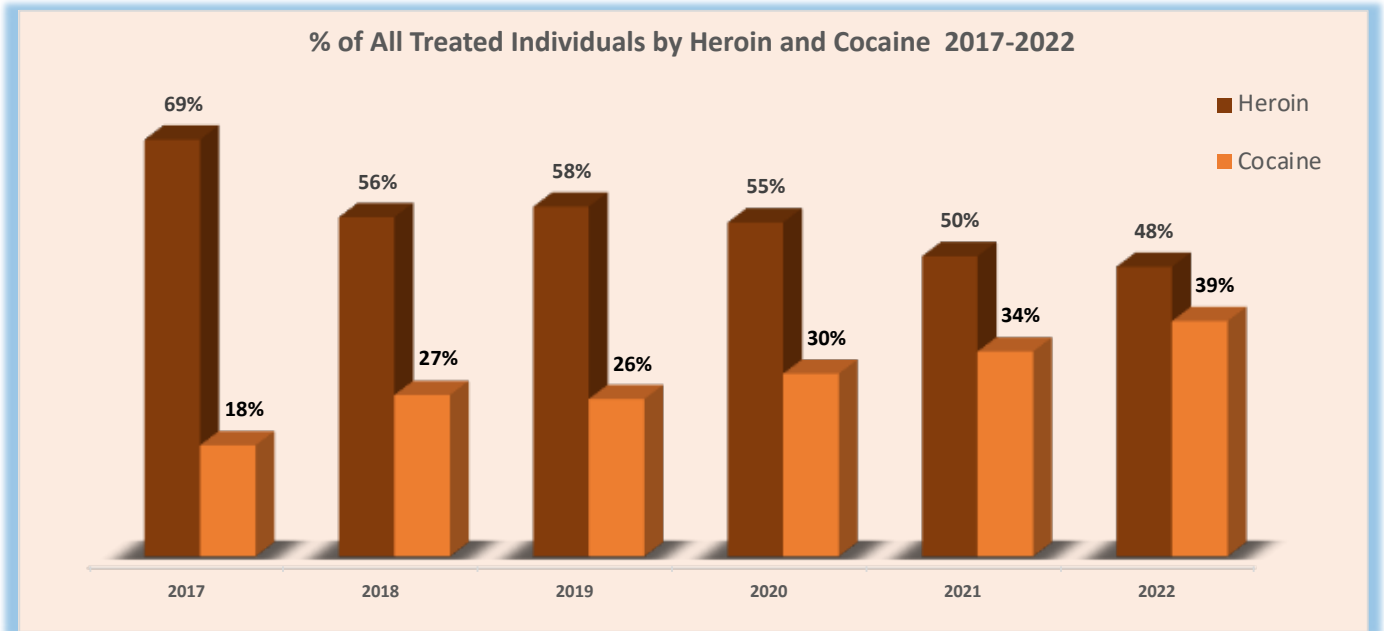


Figure 6.1: Proportion of Heroin and Cocaine in relation to all treated individuals 2017-2022

Figure 6:1 above shows that the shift from receiving treatment primarily for heroin use, to seeking treatment primarily for cocaine use seeking is continuing, with double the percentage of cocaine users seeking treatment when comparing 2017 (18%) to 2022 (39%). A downward trend in heroin users seeking treatment is also visible, with the 69% reported in 2017 falling to 48% in 2022. The number of individuals in treatment must be considered, especially given the increase in service users and the number of heroin users, which has been constantly over 1,000 per year. Though the percentage of heroin users is decreasing, the number of individuals in treatment has remained consistent over time. This reflects the fact that heroin users remain in treatment over a long period of time.

6.3 CHARACTERISTICS OF ALL TREATMENT ENTRANTS

Males continue to constitute the vast majority of people receiving treatment, making up 80% of all individuals in treatment in 2022. Figures continue to indicate a similar trend to previous years, with 81% of individuals in treatment in 2021, 82% in 2017, 80% in 2018, 2019, and 2020.

Females seeking treatment in 2022 accounted for 20% of overall individuals. Data also reveal that heroin is still the most prevalent drug of choice among women, accounting for 47%, followed by cocaine which stands at 42%.

Females who use heroin as their primary drug decreased by 6% in 2022 from 2021 (47% in 2022 to 53% in 2021) and 13% from 2020 (60% in 2020 to 47% in 2022), while females who use cocaine increased by 7% in 2022 compared to 2021 (42% in 2022 from 35% in 2021) and 14% in 2020 (42% in 2022 from 28% in 2020). This is consistent with the trends outlined earlier in the chapter, which show a decrease in heroin use as a primary drug and an increase in cocaine use. Similarly, a 6% decrease in males who use heroin as their primary drug was observed when compared to 2021 (from 54% in 2021 to 48% in 2022) and a 1% decrease when compared to 2020 (48% in 2022 from 49% in 2020). Conversely, cocaine has increased by 4% and 8%, respectively, compared to 2021 and 2020 (38% in 2022 from 34% in 2021 and 30% in 2020).

6.4 AGE

Data among all individuals seeking treatment reveals that the median age of female individuals was 38 years old, whilst it stood at 39 years for male individuals. The median age of initiation of use of any drug was 16 years old for both males and females. Data also reveal that the median time elapsed between the first use of drugs and seeking treatment was 7 years for both male and female individuals.

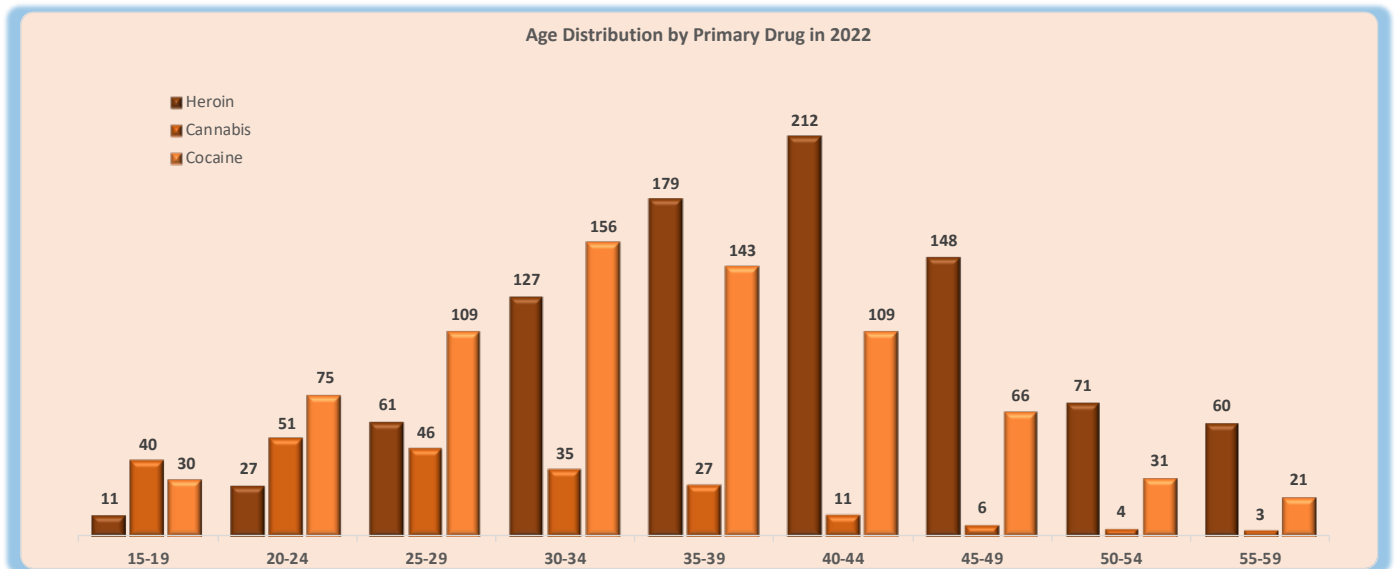


Figure 6.2: Age distribution by primary drug 2022

During 2018 the number of individuals entering treatment who were aged less than 35 years amounted to 859 individuals, which accounts for 46% of the total. The year 2019 continued with this trend, with 794 individuals being less than 35 years of age when entering treatment, amounting to 41% of the total treated population. These data show a substantial decrease from previous years, with 2016 standing at 50% and with 2015 registering 52% of individuals to be within this age bracket, but similar to previous years, particularly 2017. A similar downward trend can be seen in the years 2020, 2021 and 2022, when 37% (739 individuals) in 2020, 36% (715 individuals) in 2021 and 32% (618 individuals) in 2022 of the population were under the age of 35, respectively. This figure indicates that there is a growing ageing population among those in treatment, mostly constituting those who use heroin as their primary drug. Indeed, a total of 1,307 individuals who received treatment in 2022 were over 35. This demonstrates that older users made up the vast majority of people in treatment, comprising 68% of those who received treatment.

Furthermore, in 2022, the most common age cohort in treatment was the individuals between the age of 35 and 39, and 40 to 44, with 369 and 380 individuals, respectively. These figures indicate a shift from previous years when the predominant age was frequently reported to be the 25 to 29 age brackets.

The proportion of individuals under the age of 35 who attended services for the first time decreased from 72% (177 individuals) in 2017 to 48% (187 individuals) in 2018. In 2019, however, this figure increased to 80% (276 individuals). Another decrease was recorded in 2020, with 56% (279 individuals) of those seeking treatment for the first time being under the age of 35, compared to 56% (232 individuals) in 2021. Another decrease of 44% (206 individuals) was recorded in 2022.

6.5 CHILDREN

In 2022, 32% of female individuals seeking treatment reported having children, 52% of whom indicated that they live together with their children. The percentage of females reporting having children decreased by 10% from 2021 (42%) and 12% from 2020 (44%). Similarly the percentage of females reporting living with their children decreased by 24% when compared to the last three years with 52% in 2022, 77% in 2021 and 76% in 2020.

6.6 EMPLOYMENT STATUS

Individuals who reported being gainfully employed in 2022 accounted for 46% (881 individuals) of all treatment entrants. When compared with previous years, figures for regularly employed individuals are lower than in 2021 (48%), 2020 (50%) and 2019 (47%). However, when compared to 2017 and 2018 a 3% increase is registered (43% respectively).

In 2022, 22% of all gainfully employed individuals used their primary drug of choice daily. In 2022, individuals who reported being unemployed amounted to 31% (592 individuals). This figure is the lowest ever percentage of unemployment in recent years, as the average of unemployed people in the previous years was 37%. The percentage of unemployed individuals in treatment using drugs daily in 2022 was 24%. Students made up only 1% of the total treatment population.

6.7 EDUCATION COMPLETED

In 2022 15% (297 individuals) reported that they had stopped education at primary level, same as 2021 with 15% (304 individuals). When compared to previous years, a 4% increase from 11% (214 individuals) in 2020 and a decrease of 2% from 17% (325 individuals) in 2019 was recorded. Treatment entrants who reported having stopped their education at secondary level in 2022 amounted to 66% (1,264 individuals), a 3% decrease from 69% (1,367 individuals) in 2021, a 6% decrease from 72% (1,426 individuals) in 2020 and a 9% increase from 57% in 2019 (1,107 individuals). Individuals who reported finishing higher education in 2022 was 12% (236 individuals) same as in 2021 with 12% (243 individuals) and 2020 with 12% (238 individuals). A 7% decrease when compared to 2019 was recorded with 19% (378 individuals). There were 4 individuals who reportedly never attended any primary school. These figures do not imply that such individuals did not attend any secondary school at all, but gives an indication that among the population of people who seek treatment, there is a substantial number of service users who had left education at a very early age.

In 2022, 51% of individuals who completed secondary school used heroin as their primary drug of choice, a 3% decrease when compared to 2021 (54%) and 7% decrease from 2020 (58%), while 36% used cocaine, a 5% increase from 2021 (31%), and a 7% increase from 2020 (29%). Cannabis was reported at 12%, a 2% decrease from 2021 (14%) and 1% decrease from 2020 (13%). Among individuals who reported completing higher education, 33% reported heroin as their primary drug of choice, a 4% increase from 2021 (29%) and 7% decrease when compared to 2020 (40%). A further 49% used cocaine, same as percentage reported in 2021 (49%) and 9% increase when compared to 2020 (40%). Cannabis was reported at 16%, a decrease of 3% when compared to 2021 (19%) and 2% decrease when compared to 2020 (18%). The primary drug for those who finished their primary years at school were 44% for heroin, a decrease of 5% when compared to 2021 (49%) and same percentage when compared to 2020 (44%), 44% for cocaine, an increase of 9% when compared to 2021 (35%) and an increase of 5% when compared to 2020 (39%), and 11% for cannabis, a 3% decrease when compared to 2021 (14%) and a decrease of 5% when compared to 2020 (16%).

During the same year, 59% of all those who finished primary school were daily users, a decrease of 3% when compared to 2021 (62%) and same percentage when compared to 2020 (59%), whilst those who finished secondary school amounted to 67% of daily users, same percentage as 2021 (67%) and an increase of 1% when compared to 2020 (66%). Those who finished higher education amounted to 48% of daily users, a decrease of 1% when compared to 2021 (49%) and a decrease of 3% when compared to 2020 (52%).

Further analysis of 2022 data shows that 67% of females stated to have completed secondary-level education, while 15% asserted to have completed higher-level education. Further analysis reveals that of the 67% of females who have completed secondary-level education, 8% were economically inactive, 9% worked occasionally, 32% were regularly employed, and 40% were unemployed. In comparison, among the 15% who reported having a higher-level education, 4% were economically inactive, 2% worked occasionally, 50% were regularly employed, and 27% were unemployed.

6.8 INJECTING BEHAVIOUR – ALL SUBSTANCES

This section gives an overview of injecting behaviour among individuals in treatment during 2022. In 2022 the majority of people in treatment, 1,216 (63%) individuals, reported not having injected drugs in their lifetime. From the remaining individuals who had injected drugs, 367 (19% of treated individuals) reported currently injecting, whilst the remaining 328 (17% of treated individuals) were not injecting. These figures suggest that the number of people injecting drugs is at its lowest ever, with a significant increase of individuals who have never injected when compared to the last years.

In 2022, there were 1,664 individuals who never shared a needle, accounting for 86% of the total treatment population. A 2% decrease when compared to 2021 (88%; 1,749 individuals), a 3% decrease from 2020 (89%; 1,756 individuals) and an increase of 17% compared to 2019 (69%; 1,337 individuals).

6.9 NATIONALITY OF TREATMENT SERVICE USERS

The great majority of individuals entering local treatment services in the last 6 years were Maltese nationals, with 91% in 2017, 93% in 2018, 94% in 2019 and 2020, 92% in 2021 and 91% in 2022. The average of Maltese nationals in treatment in these last six years was of 92%.

6.10 DISTRIBUTION OF SERVICE USERS BY REGION

Most individuals in treatment in 2022 resided within the Southern Harbour area (31%), followed by the Northern Harbour Area (30%), as can be seen from Figure 6.3. This was followed by the South Eastern Region (14%), the Northern region (11%), the Western region (8%), and 3% for the Gozo Region.

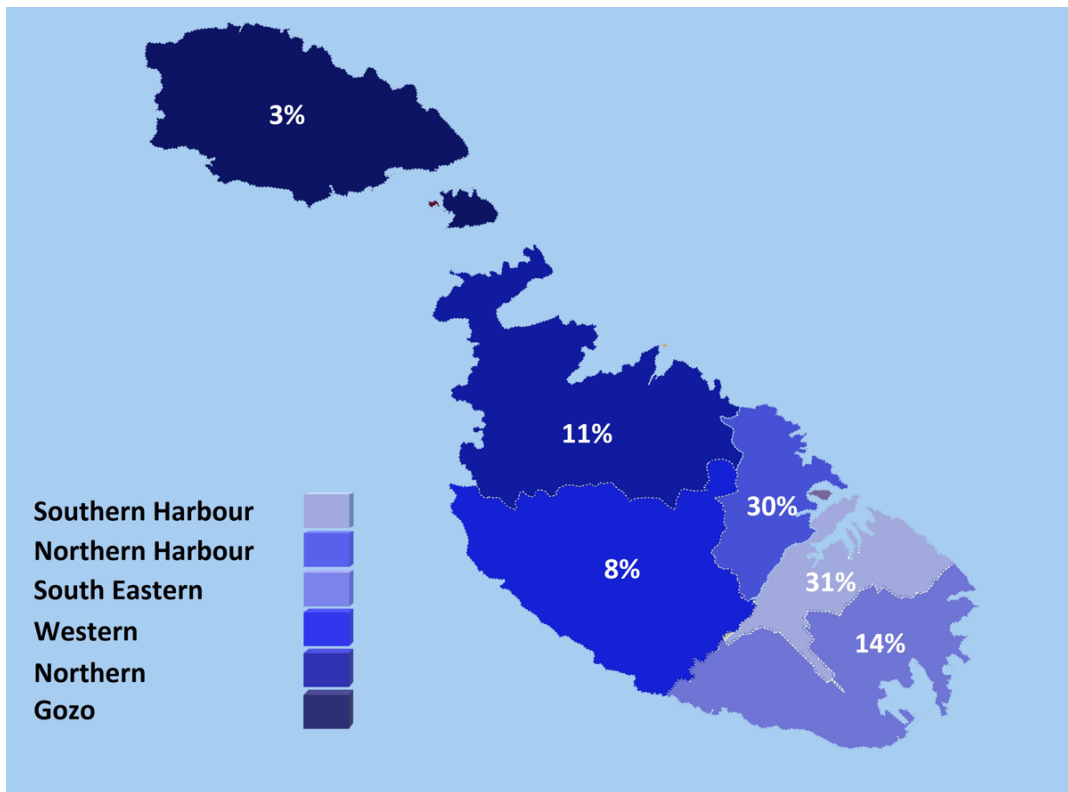


Figure 6.3: Distribution of service users by region 2022

Table 6.1 shows that figures for 2022 are very similar to the latest figures on record for the previous two years.

Region	2020	2021	2022
Southern Harbour	32%	31%	31%
Northern Harbour	30%	31%	30%
South Eastern	15%	15%	14%
Western	8%	8%	8%
Northern	12%	12%	11%
Gozo and Comino	2%	2%	3%
Not Known	0%	0%	2%

Table 6.1: Service users by region 2020-2022

6.11 TAL-IBWAR ADOLESCENTS THERAPUTIC SERVICES – CARITAS MALTA

Caritas Tal-Ibwar Adolescents Therapeutic Services is a service that was launched in 2021. The new service provides support and empowers young people aged 12- to 17-year-old who are experiencing difficulties with problematic substance use. The main principle that guides all interactions at Tal-Ibwar at all levels, is that of respect towards oneself and others.

Tal-Ibwar offers three different services, namely;

- The Psycho-social and Family service
- Day service
- Residential Service

The service supported a total of 34 young persons during 2022. The majority of service users at Tal-Ibwar were males, accounting for 82% of the total. In contrast, females made up the remaining 18%. Additionally, the vast majority 88% of the service users were Maltese.

The data show that the majority of individuals, 97%, have never injected drugs. There were 56% of service users reporting using Cannabis as their drug of choice, followed by 24% who preferred synthetic cannabis and 18% who used cocaine. Only a small percentage, 3%, reported using heroin. Additionally, when considering frequency of use, daily use is reported by almost half of the respondents 47%; a significant portion use drugs less frequently, with only 12% using drugs once per week or even less. Furthermore, it is worth noting that a significant portion of service users (49%) sought treatment after one year of using drugs.

It is interesting to note that a considerable number of service users (41%) were referred by legal services such as court, probation, CSA, and police, indicating the involvement of the criminal justice system in addressing drug use. Additionally, the data reveals a diverse range of referral sources, highlighting the importance of collaboration between different sectors in providing support for individuals struggling with problematic substance use. The sources of referrals for the service users are displayed in the table below.

Referred By	Percentage %
Anti Substance Abuse Unit	9%
Court/Probation/Police/CSA	41%
Family	18%
Other	3%
Other Health or Medical or Social Services	23%
Psychiatrist	6%

Table 6.2: Tal-Ibwar source of referral 2022

6.12 DUAL DIAGNOSIS UNIT

The Dual Diagnosis Unit (DDU) in Malta admits patients diagnosed with both a mental health disorder and a substance use disorder. Malta has established two dedicated units at Mount Carmel Hospital, one for male patients and another for female patients. Within both DDUs a total of 140 patients were admitted, with 81 patients admitted in the male DDU and 59 patients in the female DDU. The age groups of the patients in both DDU ranged from 18 to 65 with the median age of 38 years.

Dual Diagnosis is one of the most challenging problems in mental health care. The term 'Dual Diagnosis' refers to a broad spectrum of mental health and substance misuse difficulties that a person may experience concurrently. Possible explanations for this complex condition are:

- A primary mental health problem precipitating or leading to an episode(s) of substance misuse.
- Increase in substance misuse affecting the course of mental ill health.
- Intoxication leading to psychological symptoms.
- Substance misuse and/or substance withdrawal leading to mental health difficulties.

Data for 2022 shows that among the 140 patients, the most common primary drug reported was cocaine with 99 individuals (71%). The second most used drug was heroin with 29 individuals (21%). Looking into the individual DDUs the most common substance used among male DDU patients was cocaine with 64 individuals (79%) followed by heroin with 8 individuals (10%). Among the female DDU patients, the most used substances were cocaine with 35 individuals (59%) followed by heroin, with 21 individuals (36%).

Developments and the Male Dual Diagnosis Unit

During 2022 the Male Dual Diagnosis Unit (MDDU) started having discussions with various rehabilitation programs, namely Caritas, OASI and Sedqa. Two staff members were given the opportunity to follow the routine work at OASI Foundation in Gozo. During this training opportunity staff attended lectures and followed group sessions together with OASI staff. After this experience, they instructed staff at MDDU to increase their knowledge on leading a group session. Sedqa and Caritas invited MDDU staff for a half day visit to their premises, participating in group sessions and meeting their clients.

MDDU also started organising monthly seminars for staff, in collaboration with drug treatment so that DDU staff could learn from various professionals working within the drug services, namely in rehabilitation programs, outpatient and inpatient medical services, consultants and other medical staff. These learning opportunities have helped staff in MDDU to enhance their knowledge, become more interested in the subject, thus being in a better position to assist patients.

Since the number of admissions to Mount Carmel is always increasing another unit, the Substance Use Disorder Unit (SUDU) was set up. The unit caters for 7 patients who have a problem with substance use. Generally patients are admitted to SUDU and then transferred to MDDU after being assessed by the medical team. However, some clients are admitted directly to MDDU after discussions between the multidisciplinary team.

More time spent outside of the Unit helped patients to focus on their current problems. Organised walks and picnics outside hospital grounds are organised regularly. Group discussions are also held during these walks. This helped patients to establish trust with the healthcare professionals and helped in building a better nurse-patient relationship.

Developments and the Female Dual Diagnosis Unit

Purpose and Aims

The FDDU ward primarily provides psychopharmacologic monitoring and psychiatric and psychological assessment and consultation for patients with a concomitant substance use disorder and mental health disorder. The mission of the ward is stabilization, resolution of acute risk of harm to self or others and coordination of continuing care needs with family and community care providers. This is achieved by designing an individual plan of care for each patient, employing a range of biological, psychological, and social interventions and through the provision of a daily structure and a range of effective clinical and therapeutic interventions. A comprehensive treatment is provided to both individual patients and also in group settings through individual counselling or group work therapy. The FDDU provides special intensive, multidisciplinary care to offer the necessary risk assessments, diagnostic and acute therapeutic help, control inappropriate behaviors and provide the services in an environment which assists the patients' recovery.

Source of referral

The Consultant Psychiatrist responsible for the ward is Dr. Aloisia Camilleri. Patients can be referred to STMS from the SMOPU situated at G'Mangia that provides a brief history including previous admissions along with a synopsis of the planned admission with their current circumstances and treatment including methadone dose if applicable and the proposed future intention of the patient i.e. whether they intend to enter a treatment program. FDDU also receive referrals from other agencies such as Sedqa, OASI or Caritas. Patients may also be transferred from MDH following overdose treatment. Patients may also be referred by the courts.