NATIONAL REPORT

THE DRUG SITUATION & RESPONSES IN MALTA 2025

NATIONAL DRUGS & ADDICTIONS UNIT

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List of Abbreviations

ARQ	Annual Report Questionnaire
ARUC	Authority for the Responsible Use of Cannabis
ASAS	Anti-Substance Abuse Service
B.A.S.H.	Beyond Alcohol and Substance Highs
CBD	Cannabidiol
CND	Commission on Narcotic Drugs
COE	Council of Europe
CREU	Care and Reintegration Unit
CSA	Correctional Services Agency
DDU	Dual Diagnosis Unit
DRD	Drug-Related Death
ESPAD	European School Survey Project on Alcohol and Other Drugs
EUDA	European Union Drugs Agency
FDDU	Female Dual Diagnosis Unit
FSWS	Foundation for Social Welfare Services
GC-MS	Gas Chromatography–Mass Spectrometry
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HHC	Hexahydrocannabinol
HIV	Human Immunodeficiency Virus
HPDP	Health Promotion and Disease Prevention Directorate
MCAST	Malta College of Arts, Science and Technology
MDDU	Male Dual Diagnosis Unit
MDMA	Methylenedioxymethamphetamine
MFA	Malta Football Association
NA	Narcotics Anonymous
NDAU	National Drugs and Addictions Unit
NGO	Non-Governmental Organisation
OAT	Opioid Agonist Treatment
PAVE	Protect – Ask – Verify – Educate
PiP	Person in Prison
Reitox	European Information Network on Drugs and Drug Addiction
RNA	Ribonucleic Acid
S.A.F.E.	Skills for Addiction-Free Employees
SMOPU	Substance Misuse Outpatient Unit
T.F.A.L.	Tfal Favur Ambjent Liberu
THC	Tetrahydrocannabinol
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
YFA	Youth Football Association

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DR MICHAEL FALZON
Minister for Social Policy and Children's Rights

This year's national drug report covers a number of issues, and in the main, has been influenced by the major changes in the institutional domain. The month of July last year, heralded the launch of the new EU Drug Agency, the EUDA, which in essence saw the "upgrade" of the former monitoring centre, the EMCDDA, to that of a fully-fledged EU agency. This change therefore resulted in a meaningful alteration in scope, and thus brought an increase in responsibilities, primarily that of providing the necessary drug information and that related to other addictions, as well as using foresight to anticipate the future and therefore to be better prepared, when a drug epidemic of one sort or another makes its way to Europe.

In real terms, this change also affected all EU member states, in that all members now need to provide drug data, that is of a sufficient standard as gauged by their ability to undergo accreditation procedures. The Maltese National Focal Point based in this Ministry submitted itself to this undertaking last October and passed with flying colours. Hence, locally, this was recognized by formalizing the focal point into what is now known as the National Drug and Addictions Unit or NDAU for short. The legal notice announcing such was published last November in the Government Gazette.

These structural alterations have positively impacted the work of the focal point, or now the NDAU, in that it has now made it possible to further the collaborations between, the key local stakeholders. An example, is the supply domain, in which, the drug squad, customs, and the justice system play a leading role in countering the presence of drugs on our streets. For example the seizures of cocaine and cannabis have tended to increase over the years, yet these were not accounted for by the different entry points, or other sources in previous national reports. This has now been remedied in this year's compilation of drug data. For example, it would appear that the airport, the freeport, the seaport (via the catamaran) and the mail are all avenues of entry and are all used to varying extents. Samples of seized material may be also analysed at the Forensic Laboratory at the University which at present assists the law courts, government agencies, law enforcement and private clients. The Probation and Parole services have also had to handle some 550 cases last year, that again in the main were related to cocaine and cannabis, as reflected by the data for seizures as mentioned above. As for the Correctional Services, some 70% of inmates are there for crimes related to drugs, notably, cocaine and cannabis.

On the other side, the data for the demand side, namely treatment, heralds the same picture, namely that this year there was an increase in the number of those in treatment, some 38%, and these in the main were due to the increase in new entrants, some 500 or so, the majority of which were due to cocaine use. In a sense, this is good news in that users are now increasingly seeking help for their drug problem and this to some extent is further supported by the decrease this year, as compared to last year, in the number of overdose deaths recorded.

Clearly, more needs to be done in the form of prevention, treatment, harm reduction and recovery, but as logic determines, prevention is way better than cure, and therefore, our efforts, at present, need to better focus on prevention, to stop or limit use in the first place.

MARK MUSÙ

Permanent Secretary, Ministry for Social Policy and Children's Rights

It is with a profound sense of responsibility and commitment that we present the National Report on the Drug Situation and Responses in Malta 2025. This report reflects the ongoing dedication of a wide network of stakeholders who contribute their expertise and professionalism to understanding and addressing substance use in our country. Over the years, Malta has made significant progress in responding to the challenges posed by addictive behaviours. This report illustrates our enduring determination to protect public health, uphold human dignity, and foster social cohesion.

Drawing on data collected throughout 2024, the report provides a comprehensive overview of current trends in substance use across Malta. For the first time, this edition includes a twenty-year trend analysis, offering valuable insight into long-term shifts in consumption, treatment demand, and related societal impacts. Beyond statistics, it explores the profound effects of substance use on individuals, families, and communities, underscoring the importance of accessible, holistic services that address the multifaceted needs of those affected.

These findings are firmly anchored within the framework of Malta's National Drug Policy 2023–2033, which upholds the principles of care, human dignity, human rights, and social integration for people who use drugs. The policy advocates for a coordinated, multidisciplinary approach, recognising that substance use and addiction are complex phenomena requiring collaboration across health, social, and law enforcement sectors. By remaining alert to emerging trends, authorities and service providers are better equipped to anticipate challenges, enforce national drug laws, and implement effective interventions that reduce harm and promote wellbeing.

During 2024, Malta achieved several notable milestones. The Maltese National Focal Point received accreditation from the European Union Drugs Agency (EUDA), confirming its adherence to the highest standards of data collection, reporting, and analysis. This recognition underscores Malta's commitment to providing reliable, evidence-based information to inform both national and European drug policy. Furthermore, the establishment of the National Drugs and Addictions Unit under Legal Notice 285 of the Laws of Malta strengthened the national framework for coordinating strategies that address substance use and addiction in a comprehensive and integrated manner.

Law enforcement authorities reported an increase in drug-related arraignments, predominantly linked to trafficking. In treatment services, a significant development was observed: for the first time, the number of individuals seeking treatment primarily for cocaine use surpassed those seeking help for heroin dependence, reflecting evolving substance use patterns within the Maltese population. The median age of people entering treatment has also risen, pointing to an ageing cohort of service users, particularly among those consuming heroin and cannabis. Although fatalities due to drug overdose declined compared to 2023, the overall number of deaths remains higher than long-term averages, underlining the ongoing need for robust prevention and intervention measures.

The report also acknowledges the vital prevention work undertaken by agencies within educational settings and communities. The steady increase in the number of individuals seeking treatment over the past two decades—rising by 38% between 2004 and 2024—demonstrates both the growing demand for services and the unwavering commitment of professionals across different sectors.

This publication stands as a testament to the challenges faced, the progress achieved, and the resilience of all those involved in addressing substance use and addiction in Malta. It highlights the importance of a unified, evidence-based, and compassionate approach that places public welfare and human dignity at the forefront of all efforts. Each measure undertaken contributes to the national goal of reducing the supply, demand, and harms associated with drugs.

May this report serve both as a reflection of our collective achievements and as a source of inspiration—motivating continued collaboration, innovation, and dedication toward building a healthier, safer, and more inclusive society for all.

CHAPTER 1
Drug Strategy & Coordination

1. EUDA Accreditation

The NDAU was accredited by the EUDA as Malta's National Focal Point, marking a significant achievement that demonstrated its capacity to meet stringent European standards.

2. Strategic Priorities

In 2024, NDAU's strategic priorities focused on expanding research into emerging trends in addiction, deepening partnerships with national and international stakeholders, and supporting the development of policies grounded in the latest research and best practices.

3. Digital Innovation

NDAU plans to implement technologies such as a streamlined database and enhanced social media outreach, aiming to improve data collection, public engagement and transparency in its activities.

NATIONAL DRUGS & ADDICTIONS UNIT

1.1 GOVERNANCE FRAMEWORK

The Ministry for Social Policy and Children's Rights continues to hold primary responsibility for drug policy matters in Malta. It is supported by the National Addictions Advisory Board, which comprises experts from diverse fields including law, youth studies, addiction science, education, clinical psychology, psychiatry, epidemiology, and neuroscience. This multidisciplinary composition ensures a comprehensive approach to addiction-related issues.

The primary function of the National Drugs and Addictions Unit (NDAU), which operates within the Ministry of Social Policy and Children's Rights, is to deliver a comprehensive assessment of the current national drug landscape. Therefore, it is essential to systematically monitor the implementation of the actions outlined in the National Drugs Policy and to rigorously assess the effectiveness of interventions arising from this policy.

In addition to its national duties, the NDAU submits annual reports to the European Union Drugs Agency (EUDA), providing updates on Malta's drug trends and response strategies. It also contributes data and analysis to the United Nations Office on Drugs and Crime (UNODC) as part of the global reporting framework on the world drug situation through the completion of the Annual Report Questionnaires (ARQs).

1.2 NATIONAL DRUG POLICY (2023–2033)

The Ministry for Social Policy and Children's Rights officially launched the second National Drug Policy (2023–2033) on 26 June 2023. Building on the foundational pillars established in the first National Drug Policy of 2008, the updated policy addresses emerging challenges linked to the evolving drug landscape in Malta.

The policy maintains its focus on the three core areas, the overall judicial institutional framework, supply reduction and demand reduction. Recognising the dynamic nature of illicit drug markets, particular emphasis is placed on countering new trafficking routes and innovative distribution methods. In response, the policy proposes the establishment of a dedicated Law Enforcement Coordination Body to facilitate inter-agency information sharing and collaboration, thereby enhancing operational effectiveness.

The Policy also underscores the ongoing need to enhance prevention and treatment services for individuals who use drugs. In June 2025, a national prevention campaign was launched by the Ministry for Social Policy and Children's Rights, featuring high-visibility billboard messaging across Malta and Gozo, complemented by prime-time television publicity. The campaign targeted both youths and adults, intending to counter the normalisation of drug use, promote accurate and evidence-based awareness, and encourage early help-seeking behaviours.

A key measure set out in the National Drug Policy is the establishment of a centralised Prevention Coordination Body, mandated to optimise the allocation of resources and enhance the delivery of targeted interventions across diverse population groups. Initial groundwork has commenced, including the exploration of pilot prevention initiatives aimed at addressing the needs of both youth and adult cohorts. Discussions are currently in progress to formalise the structure, mandate, and operational scope of the proposed body.

The policy also outlines new measures focused on harm reduction, aligning with the common position adopted by EU Member States and the EU Drugs Strategy, which advocate for strategies that minimise the negative consequences of substance use. Central to this approach is the adoption of a human rights-based framework that promotes the social inclusion of people who use drugs and actively works to reduce stigma.

One of the proposed harm reduction initiatives is the introduction of low-threshold services aimed at improving accessibility to care and support. These services are intended to uphold the principles of 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).

Figure 1.1: Policy Cycle

The policy further calls for the development of specialised training for professionals working directly in the field of substance use, as well as for those in related sectors who may encounter individuals affected by substance use in their daily work. This includes the proposed integration of training modules on addictive behaviours into academic programmes in youth work, social work, medicine, psychology, psychotherapy, and other related professions.

These measures are intended to further strengthen the government's ongoing commitment to a holistic, integrated, and evidence-informed approach to addressing substance use in Malta.

1.3 LEGISLATION OF THE NDAU

The NDAU was established through Legal Notice 285 of 2024 under the Public Administration Act, granting it a distinct legal personality and responsibility for monitoring and reporting on addiction-related matters. This legal framework outlines the NDAU's mandate, roles, responsibilities, and governance structure.

The NDAU is managed by a non-executive chair appointed by the Minister responsible for social policy, with a team of five officers to assist in its operations. This ensures the unit operates efficiently within the national administrative system while maintaining scientific independence. One of the core functions of the NDAU is the collection and collation, analysis, and dissemination of data on drug use and addiction trends in Malta. The unit produces annual national reports that guide policy decisions and ensure alignment with EU and international standards.

In addition to its monitoring role, the NDAU facilitates coordination between government departments, law enforcement, health institutions, and social organisations involved in addiction. It also serves as Malta's national focal point for international cooperation on drug and addiction-related issues, participating in European Union (EU), Council of Europe (COE), and United Nations (UN) discussions. The NDAU operates under a renewable six-year mandate, with its activities partially funded by the Ministry for Social Policy and Children's Rights and the EUDA. The unit upholds a commitment to scientific independence and rigorous data standards.

1.4 NDAU ACCREDITATION

In 2024, the NDAU was formally accredited by the EUDA as Malta's National Focal Point, officially joining the European Information Network on Drugs and Drug Addiction (Reitox). This accreditation represents a significant milestone for Malta and confirms the NDAU's capacity to meet the EUDA's stringent standards for participation in the Reitox network.

To achieve accreditation, the NDAU demonstrated legal recognition and formal designation by the Government of Malta, as well as its scientific independence and operational competence. The Unit is mandated to objectively collect, analyse, and report on drug-related data, ensuring the quality, accuracy, and comparability of the information it provides.

The NDAU is staffed by a multidisciplinary team of professionals with expertise in epidemiology, public health, social policy, and data analysis. Its data infrastructure is aligned with EUDA methodologies, enabling it to contribute effectively to the EUDA's Early Warning System and to submit comprehensive annual reports on the national drug situation.

Participation in the Reitox network and other EUDA expert groups, allows the NDAU to collaborate with other National Focal Points, share best practices, and contribute to EU-wide research and policy development. The Unit's accreditation underscores Malta's ongoing commitment to evidence-based drug policy and to strengthening its role within the broader European and international framework.

1.5 VISION AND STRATEGIC DIRECTION OF THE NDAU

As the NDAU continues to evolve and strengthen its role in Malta, several key areas of development are being prioritised to enhance its impact and effectiveness in surveying the situation with regard to substance use and addiction. These priorities aim to build upon existing frameworks while embracing innovative approaches to address the growing challenges associated with addiction in both local and global contexts. These include the following:

1. **Expansion of Data Collection and Research Initiatives:** The NDAU will continue to enhance its data collection capacity, expanding its research into emerging trends in addiction, including new psychoactive substances, and exploring the socio-economic factors influencing substance use. The unit aims to increase its collaboration with academic institutions and research organisations to ensure comprehensive, evidence-based insights that guide national policies.

2. **Strengthening National and International Partnerships:** NDAU plans to deepen its collaborations with national stakeholders such as healthcare providers, law enforcement, and social and addiction services, ensuring a unified data response to addiction across all sectors. Additionally, NDAU will continue to strengthen its international ties with the EU, COE and UN, and other global partners, ensuring that Malta remains aligned with international developments in addiction management and drug policy.

3. **Evidence Based Policy Development and Reforms:** As the drug landscape evolves, NDAU will continue to contribute to the development of evidence-based policies that reflect the latest research and best practices. This will involve providing robust data to inform government strategies and advocating for reforms that improve treatment access, support mental health services, and address the root causes of addiction.

4. **Digital Innovation and Technology Integration:** NDAU acknowledges the crucial role that technology plays in expanding its outreach and boosting the effectiveness of addiction management. To ensure it remains at the cutting edge of digital progress, the unit plans to develop a dedicated online database, streamlining both data collection and reporting processes. In addition, NDAU will enhance its digital presence by launching official accounts on social media platforms such as Facebook and Instagram, enabling direct engagement with the public and raising awareness around addiction issues. A regular electronic newsletter will also be introduced to keep stakeholders and partners updated on NDAU's latest activities, research findings, and forthcoming initiatives. Furthermore, the NDAU will establish and maintain a comprehensive website, which will serve as a central hub for information, resources, event updates, and community engagement, ensuring that the wider community remains informed and involved. These digital initiatives are designed to promote transparency, encourage collaboration, and strengthen public engagement.

CHAPTER 2
Drug Law & Drug Offences

1. Drug Arraignments

In 2024, the Malta Police Force recorded 127 court arraignments related to drugs, marking the first increase since 2017. The majority of these arraignments now involve drug trafficking cases.

2. Tribunal Possession Cases

Between 2015 and December 2024, the Tribunal handled a total of 3,965 possession cases, with cannabis (grass) constituting the majority at 1,618 cases. In 2024, the Tribunal recorded its lowest number of cases, with only 60 processed.

3. Probation and Parole

In 2024, the Department for Probation and Parole reported a total of 551 registered individuals, predominantly male, with cocaine identified as the primary drug of choice.

4. Drug Purity

The purity levels of heroin, cannabis and cocaine analysed by the FAL between 2017 and 2024 fluctuated, with heroin and cocaine showing notable peaks and declines, while cannabis remained relatively stable.

2.1 LEGAL CONTEXT

Malta's legislative framework on substance use is built on several key legal instruments, each addressing different aspects of drug control, treatment, and prevention. The principal laws include:

- The Medical and Kindred Professions Ordinance (Cap. 31, of the Laws of Malta) – which governs psychotropic substances and has undergone various amendments over time.
- The Dangerous Drugs Ordinance (Cap. 101, of the Laws of Malta) – primarily addressing narcotic drugs. Notably, a 2005 amendment enabled the prescription of methadone and similar treatments.
- The Drug Dependence (Treatment not Imprisonment) Act (Cap. 537, 2014 of the Laws of Malta) – marking a shift from punitive to rehabilitative approaches for individuals found in possession of drugs for personal use.

2.1.1 Drug Dependence (Treatment not Imprisonment) Act – Chapter 537

Brought into force in April 2015, Chapter 537 decriminalised personal possession of small quantities of drugs, redirecting such cases to administrative and rehabilitative channels. Under this Act:

- Possession of up to 2 grams or two pills of any drug (other than cannabis), regardless of purity, is no longer a criminal offence. Instead, it is punishable by a fine, the amount of which depends on the substance.
- Repeat offenders (within two years) may be referred to the Drug Offenders Rehabilitation Board, which assesses their situation and may recommend support or treatment.
- Non-compliance with administrative measures or board recommendations may result in a court referral to the Drug Court, as stipulated by law.
- Possession beyond the stipulated quantities remains a criminal offence and is handled by the Maltese Law Courts.

2.1.2 Regulation of Cannabis – Chapter 628 and Amendments to Chapter 537

In December 2021, Malta passed the Authority on the Responsible Use of Cannabis Act (Cap. 628 of the Laws of Malta). This law created a regulatory authority tasked with:

- Overseeing non-profit cannabis associations with up to 500 registered members.
- Authorising the distribution of up to 7g per day (and 50g per month) of cannabis per member.
- Allowing residents to grow up to four cannabis plants per household, with a limit of 50g of dried cannabis at any given time.
- Permitting individuals to carry up to 7g of cannabis in public. Carrying 8–28g may result in administrative action (Cap. 537 of the Laws of Malta).

Public consumption and cannabis use in the presence of minors or in visible spaces remain prohibited. Minors are strictly barred from cannabis-related activities.

2.1.3 Establishment of the National Drugs and Addictions Unit

The NDAU was officially established by Legal Notice 285 of 2024, under the Public Health Act. The NDAU is tasked with coordinating national policies and strategies related to drug prevention, treatment, and harm reduction. Its establishment marked a formal consolidation of Malta's public health and drug policy efforts under one national coordinating body.

2.2 MALTA POLICE FORCE – DRUG SQUAD

The Drug Squad is a specialised unit within the Malta Police Force tasked with addressing drug-related offences, including trafficking, possession, and illicit cultivation/production. Operating under the Criminal Investigation Department, the squad combines intelligence, investigative work, and operational expertise to tackle both local and international drug-related threats, playing a key role in safeguarding public safety. The Anti-Drug squad's work focuses on intelligence gathering, surveillance, and digital tools to monitor drug activity. Based on this intelligence, officers conduct coordinated raids and arrests to dismantle organised networks. The unit is also responsible for seizing illicit substances and related paraphernalia, disrupting supply chains, and limiting the availability of drugs. Collaboration forms a core part of its operations, both nationally and internationally, through partners including Interpol and Europol.

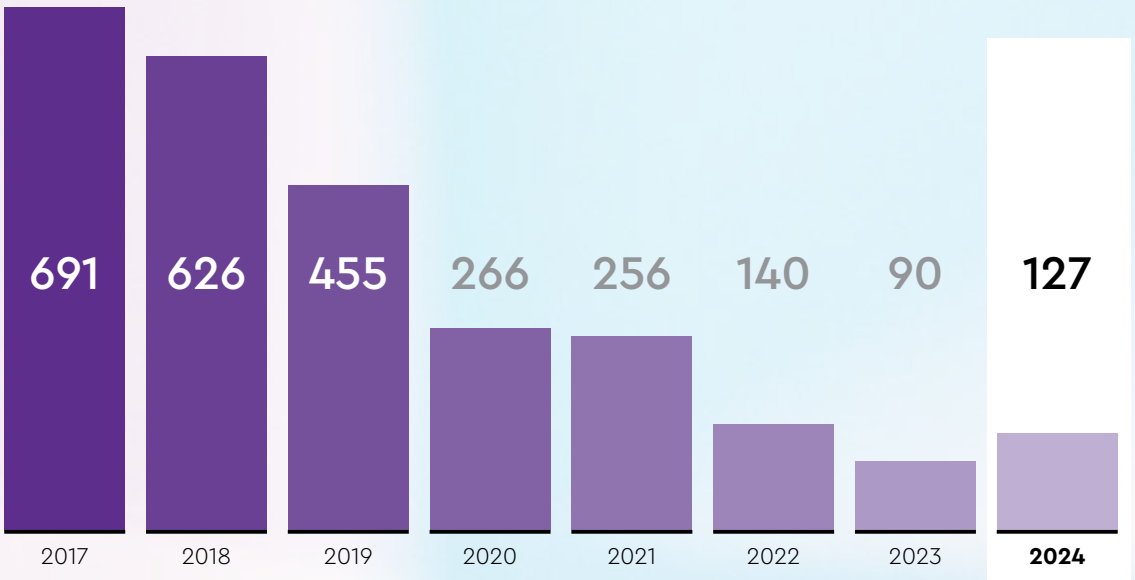
As part of its enforcement mandate, the Drug Squad plays a key role in national drug monitoring, collecting and analysing data on arrests, arraignments, and drug seizures across the country. This section presents an overview of 2024 data, outlining the total number of arraignments for trafficking and possession offences, together with the quantities and types of illicit substances seized during both local operations and in-transit interceptions. These figures provide valuable insight into current trends in drug-related crime, patterns of substance presence on the illicit market or otherwise, and the operational priorities of law enforcement in Malta.

2.2.1 Arraignments

Arraignments provide an important measure of how drug-related offences are processed through the courts and offer insight into long-term enforcement and judicial trends. Examining the period between 2017 and 2024 highlights significant shifts in the volume of cases brought forward.

In 2024, a total of 127 individuals were arraigned in court for drug-related offences, representing an increase from the 90 arraignments recorded in 2023. Despite this slight rise, the overall trend since 2017 shows a significant and sustained decline in arraignments. Following a peak of 691 cases in 2017, numbers gradually decreased over the subsequent years, with 626 in 2018, 455 in 2019, 266 in 2020, and 256 in 2021, before falling further to 140 in 2022 and 90 in 2023. The small rise in 2024, while notable, does not alter the overall downward trajectory observed across the period.

Figure 2.1: Total Number of Arraignments (2017–2024)



2.2.2 Arraignments by type of offence

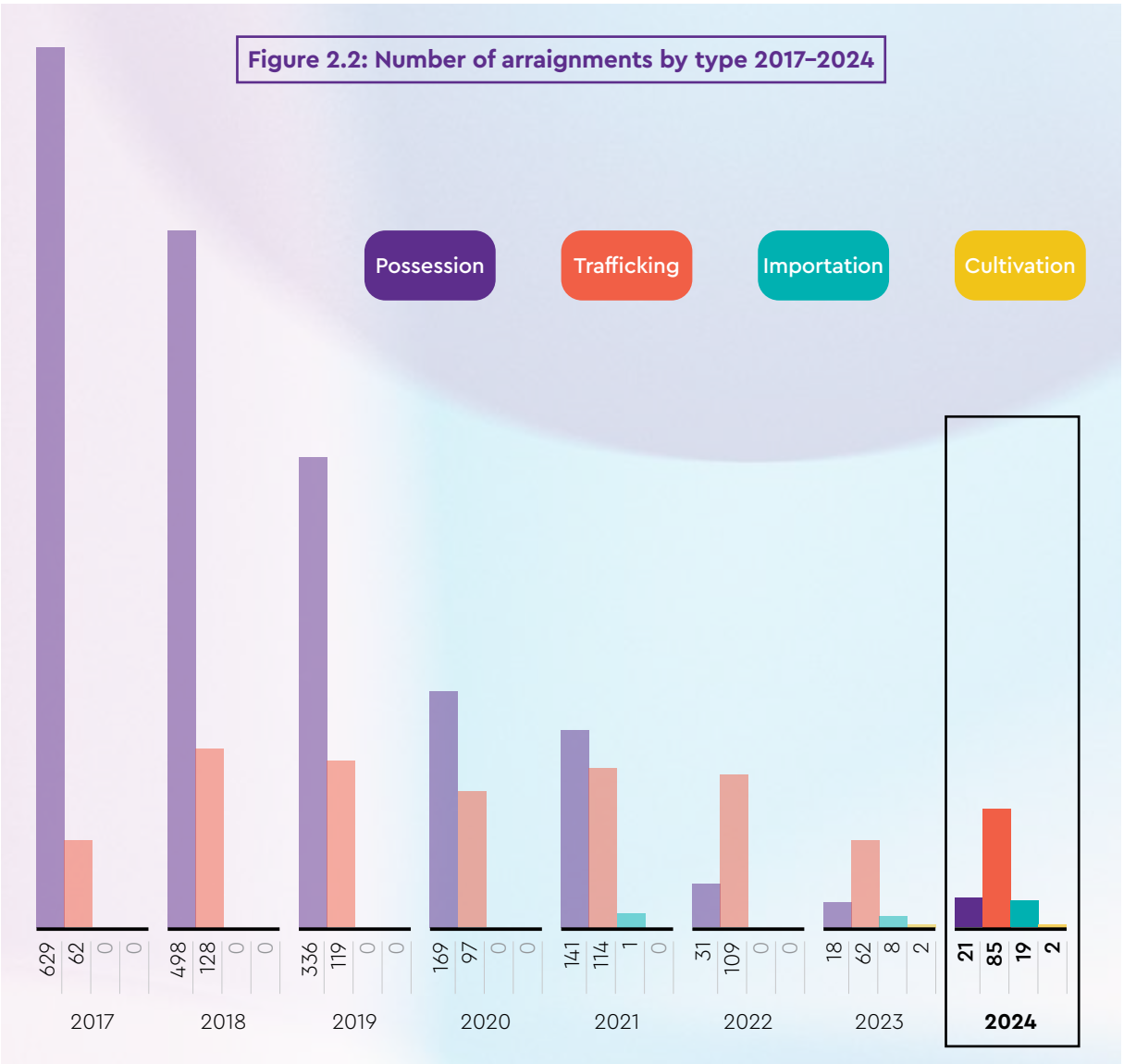
When categorising arraignments by type of offence, the data highlights a clear divergence between possession and trafficking cases over the eight-year period.

Arraignments related to drug possession have declined consistently and significantly since 2017. That year, 629 cases were recorded, falling to 498 in 2018, 336 in 2019, and 169 in 2020. The downward trend continued with 141 cases in 2021, before dropping sharply to 31 in 2022. By 2023, only 18 possession-related arraignments were recorded, with a marginal rise to 21 in 2024. This represents a reduction of 97% compared to 2017.

The sharp decline coincides with the implementation of the Drug Dependence (Treatment not Imprisonment) Act (Cap. 537 of the Laws of Malta, enacted in 2015), which redirected individuals caught with small quantities of drugs for personal use away from the criminal court system to the Commissioner of Justice. This administrative approach has contributed to the sustained reduction in possession-related cases brought before the courts.

In contrast, trafficking offences exhibited a relatively stable trend over the observed period. In 2017, a total of 62 trafficking arraignments were recorded. Between 2018 and 2022, the number of arraignments increased, averaging 113 cases annually. A decline was observed in 2023, with 62 arraignments reported, followed by a moderate increase in 2024, when 85 arraignments were registered. While lower than in earlier years, trafficking continues to account for the majority of drug-related arraignments. Unlike possession, these offences have not experienced the same sustained year-on-year decline.

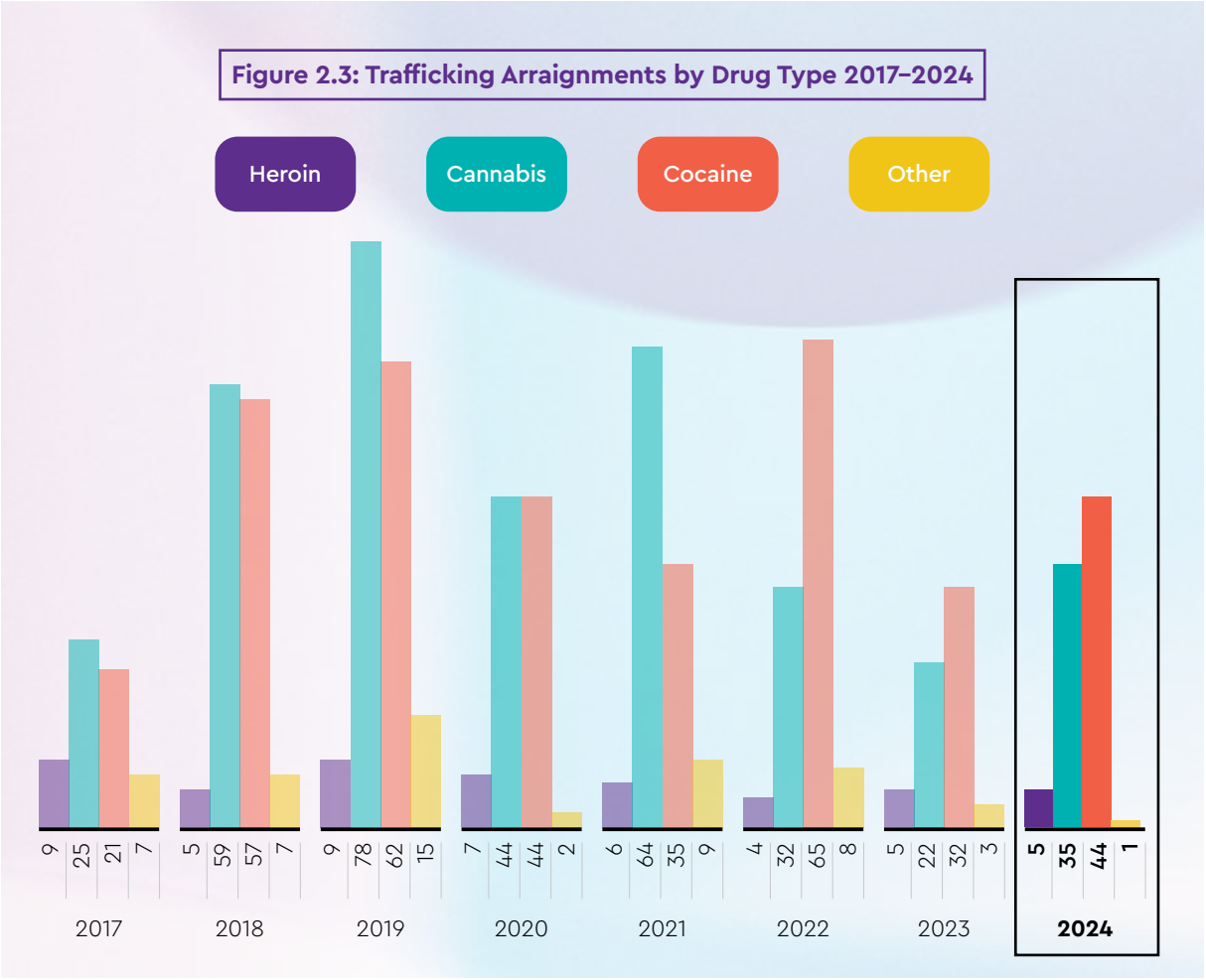
Figure 2.2: Number of arraignments by type 2017–2024



Disaggregated by offence type, trafficking dominated the caseload in 2024, with 85 arraignments (67%). These were primarily linked to cocaine 44 cases (52%) and cannabis 35 cases (41%), while smaller shares involved heroin 5 cases (6%) and MDMA 1 case (1%).

Possession offences accounted for 21 arraignments (17%), reflecting the impact of legislative reforms that diverted minor possession cases away from criminal proceedings. Within this category, cocaine was most common 12 cases (57%), followed by cannabis 4 cases (19%), MDMA 3 cases (14%), methamphetamine 1 case (5%), and ketamine 1 case (5%). Importation offences made up 19 arraignments (15%), the majority related to cannabis, while cultivation remained rare, with only 2 cases recorded.

Figure 2.3: Trafficking Arraignments by Drug Type 2017–2024



2.2.3 Arraignments by type of drugs

When examining drug-related arraignments by substance between 2017 and 2024, the data highlights clear shifts in both prevalence and prosecution patterns.

Cannabis and cocaine consistently accounted for the majority of arraignments in the earlier years of the reporting period. In 2017, there were 317 cannabis-related cases and 243 cocaine-related cases. Cannabis peaked in 2018 with 356 arraignments, before entering a sharp decline: 141 in 2020, 144 in 2021, and just 37 in 2023. A slight increase was observed in 2024, with 54 cases recorded.

This downward trend aligns with the introduction of The Authority on the Responsible Use of Cannabis Act (Cap. 628 of the Laws of Malta) in 2021, which permitted limited personal use and cultivation under regulated conditions. Alongside this, the continued application of the Drug Dependence (Treatment Not Imprisonment) Act (Cap. 537 of the Laws of Malta) further diverted minor possession cases away from criminal proceedings. Together, these reforms reduced the flow of cannabis cases into the courts, as certain behaviours were either decriminalised or handled administratively.

Cocaine-related arraignments followed a similar pattern, dropping from 243 in 2017 to 38 in 2023, with a slight increase to 59 cases in 2024. Heroin cases showed fluctuations, falling from 40 in 2017 to 5 in 2024, though recording a temporary rise in 2021, MDMA remained a minor share throughout, with 81 arraignments in 2017 representing the highest point, followed by a steady decline in later years.

Overall, the data indicate a general decline across most substances between 2017 and 2024, with cannabis demonstrating the most pronounced change, reflecting the impact of legal and policy reforms on judicial caseloads.

Figure 2.4: Possession Arraignments by Drug Type 2017–2024

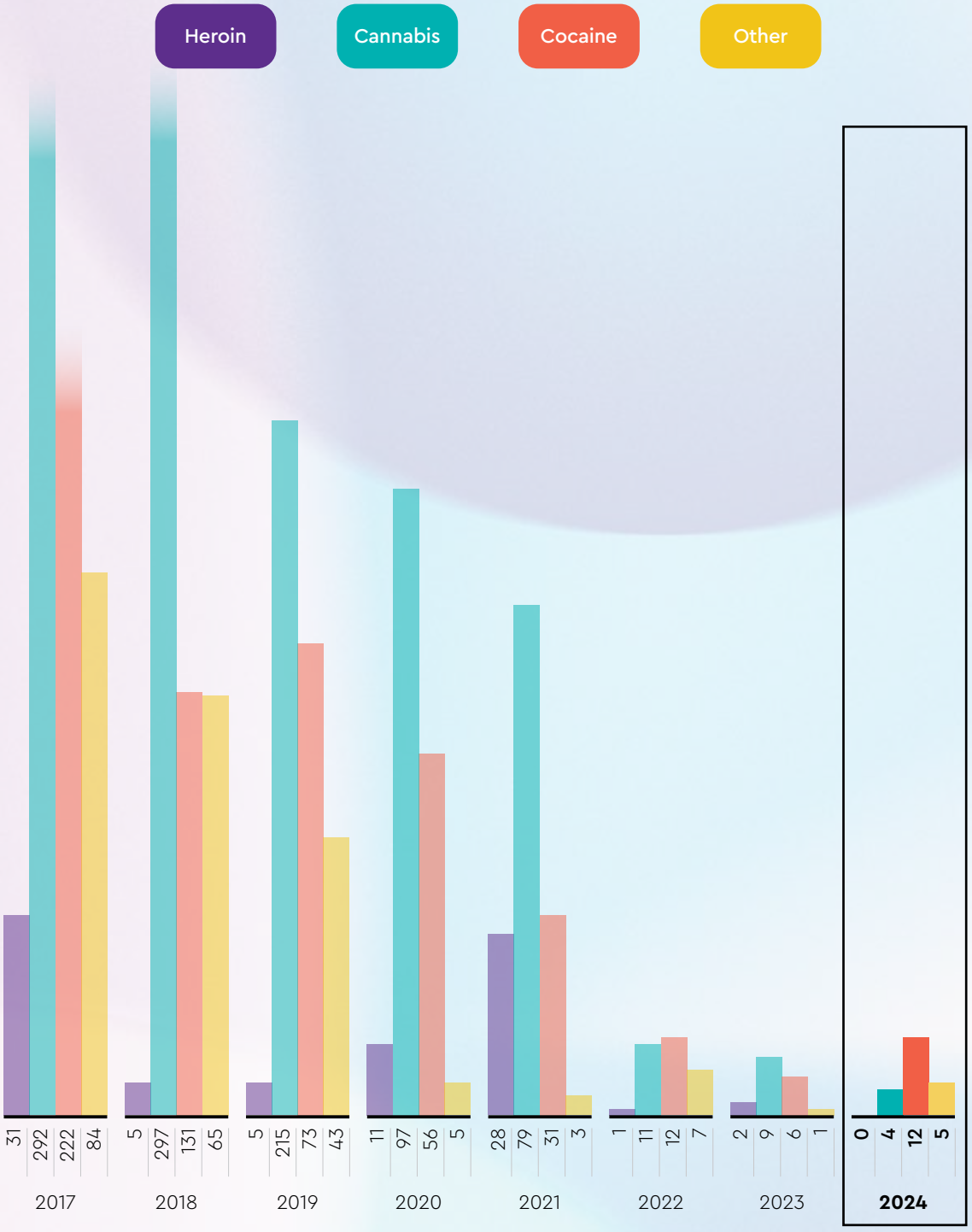


Figure 2.5: Total number of Arraignments by type of Drug 2017–2024

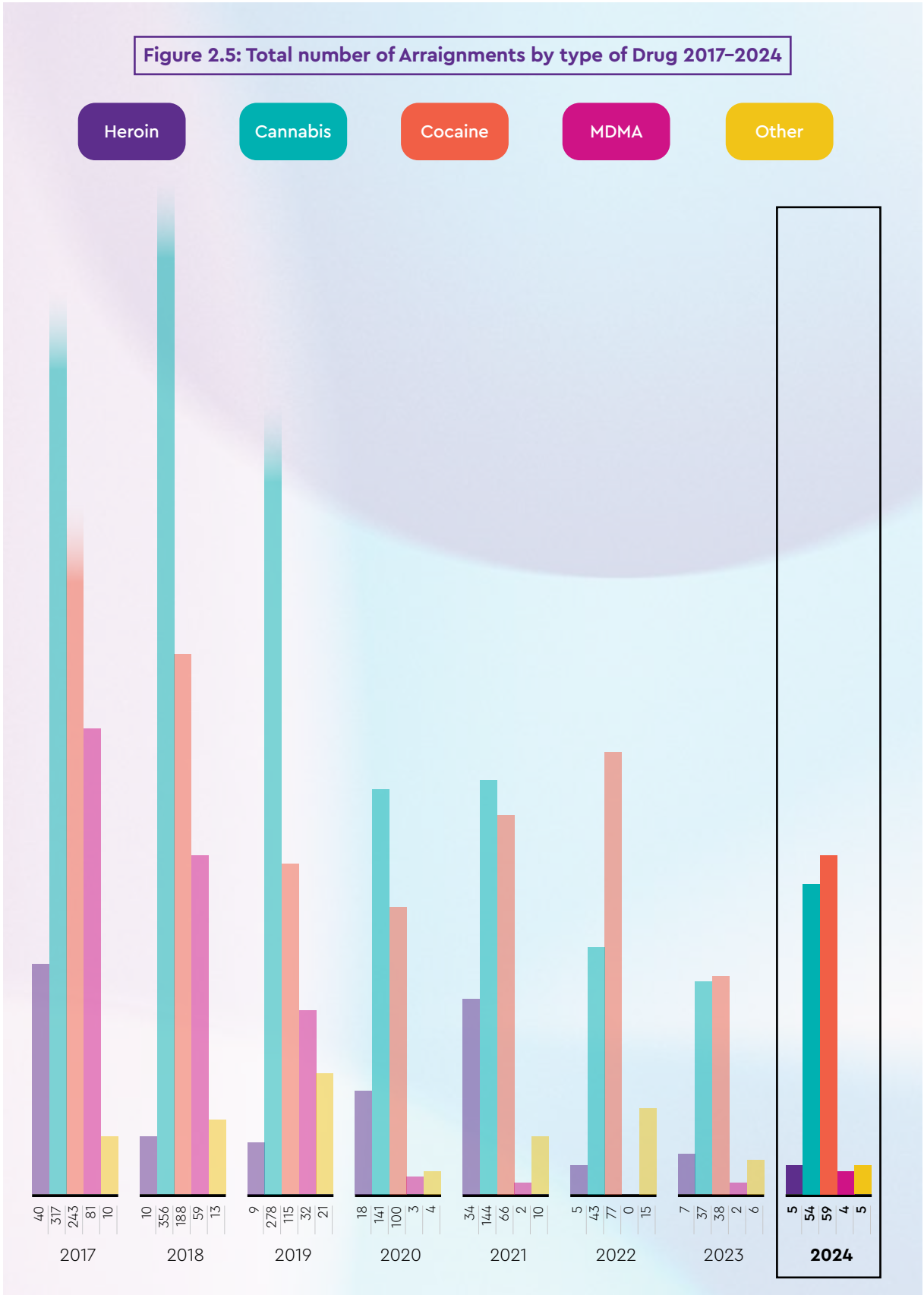


Table 2.1: Arraignments by offence type and age group 2024

Offence	Drug	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70+	Total
Possession	Cannabis	2	–	–	1	–	–	–	–	–	–	–	1	4
	Cocaine	2	1	1	1	2	4	2	–	–	–	–	–	12
	Meth	–	1	–	–	–	–	–	–	–	–	–	–	1
	XTC	–	–	1	2	–	–	–	–	–	–	–	–	3
	Ketamine	–	–	1	–	–	–	–	–	–	–	–	–	1
Trafficking	Cannabis	2	7	11	3	3	1	2	3	2	1	–	–	35
	Cocaine	3	5	8	7	10	1	7	1	1	–	1	–	44
	Heroin	–	1	–	–	1	1	1	1	–	–	–	–	5
	XTC	–	–	1	–	–	–	–	–	–	–	–	–	1
Importation	Cannabis	–	6	5	1	1	–	–	–	2	–	–	–	15
	Cocaine	–	–	1	1	1	–	–	–	–	–	–	–	3
	NPSs	–	–	1	–	–	–	–	–	–	–	–	–	1
Cultivation	–	–	–	–	1	1	–	–	–	–	–	–	–	2
Total	–	9	21	30	18	21	5	10	5	5	1	1	1	127

2.2.4 Arraignments by age and sex

In 2024, the distribution of arraignments varied significantly by age and sex. The majority of cases involved males, accounting for 108 arraignments (85%), while females represented 19 cases (15%).

The age distribution shows that drug-related offences were concentrated among young adults. Individuals aged 20–29 accounted for 51 arraignments (40%), followed by those aged 30–39 with 39 cases (31%). By contrast, the involvement of minors (15–19) and older adults (65+) was minimal, together making up less than 10% of all arraignments. Arraignments steadily decreased after the age of 40, with only 25 cases (20%) recorded across the 40+ age groups.

2.2.5 Arrests by nationality

In 2024, arrests for drug trafficking varied by nationality, though clear patterns emerged across groups. Among EU nationals, the majority of arrests involved cocaine, 35 cases (67%), followed by cannabis, 11 cases (21%), heroin, 5 cases (10%), and MDMA, 1 case (2%). EU nationals were represented across all drug types, with cocaine trafficking comprising the largest share of their arrests.

By contrast, non-EU nationals were primarily linked to cocaine, 16 cases (64%) and cannabis, 8 cases (32%) and MDMA, 1 case (4%). Non-EU nationals were more frequently associated with single-drug trafficking as opposed to involvement across multiple substances.

Overall, EU nationals accounted for 68% of all trafficking arrests, while non-EU nationals represented 32%. In both groups, cocaine dominated the market, with cannabis as the second most prevalent substance. Heroin and MDMA made up a minor share, together comprising less than 10% of arrests.

Table 2.2: Arrests by nationality and drug type 2024

Nationality Group	Cannabis	Cocaine	Heroin	MDMA	Total
EU Nationals	11	35	5	1	52
Non-EU Nationals	8	16	–	1	25
Total	19	51	5	2	77

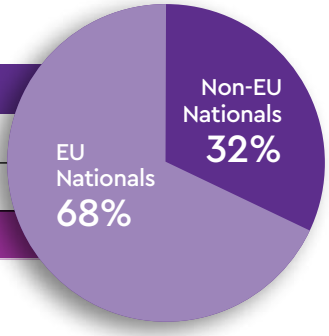


Table 2.3: Arrests by offence type and age group 2024

Age		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		Total
Offence	Drug	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	-
Possession	Pos Cannabis	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Pos Cocaine	1	1	-	1	1	-	1	1	3	2	1	3	-	-	-	-	-	-	-	-	15
	Pos Methadone	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Pos Ketamine	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Pos XTC	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2
Possession with intent to supply	PWIS Cannabis	-	-	-	1	-	2	-	1	-	1	-	-	1	-	-	1					7
	PWIS Cocaine	-	2	-	2	-	1	-	1	-	2	-	-	-	-	-	-	-	-	-	-	8
	PWIS Heroin	-	-	-	1	-	-	-	-	-	2	-	-	-	-	-	1	-	-	-	-	4
Cultivation	Cultivation	-	-	-	-	-	2	1	2	-	1	1	-	-	-	-	-	-	-	-	-	7
Importation	Import Heroin	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
	Import Cannabis	-	3	1	9	1	15	-	5	-	7	1	2	-	2	-	-	1	2	-	2	51
	Import Cocaine	-	1	1	-	-	1	-	2	1	3	-	1	2	2	-	-	-	1	-	-	15
Trafficking	Traf Cannabis	-	-	-	-	-	-	-	1	-	1	-	1	-	2	-	2	-	-	-	-	7
	Traf Cocaine	-	-	1	4	-	8	1	4	-	6	1	1	-	5	-	1	-	1		1	34
	Traf XTC	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Total	-	1	7	3	19	2	34	3	19	4	25	4	8	3	11	0	5	1	4	0	3	156

2.2.6 Arrests by age, sex, and offence type

In 2024, arrests for drug-related offences showed a marked predominance of males over females across nearly all categories. Out of a total of 156 arrests, males accounted for 135 cases (87%), while females represented 21 cases (13%). The age distribution indicates that young adults, particularly those aged 20–34, were most frequently arrested, collectively accounting for 80 arrests (51%). Arrests among minors (15–19) were minimal, with only 8 cases (5%), while involvement of older adults (55+) was also low, comprising 13 cases (8%) of total arrests.

Cannabis-related arrests were most prevalent, particularly in the 25–44 age groups, both for possession and importation. Cocaine-related arrests were concentrated in the 20–39 age bracket, while heroin cases were comparatively fewer and mostly involved possession with intent to supply in the 30–44 age group. Arrests for other substances such as methadone, ketamine, and MDMA were limited but notably occurred among adults aged 25–44.

Importation and trafficking offences were primarily associated with cannabis and cocaine, with males overwhelmingly represented in these categories. Cultivation-related arrests showed a relatively balanced distribution among adults aged 25–44, while trafficking of MDMA was recorded in isolated cases among adults aged 25–39.

2.2.7 Drug seizures

In 2024, the Drug Squad of the Malta Police Force continued its operations to detect and intercept illicit drugs across Malta. The squad carried out targeted interventions based on intelligence, inspections, and coordination with other relevant agencies, focusing on preventing the importation and distribution of controlled substances. The following section presents the results of these operations, highlighting the types of drugs seized, quantities involved, and points of interception. All quantities are reported in grams for consistency, and seizures have been categorised into Air, Land, Mail, Sea-Freeport, and Sea-Catamaran.

Air Seizures
At Malta International Airport, interceptions primarily involved cocaine and cannabis products. A total of 7,800g of cocaine was seized in 3 incidents, alongside 71,000g of cannabis grass across 4 seizures and 1,508g of cannabis resin in 2 seizures. These interceptions reflect monitoring of passenger traffic and disruption of substances likely intended for domestic distribution, as well as attempts to introduce drugs into Malta via air transport. While air seizure quantities are moderate compared to maritime shipments, these operations remain an important component of the overall enforcement strategy.

Land Seizures
Seizures conducted on land, including in public spaces and private premises, accounted for substantial volumes across multiple substances. Cocaine represented 13,425.94g over 36 seizures, while cannabis grass accounted for 9,127.94g in 23 incidents. Heroin was detected in 11 operations, totalling 1,368.04g. Additional substances seized included cannabis resin, crack cocaine, MDMA, cannabis plants, methamphetamine, scheduled synthetics, LSD, amphetamine, MDMA, methadone, cannabis joints, and ketamine across 36 further seizures, as detailed in the table above. Land seizures primarily reflect substances intended for local distribution and demonstrate ongoing enforcement against domestic trafficking networks.

Mail Seizures
Postal inspections revealed significant trafficking through mail services. Cannabis grass, 111,733g in 59 seizures, and cannabis resin, 13,536.26g in 12 seizures, were the most frequently intercepted substances. Other substances, including cocaine, cannabis plants, LSD, amphetamines, MDMA, cannabis joints, and ketamine, were seized in 13 additional instances. Mail seizures often involve substances in transit, either destined for domestic use or as part of broader international trafficking. These interceptions demonstrate effective coordination between the Drug Squad, postal authorities, customs, and the use of screening technologies to identify illicit consignments.

Sea-Freeport Seizures
The largest quantities of drugs were intercepted at the Malta Freeport, reflecting its role as a major transhipment hub. Cocaine seizures reached 2,204,000g over 18 incidents, while cannabis resin accounted for 4,300,000g in a single seizure. These interceptions primarily represent substances in transit through Malta.

Sea-Catamaran Seizures
Seizures from individuals arriving via catamaran services were smaller in volume but still significant. Cocaine and cannabis grass accounted for 21,950g and 22,000g, respectively, followed by ketamine, methamphetamine, and MDMA in 3 additional seizures. These interceptions target substances intended for domestic distribution while also limiting smaller-scale trafficking through maritime passenger routes.

The data for 2024 reflects both the evolving methods of drug traffickers and the effectiveness of targeted enforcement strategies. Cocaine and cannabis remain the most frequently trafficked substances, with the highest volumes intercepted via maritime and postal channels. Heroin, synthetic drugs, and emerging substances such as MDMA, ketamine, and methamphetamine were seized in smaller quantities.

The Drug Squad's activities are aligned with Malta's National Drug Policy 2023–2033, which emphasises reducing drug supply through effective law enforcement, strengthening legislation, and promoting a multi-sectoral approach involving health, education, and law enforcement agencies. By integrating operational activity with the broader policy framework, the squad contributes to a comprehensive response to the challenges posed by drug misuse.

In the table below, the quantities of drugs seized in 2024 are presented by route and type, with the corresponding street-level prices per gram (or per tablet for MDMA) also included for reference.

Table 2.4: Quantity by type of drug and route 2024

Type of Drug	Air Qty	Land Qty	Mail Qty	Sea-Qty Freeport	Sea-Qty Catamaran	Total	Street price per gram (€)
Cocaine	7800g	13425.94g	2000g	2204000g	21950g	2249175.94g	75–120
Heroin	–	1368.04g	–	–	–	1368.04g	75–110
Cannabis Resin	1508g	610.55g	13536.26g	4300000g	–	4315654.81g	–
Cannabis Grass	71000g	9127.94g	111733g	–	22000g	213860.94g	16–30
Crack Cocaine	–	64.03g	–	–	–	64.03g	–
Ecstasy	–	87	–	–	–	87	–
Cannabis plants	–	242	26	–	–	268	–
Methamphetamine	–	1g	–	–	850g	851g	–
Scheduled synthetic	–	9.29g	–	–	–	9.29g	–
LSD	–	1	1	–	–	2	–
Amphetamine	–	2g	50g	–	–	52g	–
MDMA	–	23.7g	75g	–	650g	748.7g	60–100
Methadone	–	0.25ML	–	–	–	0.25ML	–
Cannabis joint	–	4	1235	–	–	1239	–
Ketamine	–	33g	14.32g	–	900g	947.32g	–
2C-B	–	–	–	–	–	–	–
Pink Cocaine	–	–	–	–	–	–	–

Table 2.5: Seizures by type of drug and route 2024

Type of Drug	Air Qty	Land Qty	Mail Qty	Sea-Qty Freeport	Sea-Qty Catamaran	Total
Cocaine	3	36	2	18	3	62
Heroin	–	11	–	–	–	11
Cannabis Resin	2	5	12	1	–	20
Cannabis Grass	4	23	59	–	2	88
Crack Cocaine	–	3	–	–	–	3
Ecstasy	–	6	–	–	–	6
Cannabis plants	–	8	2	–	–	10
Methamphetamine	–	1	–	–	1	2
Scheduled synthetic	–	2	–	–	–	2
LSD	–	1	1	–	–	2
Amphetamine	–	1	1	–	–	2
MDMA	–	3	1	–	1	5
Methadone	–	1	–	–	–	1
Cannabis joint	–	1	4	–	–	5
Ketamine	–	4	2	–	1	7
2C-B	–	–	–	–	–	–
Pink Cocaine	–	–	–	–	–	–
Grand total	9	106	84	19	8	226

2.3 FORENSIC ANALYSIS LABORATORY (FAL)

The FAL at the University of Malta is a leading analytical and research centre specialising in forensic drug and toxicology analysis. Staffed by experienced forensic chemists and toxicologists, the laboratory provides support to the Law Courts, government agencies, private clients, and law enforcement authorities. Its work ensures that controlled substances and toxicological evidence are analysed with the highest scientific rigour, producing results that are both reliable and legally admissible.

A core function of the laboratory is controlled substance analysis, which involves the examination of physical evidence submitted by law enforcement to determine the presence or absence of illicit or controlled substances. This includes a wide range of materials, such as drug paraphernalia, crystals suspected to be narcotics or synthetic drugs, herbal materials such as cannabis or psychoactive plants, and liquids, including beverages, chemical solutions, or bodily fluids. Each item is processed following strict chain-of-custody protocols, which safeguard the integrity of the evidence and ensure that it is admissible for judicial proceedings.

The laboratory also plays a critical role in post-mortem toxicology. In collaboration with forensic pathologists, the FAL analyses biological specimens from deceased individuals to detect drugs of abuse, prescription medications, alcohol, volatile substances, poisons, and toxic agents. These analyses are fundamental in determining the cause and manner of death, particularly in cases involving overdoses, homicides, accidents, or accidental poisonings. By applying precise analytical techniques, the laboratory provides courts with scientifically validated evidence that can support legal decisions and investigative conclusions.

At the heart of the laboratory's analytical methodology is Gas Chromatography–Mass Spectrometry (GC-MS), widely recognised as a gold-standard technique in forensic science. GC-MS is employed for its high sensitivity and specificity, its ability to robustly separate and identify chemical compounds, and its legal reliability in both forensic and toxicological contexts. This technique enables the FAL to confidently detect and identify a wide range of substances, from commonly encountered narcotics to emerging synthetic drugs. Analytical procedures are carefully adapted to each type of sample: powders, liquids, herbal materials, and complex mixtures undergo tailored extraction and purification before analysis. All results are then interpreted by expert forensic chemists and cross-referenced with validated substance databases, ensuring accuracy and reliability in both laboratory reporting and judicial proceedings.

The laboratory workflow is structured to ensure both precision and traceability. Evidence is first securely received and verified, with chain-of-custody documentation maintained at every step. Samples undergo preparation tailored to their material type, followed by instrumental analysis using GC-MS. After testing, results are reviewed and interpreted by trained forensic chemists, who prepare formal reports that are then communicated to the relevant authorities. In addition, the laboratory provides expert testimony when required, supporting judicial proceedings with clear, scientifically grounded explanations of findings.

The FAL's work has a significant impact on public health, safety, and justice. By accurately identifying harmful substances, the laboratory contributes to community safety, informs public health surveillance, and educates both authorities and the public about the risks associated with illicit drug use. Its analyses also ensure that judicial outcomes are supported by objective scientific evidence, reinforcing accountability and fairness in legal processes.

In 2024, the laboratory analysed substantial quantities of controlled substances, reflecting the scope of drug-related activity in Malta. Cannabis remains one of the most frequently tested substances, with over 56 kilograms of herbal cannabis analysed, averaging 8.1% THC content, alongside approximately 2.6 kilograms of cannabis resin at 16% THC. Additionally, 111 grams of CBD/HHC resin and 510 grams of HHC-containing buds were processed, demonstrating the laboratory's capacity to monitor emerging cannabinoid products. Cocaine continues to be a prevalent concern, with more than 108 kilograms analysed at an average purity of 43%, and crack cocaine, 50 grams, exhibiting 57% mean purity. Heroin analysis included 577 grams of material with an average purity of 13%. The laboratory also tested synthetic substances, including MDMA, ketamine, and their combinations with other compounds. MDMA was analysed both in tablets, 128 units, and powder form, 105 grams, while ketamine and combinations such as ketamine with MDMA, ketamine with caffeine, and ketamine with MDMA plus cocaine were also identified and quantified. In addition, the laboratory analysed newer and emerging substances to address evolving trends in drug use. Synthetic cannabinoids and 2-CMC were among the compounds tested, highlighting the laboratory's ongoing monitoring of new psychoactive substances.

Table 2.6: Cannabis & Derivatives

Cannabis and Derivatives		
Substance	Quantity (g)	Mean Purity
Cannabis	56,336.05	8.10%
Resin	2,617.99	16%
CBD/HHC Resin	111.68	–
HHC-containing Buds	510	–

Table 2.7: Cocaine & Heroin Tested 2024

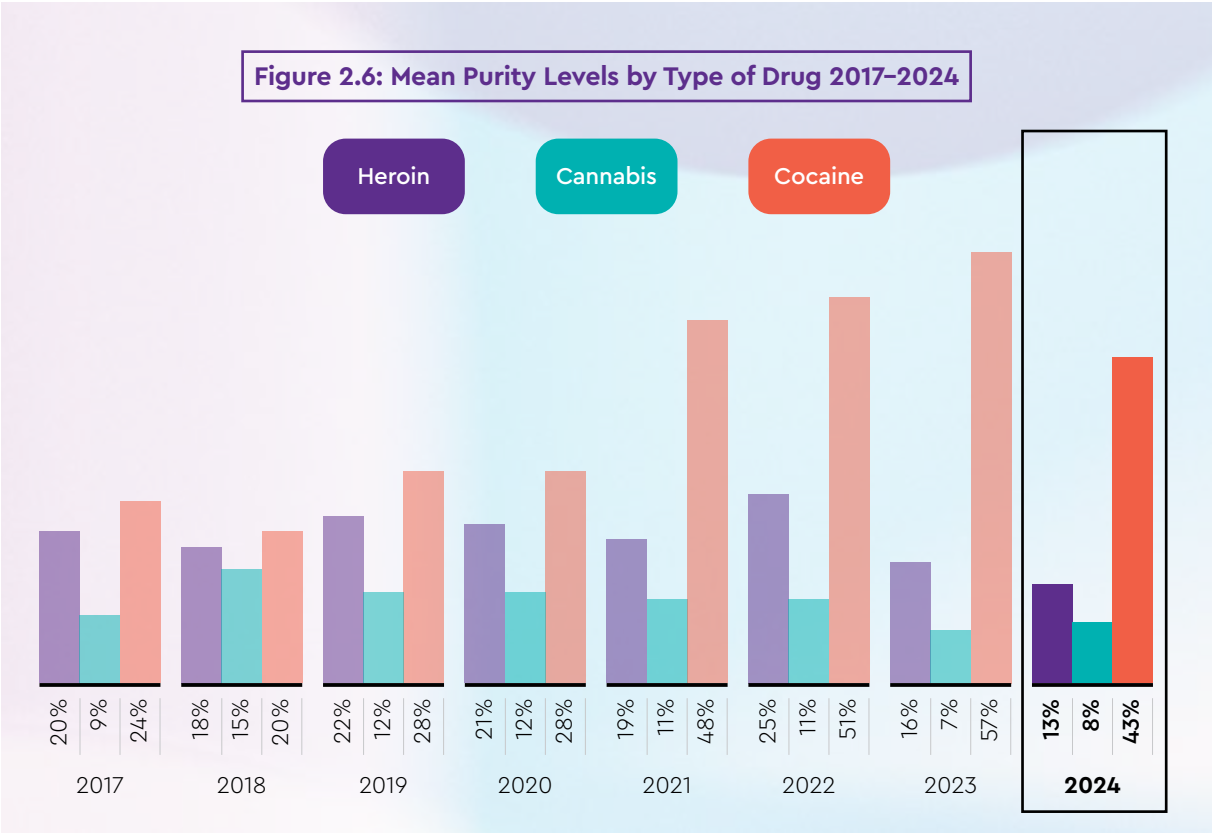
Cocaine and Heroin		
Substance	Quantity (g)	Mean Purity
Cocaine	108,769.40	43%
Crack Cocaine	50.43	57%
Heroin	576.72	13%

Table 2.8: MDMA and Other Synthetic Drugs Tested 2024

MDMA and Other Synthetic Drugs	
Substance	Quantity
MDMA (tablets)	128 tabs
MDMA (powder)	105.42g
Ketamine	23.35g
Ketamine + MDMA	0.74g
Ketamine + caffeine	19.85g
Ketamine + MDMA + Cocaine	0.66g
Synthetic Cannabinoid	13.14g
2-CMC	139.28g

An analysis of the mean purity of the three principal drugs processed by the FAL, heroin, cannabis, and cocaine over the period 2017 to 2024 reveals notable fluctuations and trends. The mean purity of heroin showed some variation, peaking at 25% in 2022, before decreasing to 13% in 2024. Cannabis maintained a relatively low and stable purity range, generally between 7% and 15%, reflecting consistent but moderate THC content in the samples analysed. In contrast, cocaine displayed significant variability, starting at 24% in 2017 and reaching a peak of 57% in 2023, before decreasing to 43% in 2024.

Figure 2.6: Mean Purity Levels by Type of Drug 2017–2024



2.4 TRIBUNAL CASES

The Tribunal, established under the Drug Dependence (Treatment Not Imprisonment) Act (Cap. 537 of the laws of Malta), continues to play a central role in adjudicating cases related to the possession of controlled substances for personal use. Acting under the authority of the Commissioner of Justice, the Tribunal ensures that individuals found in possession of small quantities of illicit substances are processed through an administrative rather than a criminal mechanism, in line with the law's rehabilitative intent. Its objective is to promote proportionality, encourage treatment and social reintegration, and alleviate the burden on the criminal courts.

Between 2015 and 2024, the Tribunal processed a total of 3,965 cases. Case outcomes are categorised into four main groups: *Paid, Tribunal Pending Payments, Cases Judged Not Guilty (Not Due), and Cases Pending Judgement*. Paid cases refer to administrative penalties that have been settled, while pending payments denote instances where a decision has been issued but payment remains outstanding. Cases judged not guilty indicate that the Tribunal ruled in favour of the individual, while pending judgements represent cases still under consideration.

2.4.1 Outcomes

The total number of cases brought before the Tribunal has experienced a pronounced decline over the last ten years. After commencing with 135 cases in 2015, figures rose sharply to 777 in 2016, followed by a period of elevated activity between 2017 and 2019, reaching a peak of 813 cases. However, the years thereafter have been characterised by a steady and continuous decrease, culminating in just 60 cases recorded in 2024, the lowest annual total since the Tribunal was established.

The table below provides a detailed breakdown of the Tribunal's outcomes, including the number of penalties paid, outstanding payments, cases judged not guilty, and cases pending judgment.

The observed reduction in overall caseload coincides with recent legislative reforms that partially decriminalised the possession of small amounts of cannabis for personal use, as well as shifts in enforcement priorities. These changes likely contributed to the significant decline in referrals to the Tribunal after 2021. Furthermore, greater public awareness, preventive initiatives, and the normalisation of certain low-level offences may have also played a role in reducing administrative proceedings.

Table 2.9: List of Tribunal Cases 2015–2024

Penali	Paid	Tribunal Pending Payments	Cases Judged Not Guilty (Not Due)	Cases Pending Judgement	Total
2015	85	42	8	0	135
2016	583	168	26	0	777
2017	555	136	2	0	693
2018	399	185	13	0	597
2019	633	164	16	0	813
2020	205	77	4	0	286
2021	211	136	2	2	351
2022	83	74	4	4	165
2023	33	49	3	3	88
2024	22	28	2	8	60

2.4.2 Type of Substance

A closer examination of the 3,965 cases handled between 2015 and 2024 highlights clear trends in both the types of substances involved and the characteristics of the individuals appearing before the Tribunal. The majority of cases concern possession of cannabis (both grass and resin) and cocaine. Specifically, possession of cannabis (grass) accounted for 1,618 cases (41%), followed by cocaine with 1,057 cases (27%), and cannabis resin with 646 cases (16%). Possession of heroin comprised 251 cases (6%). The remaining cases involved lesser quantities of psychotropic substances such as ecstasy, MDMA, ketamine, khat, LSD, and others, each representing a much smaller proportion of the caseload.

Table 2.10: Total Tribunal Cases by Substance 2015–2024

Substance	No. of Cases	% of Total
Cannabis (grass)	1,618	41%
Cannabis resin (hashish)	646	16%
Cocaine	1,057	27%
Heroin	251	6%
Ecstasy (MDMA tablets)	139	4%
MDMA (powder/crystal form)	101	3%
Unspecified psychotropic/restricted drugs	57	1%
Ketamine	49	1%
Khat	23	1%
Specified medicines (psychotropic)	15	0%
LSD	5	0%
Amphetamine	2	<0.1%
Cathinone	1	<0.1%
Mephedrone	1	<0.1%
Total	3,965	100%

2.4.3 Residency

When considering the residency status of individuals, 2,561 cases (65%) involved Malta residents across all substance types, while non Maltese were implicated in 1,240 cases (31%). Gozo contributed a significantly smaller share, with 140 cases involving residents and 24 involving foreigners.

2.4.4 Age Profile

An analysis of the age distribution among individuals appearing before the Tribunal between 2015 and 2024 reveals a diverse caseload, with notable concentrations in specific age groups. The largest proportion of cases pertains to the 21 to 25 age cohort, accounting for 801 cases or

Table 2.11: Total Tribunal Cases by Age 2015–2024

Age Group	Number of Cases	% of Total
14–17	264	7%
18–20	576	15%
21–25	801	20%
26–30	491	12%
31–40	578	15%
41–50	198	5%
51+	49	1%
Unknown	999	25%
Total	3,965	100%

20% of the total. This is closely followed by the 18 to 20 and 31 to 40 age groups, representing 576 cases (15%) and 578 cases (15%) respectively.

The 26 to 30 age group contributed 491 cases, amounting to 12% of all cases, while adolescents aged 14 to 17 comprised 264 cases, or 7% of the overall figure. Older age categories are represented to a much lesser extent; those aged 41 to 50 made up 198 cases (5%), and individuals aged 51 and above accounted for just 49 cases, or 1% of the total caseload.

It is noteworthy that a substantial portion of cases, totalling 999 or 25%, involved individuals whose ages were not recorded or could not be determined.

2.5 PROBATION AND PAROLE

The Department of Probation and Parole operates under the legal framework provided by three main legislative instruments: the Probation Act (Cap. 446 of the Laws of Malta), the Restorative Justice Act (Cap. 516), and the Criminal Code (Cap. 9 of the Laws of Malta) of the Laws of Malta. These statutes define the functions and responsibilities of the Department and support its role in promoting restorative and rehabilitative practices in the criminal justice system.

The Department plays a central role within Malta's criminal justice system. It offers alternatives to custodial sentences while promoting rehabilitation and reintegration for individuals facing criminal charges. Its primary aim is to reduce the incidence of crime by assisting offenders in reforming their behaviour and supporting their reintegration into society. The Department's services also provide the Criminal Court with possible alternatives to imprisonment, both before sentencing and following a judgment, thereby contributing to a more holistic and rehabilitative approach to justice.

Individuals placed under the supervision of a probation officer are subject not only to regular monitoring but also to structured guidance and assistance aimed at addressing underlying behavioural, psychological, or social issues. This process is managed with continued oversight by the Honourable Court, which is kept informed of the individual's progress to ensure that decisions reflect both the needs of the offender and public safety.

As part of its services during the pre-sentencing phase, the Department of Probation and Parole may be tasked with preparing reports and providing supervision for individuals undergoing criminal proceedings. Three types of reports may be submitted to the Court: the Pre-Sentence Report, the Social Inquiry Report, and the Verbal Report. These documents provide a comprehensive overview of the individual's personal and social circumstances, including family environment, psychological or psychiatric considerations, educational background, substance use history, and employment status. The Pre-Sentence Report, in particular, includes a formal recommendation on sentencing, assisting the Court in determining an appropriate and proportionate outcome. In 2024, the Department compiled a total of 197 such reports.

Probation officers also supervise individuals placed under a Provisional Supervision Order while proceedings are ongoing. Under these orders, the individual is closely monitored and receives support aimed at encouraging prosocial behaviour and reducing the risk of reoffending. Regular updates are submitted to the Court to ensure it remains informed of the individual's conduct and development. In 2024, the Criminal Court issued 137 Provisional Supervision Orders.

The Department's responsibilities continue following the delivery of a sentence. One of the most common post-sentencing measures is the Probation Order, which places the individual under structured supervision for a period ranging from one to three years. In 2024, the Court issued 201 Probation Orders. In cases involving a suspended prison sentence, the Court may also impose a Supervision Order, typically lasting between one and four years. In 2024, 15 such orders were issued.

Another rehabilitative measure employed by the Court is the Community Service Order. This allows an individual to carry out unpaid work for a specified number of hours, ranging from 40 to 480. In 2024, 21 Community Service Orders were issued. In a further 2 cases, combined orders were made that incorporated both probation supervision and community service, reflecting the Court's intention to tailor sanctions that integrate accountability with restorative practice.

The Treatment Order represents another key measure, underscoring the Department's emphasis on individual development. These orders may be issued either during proceedings or following sentencing and involve a collaborative approach between the probation officer and the individual to address behavioural, emotional, or psychological challenges. In 2024, the Department managed 184 Treatment Orders.

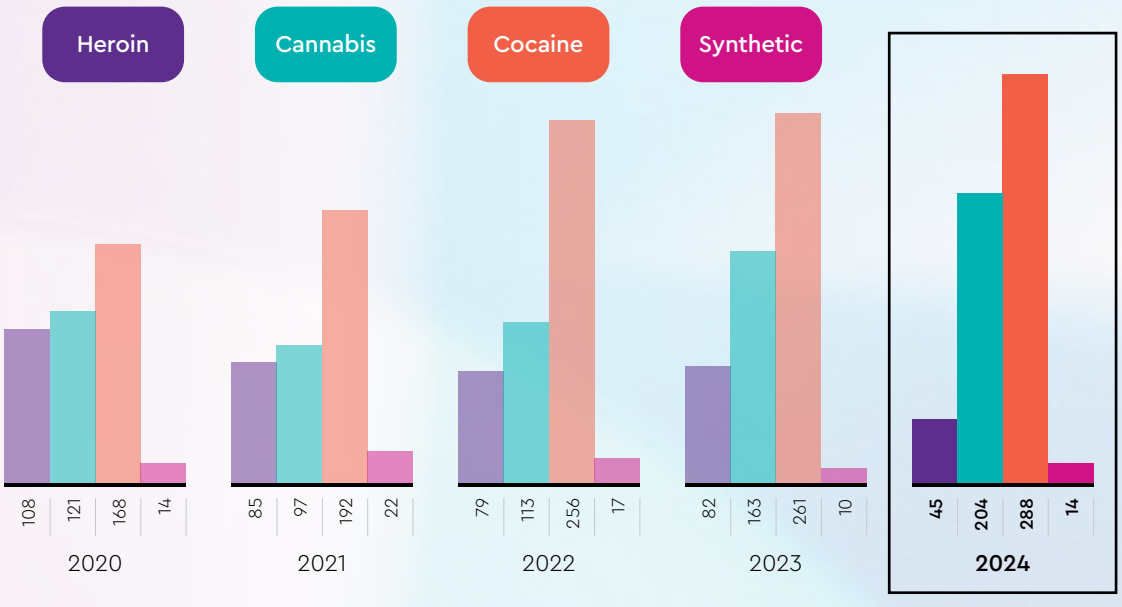
The Department also plays a central role in the parole process, as regulated by the Restorative Justice Act (Cap. 516 of the Laws of Malta). Probation officers support applicants from the early stages, compiling detailed reports for submission to the Parole Board. These reports consider the applicant's family situation, employment status, place of residence, and other relevant personal and social factors. Information is also gathered from relevant agencies that have previously worked with the applicant. The aim is to present a comprehensive assessment of the individual's background and readiness for reintegration. In 2024, the Department processed 62 applications for parole.

Following the approval of a parole licence, the Department assigns a probation officer to supervise and support the parolee for the duration of the licence. The officer is responsible for submitting regular progress reports to the Parole Board and must immediately report any breach of licence conditions. If the parolee is unemployed upon release or becomes unemployed during the parole period, they are required to undertake 20 hours of community service per week until they find formal employment. In 2024, the Department supervised 64 individuals on parole.

In 2024, the Department of Probation and Parole supervised a total of 1,276 cases, of which 846 were new. This caseload was managed by 22 probation officers, supported by 2 senior probation officers and 1 principal probation officer.

During the reporting year, the department provided supervision services to 551 individuals whose cases were linked to drug use, comprising of 480 males and 71 females. The majority of these cases involved cocaine and cannabis, with smaller proportions related to heroin and synthetic substances. The figure below outlines the number of individuals supervised in connection with each substance over a five-year period:

Figure 2.7: Probation and Parole Individuals by Type of Drug 2020–2024



Of the 204 cannabis related cases recorded in 2024, 47 remained active at the end of the year. Similarly, 85 of the 288 cocaine related cases were ongoing. For heroin, 15 of the 45 cases and 5 of the 14 cases involving synthetic substances remained open. These figures highlight the department's ongoing role in addressing substance-related offending through a holistic approach.

CHAPTER 3
Problem Drug Use

1. Syringe Distribution

Malta's national syringe programme registered a substantial reduction in output, declining from a peak of 370,000 syringes in 2012 to 48,526 in 2024.

2. Drug Treatment Trends

In 2024, cocaine surpassed heroin as the predominant primary drug among individuals entering treatment, rising from 4% in 2004 to 43%. Conversely, the proportion of heroin users has significantly decreased during the same period.

3. Demographic Patterns

The median age of treatment entrants for heroin, cocaine, and cannabis has increased over time, alongside a gradual reduction in sex disparity, particularly among those using heroin and cannabis.

4. Secondary Drug

Over the past two decades, there has a been a pronounced increase in the proportion of service users presenting for treatment with only a single primary substance across all three major drug categories.

3.1 HIGH RISK DRUG USE

This chapter presents a detailed analysis of high-risk drug use in Malta, drawing upon the most recent and comprehensive data available. The chapter systematically examines trends and patterns in problem drug use over 20 years, with data reviewed at five-year intervals to provide a robust longitudinal perspective. The scope of analysis encompasses the national syringe distribution programme, offering a critical evaluation of its role within harm reduction strategies and an assessment of current service provision levels.

Further sections of the chapter investigate the primary substances associated with individuals entering drug treatment, distinguishing between those with prior treatment experience and first-time entrants to ensure a nuanced understanding of service user profiles. The analysis then focuses in depth on heroin, cocaine, and cannabis, applying a consistent framework to each substance. This includes an exploration of demographic characteristics, patterns of use, frequency, routes of administration, and the prevalence of secondary substance use.

3.2 SYRINGE DISTRIBUTION IN MALTA

The needle and syringe distribution programme was introduced in 1994 as part of Malta's harm reduction strategy, in response to growing concerns about HIV, hepatitis, and other bloodborne infections among service users who inject drugs. It is administered through Primary Health Care services under the Ministry for Health, with distribution provided at ten designated health centres across Malta and Gozo.

In 2024, the programme distributed a total of 48,526 syringes. The highest uptake was recorded in Paola (15,600 syringes), followed by Cospicua and Gżira (9,800 respectively), and Floriana (4,900). Other centres reporting distribution included Qormi (4,000), Mosta (1,560), B'Kara (1,080), Kirkop (286), and Victoria, Gozo (1,500). The Rabat centre is currently closed.

The programme's primary aim is to reduce syringe sharing and the use of contaminated equipment, both of which significantly increase the risk of transmitting bloodborne infections. By ensuring free and accessible sterile supplies, the initiative plays a key role in safeguarding public health.

Since its introduction, the programme has been a vital public health service for people who inject drugs. Over the past three decades, distribution levels have shifted in line with evolving patterns of drug use and service demand. Syringe distribution rose steadily during the 1990s and early 2000s, peaking in 2012 with over 370,000 syringes. Between 2010 and 2017, annual distribution consistently remained above 300,000, reflecting sustained high uptake.

From 2018 onwards, however, a marked decline was observed. By 2020, distribution had fallen to just over 100,000 syringes, and numbers continued to decrease in subsequent years, reaching 48,526 in 2024.

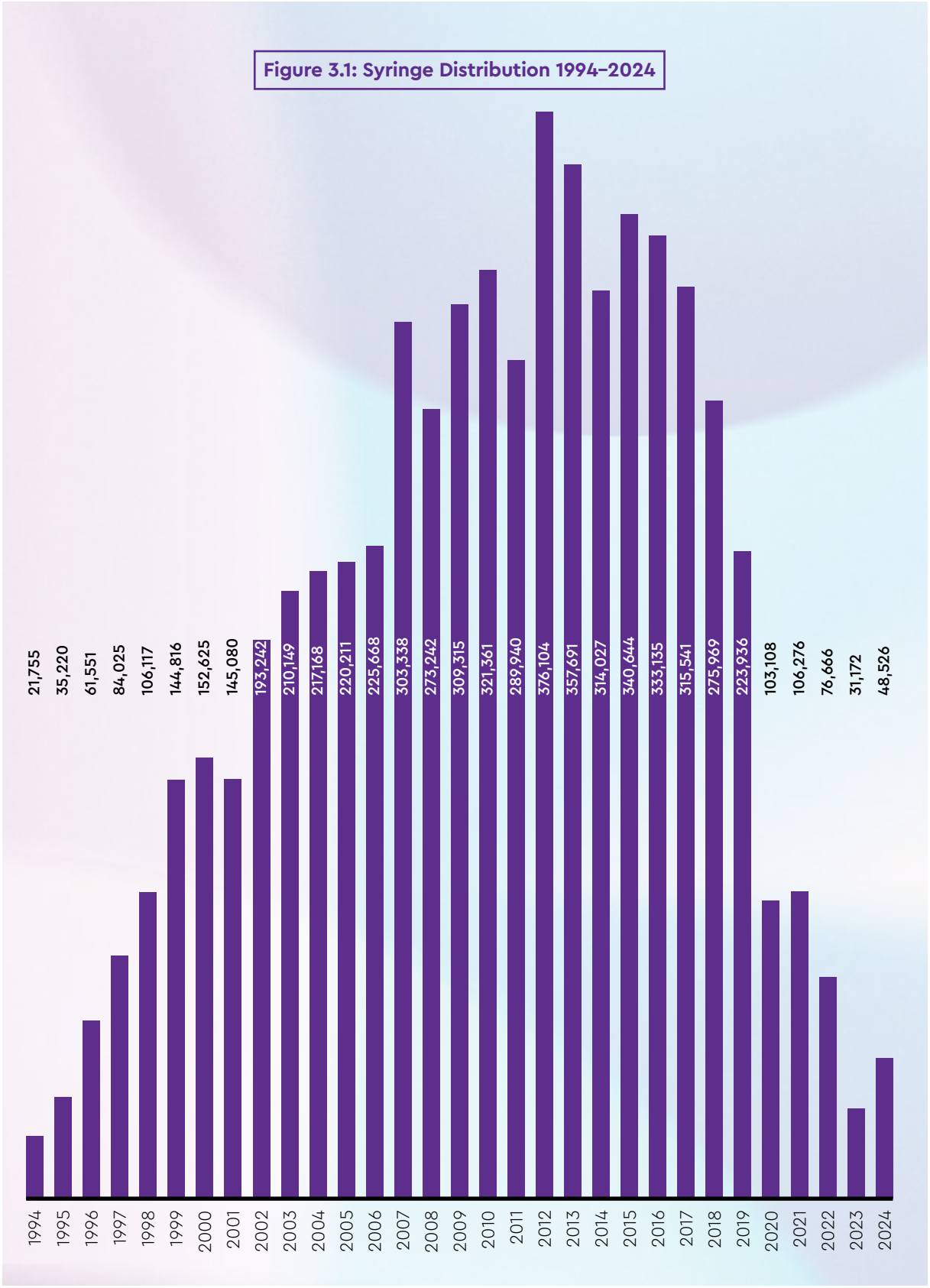
3.3 PRIMARY DRUG

This section provides a comprehensive analysis of problem drug use, with a particular emphasis on the concept of the primary drug. The primary drug is defined as the substance most closely associated with significant health, legal, or social challenges for individuals. By systematically examining the primary drug, the chapter delivers valuable insights into evolving trends in treatment demand and changing patterns of substance use among service users.

Drawing on data collected between 2004 and 2024, reviewed at five-year intervals, the analysis adopts a longitudinal perspective to reveal key developments and turning points in drug use trends. The focus centres on heroin, cocaine, and cannabis as primary substances, with each examined in terms of service user characteristics, patterns and frequency of use, methods of administration, and the prevalence of secondary substance use.

For each primary drug, the assessment differentiates between all individuals in treatment, those with previous treatment experience, and first-time entrants over the period 2004–2024. This distinction enables a nuanced understanding of the dynamics underlying treatment demand, relapse, and new admissions, offering deeper insight into both the persistence of substance-related harms among returning service users and the emergence of new cohorts seeking support for the first time.

Figure 3.1: Syringe Distribution 1994–2024

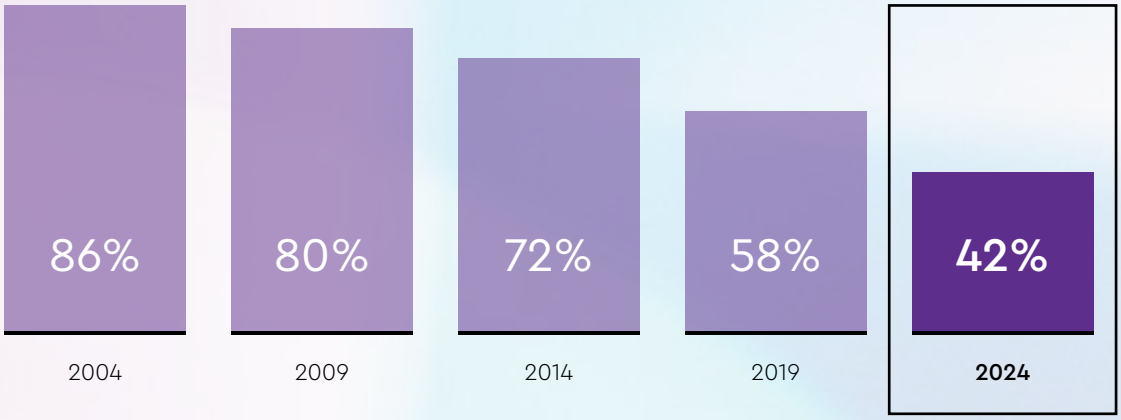


3.4 HEROIN IN THE TREATMENT SYSTEM 2004–2024

Before turning to the detailed socio-demographic and behavioural characteristics of heroin users in treatment, it is useful to first consider the overall share of heroin as the primary drug among all clients entering treatment between 2004 and 2024. Three distinct trends are presented in the graphs below, covering all treated service users, previously treated clients, and first-time treatment entrants.

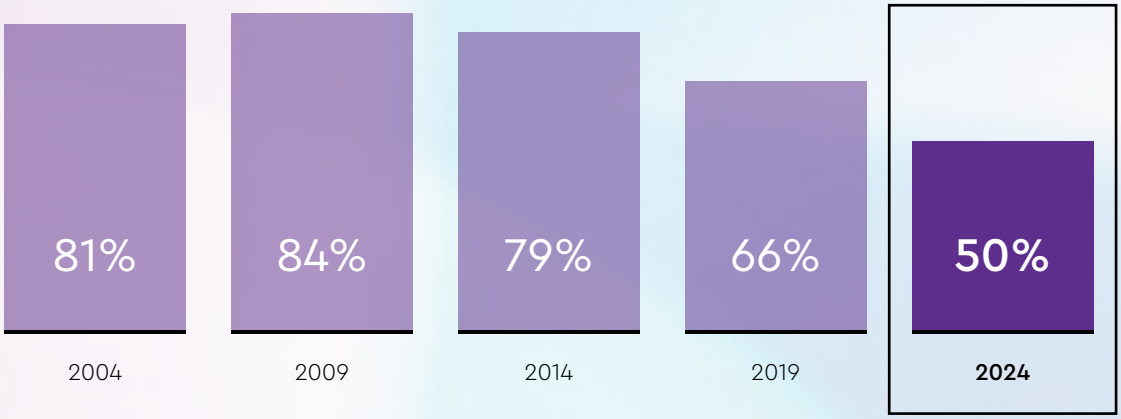
For all treated service users, heroin accounted for 86% of admissions in 2004, declining steadily over time to 80% in 2009, 72% in 2014, 58% in 2019, and 42% in 2024. This clear downward trajectory highlights a substantial reduction in heroin's dominance as the primary drug among those in treatment.

Figure 3.2: All Treated Service Users by Primary Drug Heroin 2004–2024



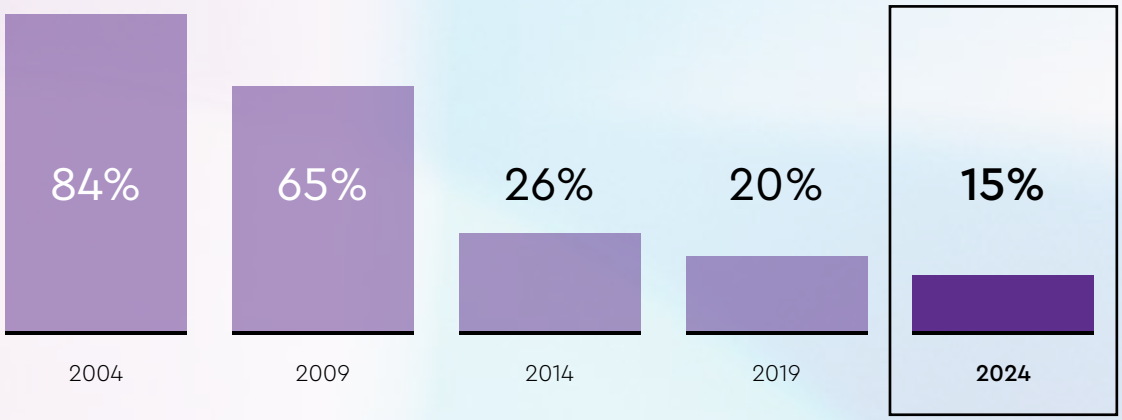
Among previously treated clients, the pattern differs slightly. Heroin maintained a consistently high share during the earlier years, comprising 81% in 2004, 84% in 2009, and 79% in 2014, before declining to 66% in 2019 and 50% in 2024. These figures suggest that heroin continued to dominate among those returning to treatment, although its relative importance has diminished in recent years.

Figure 3.3: Previously Treated Service Users by Primary Drug Heroin 2004–2024



The decline is even more pronounced among first-time treatment entrants. In 2004, heroin accounted for 84% of first-time admissions, but this proportion fell sharply to 65% in 2009, 26% in 2014, 20% in 2019, and only 15% in 2024. This striking reduction illustrates the waning role of heroin onset in driving new treatment demand, with other substances increasingly accounting for first-time entries into treatment services.

Figure 3.4: First Treated Service Users by Primary Drug Heroin 2004–2024



Together, these trends illustrate a long-term shift away from heroin as the primary drug among both new and returning clients. While heroin remains present among those with repeated treatment episodes, its declining prominence among first-time entrants signals an important generational and epidemiological transition in problem drug use.

3.4.1 Demographic and Socio-Economic Patterns 2004–2024

Analysis of treatment admissions for heroin use from 2004 to 2024 reveals notable shifts in demographic and socio-economic characteristics. In 2004, a pronounced sex disparity was evident, with males constituting 86% of admissions and females only 14%. This gap progressively narrowed: by 2009, males accounted for 84% and females 16%; in 2014, the figures were 81% and 19% respectively; and in 2019, males made up 80% of entrants while females comprised 20%. By 2024, the trend towards sex parity continued, with males representing 83% and females 17%. This steady convergence underscores a gradual closing of the sex gap among those entering heroin treatment programmes.

The ageing profile of treatment-seeking service users is similarly marked. The median age for service users during the reporting year increased from 28 years in 2004, to 31 years in 2009, 35 years in 2014, 38 years in 2019, and reached a median of 45 years in 2024. This upward trajectory indicates that the population seeking help for heroin use is ageing, reflecting either longer-term substance use or delayed treatment entry. Closely linked to this trend is the median age of first heroin use which was consistently reported as 18 years between 2009 and 2024 (no data are available for 2004), suggesting that while initiation age has remained stable, the interval before seeking treatment has lengthened considerably.

Indeed, a clear extension in the gap between initial heroin use and first treatment contact is observable. Although this measure is not available for 2004, by 2009 and 2014, service users typically sought treatment four years after first using heroin. In 2019, this interval increased to five years, and by 2024, it had expanded to an average of nine years. Such a pattern indicates that service users are waiting longer before accessing treatment, contributing to the ageing treatment population.

Motivations for entering treatment have also shifted. In 2004 and 2009, voluntary engagement or encouragement from family or friends accounted for 76% of cases. This proportion declined to 68% in 2014,

67% in 2019, and reached 56% by 2024, indicating a reduction in voluntary or family-driven treatment entry and increased referrals from other sources or agencies.

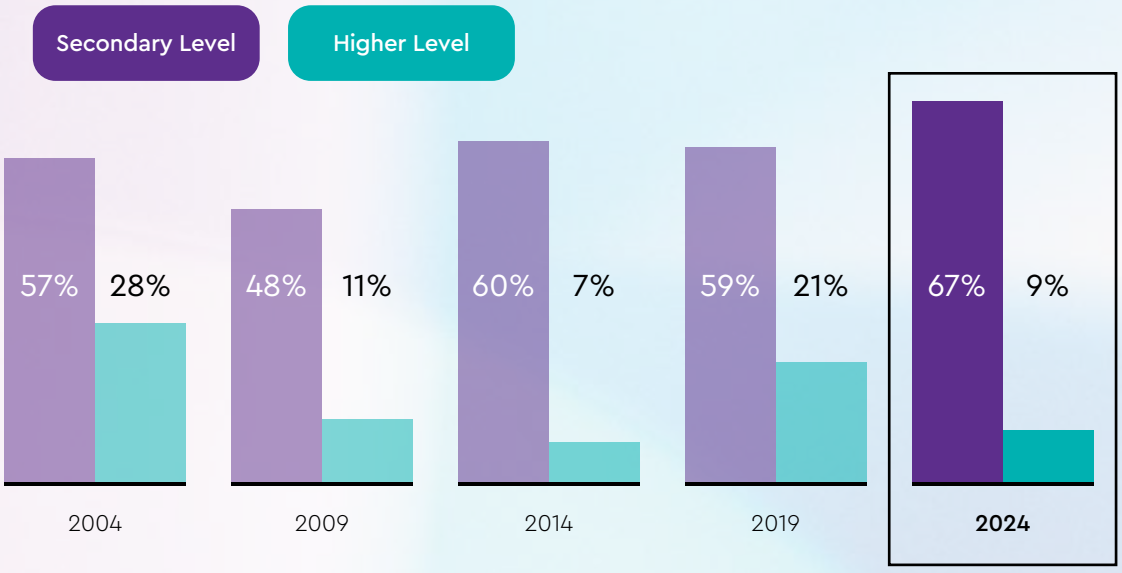
Socio-economic factors further illustrate the shifting profile of heroin users in treatment. In 2004, 74% reported stable accommodation, a figure that increased to 84% by 2009, 91% in 2014, 96% in 2019, and stood at 94% in 2024. Over this period the majority of service users consistently resided in the Southern Harbour Area. Employment rates among service users show fluctuations but remain consistently below half of all entrants: 44% were employed in 2004, declining to 37% in 2009, rising slightly to 39% in 2014, increasing again to 42% in 2019, and then returning to 39% in 2024. These figures suggest persistent barriers to stable employment among individuals entering treatment, despite minor variations over time.

Figure 3.5: Primary Drug: Heroin Key Characteristics

	2004	2009	2014	2019	2024
Males	86%	84%	81%	80%	83%
Median Age	28	31	35	38	45
Age of First Use	N/A	18	18	18	18
Treatment Gap	N/A	4 yrs	4 yrs	5 yrs	9 yrs
Referrals: Self/Fam/Friend	76%	76%	68%	67%	56%
Stable Accommodation	74%	84%	91%	96%	94%
Employed	44%	37%	39%	42%	39%

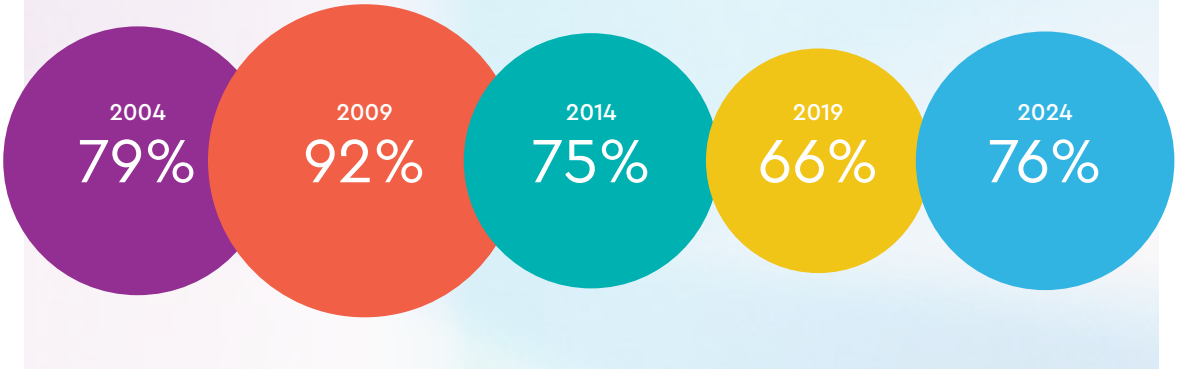
Finally, the data on educational attainment among heroin treatment entrants demonstrates notable fluctuations, but a consistently high proportion have completed at least secondary education. Between 2004 and 2024, the share of those with secondary-level qualifications ranged from 57% to 67%, generally maintaining a majority presence within the group. In contrast, the proportion of entrants holding higher-level qualifications has varied more markedly, from 28% in 2004 to 9% in 2024.

Figure 3.6: Primary Drug: Heroin by Level of Education Completed 2004–2024



Finally, the proportion of service users receiving Opioid Agonist Treatment (OAT) has varied over the period. In 2004, 79% of service users were on OAT, rising sharply to 92% in 2009. This proportion decreased to 75% in 2014, fell further to 66% in 2019, and recorded an increase to 76% in 2024.

Figure 3.7: Primary Drug: Heroin: OAT 2004–2024



3.4.2 Frequency of Use

Analysis of heroin use frequency among treatment entrants from 2004 to 2024 reveals persistent patterns of high-intensity consumption, with a majority of service users reporting daily use throughout the period. In 2004, 82% of those identifying heroin as their primary drug indicated daily use. This proportion rose to 90% in 2009, before declining slightly to 85% in 2014, 75% in 2019, and rising again to 79% in 2024.

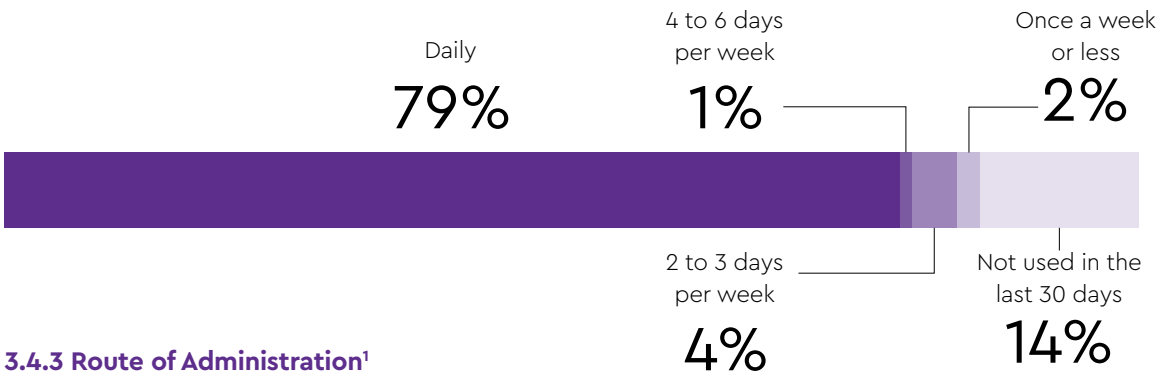
Smaller proportions of service users reported less frequent use. The percentage of those using heroin two to three times per week remained low, with 5% in 2004, 4% in 2009, 2% in both 2014 and 2019, and 4% in 2024. Similarly, the proportion of users consuming heroin once a week or less was 5% in 2004, 3% in 2009, 4% in 2014, 3% in 2019, and 2% in 2024.

Use on four to six days per week was rare, accounting for 1% in 2004, 1% in 2009, 3% in 2014, 1% in 2019, and 1% in 2024. The proportion of service users who reported no heroin use in the past 30 days fluctuated more noticeably, standing at 2% in 2004, 1% in 2009, rising to 6% in 2014, then increasing sharply to 18% in 2019 before slightly decreasing to 14% in 2024.

Table 3.1 Primary Drug Heroin: Frequency of Use 2004–2024

Frequency of Use	2004	2009	2014	2019	2024
Daily use	82%	90%	85%	75%	79%
4–6 times per week	1%	1%	3%	1%	1%
2–3 times per week	5%	4%	2%	2%	4%
Once a week or less	5%	3%	4%	3%	2%
Not use in past 30 days	2%	1%	6%	18%	14%

Figure 3.8: Primary Drug Heroin: by Frequency of Use 2024



3.4.3 Route of Administration[1]

Analysis of the route of administration of service users who identified heroin as their primary drug of choice from 2004 to 2024 reveals notable shifts in preferences over the two-decade period.

In 2004, the predominant method of heroin administration was injecting, with 68% of service users opting for this route. However, this proportion steadily declined over the years, dropping to 60% in 2009, 62% in 2014, 52% in 2019, and further down to 44% in 2024. This reduction suggests a shift away from injecting heroin, which may be linked to increased awareness of associated health risks, wider access to alternative routes of administration, and possibly an overall decline in heroin use.

Table 3.2: Primary Drug Heroin: Route of Administration 2004–2024

Route of Administration	2004	2009	2014	2019	2024
Smoking or Inhaling	21%	27%	26%	41%	45%
Sniffing or Snorting	7%	12%	9%	7%	7%
Injecting	68%	60%	62%	52%	44%
Other	3%	1%	3%	0%	1%
Not Known	1%	0%	0%	0%	3%

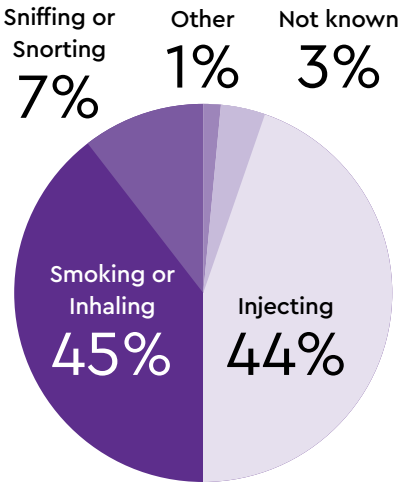
Conversely, smoking or inhaling heroin saw a marked increase in popularity. In 2004, 21% of service users reported using this method, which rose to 27% in 2009, 26% in 2014, 41% in 2019, and reached 45% in 2024.

The proportion of service users who sniffed or snorted heroin remained relatively stable, with slight fluctuations: 7% in 2004, 12% in 2009, 9% in 2014, and consistently at 7% in both 2019 and 2024.

Other methods of administration, such as oral consumption, were minimal throughout the period, with only minor variations: 3% in 2004, 1% in 2009, 3% in 2014, 0% in 2019, and 1% in 2024. The category of 'Not Known' also showed some fluctuations, with 1% in 2004, 0% in 2009, 2014 and 2019, while 2024 3% was recorded.

Overall, the data highlights a clear trend towards non-injecting methods of heroin use, with smoking or inhaling becoming increasingly prevalent.

Figure 3.9: Primary Drug Heroin: Route of Administration 2024



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

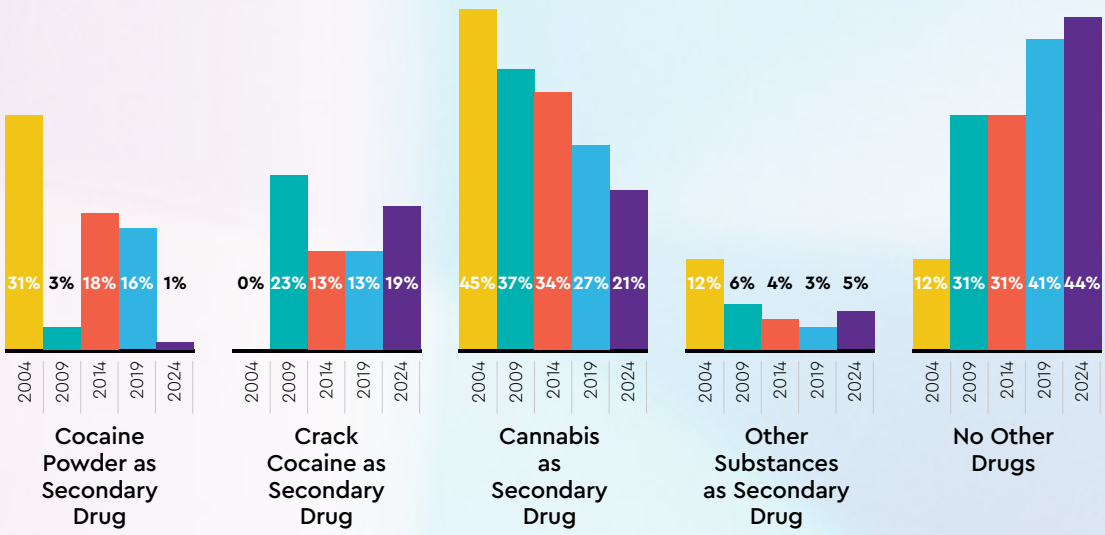
3.4.4 Use of Secondary Substance

An analysis of trends in secondary substance use among service users whose primary drug is heroin reveals significant shifts between 2004 and 2024. The proportion of heroin users also consuming cocaine powder as a secondary substance has declined markedly, starting at 31% in 2004 and dropping to just 11% by 2024. In contrast, the use of crack cocaine as a secondary drug, which was negligible in 2004 (0%), rose substantially to 23% by 2009, settled around 13% in 2014 and 2019, and increased further to 19% in 2024.

Cannabis use as a secondary substance has also decreased over the two decades, from 45% in 2004 to 21% in 2024. The percentage of cases involving other secondary substances was 12% in 2004, fell to 6% in 2009, and remained relatively low at 4% to 5% in subsequent years.

Notably, the proportion of heroin users reporting no use of other drugs has increased significantly, from 12% in 2004 to 44% in 2024. This trend suggests a growing shift towards single-substance heroin use among this population. Overall, the data indicate a decline in polydrug use, with fewer service users combining heroin with other substances, especially cocaine powder and cannabis, and a steady rise in those using heroin alone.

Figure 3.10: Primary Drug Heroin: Secondary Drug 2004–2024



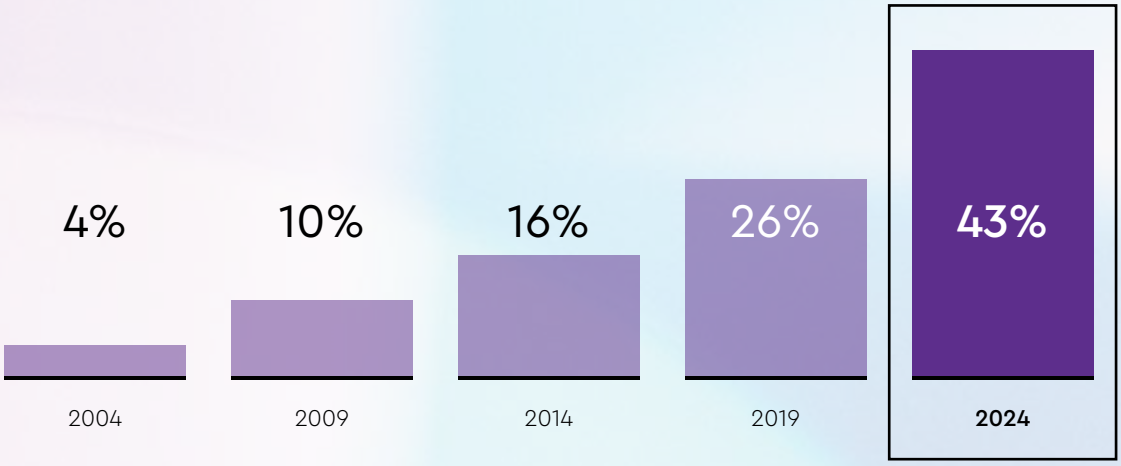
3.4.5 Problem Heroin Use

In 2024, it is estimated that there were 1,559 individuals classified as high-risk opioid users in Malta. Of this cohort, 705 were identified as receiving treatment specifically for daily heroin use, representing 45% of the estimated daily user population. Conversely, 854 individuals were not engaged in treatment, corresponding to a prevalence rate of 3.96 per 1,000 inhabitants aged 15–64 years.

3.5 COCAINE IN THE TREATMENT SYSTEM 2004–2024

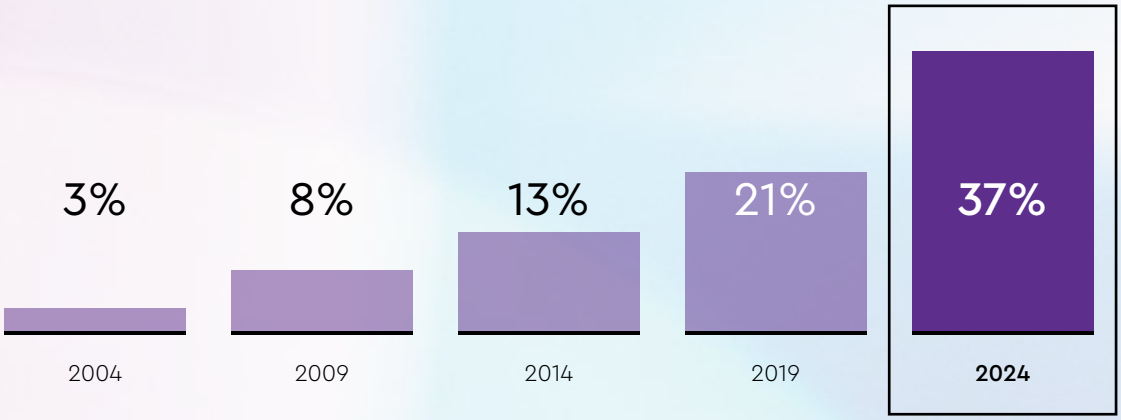
In contrast to the declining role of heroin for treatment entrants, cocaine has become increasingly prominent as a primary drug among those entering treatment. Across all service users, the share of cocaine rose steadily from 4% in 2004 to 10% in 2009, 16% in 2014, 26% in 2019, and reached 43% in 2024. This marked and sustained growth underscores cocaine's rising significance in the treatment system and its emergence as a leading driver of demand.

Figure 3.11: All Treated Service Users by Primary Drug Cocaine 2004–2024



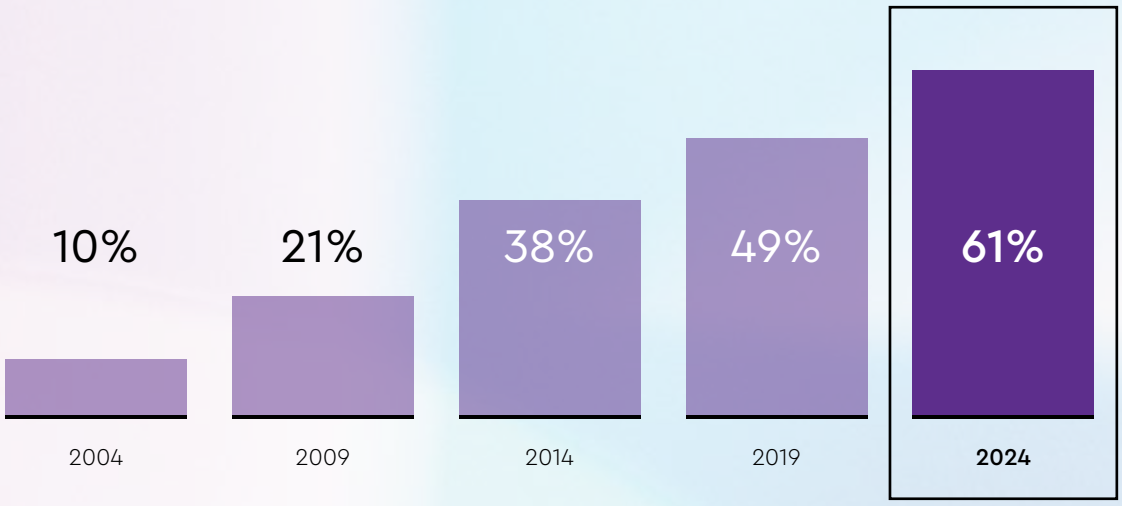
Among previously treated clients, the upward trend is equally visible. Cocaine accounted for only 3% in 2004, but rose to 8% in 2009, 13% in 2014, and 21% in 2019, before reaching 37% in 2024. This expansion indicates that cocaine has become increasingly prevalent not only among new cases but also within the population cycling back into treatment.

Figure 3.12: Previously Treated Service Users by Primary Drug Cocaine 2004–2024



The increase is most striking among first-time treatment entrants. Cocaine represented 10% of admissions in 2004, climbing to 21% in 2009, before increasing to 38% in 2014, 49% in 2019, and 61% in 2024. This rapid growth highlights cocaine's dominant role in shaping new treatment demand, signalling a major generational shift in problem drug use patterns.

Figure 3.13: First Treated Service Users by Primary Drug Cocaine 2004–2024



Together, these trends illustrate the contrasting trajectories of heroin and cocaine. While heroin's share has steadily declined, cocaine has emerged as a central driver of both new and repeat treatment episodes, reshaping the overall profile of clients in treatment services.

3.5.1 Demographic and Socio-Economic Patterns 2004–2024

A review of cocaine treatment admissions between 2004 and 2024 highlights gradual developments in both the demographic makeup and socio-economic background of those seeking help. In 2004, males accounted for 85% of admissions, while females comprised 15%. In 2009, the sex distribution was 81% male and 19% female. In 2014, it shifted slightly to 83% males and 17% females. This pattern then stabilised, remaining at 81% male and 19% female in both 2019 and 2024.

Although there has been a marginal increase in the proportion of females entering treatment over the years, males have consistently formed the majority of those accessing services for cocaine use.

The trend in the age of service users seeking assistance for cocaine use has also shifted noticeably over time. The median age for service users during the reporting year in 2004 stood at 31 years, dropping slightly to 29 years in 2009 before returning to 31 years in 2014. This figure then climbed to 35 years in 2019 and further increased to 38 years by 2024. This steady rise in the median age of treatment entrants highlights an ageing cohort among those accessing cocaine support services. Closely related to this, the median age of first use of cocaine was consistently reported as 18 years in 2009 and 2014, rising slightly to 19 years in 2019 and 2024 (no data are available for 2004). This suggests that while initiation age has remained relatively stable, there is evidence of a modest upward shift in more recent years.

The duration between a service user's first use of cocaine and their initial engagement with treatment services has shown notable variation over time. Although no data are available for 2004, in 2009 the average interval was six years. This increased slightly to seven years in 2014 and to eight years in 2019, before lengthening considerably to 12 years by 2024. These figures suggest that, on average, service users are now delaying their first contact with treatment services for cocaine use for a longer period than in previous years.

Patterns in referral sources for treatment services have also shifted. In 2004, referrals made voluntarily or prompted by family or friends comprised 67% of admissions. This proportion fell to 59% in 2009, climbed to 76% in 2014, peaked at 79% in 2019, before declining to 63% in 2024. These trends reflect an evolving landscape, with a recent decrease in voluntary or family-initiated referrals and a corresponding increase in admissions originating from other sources or agencies.

Socio-economic data indicate notable changes in the living and working conditions of those entering treatment for cocaine use. In 2004, 58% reported stable accommodation, a figure that increased to 87% by 2009, dropped slightly to 79% in 2014, climbed to 88% in 2019, and stood at 86% in 2024. Over this period, the majority of service users consistently resided in the Northern Harbour Area. Employment rates fluctuated more modestly: 51% were employed in 2004, rising to 57% in 2009, then falling slightly to 52% in 2014, increasing to 54% in 2019, before dropping again to 47% in 2024.

Figure 3.14: Primary Drug: Cocaine Key Characteristics

	2004	2009	2014	2019	2024
Males	85%	81%	83%	81%	81%
Median Age	31	29	31	35	38
Age of First Use	N/A	18	18	19	19
Treatment Gap	N/A	6 yrs	7 yrs	8 yrs	12 yrs
Referrals: Self/Fam/Friend	67%	59%	76%	79%	63%
Stable Accommodation	58%	87%	79%	88%	86%
Employed	51%	57%	52%	54%	47%

The data on education levels among service users entering treatment for cocaine use reveal that the majority consistently possess at least secondary-level education, with proportions ranging between 53% and 57% across the years. The share of those with higher-level qualifications has remained relatively minor but stable, varying between 14% and 18%. While there are some year-to-year fluctuations, these are not striking, indicating that the educational profile of cocaine treatment entrants has not changed significantly over the past two decades.

Figure 3.15: Primary Drug Cocaine: Level of Education Completed 2004–2024

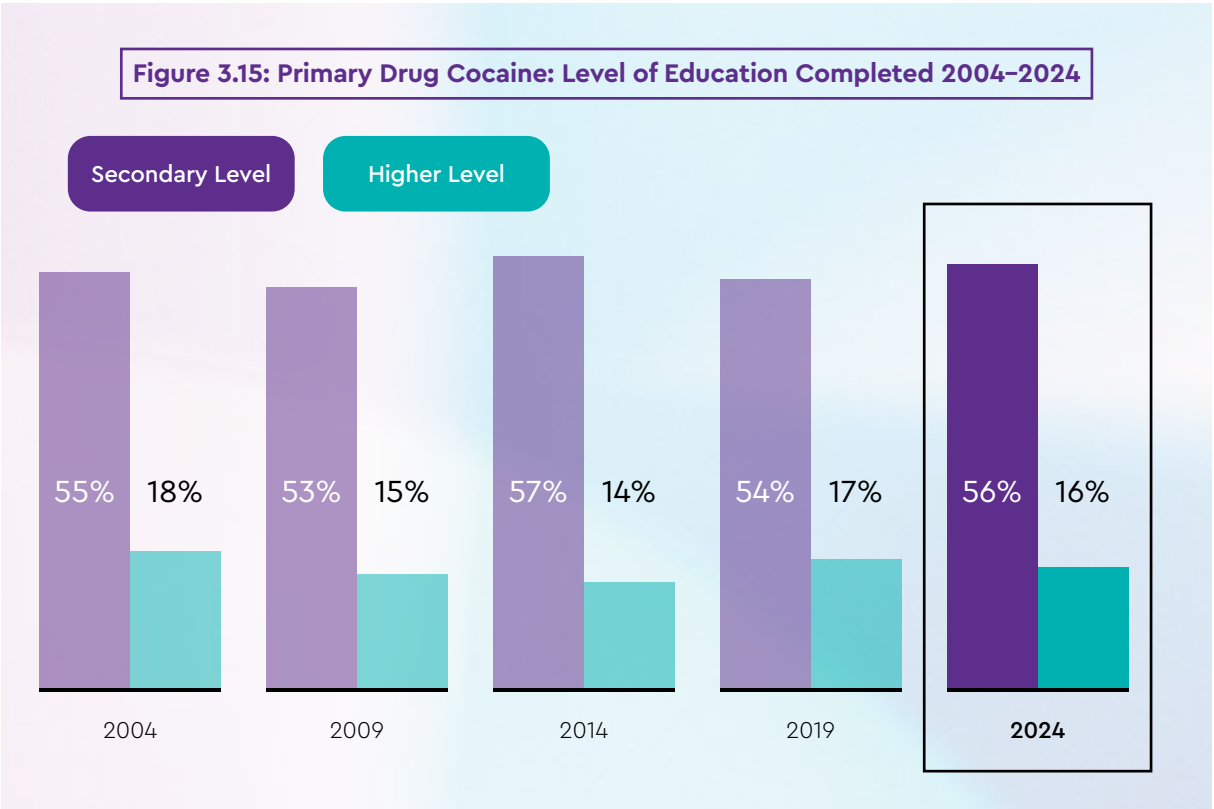
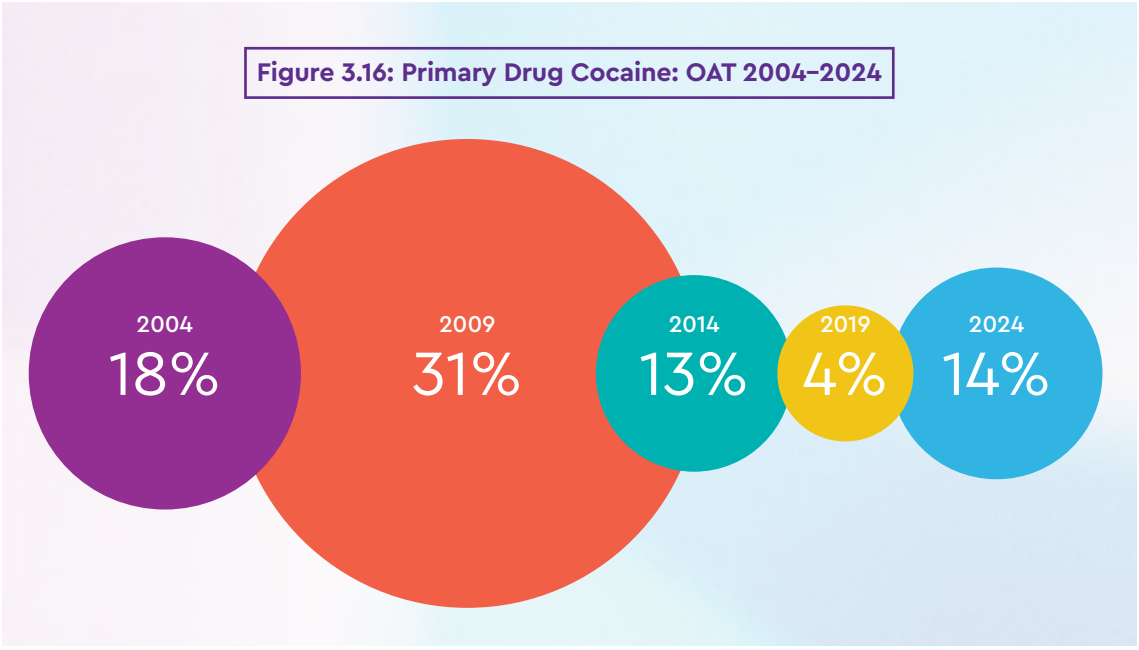


Figure 3.16: Primary Drug Cocaine: OAT 2004–2024



3.5.2 Frequency of Use

The frequency of use in 2004 of cocaine has altered over the two decades. A majority, 65%, reported daily use, but this proportion decreased to 40% in 2009. The figure slightly decreased again to 38% in 2014 and 36% in 2019, before increasing to 44% in 2024, suggesting a recent rise in daily usage.

Moderate use, defined as using cocaine two to three times per week, stood at 13% in 2004. It increased to 19% in 2009, dropped to 17% in 2014 and 13% in 2019, and then returned to 19% in 2024.

The percentage of those using cocaine four to six times per week was 0% in 2004. This increased to 5% in 2009, peaked at 20% in 2014, remained fairly high at 19% in 2019, and then went down to 13% in 2024. This shows that mid-frequency use increased mid-period but has since declined.

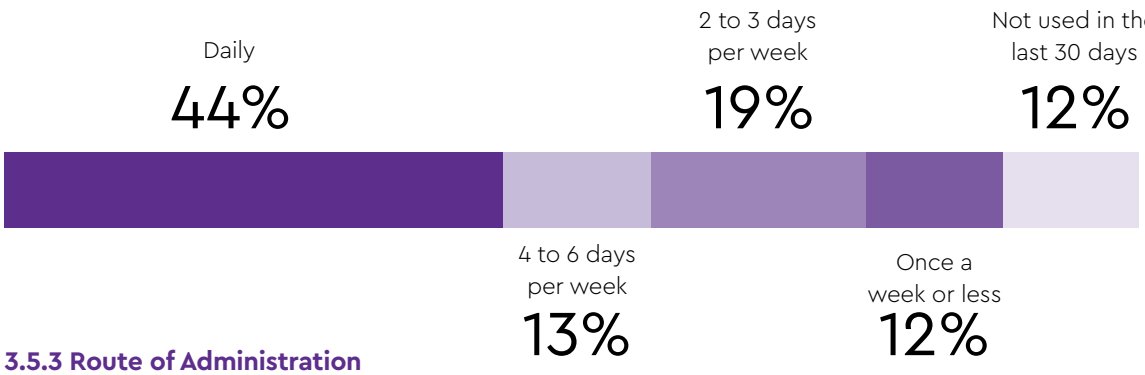
Occasional use, defined as once a week or less, accounted for 20% of cases in 2004 and climbed to 27% in 2009. It then decreased to 16% in 2014, 15% in 2019, and 12% in 2024, reflecting a steady reduction in occasional users over time.

The share of service users who had not used cocaine in the previous 30 days was 2% in 2004. This rose to 9% in both 2009 and 2014, further increased to 17% in 2019, and decreased slightly to 12% in 2024.

Table 3.3: Primary Drug Cocaine: Frequency of Use 2004–2024

Frequency of Use	2004	2009	2014	2019	2024
Daily use	65%	40%	38%	36%	44%
4–6 times per week	0%	5%	20%	19%	13%
2–3 times per week	13%	19%	17%	13%	19%
Once a week or less	20%	27%	16%	15%	12%
Not use in past 30 days	2%	9%	9%	17%	12%

Figure 3.17: Primary Drug Cocaine: Frequency of Use 2024



3.5.3 Route of Administration

Analysis of the route of administration among service users who identified cocaine as their primary drug of choice from 2004 to 2024 reveals several notable trends in preferred methods over the two-decade period. In 2004, sniffing or snorting was the most common route, reported by 49% of service users. This method saw a marked increase in 2009, with 61% of users opting for it. Its prevalence declined to 48% in 2014 and then rose to 53% in 2019, before decreasing to 49% in 2024. This fluctuation suggests that, despite some variation, sniffing or snorting remains a significant mode of cocaine administration.

Smoking or inhaling cocaine was reported by 22% of service users in 2004. This proportion decreased to 16% in 2009 but subsequently increased to 26% in 2014, 35% in 2019, and 44% in 2024. The steady rise from 2009 onwards indicates a growing preference for smoking or inhaling as a route of administration among cocaine users.

Injecting cocaine accounted for 20% of cases in 2004, remained relatively stable at 19% in 2009 and 22% in 2014, then dropped sharply to 10% in 2019 and further to just 5% in 2024. This significant decline in recent years suggests a move away from injecting cocaine, possibly reflecting increased awareness of the associated risks or changing patterns in drug use.

The use of other methods, such as oral consumption or less common routes, was minimal throughout the period, with 6% in 2004, 4% in both 2009 and 2014, 2% in 2019, and 1% in 2024.

Overall, the data demonstrates evolving preferences in the route of cocaine administration among service users, with a recent resurgence in sniffing or snorting and a notable increase in smoking or inhaling. Meanwhile, injecting has become far less common, and alternative methods remain infrequently reported.

Figure 3.18: Primary Drug Cocaine: Route of Administration 2024

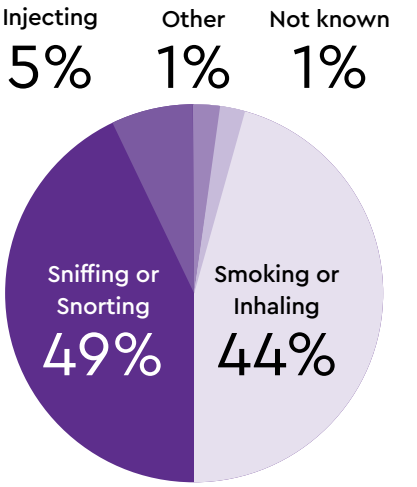


Table 3.4: Primary Drug Cocaine: Route of Administration 2004–2024

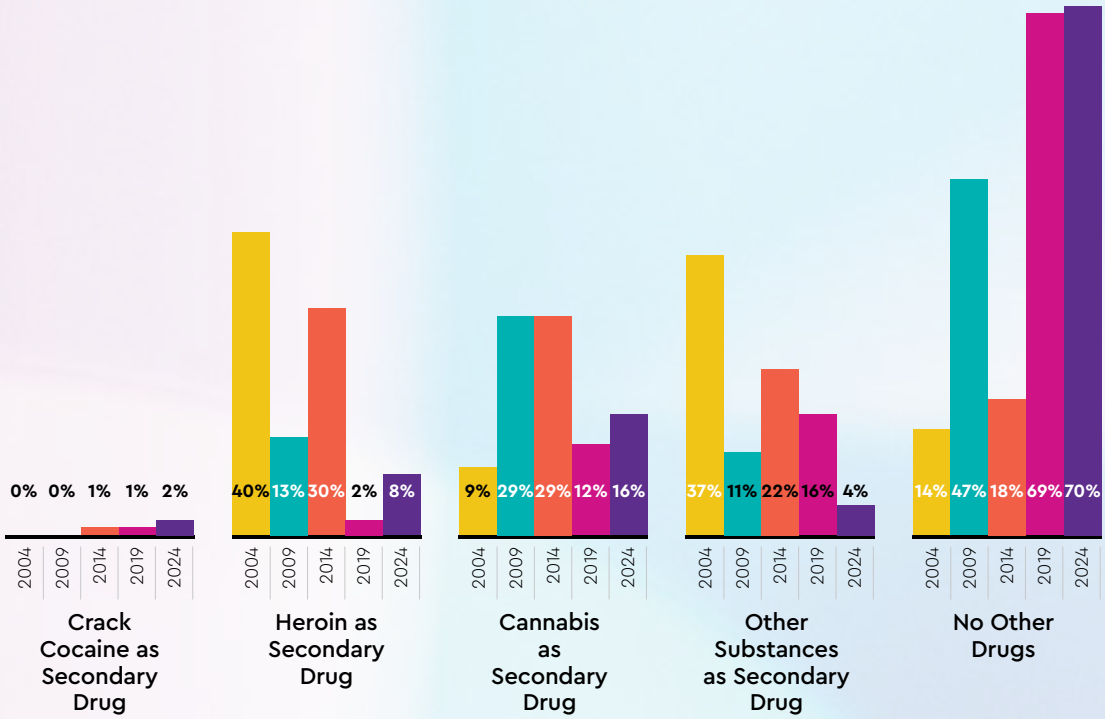
Route of Administration	2004	2009	2014	2019	2024
Smoking or Inhaling	22%	16%	26%	35%	44%
Sniffing or Snorting	49%	61%	48%	53%	49%
Injecting	20%	19%	22%	10%	5%
Other	6%	4%	4%	2%	1%
Not Known	3%	0%	0%	0%	1%

3.5.4 Use of Secondary Substance

Analysis of secondary drug use among service users who identified cocaine powder as their primary drug between 2004 and 2024 reveals distinct trends. The proportion of cases where crack cocaine was used as a secondary drug remained very low throughout, starting at 0% in 2004 and only reaching 2% by 2024. In contrast, heroin as a secondary drug was more prevalent, peaking at 40% in 2004 before declining to 8% in 2024, indicating a significant reduction in the concurrent use of heroin over the two decades.

Cannabis as a secondary drug showed fluctuation, with 9% in 2004, rising to 29% in both 2009 and 2014, before dropping to 12% in 2019 and 16% in 2024. The use of other substances as secondary drugs was highest in 2004 at 37% but saw a sharp decline to 4% by 2024, suggesting a narrowing range of secondary substances. Notably, the percentage of cases with no other drugs involved increased substantially, from 14% in 2004 to 70% in 2024, highlighting a trend towards cocaine powder use without the involvement of other substances.

Figure 3.19: Primary Drug Crack Cocaine: Secondary Drug 2004–2024

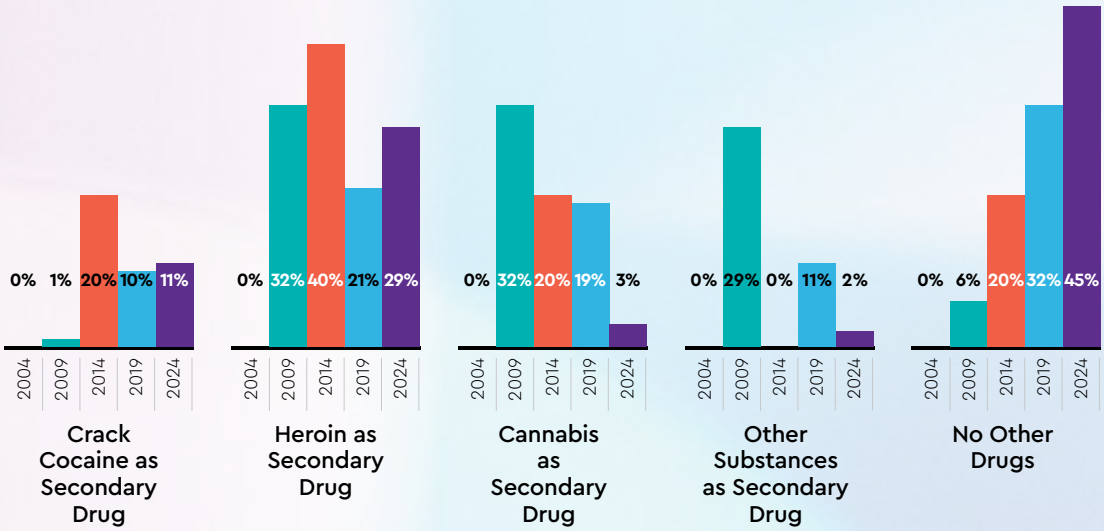


For service users with crack cocaine as their primary drug, data prior to 2009 is negligible. From 2009 onwards, the use of cocaine powder as a secondary drug increased from 1% to 11% in 2024. Heroin as a secondary drug remained prominent, starting at 32% in 2009, peaking at 40% in 2014, and then declining to 29% in 2024. Cannabis as a secondary drug was reported by 32% of cases in 2009, dropping to 13% in 2024.

Other substances as secondary drugs were reported by 29% of cases in 2009 but fell to 2% by 2024, similar to the trend seen among cocaine powder primary users. The proportion of cases with no other drugs involved increased from 6% in 2009 to 45% in 2024, indicating a rising number of service users reporting crack cocaine use without secondary substances.

Overall, both groups show a decline in the use of heroin and other substances as secondary drugs, and a marked increase in cases where no other drugs are reported, particularly in recent years. This may reflect changing patterns of drug use and possibly a shift towards single-substance use.

Figure 3.20: Primary Drug Cocaine Powder: Secondary Drug 2004–2024



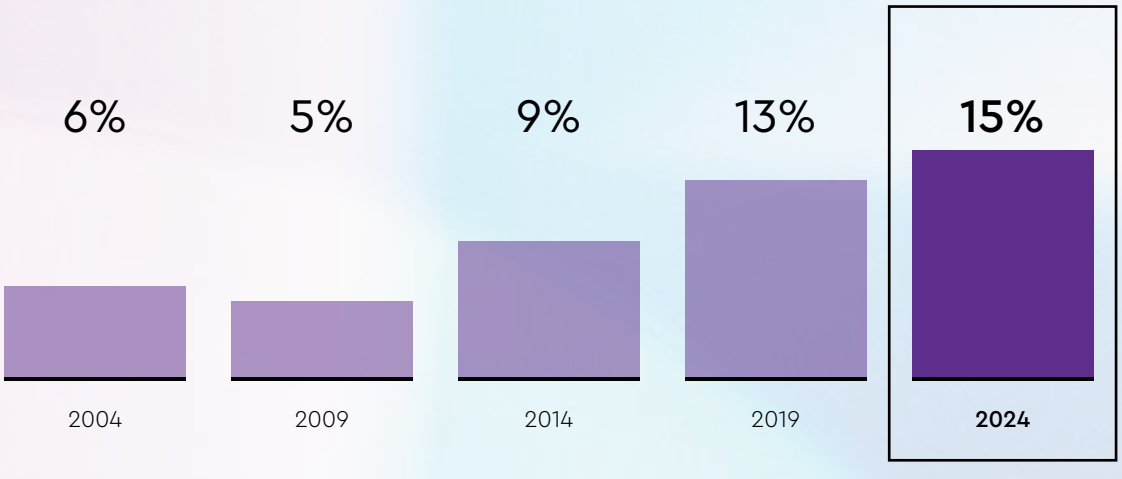
3.5.5 Problem Cocaine Use

In 2024, it is estimated that there were 1,883 individuals classified as high-risk cocaine users in Malta. Of this cohort, 548 were identified as receiving treatment specifically for daily cocaine use, representing 29% of the estimated daily user population. Conversely, 1,335 individuals were not engaged in treatment, corresponding to a prevalence rate of 4.78 per 1,000 inhabitants aged 15–64 years.

3.6 CANNABIS IN THE TREATMENT SYSTEM 2004–2024

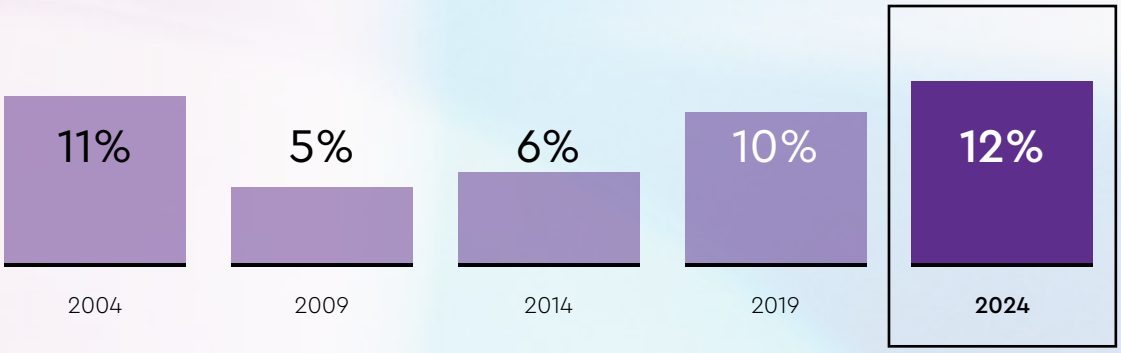
Cannabis has shown a more modest but notable rise as a primary drug among those entering treatment services. Across all service users, cannabis accounted for 6% of admissions in 2004, dipped slightly to 5% in 2009, before increasing to 9% in 2014, 13% in 2019, and 15% in 2024. While its overall share remains lower compared to heroin or cocaine, the gradual increase underscores cannabis's growing presence within the treatment landscape.

Figure 3.21: All Treated Service Users by Primary Drug Cannabis 2004–2024



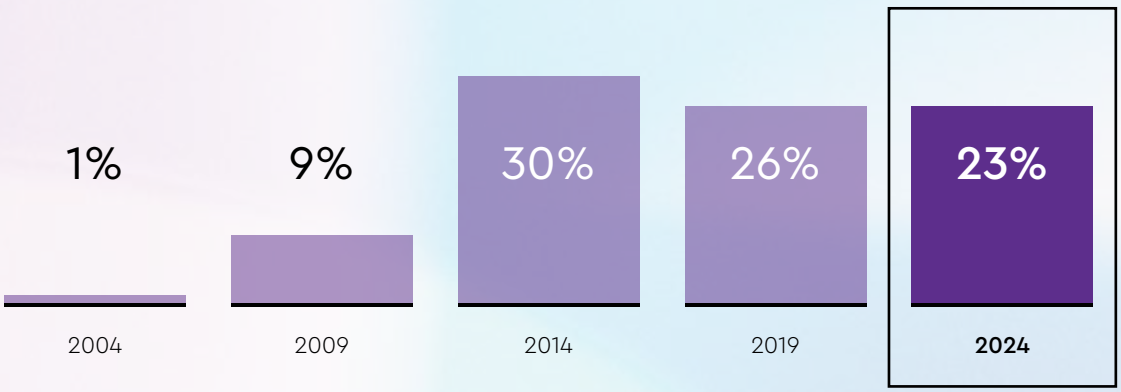
Among previously treated clients, the trend has been more stable, though with some fluctuations. Cannabis represented 11% of cases in 2004, declined to 5% in 2009, and then fluctuated between 6% and 12% in subsequent years, reaching a high of 12% in 2024. This pattern suggests that cannabis is playing a sustained but secondary role among service users cycling back into treatment.

Figure 3.22: Previously Treated Service Users by Primary Drug Cannabis 2004–2024



By contrast, the most dynamic change is observed among first-time treatment entrants. Cannabis accounted for only 1% of admissions in 2004 but rose sharply to 9% in 2009 and surged to 30% in 2014. Although this figure decreased slightly in later years, to 26% in 2019 and 23% in 2024, it still represents a significant share of new cases. This trajectory highlights cannabis's particular relevance in shaping the profile of first-time service users, suggesting its importance as an entry point into the treatment system.

Figure 3.23: First Treated Service Users by Primary Drug Cannabis 2004–2024



Taken together, these trends illustrate that while cannabis has not reached the same prominence as cocaine in driving treatment demand, it has become an increasingly important factor, particularly for those entering treatment for the first time.

3.6.1 Demographic and Socio-Economic Patterns 2004–2024

A review of cannabis treatment admissions from 2004 to 2024 reveals steady changes in the demographic and socio-economic profile of those seeking assistance. The sex distribution among admissions has demonstrated some fluctuation over the years. In 2004, males constituted the majority at 85%, with females representing 15%. This male predominance became even more pronounced in 2009, rising to 91% for males and declining to 9% for females. In 2014, the proportion shifted slightly to 86% male and 14% female, while in 2019, males made up 89% and females 11% of admissions. By 2024, the sex gap narrowed, with males accounting for 81% and females increasing to 19% of those admitted.

The age profile of service users has also shifted. The median age for service users during the reporting year in 2004 was 24 years, rising to 26 years in 2009 and 25 years in 2014. This upward trend continued, with the median age reaching 29 years in 2019 and 32 years by 2024, indicating an ageing cohort of those seeking treatment for cannabis use. Closely related to this, the median age of first cannabis use shows a consistently early initiation. While no data is available for 2004, service users reported a median age of 15 years in 2009, 14 years in 2014, and 16 years in both 2019 and 2024.

The average interval between initial cannabis use and engagement with treatment services has also fluctuated. While data for 2004 are unavailable, in 2009 and 2014, the average duration was 7 years. This increased to 8 years in 2019, and then lengthened to 10 years in 2024, suggesting a trend towards later help-seeking among service users.

Referral patterns have changed over the years. In 2004, 77% of admissions came through voluntary referrals or from family and friends. This proportion remained relatively stable, at 78% in 2009, 74% in 2014, and 77% in 2019. However, by 2024, the figure had decreased to 53%, indicating a recent move towards a greater number of referrals originating from other sources or agencies.

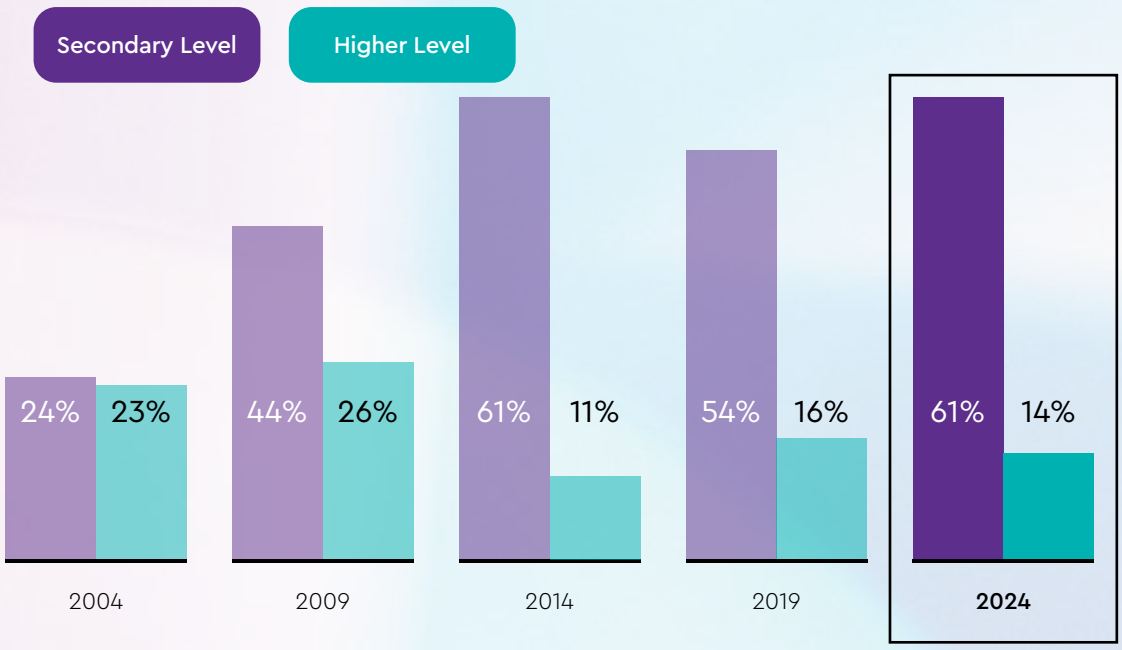
Socio-economic indicators demonstrate improvements in housing stability. The proportion of service users with stable accommodation increased from 44% in 2004 (noting a substantial number of unknowns for this variable) to 90% in 2009, remaining high in subsequent years, 90% in 2014 and 2019, and 85% in 2024. Throughout the period, the majority of service users were resident in the Northern Harbour Area. Employment rates experienced some fluctuation, rising from 49% in 2004 to 51% in 2009, decreasing to 45% in 2014, increasing again to 50% in 2019, before declining to 39% in 2024.

Figure 3.24: Primary Drug Cannabis: Key Characteristics

	2004	2009	2014	2019	2024
Males	85%	91%	86%	89%	81%
Median Age	24	26	25	29	32
Age of First Use	N/A	15	14	16	16
Treatment Gap	N/A	7 yrs	7 yrs	8 yrs	10 yrs
Referrals: Self/Fam/Friend	77%	78%	74%	77%	53%
Stable Accommodation	44%	90%	90%	90%	85%
Employed	49%	51%	45%	50%	39%

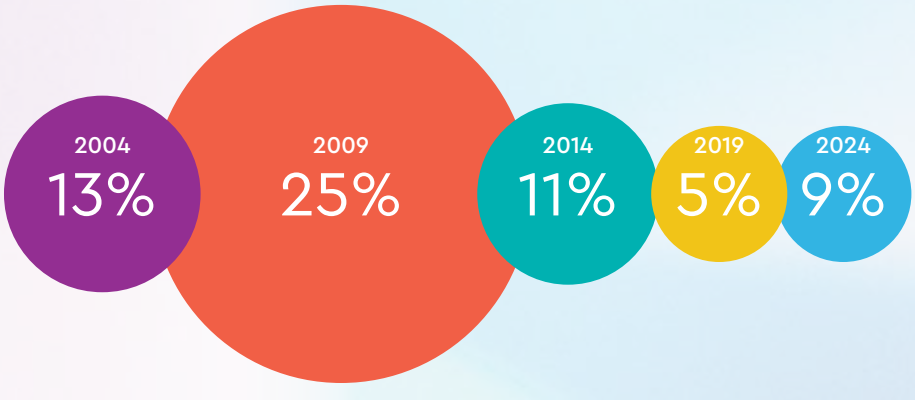
Educational attainment among those entering treatment for cannabis use has remained relatively stable. The majority of service users each year possessed at least a secondary-level education, with this group consistently forming the largest proportion. The number of service users with higher-level qualifications has varied but has generally remained below those with secondary-level education, indicating a stable educational profile among cannabis treatment entrants over time.

Figure 3.25: Primary Drug Cannabis: Level of Education Completed 2004–2024



Opioid Agonist Treatment (OAT) rates among cannabis primary service users have shown some variation. While the principal drug reported by these service users is cannabis, some receive OAT due to concurrent use of other substances. In 2004, 13% were on OAT, rising to 25% in 2009, before declining to 11% in 2014 and 5% in 2019. By 2024, the figure had increased slightly to 9%.

Figure 3.26: Primary Drug Cannabis: OAT 2004–2024



3.6.2 Frequency of Use

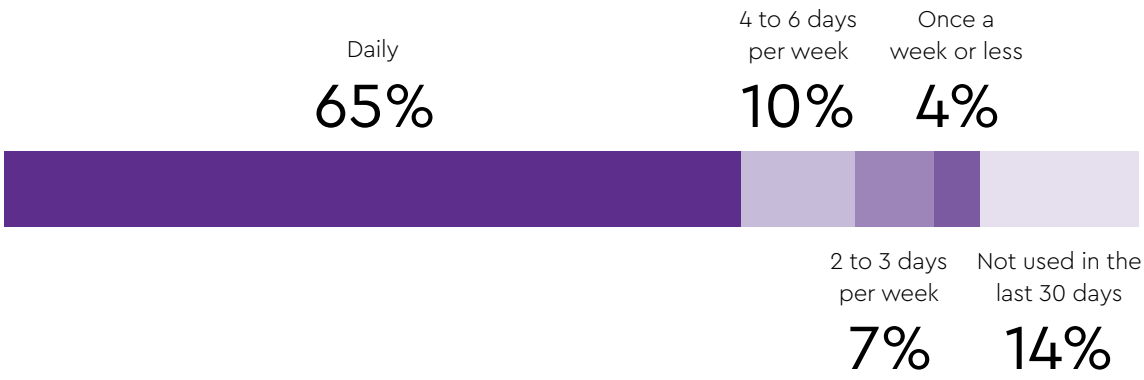
The frequency of cannabis use among service users has exhibited notable shifts between 2004 and 2024. In 2024, daily use was reported by 65% of service users identifying cannabis as their primary drug, a marked increase from 53% in 2019. This figure represents a return to proportions seen in 2004, when daily use stood at 74%, although there was a significant dip to 45% in 2009 and a subsequent rise to 58% in 2014. The proportion of users consuming cannabis two to three times per week remained relatively stable over the two decades, with 7% in both 2004 and 2024, and slight fluctuations in intervening years.

Those reporting use four to six times per week accounted for 10% in 2024, compared to 11% in 2019 and a peak of 15% in 2014. This group was considerably smaller in 2004, at just 2%, but increased to 13% in 2009. Consumption once a week or less was reported by 4% in 2024, which is a decrease from 13% in 2019 and 8% in 2014. This proportion, however, was considerably higher in 2009 at 30%, when compared to 7% in 2004. The percentage of service users who had not used cannabis in the past 30 days in 2024 was 14%, which is slightly lower than the 16% recorded in 2019, but higher than the 9% seen in both 2004 and 2009, and 11% in 2014. Overall, the data indicate an ongoing trend towards more frequent cannabis use among those presenting for treatment, particularly in the most recent year observed.

Table 3.5: Primary Drug Cannabis: Frequency of Use 2004–2024

Frequency of Use	2004	2009	2014	2019	2024
Daily use	74%	45%	58%	53%	65%
4–6 times per week	2%	13%	15%	11%	10%
2–3 times per week	7%	3%	8%	7%	7%
Once a week or less	7%	30%	8%	13%	4%
Not use in past 30 days	9%	9%	11%	16%	14%

Figure 3.27: Primary Drug Cannabis: Frequency of Use 2024



3.6.3 Use of Secondary Substance

Analysis of secondary substance use among service users presenting with cannabis as their primary drug from 2004 to 2024 identifies several clear trends. The use of cocaine powder as a secondary substance varied over the period, starting at 12% in 2004, declining to 8% in 2009 and 5% in 2014, before increasing to 10% in 2019 and 16% in 2024. This indicates a recent increase in the combined use of cannabis and cocaine powder.

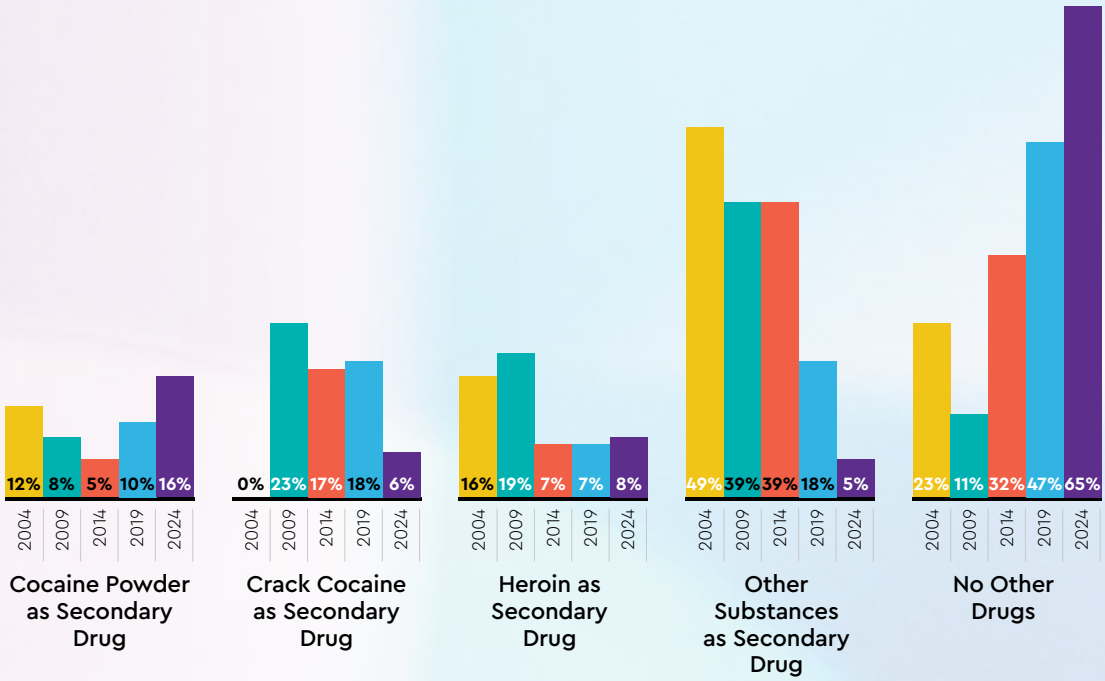
Crack cocaine was not reported as a secondary drug in 2004 but in 2009 23% was recorded. It subsequently decreased to 17% in 2014, 18% in 2019, and 6% in 2024.

Heroin as a secondary substance was reported by 16% of service users in 2004, increasing to 19% in 2009, then declining to 7% in both 2014 and 2019, with a slight increase to 8% in 2024. This reflects an overall reduction in concurrent heroin and cannabis use among service users.

The use of other substances as secondary drugs was most common in 2004 at 49%, but this proportion declined steadily to 39% in 2009 and 2014, 18% in 2019, and 5% in 2024. This trend reflects a reduction in multiple substance use involving cannabis and other substances.

Instances where no other drugs were used alongside cannabis fluctuated, with 23% in 2004, decreasing to 11% in 2009, then rising to 32% in 2014, 47% in 2019, and reaching 65% in 2024. This increase suggests that more service users are presenting for treatment with cannabis as their only substance, indicating a shift towards single-substance use over the past twenty years. Notably, this pattern is also evident among service users whose primary drug is heroin or cocaine, with a similar trend towards single-substance presentations observed over the same period.

Figure 3.28: Primary Drug Cannabis: Secondary Drug Use 2004–2024



CHAPTER 4
Drug Harms

1. Infections Diseases

HIV, HBV, and HCV testing rates among service users in Malta remained low in 2024, with few new positive cases, and the majority of service users not having a registered test after 2023.

2. Drug-related Deaths

In 2024, the number of drug-induced deaths in Malta decreased to 13, with all victims being male and the majority of fatalities occurring among older age groups, particularly those aged 40 to 44.

3. Cocaine-related Fatalities

Cocaine was the leading substance involved in drug-related deaths in 2024.

4. Opioid Detection

Opioid detections in Drug Related Deaths have decreased, dropping from 33.3% in 2022 to 16.7% in 2024.

4.1 DRUG-RELATED INFECTIOUS DISEASES

In Malta, the monitoring of drug-related infectious diseases is coordinated through the National Infectious Disease Surveillance Unit within the Ministry responsible for Health. This unit systematically collects notifications of confirmed cases reported by hospital virology departments as well as correctional facilities. Prevalence estimates of key infections, namely human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV), are also informed by diagnostic testing conducted among individuals who inject drugs and seek assistance at the outpatient treatment services managed by Agenzija Sedqa. As the government's executive agency in the drugs field, it provides a comprehensive range of interventions, including prevention, treatment, and rehabilitation, and thus constitutes an important source of clinical and epidemiological data. These services allow for the integration of treatment with disease surveillance, ensuring that trends in drug-related infectious diseases can be systematically assessed.

Data presented below refers to diagnostic tests carried out within the last 12 months of each reporting year. HIV testing increased from 70 individuals (4%) in 2022 to 81 (4%) in 2023, before decreasing to 34 (2%) in 2024. No HIV cases linked to injecting drug use were detected in 2022; 2 cases were recorded in 2023, and no new cases were reported in 2024.

HBV testing remained stable between 2022 and 2023, with 78 individuals tested in both years (4% and 3% respectively), before decreasing to 48 individuals (2%) in 2024. No positive HBV cases were identified in 2022 or 2023, while 1 case was confirmed in 2024.

For HCV, tests increased from 76 (4%) in 2022 to 80 (3%) in 2023, then decreased to 62 (3%) in 2024. The number of positive HCV cases also fluctuated, with 13 individuals testing positive in 2022, decreasing to 9 cases in 2023, before increasing again to 13 cases in 2024.

4.1.1 Health Consequences Among Heroin Users

In 2024, most heroin service users did not have a registered official HIV test following 2023, with 92% falling into this category. A further 5% of service users had undergone HIV testing, though not within the preceding 12 months, while 3% had received testing in the past 12 months. Of those who were tested during the previous 12 months, all returned negative results, and no positive cases were identified.

Regarding HBV testing, 90% of heroin service users had no record of an official test after 2023. 6% had been tested, but not in the past 12 months, and 4% underwent testing within the last 12 months. Among those tested, 9% received negative results and 1% inconclusive results, with no positive cases recorded.

For HCV, 79% of heroin service users had not been officially tested after 2023. Testing within the last 12 months was documented for 5% of this group, while 16% had been tested but not within the previous 12 months. Negative results were noted for 11% of service users, while positive results were confirmed in 2% (of which 1% was tested in the last 12 months). Inconclusive results were recorded for 8% of those tested.

4.1.2 Health Consequences Among Cocaine Users

In 2024, the majority of cocaine service users, specifically 97%, did not have a registered official HIV test following 2023. A further 2% had been tested, though not within the preceding 12 months, and 2% underwent testing during the past 12 months. Of those tested, no positive results were reported.

Regarding HBV testing, 95% of cocaine service users had no record of an official test after 2023. 3% had been tested, but not within the previous 12 months, while 2% underwent testing in the last 12 months. No positive cases were recorded.

For HCV, 90% of cocaine service users had not undergone an official test after 2023. Testing within the last 12 months was documented for 3% of this group, while 7% had been tested but not within the previous 12 months. Of those tested, 2% of service users returned positive results, with 1% of these cases identified through testing conducted within the previous 12 months.

4.1.3 Health Consequences Among Cannabis Users

In 2024, most cannabis service users, specifically 98%, did not have a registered official HIV test following 2023. A further 2% of users underwent testing within the preceding 12 months. Among those tested, no positive cases were identified.

With respect to HBV testing, 98% of cannabis users had no record of an official test after 2023. Testing within the last 12 months was documented for 2% of users, all of whom returned negative results.

As for HCV, 96% of cannabis service users had not been officially tested after 2023. Testing within the last 12 months was recorded for 4% of users, with negative results noted for all those tested.

4.2 RESPONSES TO DRUG-RELATED INFECTIOUS DISEASES

The prevention and control of drug-related infectious diseases, particularly HIV and HCV, remain central to Malta's harm reduction and public health strategies. Over the past four decades, the spread of HIV among people who use heroin and other drugs in Malta has remained minimal, a trend that reflects the effectiveness of national prevention and harm reduction measures.

This favourable situation is largely attributed to sustained promotion of safe injecting practices and the availability of sterile injecting equipment. Nonetheless, efforts continue to address the needs of individuals living with or at risk of infection. Current recommendations include strengthening the national harm reduction framework through the introduction of both pre-exposure prophylaxis and post-exposure prophylaxis, to complement existing harm reduction services.

In addition, consideration is being given to the inclusion of lenacapavir, a recent biomedical innovation that targets the HIV capsid protein, as part of national prevention and treatment options. Lenacapavir, administered as a six-monthly injection, has demonstrated 99.9% efficacy in preventing the onset of HIV symptoms in individuals receiving this breakthrough treatment. This long-acting antiretroviral represents a major scientific advancement with the potential to significantly reduce new HIV infections.

With regard to Hepatitis C, Malta has implemented a national strategy aimed at eliminating HCV infection as a public health threat. This has been facilitated through measures promoting safe injection practices, comprehensive screening including serological and RNA testing, and access to direct-acting antivirals such as the sofosbuvir/ledipasvir combination. These oral treatments, typically administered over a 12-week period, achieve cure rates exceeding 95%, marking a major milestone in the management and eradication of Hepatitis C among people who use drugs.

4.3 DRUG-RELATED DEATHS AND MORTALITY

Drug-induced deaths constitute a critical indicator for monitoring the consequences of drug use on public health and informing national and European policy responses. According to the EUDA, drug-induced deaths are defined as those occurring shortly after the consumption and also include deaths due to mental and behavioural disorders as a result of psychoactive substance use. These fatalities may also occur in cases where illicit substances are taken in combination with alcohol or other psychoactive medicines.

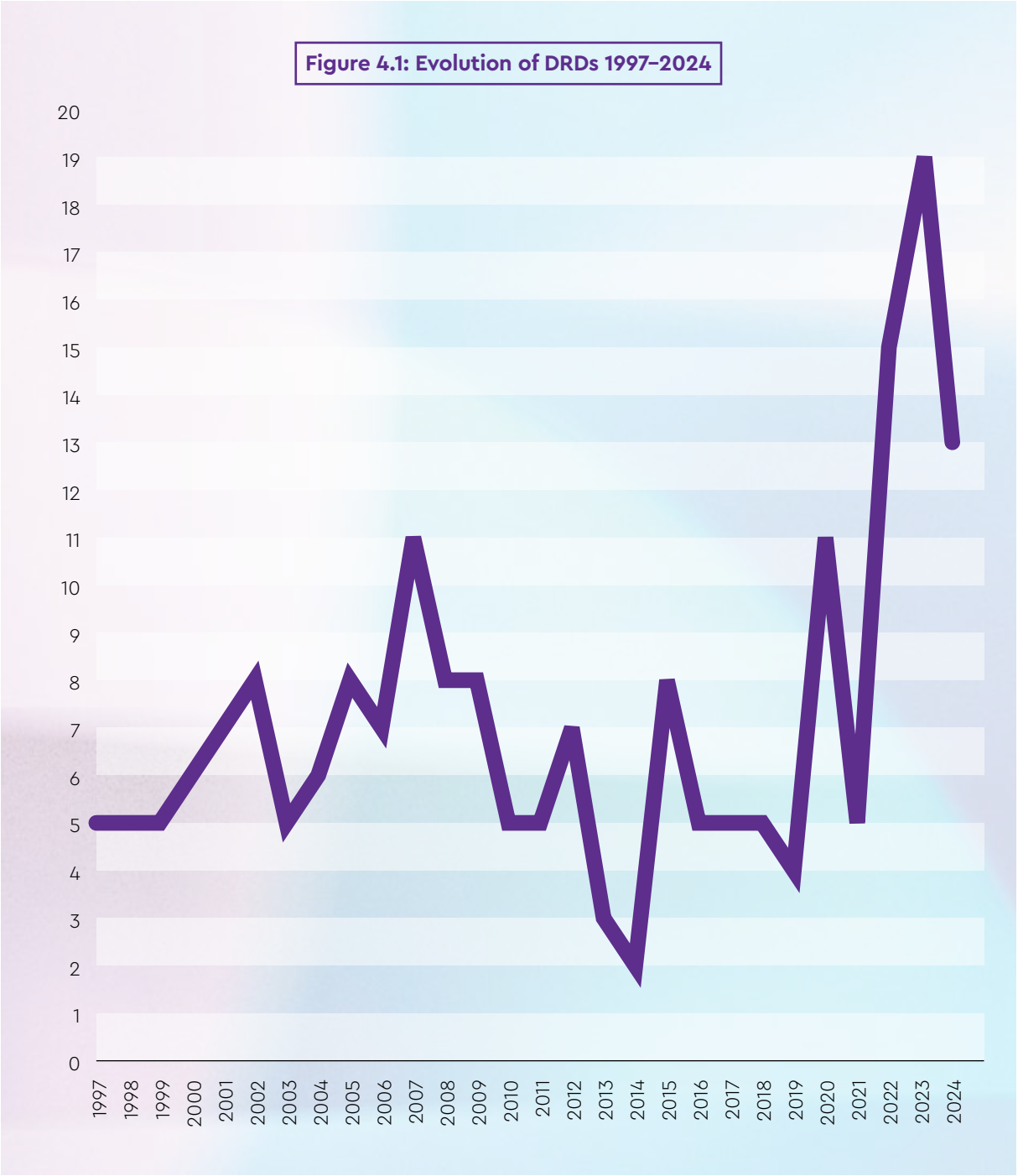
In Malta, the monitoring of drug-related mortality (DRDs) is carried out through a collaborative system involving several national entities. The main source of information is the National Mortality register within the Ministry for Health and Active Ageing, which collects information based on death certificates. In most cases of drug-induced deaths, an autopsy and forensic investigation are conducted. This ensures that data is collected, verified, and reported in accordance with EUDA standards, thereby contributing to Malta's obligations as part of the EUDA Reitox network.

The following section presents an analysis of drug-induced deaths among residents of the Maltese Islands, with emphasis on long-term trends, demographic characteristics, and the substances most implicated.

4.3.1 Patterns and Trends in DRDs (1997–2024)

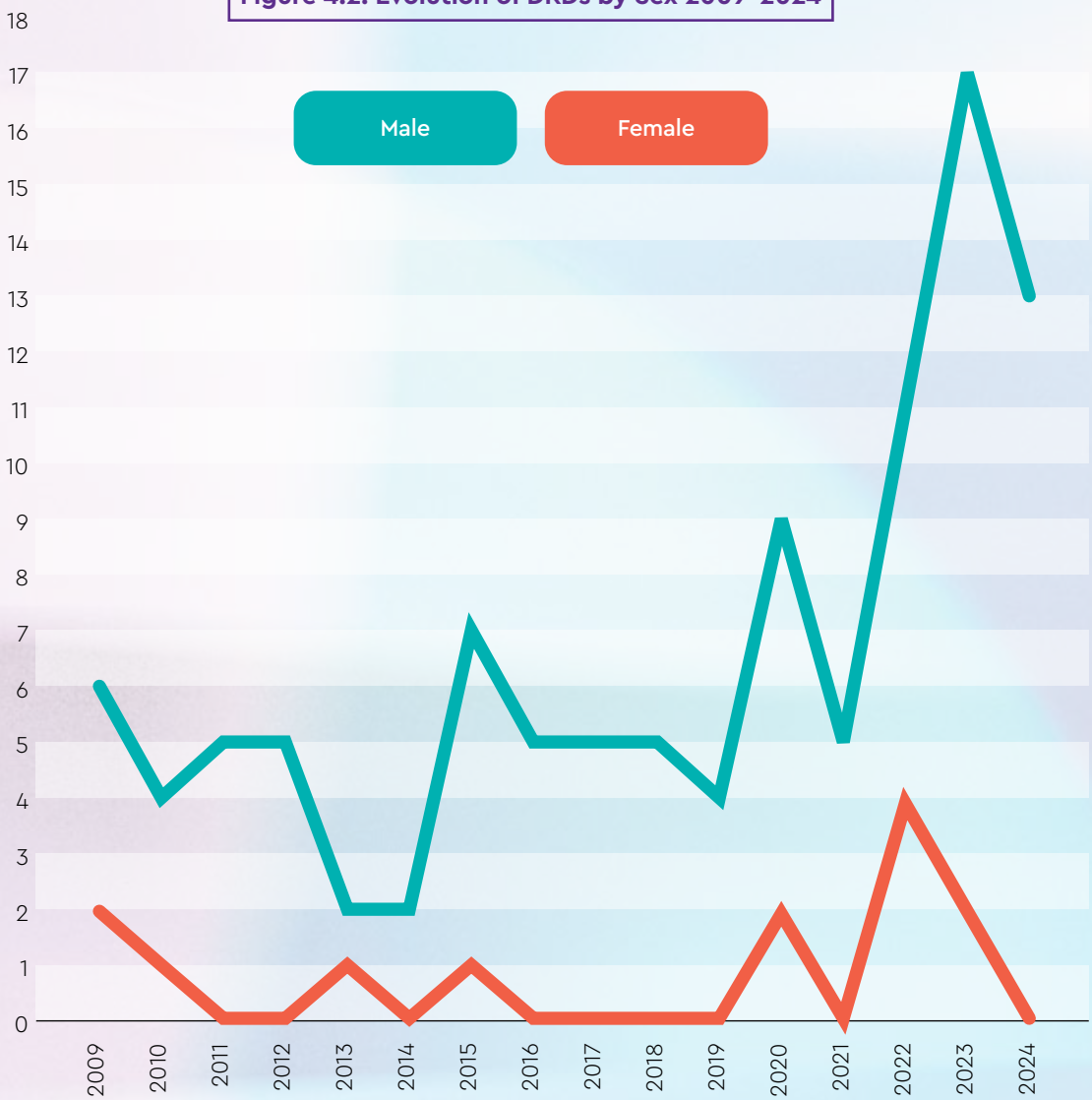
An examination of data obtained from the National Mortality Registry of the Health Information and Research Department reveals that, during the period from 1997 to 2010, the incidence of drug-induced fatalities in Malta remained comparatively stable, with annual figures generally ranging from 5 to 8 cases. The exception to this trend occurred in 2007, when the number of deaths rose to 11. Subsequently, there was a discernible reduction in mortality between 2011 and 2014, culminating in the lowest recorded figure of 2 deaths in 2014. However, from 2015 onwards, a reversal in this pattern was observed, with annual drug-induced deaths increasing and fluctuating between 5 and 11 cases up to 2020. Notably, the years following 2020 were characterised by a pronounced escalation: 5 deaths were recorded in 2021, rising sharply to 15 in 2022, peaking at 19 in 2023, and then declining to 13 deaths in 2024.

Figure 4.1: Evolution of DRDs 1997–2024



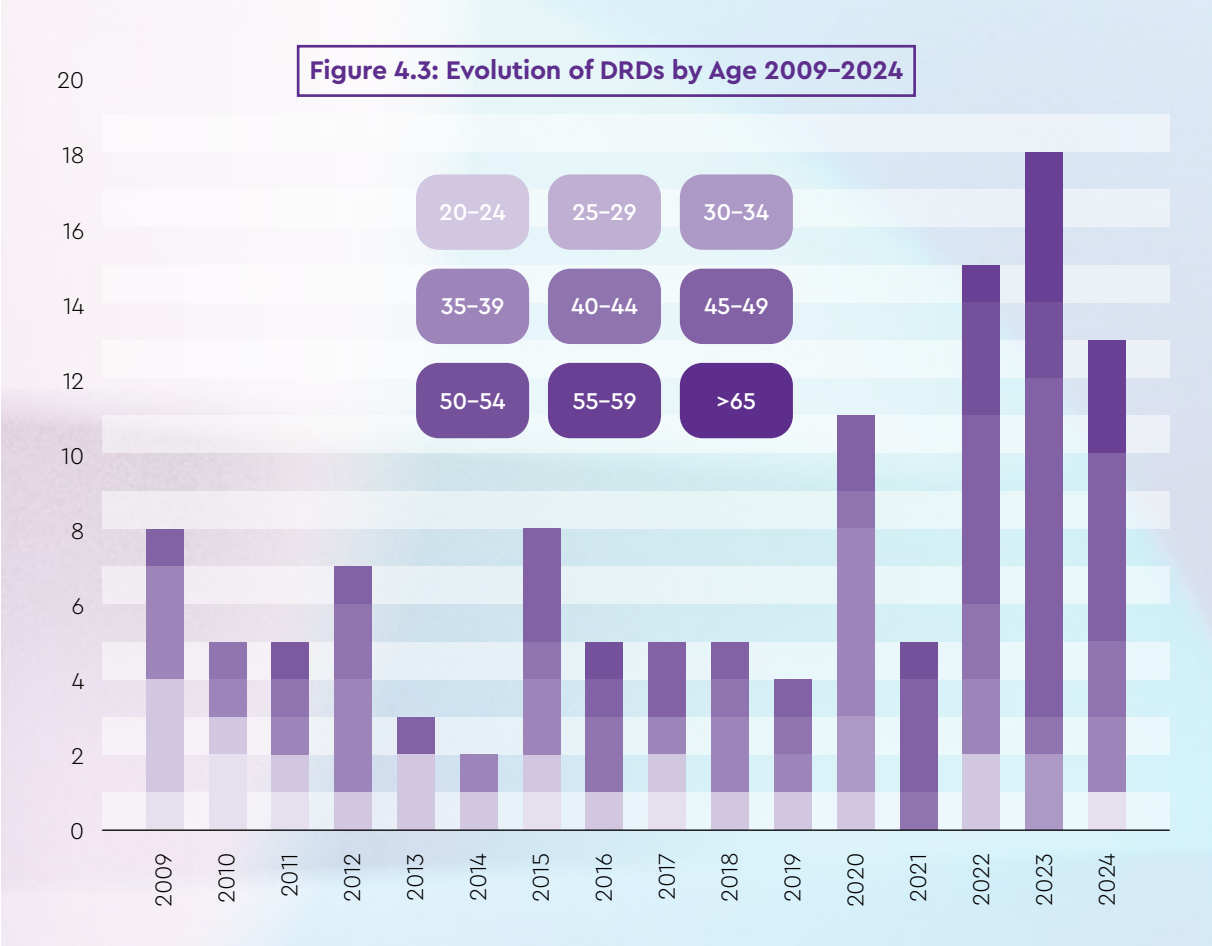
Analysis by sex continues to highlight a marked imbalance, with males consistently comprising most drug-induced fatalities. Most notably, 17 out of 19 deaths in 2023 and all 13 deaths in 2024. Female deaths remain comparatively infrequent, with only minor increases observed, such as the 4 cases recorded in 2022.

Figure 4.2: Evolution of DRDs by Sex 2009–2024



A review of drug-induced deaths from 2009 to 2024 shows a clear shift in age profile, reflecting changing patterns in substance-related mortality. Initially, deaths were concentrated among young adults aged 25 to 34 years, with this group representing the main area of risk. In contrast, younger individuals under 20 recorded no fatalities, and deaths among those in their early twenties were rare.

From 2015 onwards, fatalities increasingly affected older age groups. The 35-to-39 year bracket became particularly significant, especially in 2020 when it recorded the highest number of deaths in any group. The 40 to 44 age category, previously less affected, grew to become the leading group by 2023. Similarly, deaths among those aged 45 to 49 began to appear after 2011 and gradually increased, with additional cases emerging in those aged 50 and above from 2021. Although numbers in the oldest age groups remain small, their presence points to an expansion of drug-related mortality into later adulthood.



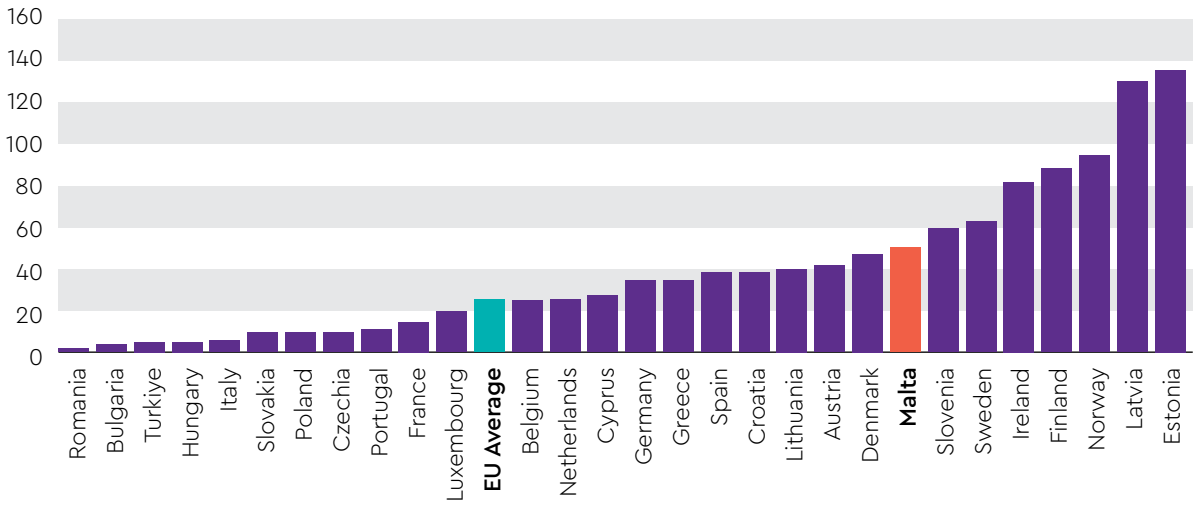
4.3.2 DRDs in Malta Compared with EU Member States

Recent figures from the EUDA show Malta's drug-induced mortality rate for those aged 15–64 years remains above the EU average. In 2023, Malta reported 48.6 deaths per million, higher than many member states. It is important to note, however, that international comparisons must be interpreted with caution, as differences in data collection methods, case definitions, and the completeness of national reporting systems may contribute to an underestimation in some countries.

In 2024, Malta's rate dropped to 32.9 deaths per million, a notable decline, yet still placing Malta among those with higher drug-related deaths in Europe. While some countries, like Romania and Bulgaria, report rates below 5 per million, others such as Estonia and Norway exceed 120 per million. Malta remains in the upper-middle range.

Although there was a modest reduction in drug-related deaths in Malta in 2024 compared with the previous year, the country's drug mortality rate remains elevated and continues to surpass the EU average.

Figure 4.4: DRDs mortality rate per million people aged 15–64 in 2023



4.3.3 Nationalities and Locations of DRDs in Malta

An examination of nationalities in Malta's DRDs from 2018 to 2024 reveals that 81% involved Maltese residents, confirming that most cases are domestic in origin. Foreign nationals accounted for a minority overall, but their share has grown in recent years. In both 2020 and 2021, all DRDs were among Maltese nationals; however, from 2022 onwards, the number of deaths among foreign nationals increased, reaching their highest annual proportion in 2023, when they represented 26% of cases.

Analysis of DRDs in Malta from 2018 to 2024 demonstrates a clear predominance of fatalities occurring in domestic settings, with 69% taking place at home or in private residences. The proportion of individuals dying shortly after arrival at hospital has declined, whereas fatalities occurring in alternative settings, though still representing a minority, have exhibited a gradual increase in recent years.

Table 4.1: DRDs in Maltese and Non Maltese Nationals 2018–2024

Year	Maltese	Non-Maltese
2018	4	1
2019	2	2
2020	11	0
2021	5	0
2022	12	3
2023	14	5
2024	10	3

Table 4.2: DRDs by Place of Death 2018–2024

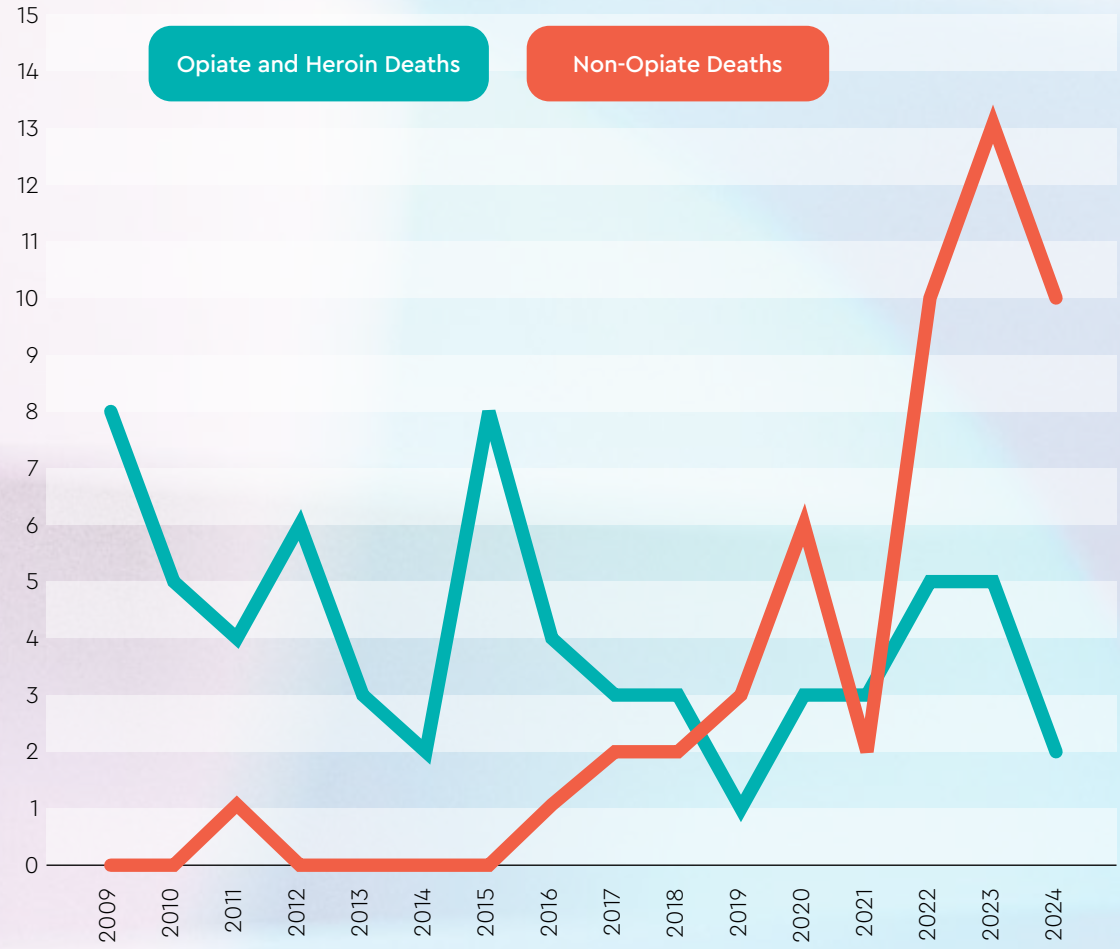
Year	Hospital	At Home	Other
2018	2	1	2
2019	2	2	0
2020	3	5	3
2021	1	2	2
2022	5	7	3
2023	5	8	6
2024	4	5	4

4.3.4 Substances involved in DRDs

To date, the National Mortality Register relies on information as provided on the death certificate to code DRDs. However, the great majority of drug-related deaths, as per EUDA definition, would have undergone toxicological analysis. The National Mortality Register also liaises with the pathologists in difficult cases to correctly classify drug-related deaths. A drug-related death may involve one drug or several drugs and medicines, and alcohol taken together. There has been a recent change in trend in DRDs with fewer opiate and heroin deaths and an increase in non-opiate deaths mainly due to cocaine.

Most deaths during the last 3 years involved cocaine either alone or in combination with other drugs and alcohol.

Figure 4.5: DRDs by Substance 2009–2024

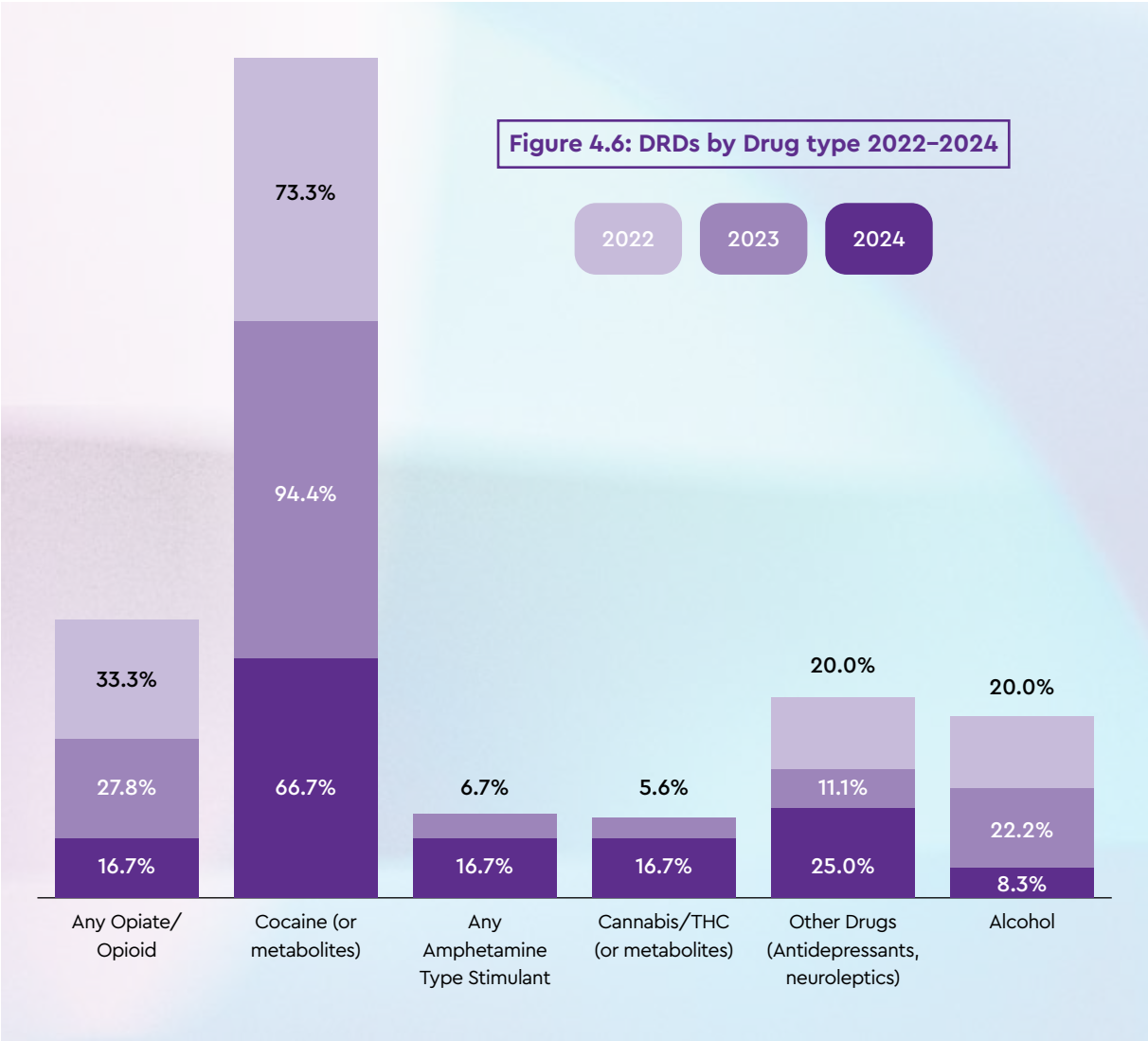


Analysis of substances implicated in DRDs between 2022 and 2024 reveals a shifting toxicological landscape. The proportion of opioid detections declined steadily, falling from 33.3% in 2022 to just 16.7% in 2024, indicating a diminishing impact in recent years.

Throughout this period, cocaine remained the predominant substance, peaking at 94.4% in 2023 before declining to 66.7% in 2024, though it continued to feature in the majority of cases.

Amphetamine-type stimulants and cannabis both displayed upward trends: amphetamines increased from 6.7% in 2022 to 16.7% in 2024, while cannabis, absent in 2022, was detected in 16.7% of cases by 2024.

The presence of other drugs, such as antidepressants and neuroleptics, fluctuated, dropping to 11.1% in 2023 but rising again to 25% in 2024, highlighting an increased role for prescribed or therapeutic medicines. Alcohol was detected at a consistent rate in 2022 and 2023, accounting for 20% and 22% of cases, respectively, before declining markedly to 8.3% in 2024. Taken together, these observations underscore an evolving pattern in recent years, characterised by a shift away from opioid-related fatalities in favour of a broader spectrum of substances, with cocaine remaining central and a growing contribution from stimulants, cannabis, and prescribed medicines.



4.3.5 Responses related to DRDs

In response to the unprecedented increase in drug overdose deaths observed in 2023, Malta initiated an internal consultation to examine the potential factors contributing to this rise in fatalities. This process aimed to identify evidence-based measures to mitigate drug-related mortality and improve public health outcomes.

Additionally, Malta, through its Permanent Mission in Vienna, organised a side event at the 2025 Commission on Narcotic Drugs (CND) entitled "Breaking the Cycle: Pragmatic Strategies to End Drug-Related Fatalities." The event addressed key issues related to drug-induced deaths, including the urgent need to invest in novel pharmacological interventions capable of reversing the effects of acute intoxication. Particular emphasis was placed on developing treatments for heroin and cocaine overdoses, with the goal of preventing premature loss of life associated with these substances.

CHAPTER 5
Prevention

1. Comprehensive Prevention Approach

Malta employs universal, selected, targeted, and environmental prevention strategies, focusing on reducing substance use across various settings including schools, workplaces and the community.

2. New Prevention Interventions

In 2024, a variety of new prevention initiatives engaged thousands across schools and community, promoting healthy, substance-free lifestyles through collaborative efforts.

3. Strong Collaboration

Ongoing partnerships among Sedqa, Caritas Malta, OASI Foundation, the Anti-Substance Abuse Service, Local Councils, police and youth organisations, enable a united national front.

5.0 SUBSTANCE USE PREVENTION IN MALTA

Substance use prevention is one of the important pillars in the global effort to reduce the demand for substances. Such measures aim to safeguard public safety, protect public health in Malta, and promote well-being within our society. Malta has been investing in preventative services for several years. The National Drug Policy 2022–2033 addresses the need for further investment in prevention through dedicated policy actions that aim to improve the services available, decrease the incidence of the initiation of substance use, and provide services for those who already have difficulties related to substance use.

The implementation of such measures would not be possible without the collaboration of several organisations that provide prevention services in Malta. Aġenzija Sedqa, Caritas Malta, OASI Foundation, and the Anti-Substance Abuse Service at the Education Department are the organisations involved in such efforts. These services focus on potentially addictive behaviours such as gambling, social media use, and the use of alcohol, tobacco, and other substances.

Current initiatives concentrate on three main areas:

- Universal prevention, which aims to prevent or delay the onset of potentially harmful and addictive behaviours in the entire population.
- Selected prevention, which targets people who are at risk or are already experimenting with potentially addictive behaviours
- Targeted prevention, which aims to treat people who are already struggling with addiction.

Furthermore, the concept of environmental prevention is also well integrated within local prevention services and initiatives. These measures aim to reduce the use of substances by limiting the opportunities to use substances in designated spaces. Examples include:

- The prohibition of smoking tobacco in public gardens and playgrounds.
- The prohibition of smoking in a car carrying minors under the age of 18 years.
- The prohibition to sell alcohol after 9:00 PM by shops that do not hold a licence to operate as a bar, restaurant, or place of entertainment, such as clubs.

Through various programs and projects, the aforementioned institutions have been working incessantly for years to lessen the negative social and health effects of potentially addictive behaviours. Based on goodwill and an interdisciplinary approach to treating behavioural addictions and substance use, there is a good partnership among the organisations concerned.

5.1 PREVENTION INTERVENTIONS

Prevention services have been an integral part of the national initiatives to reduce the use of substances among the population in Malta. This section aims to provide information related to existing initiatives that are provided by Aġenzija Sedqa, Caritas, OASI Foundation and the Anti-Substance Abuse Service within the Education Department. Below is an overview of services rendered by the above-mentioned organisations.

5.2 AĠENZIJA SEDQA PREVENTION INITIATIVES

Throughout several years, Aġenzija Sedqa has provided several prevention programmes, covering school-based prevention, initiatives for parents and guardians, prevention within the community, and prevention at the place of work. The information provided below contains an overview of the main initiatives carried out by Aġenzija Sedqa:

5.2.1 School-Based Programmes

T.F.A.L. 3 Programme (Year 3 Primary)
This programme is tailored for young children attending their third year of schooling. The aim is to help children build resilience and foster their ability to make safe choices. Consisting of six sessions designed to develop life skills training that enhance the children's ability to express themselves, recognise emotions, cope with peer pressure, and ask for help. The programme also introduces the topic of addiction to the

young children. The programme is delivered in all state, church, and independent schools across the Maltese Islands. It utilises puppets to make the sessions appealing and interesting for children within this tender age group. Children attending the programme benefit from a 10% discount on books purchased from a particular bookstore in Malta, to also encourage reading.

T.F.A.L. 5 Programme (Year 5 Primary)
The T.F.A.L. 5 programme builds upon T.F.A.L 3 and is delivered in all Year 5 classes across all schools in Malta and Gozo. The programme consists of five sessions that utilise animated characters and workbooks that provide information related to addiction, the safe use of technology, specific drugs, peer pressure and self-love. The programme incentivises the children to participate by also providing vouchers for free entrance to Esplora, further encouraging educational activities.

T.O.T.B. Programme (Year 8 Secondary)
"Teen Outside the Box" consists of three interactive workshops promoting healthy coping skills, wise technology use, and understanding addiction. The sessions are delivered to children attending Year 8 of compulsory schooling. The programme fosters self-expression and supports young people in navigating the period of adolescence. Young people attending this programme are incentivised through the distribution of €15 discount voucher redeemable on sports goods.

B.A.S.H. (Beyond Alcohol and Substance Highs) Programme
Aġenzija Sedqa also cater for the prevention needs of young people attending post-secondary and tertiary education. The B.A.S.H. programme is implemented through three themed exhibitions focusing on responsible drinking, managing stress, and fostering awareness about addiction. The Programme aims to promote informed, healthy choices and strong coping skills among young people attending post-secondary and tertiary education. The events are held in central locations within respective educational institutions throughout Malta and Gozo. To encourage participation, young people attending these exhibitions benefit from discounts on taxi fares, food outlets and cinemas.

5.2.2 Workplace Programmes S.A.F.E.

Besides addressing the needs of children and young people within the education system, Aġenzija Sedqa also provides prevention services for individuals within the workforce in Malta. The S.A.F.E. (Skills for Addiction-Free Employees), which has been running since 1996, consists of seven workshop topics that target the well-being of employees and enhance substance use awareness. The programme includes information regarding coping with stress; problems related to bullying and gambling. It also supports employers in policy design in relation to substance use at the place of work. The programme aims to promote a healthier, safer, and more productive work environment.

5.2.3 Prevention among Residential Programme employees

Aġenzija Sedqa has also introduced a new prevention initiative targeting residential care staff. The programme focuses on addiction awareness and intervention through two tailored workshops. The programme aims to strengthen the members of staff's ability to support clients with addiction-related challenges.

5.2.4 Targeted Prevention Initiatives

Aġenzija Sedqa also caters for the needs of young people attending learning centres and vulnerable groups within our society through customised life-skills sessions in primary and secondary learning centres. An example of such initiatives is the "Hurt by Others, Healed by Others", which is run in collaboration with 'Komunità Santa Marija'. The initiative aims to reach young people in alternative education and vulnerable settings. The session incorporates testimonials from people with a past of substance use problems, clay modelling and journaling.

5.2.5 Community Interventions

Aġenzija Sedqa also offer tailored workshops for groups of young people within local community organisations (e.g. scouts, youth groups, football teams, FSWS centres) with the aim to reach out with prevention initiatives within the community. These workshops focus on topics like bullying, gambling, addiction, and digital safety. These workshops are organised in collaboration with Aġenzija Żgħażagħ, Malta Football Association and the Aquatic Sport Association.

Additionally, Aġenzija Sedqa conduct informal, public-facing events at shopping malls, festivals, expos, among others, using engaging tools like digital games and giveaways. These initiatives aim to raise awareness and promote life skills through informal learning by engaging the general public and families in a non-threatening, inclusive manner.

Aġenzija Sedqa has also invested in Sport-Based Programmes for specific groups of young people. One initiative targets young people under the age of 15 years and consists of workshops on substance use using interactive games and quizzes as media. Another initiative targets young people under the age of 17 and consists of football matches with persons undergoing addiction treatment, followed by testimonials from these persons who are recovering from addiction. The initiative also aims to educate coaches and sports leaders so that they may learn to identify and prevent substance use in sports.

5.2.6 Disclosure and Referral Support

This initiative aims to equip Prevention professionals with the skills to detect signs of abuse and refer cases accordingly. Between 2023 and 2024, there were 61 disclosures referred to support services.

5.2.7 Evaluation & Continuous Improvement

All programmes undergo structured evaluations via forms, tablets, and student feedback to ensure programmes remain evidence-based and responsive. Aġenzija Sedqa also invests in research through conducting studies to guide the initiatives. Examples of such research are the following:

- Organisational Culture and Substance Use (2024)
- The Maze in Recovery (2024)

5.3 AĠENZIJA SEDQA PREVENTION ACHIEVEMENTS 2024

• *Research Papers*

The Prevention Team worked on two different research papers throughout the year. One paper, titled "Substance Use in the Organisational Culture... the Maltese Context," aimed to examine whether there was a relationship between organisational culture and substance use among employees in the Maltese Islands. It explored the interrelation between the work industry and the drug of choice, as well as the relationship between perceived health and safety risks and substance use among employees. This study was presented at the LX Lisbon Addiction Conference in October 2024. The study also highlighted the willingness of management to implement such policies.

The second research paper, "The Maze in Recovery: Exploring the Risks and Protective Factors of Substance Use Addiction as Experienced by Male Adult Individuals through an Interpretative Phenomenological Analysis," was a qualitative study that aimed to provide an understanding of the experiences of various service users in relation to addiction difficulties. This was achieved through an exploration of the possible risks and protective factors related to their substance use and addiction.

• *S.A.F.E. Well-Being Project*

Throughout the summer, the prevention team worked on a new project called the Well-being project. This project took place at different workplaces, focusing on three sessions: Stress Management, Bullying at the Workplace and Work Life Integration. The reason that these three topics were chosen was because the project aimed to focus on the welfare of the employees. Throughout, a total of 14 companies participated in this project, with a total of 772 employees benefitting from these sessions.

• *B.A.S.H. Programme*
Beyond Alcohol and Substance Highs (B.A.S.H.) is a prevention programme designed for post-secondary institutions. It consists of three interactive exhibitions, each focusing on a distinct theme: Think Before You Drink!, Stay Chill, Try a Coping Skill, and Know Your Facts, For Real!.

These exhibitions engage students through games and open discussions, creating an informal yet impactful learning environment. To further encourage healthy lifestyle choices and promote harm reduction, when necessary, students are also offered discounts and freebies from local partners.

In 2024, the Prevention Services successfully reached all sixth form and tertiary institutions, engaging a total of 2,187 students throughout the year.

• *'Am I Okay to Drive?' Campaign*
In 2024, the Prevention Services launched a collaborative campaign with the Authority for the Responsible Use of Cannabis (ARUC) and Transport Malta. Rolled out during the festive season, the campaign aimed to raise awareness about the dangers of drug and drink driving. This message was delivered through a wide-reaching mix of billboard advertisements, social media content, and televised adverts, ensuring maximum visibility and public engagement.

• *EURO Cup Advert*
In 2024, during the UEFA Euro Cup, one of the most widely viewed sporting events across Europe, the Prevention Services launched a targeted awareness campaign. Recognising the event's broad audience reach, an advert was created and aired before and after the football matches. The campaign focused on the importance of maintaining meaningful connections with those around us, highlighting how addiction can slowly take away these vital relationships.

• *'Buzz Naturali' Campaign*
The Buzz Naturali' Campaign is a social media campaign in which seven different Maltese personalities took part. These Maltese personalities spoke about the importance of having different passions and hobbies in life that can keep you busy and healthy during free time, also offering a natural high (buzz naturali) and helping you feel fulfilled through these activities.

• *Training by Dr. Marc Potenza*
The Prevention Services organised a two-day training led by Dr. Marc Potenza, a renowned American psychiatrist specialising in addiction psychiatry. The training, which focused on behavioural addictions, particularly gambling, was open to all professionals from Aġenzija Sedqa as well as other relevant FSWS staff. It proved to be an enriching and insightful experience, offering valuable knowledge and practical strategies for those working closely in the field of addiction prevention and support.

• *Skills for Addiction Free Employees (S.A.F.E.)*
One of the key priorities for the Prevention Services in 2024 was the revamp of the S.A.F.E. Programme. The objective behind this initiative was to strengthen the programme's foundation by incorporating updated, evidence-based literature, enhancing the visual quality and professionalism of the presentations, and selecting engaging activities to ensure sessions remained interactive and enjoyable for participants. As a result, the improved S.A.F.E. Programme successfully reached a total of 2,770 participants throughout the year.

• 30 Years Recognition Ceremony
In 2024, Aġenzija Sedqa proudly celebrated its 30th anniversary, a milestone that marked three decades of dedicated service in the field of prevention, treatment, and support. As part of the celebrations, the Prevention Services team chose to honour three outstanding entities from different sectors for their ongoing collaboration and commitment to prevention efforts. These entities were selected based on specific criteria that reflected their proactive engagement with Aġenzija Sedqa's programmes.

Mellieħa Primary School was recognised for fully embracing all Aġenzija Sedqa's prevention programmes within their school community and for extending the S.A.F.E. sessions to their staff members. The Youth Football Association (YFA), on behalf of the Malta Football Association (MFA), was awarded for its strong and ongoing partnership, particularly in facilitating prevention sessions with U15 and U17 football nurseries and

their administrators. Lastly, Alf Mizzi was acknowledged for their comprehensive approach, implementing sessions for employees and management alike, while also introducing a workplace substance misuse policy.

5.4 CARITAS MALTA INITIATIVES

Caritas Malta, a church run organisation, also provides several prevention services in Malta. Caritas delivers programmes in schools, within the community, to parents, and at the place of work. Below, an overview of the main initiatives carried out by Caritas Malta is outlined:

5.4.1 The Focus Programme

This programme is targeted toward school-aged students. The focus is on providing children with the space to reflect through discussion. The discussions are tailored according to specific age groups to support children's well-being at different phases of their development. Topics such as self-confidence, caring for personal mental health, relationships with peers, and making positive choices are discussed within the Focus Programme. Older students are also introduced to discussions about substance use, to foster awareness about specific substances and their consequent harm. It is ensured that the information is research-based and accurate so that students receive the information from reliable sources. Information about available services that tackle substance use is also provided to the students.

The Focus programme also provides sessions tailored for parents. These sessions focus on child/parent relationships, mental health and foster awareness about substance use.

The Focus Programme is provided both in Catholic and Independent schools, upon request by the specific schools.

5.4.2 Psychosocial Seminars

Caritas delivers psycho-social seminars at the place of work. All sessions are delivered by Caritas professionals and have a duration of around 90 minutes. The discussions in the seminars revolve around particular topics, mainly focusing on:

- Understanding and managing emotions
- Mental Health
- Relationships
- Parenting
- Substance use
- Skills at the place of work
- Spirituality

5.4.3 Employee Assistance Programme

This initiative by Caritas Malta focuses on providing psycho-social support to employees at the place of work. These specialised services are offered both in group settings and individually according to employees' needs. Individuals going through rough situations in their lives or experiencing problems related to substance use are provided with individualised attention. The sessions aim to increase awareness about mental health, well-being, and substance use.

5.5 CARITAS MALTA PREVENTION ACHIEVEMENTS 2024

In 2024, novel prevention work was carried out through Adolescent Pathways – a series of initiatives that bring together Caritas Malta's youth-focused services aimed at prevention, empowerment and holistic youth development. This goes beyond the already established Focus Programme, which is a Universal prevention initiative within secondary schools. Through educational outreach and creative engagement, the Adolescent Pathways initiative supports adolescents in making healthy, informed life choices, helping prevent substance use and risky behaviours at an early stage.

In addition, Caritas Malta actively participates in national campaigns and public events aimed at fostering a culture of well-being and prevention. These initiatives are designed to raise awareness about the dangers of substance use, while promoting the benefits of a healthy, balanced lifestyle.

• *D-CREW Summer Youth Programme*
The D-CREW Programme, led by Caritas' Community Wellbeing and Development Unit, targets Year 7 and 8 students through weekly sessions held between July and September at the Caritas Community Centre in Ħamrun. These sessions promote personal development, peer connections and awareness of Caritas services, reinforcing prevention through positive engagement and skill-building.

• *Youth Group Sessions & Testimonials*
Caritas continued responding to requests from schools and youth organisations by delivering themed sessions, often including testimonials from clients in recovery engaged in the Dar Charles Miceli Aftercare Programme. Testimonials based on lived experiences addressed issues such as addiction, resilience and personal transformation, directly supporting Caritas Malta's prevention mission.

• *Psycho-Educational Talks*
Caritas hosted 11 sessions for approximately 420 students from schools including St. Albert's College, St. Michael School and St. Joseph School, discussing key topics such as mental health, responsible social media use, substance use and dependence, and bullying. These talks foster early awareness and encourage open, stigma-free conversations

5.6 OASI FOUNDATION INITIATIVES

The OASI Foundation, a nongovernmental organisation operating in Gozo, also provides several prevention services. OASI Foundation delivers programmes in schools, within the community, to parents, and also at the place of work.

As part of their mission, OASI Foundation provides prevention through school visits that aim to meet the needs of children attending years 1–5 of primary school. The sessions aim to raise awareness about substance use and encourage healthy lifestyle alternatives through the promotion of age-appropriate life-skills. Throughout the years, OASI Foundation has also participated in the Skola Sajf project by extending drug prevention sessions and life-skills workshops with children attending Skola Sajf during the summer period. Furthermore, OASI Foundation makes every effort to promote its prevention message through regular participation in radio programmes. An in-house publication is also issued twice a year, in which prevention topics are covered. OASI Foundation also takes every opportunity to raise awareness among the general public on the harms associated with substance use and addiction.

5.7 OASI FOUNDATION PREVENTION ACHIEVEMENTS 2024

The OASI Foundation, deliver programmes in schools, within the community, to parents, and also at the place of work. Below, is an overview of the main initiatives carried out by OASI Foundation in 2024:

• *School Visits (Primary)*
OASI Foundation delivers interactive educational sessions to all primary school children in Gozo attending Years 1 to 5. The purpose of these sessions is to raise awareness about substance use, promote healthy choices and age-appropriate life skills. The sessions are conducted three times a year in every school in Gozo.

• *Participation in the Skola Sajf Project*
OASI Foundation also provides prevention-focused activities and sessions held during summer school organised by the Department of Education. The aim is to extend drug prevention and life-skills education into the summer period in a fun, informal setting that children can identify with.

• *Media Outreach*
OASI Foundation also takes every opportunity to feature on local radio stations to discuss drug prevention, awareness, and current topics, with the scope to promote public awareness and reach broader audiences through media.

• *Publications*
OASI Foundation also provides an In-house publication covering prevention-related topics, updates, and awareness material. The publication provides ongoing education and visibility for prevention efforts and drug awareness. This is published twice a year.

• *Community Talks & Awareness Sessions*
Another initiative is the delivery of talks & awareness Sessions within the community. These talks and information sessions focus on drugs, addiction, and prevention and aim to raise public knowledge and address specific community or institutional needs. These sessions are provided on demand in various settings (schools, community events, etc.).

5.8 ANTI-SUBSTANCE ABUSE SERVICES

The Anti-Substance Abuse Service within the Education Department is mainly responsible for supporting children and young people attending public schools helping prevent their participation in potentially addictive behaviours. The Unit is also responsible for intervening when behaviour that can potentially lead to experimentation with substance use and behaviours such as gaming, gambling, and social media, that may develop into problematic use, is detected. When such behaviours are detected among school-aged students, the Unit refers the case to treatment agencies for necessary action. The Unit also provides support and guidance to parents when necessary. The Education Department has in place a Policy that identifies the steps that need to be taken when problematic and potentially addictive behaviour is detected.

5.9 ANTI-SUBSTANCE ABUSE SERVICES ACHIEVEMENTS 2024

The Anti-Substance Abuse Service supports children and young people of compulsory school age and/or those falling under the Directorate for Educational Services, and guides parents/guardians where necessary. To help students stay away from addiction and/or recognise the need to stop experimental or regular use, various essential tools and methods are used with the students.

• *Work within ASAS*
The work of the members (6) within ASAS includes various responsibilities, among them:

- A consultation service with educators, professionals, and parents.
- Support interventions on an individual basis. The team's work primarily involves direct interventions through one-on-one sessions with the students concerned, as well as meetings with parents/guardians. For each referred student, an action plan is drawn up to ensure the individual receives the necessary support. This is done in collaboration with other professionals as needed.
- Structured prevention sessions with groups of students and others according to the needs of the colleges. This also includes logistical planning and meetings with various stakeholders to organise these sessions.

• *Referrals*
During the year 2024, a total of 142 new cases were referred. A total of 994 individual sessions were held with students, as well as sessions/contacts with parents/guardians. Additionally, 520 meetings were held with various professionals. There were also around 96 cases handled on a consultation basis.

• *Prevention Sessions with Students*
Informative meetings and seminars were held, both on a class basis and in small groups.

• *Prevention Sessions with Professionals*
Periodic meetings are held with professionals in schools and other organisations regarding the services offered by ASAS, the implementation of procedures as outlined in the policy, the substances and their effects, and newly emerging substances that have recently entered the market or have become popular.

• *Informational and Prevention Talks with Parents/Guardians*
Throughout the year 2024, several meetings were held with parents. The aim of these meetings was to provide information about various types of substances, as well as the prevention of their use. In some of these meetings, officers from the Drug Squad unit were also invited to provide parents with information about drugs, particularly from a legal perspective. Meetings on this subject were also organized for parents by other organisations.

• *Teen Outside the Box Prevention Programme with Year 8 Students in All Colleges*
The team was actively involved in the Teen Outside the Box prevention programme, run by Sedqa. Various discussions were held with all stakeholders regarding the continuation of the programme for the 2024/2025 school year. This programme was delivered to all Year 8 students. The selected themes were Decision Making and Coping Skills, Wise Use of Technology, and Addictions. In addition to the student sessions, several evaluation meetings of the programme were held between the ASAS members and their superiors.

• *Talks by the Drug Squad Police*
ASAS also worked together with the police from the Drug Squad. From January to December 2024, various talks were held in different colleges across both Malta and Gozo.

• *Talk by The National Anti-Doping Organisation of Malta (NADO/AIMS Malta)*
NADO Malta was invited to deliver talks to students and educators on various topics related to sports, including the use of substances in sports and ethics.

• *Drama Fora – 'Ara, Aħseb u Agħżel'*
Throughout 2024, several performances of the drama fora entitled 'Ara, Aħseb u Agħżel' were held. This programme, specifically aimed at Year 9 students, has been ongoing for several years, and all schools in Malta and Gozo are invited to participate. The programme is a joint initiative between the Drama Unit within the Education Department and ASAS.
In 2024, several meetings were held with professionals working in rehabilitation programmes and with residents undergoing residential treatment at San Blas Therapeutic Community, to gather their feedback on the programme. Following these meetings, the programme was modified to better engage students. There are various challenges involved in delivering such a programme, including obtaining parental consent forms to take students out of school, and creating a balanced approach between the Maltese language and the growing reality of many foreign students who do not understand Maltese. As a result, there is an increasing need for such programmes to become more multilingual to remain effective.

• *Programme by OASI Foundation for Year 10 Students in Gozo:*
The Gozo College collaborated with the OASI Foundation to deliver sessions in which students listened to real-life testimonies of persons recovering from addiction.

• *Discussions with Alcoholics Anonymous (AA):*
Throughout 2024, discussions were held with AA. A representative from AA was also assigned to support ASAS where needed, including testimonial sessions on the subject. This speaker contributed to sessions with students across various colleges.

• *Tal-Ibwar Adolescents Therapeutic Services (Caritas Malta)*
During 2024, several meetings were held with professionals managing the therapeutic programme for adolescents at Tal-Ibwar. Various aspects of the programme's operation and new reforms were discussed. The ASAS team also had several opportunities to visit the centre to gain a clearer and more up-to-date understanding of the different programmes being offered. These meetings are crucial as they allow for discussions on how to best support students.

• *Ongoing Professional Training*
Throughout 2024, ASAS practitioners attended various conferences, courses, and seminars—both virtually and in person—to stay professionally updated on various topics related to their work.

• *Other Work*
  - Meetings with Youth in Focus:
    Throughout 2024, regular meetings continued between Youth in Focus and ASAS. These are very important discussions to determine how best to support students.
  - ESPAD Meetings:
    In 2024, meetings continued regarding the logistics of the ESPAD (European School Survey Project on Alcohol and Other Drugs), in collaboration with FSWS representatives. The study took place in March 2024. ASAS members played an active role in each stage of this European survey.
  - Meetings with the Smoking and Health Committee:
    An ASAS member regularly attended meetings within the Smoking and Health Committee to contribute to the national strategy on tobacco.
  - Meetings with the Health Promotion and Disease Prevention Directorate (HPDP):
    Several meetings were held between HPDP representatives and ASAS. The main purpose of these meetings was to share the latest information about new products on the market that may pose health risks to students. Information was also given about the Smoking Cessation Programme and how students can access this support. HPDP representatives were also invited to give talks to students, educators, and parents/guardians in various colleges.
  - Meetings with the Commissioner of Justice representing the Drug Tribunal:
    Several collaborative meetings were held between the Commissioner of Justice and ASAS.
  - National Guidance Meetings:
    These regular meetings are intended to keep professionals updated on various work-related sectors.
  - Other Meetings:
    ASAS members regularly participated in consultation meetings with other professionals, even outside the educational system. These are particularly important for discussing individual care plans for students.
    ASAS members also attended regular meetings with other professionals from the psychosocial team within the various colleges.

5.10 OTHER ONGOING COLLABORATIONS

• PAVE

The PAVE initiative was initiated by Caritas and partnered with Aġenzija Sedqa within FSWS, OASI Foundation, the Malta Police Force, and Aġenzija Żgħażagħ. The initiative aims to introduce public responsibility for assisting the enforcement of laws related to the sale of alcohol, tobacco and cannabis to minors. The project proposes a system of anonymous reporting of the illegal sale of alcohol, tobacco and cannabis to minors. The system will function through the provision of a QR code to the public, that will be linked to a website and a Google form that enables them to list details of outlets that are breaking the law.

P- Protect young people
A- Ask for age verification
V- Verify – confirming through a legal document such as an ID/Driver's licence.
E- Educate- Support the public in better understanding the harms caused by Alcohol, Tobacco and Cannabis.

Apart from the participation of Caritas, Aġenzija Sedqa, OASI Foundation, Aġenzija Żagħżagħ and the Community Police, it is also envisaged that collaboration with local councils, schools, civil society organisations in the community (scouts, band clubs, political clubs, youth centres, church groups), young people and their parents will be fostered for the successful implementation of the initiative.

The project focuses on promoting awareness, educating young people and parents about the harms of substance use, encouraging reporting of wrongdoing, and enforcement.

CHAPTER 6
Treatment

1. Individuals in Treatment

Between 2004 and 2024, the treatment population increased by 38% alongside a rise in the proportion of first-time entrants to 24% in 2024, compared to 13% 2014.

2. Opioid Agonist Treatment

The proportion of individuals receiving OAT in Malta dropped markedly from 70% in 2004 to 39% in 2024, mirroring shifts in substance use preference.

3. Substance Use & Treatment Demographics

The predominance of heroin as the primary substance of those in treatment declined, whilst for cocaine it has increased. In tandem, the average age of the treatment cohort increased notably over the twenty-year period.

4. Injecting Behaviour

The proportion of service users who reported never injecting drugs increased over the period, from 0% in 2004 to 67% in 2024, reflecting a significant transition towards safer drug consumption behaviours and also possibly a reduction in heroin use.

6.1 THE TREATMENT SYSTEM

The treatment of substance use disorders in Malta is supported by a network of specialised providers that operate within both governmental and non-governmental structures. This system relies on collaboration between health and social care professionals, therapeutic communities, and outreach services, offering a continuum of care that ranges from prevention and harm reduction to detoxification, inpatient rehabilitation, and long-term reintegration.

The five main drug treatment providers include Caritas, Agency Sedqa, OASI Foundation, Male and Female Dual Diagnosis Units and the Correctional Services Agency. Among these, three providers receive direct government funding, while two operate as non-governmental organisations (NGOs) that are partially supported by government resources. The services delivered by these entities can be grouped into five principal categories:

(i) specialised outpatient services,
(ii) low-threshold services,
(iii) inpatient treatment programs,
(iv) detoxification treatment, and
(v) opioid agonist treatment (OAT).

Table 6.1 summarises the number of individuals engaged in various treatment settings for the years 2004, 2009, 2014, 2019, and 2024, thereby providing a comparative overview spanning two decades.

Table 6.1: Individuals in Treatment by Setting 2004–2024

Population	Setting	2004	2009	2014	2019	2024
Outpatient	Low-Threshold agencies	593	877	898	1001	1017
Inpatient	Hospital-based residential	35	23	21	25	36
Inpatient	Therapeutic communities	55	61	68	60	58
Outpatient	Specialized treatment centres	807	821	766	830	947
Prisons	Prisons	35	10	17	27	53

Before exploring the treatment demand, it is useful to provide a summary of the main service providers and the types of support they offer. The following section highlights the principal agencies involved in substance use treatment across Malta and Gozo and details the services.

Caritas Malta, through the Foundation for the Rehabilitation of Drug Abusers, is one of the oldest and most established treatment providers in the country. Its services cover prevention, outreach, residential and outpatient treatment, as well as aftercare. Among its leading programmes is the San Blas Therapeutic Community, which provides a residential, phase-based programme that integrates therapeutic groups, vocational training, and community living in a structured environment. A similar residential programme tailored for women is offered through the Et Iris Therapeutic Community, which also follows a staged approach designed to foster personal growth and social reintegration. Caritas additionally operates a Male Shelter where individuals can stabilise before entering more intensive treatment, and it provides

detoxification support in a supervised, home-like setting. The Evening Programme functions as an outpatient service, offering therapeutic sessions to service users who are either stepping down from residential care or who require structured treatment while living at home. For young people, the 'Tal-Ibwar Residential and Learning Hub' provides both residential and non-residential services, blending education, psychosocial support, and therapeutic interventions in a safe environment. Caritas also maintains a presence within the correctional system through the Prison Inmates Programme, which delivers therapeutic support to incarcerated individuals with substance use problems. In addition, its network of counselling services, family support, and self-help groups ensures that both service users and their families are assisted throughout the recovery process.

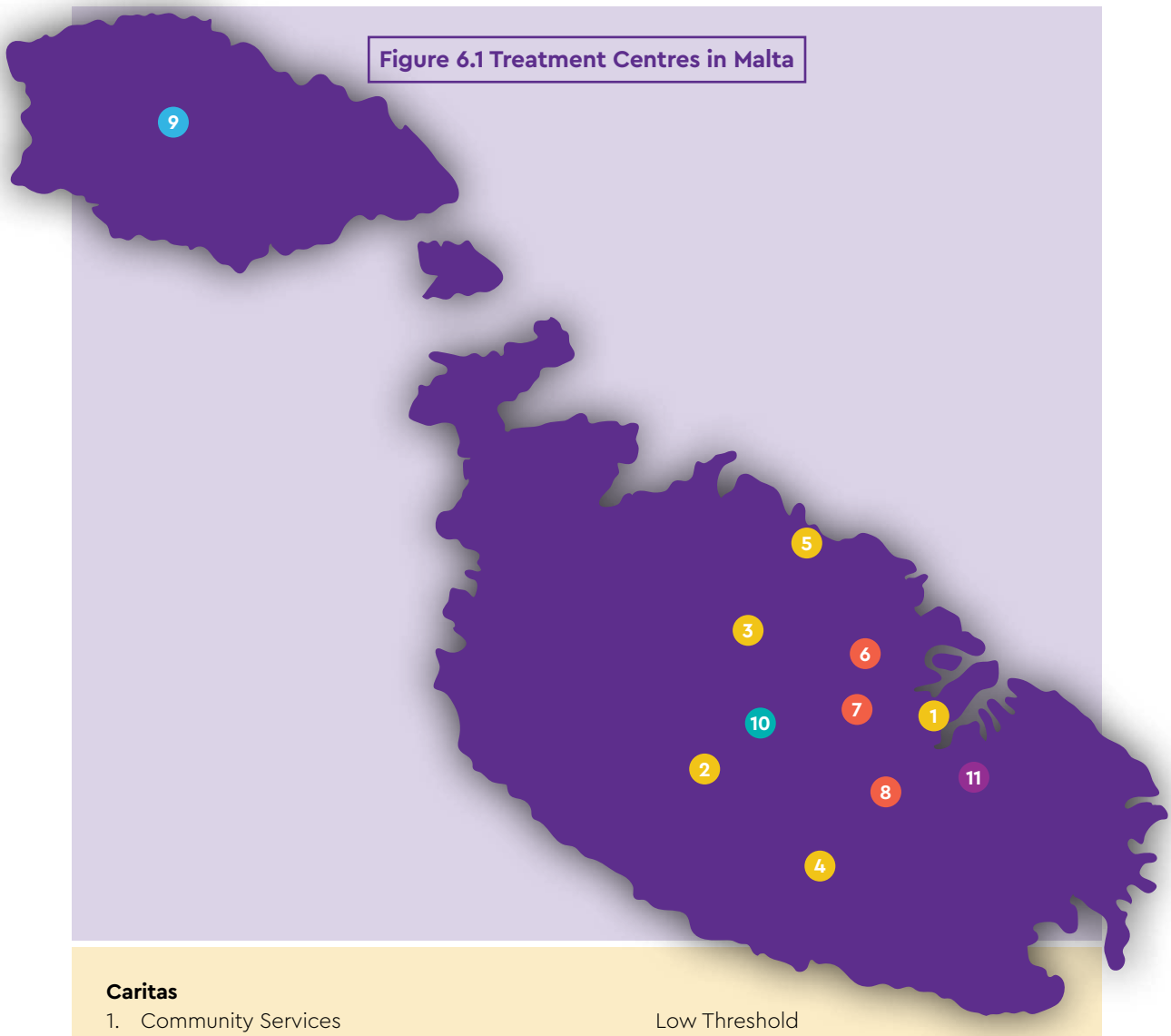
Aġenzija Sedqa, the national agency for substance misuse operating under the Foundation for Social Welfare Services, provides a comprehensive model that combines prevention, outpatient and community services, medical treatment, and residential rehabilitation. At the prevention level, Aġenzija Sedqa is active in schools, workplaces, and communities, delivering structured educational campaigns and programmes designed to raise awareness of the risks associated with drug and alcohol use and other addictive behaviours. Its outpatient and community services include the Addictions Community Service, which provides psychosocial support, individual and family counselling, and early interventions for individuals in the community. Medical staff within Aġenzija Sedqa play an integral role in detoxification and ongoing care, ensuring that service users receive appropriate clinical supervision during the early stages of withdrawal and treatment. The agency runs two residential programmes: Dar l-Impenn, a short-term medical stabilisation and detoxification unit that prepares service users for further rehabilitation, and Komunità Santa Marija, a longer-term therapeutic community that adopts a holistic approach based on structured communal living, peer support, and gradual reintegration. Aġenzija Sedqa also administers opioid agonist treatment, offering methadone and other substitution therapies to service users for whom abstinence-based approaches may not be immediately achievable, thus providing a harm-reduction oriented pathway within the treatment system.

The **OASI Foundation**, based in Gozo, complements the services offered in Malta by providing treatment, prevention, and outreach programmes with a particular focus on community integration. Its inpatient residential service delivers a structured therapeutic programme designed to help individuals achieve abstinence within a supportive and drug-free environment. The OASI Foundation Residential Programme is grounded in the therapeutic community model, emphasising mutual support, behavioural change, and psychosocial rehabilitation. Alongside its residential care, OASI Foundation also offers outreach and low-threshold services, which aim to engage individuals who may not yet be ready for intensive rehabilitation but who nonetheless require harm reduction, counselling, or crisis intervention. In addition, OASI Foundation runs prevention and education campaigns targeted at young people and the wider community, raising awareness about substance misuse and promoting healthier lifestyles.

Other agencies and departments, such as the **Male and Female Dual Diagnosis Units** (MDDU, FDDU) and the **Correctional Services Agency** (CSA), also contribute to the range of inpatient services available.

Drug treatment agencies across Malta provide community-based services, including social work, counselling, group therapy, family services, and psychological interventions. Low-threshold programs further enhance support by offering day-care services. In total, five inpatient treatment units exist in Malta, three of which operate as therapeutic communities (TCs), providing a safe, drug-free communal environment with a holistic, multidisciplinary approach aimed at supporting service users in achieving abstinence from substance use. One programme also specialises in inpatient detoxification.

Figure 6.1 Treatment Centres in Malta



Caritas

1.	Community Services	Low Threshold
2.	Therapeutic Communities	Low Threshold Inpatient
3.	Semi-residential Re-entry and Aftercare Services	Outpatient
4.	Tal-Ibwar Residential	Inpatient Outpatient
5.	Prison Inmates Programme (PIP)	Prison

Sedqa Agency

6.	Substance Misuse Outpatient Unit (SMOPU)	Outpatient
7.	Addictions Community Service	Low Threshold
8.	Komunità Santa Marija	Inpatient

OASI Foundation

9.	OASI Residential and Outreach	Low Threshold Inpatient

Other Agencies / Departments

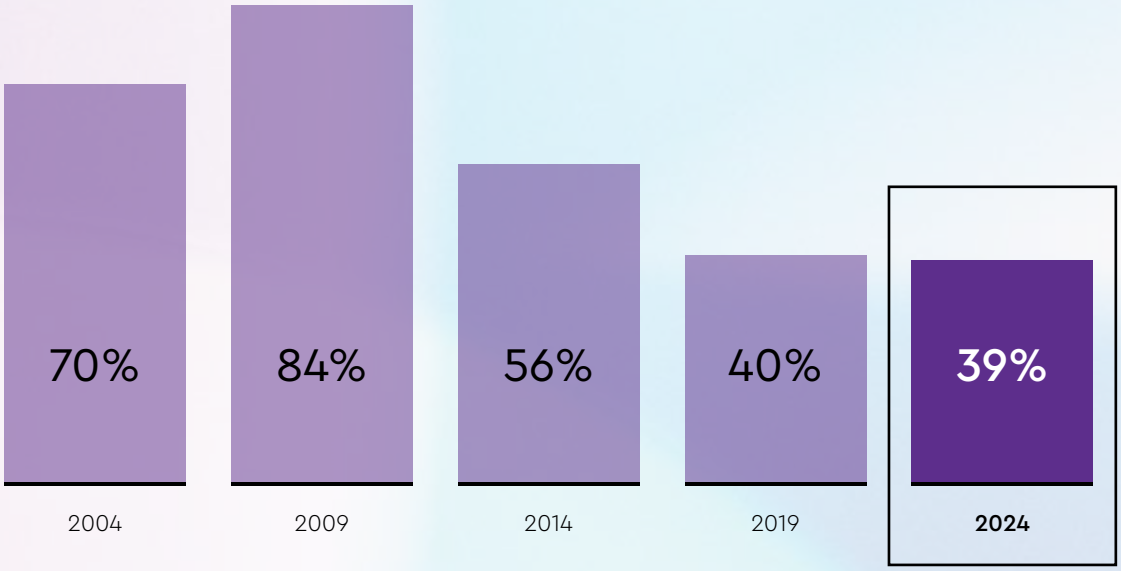
10.	Male Dual Diagnosis Unit (MDDU)	Inpatient
	Female Dual Diagnosis Unit (FDDU)	Inpatient
11.	Correctional Services Agency (CSA)	Inpatient

6.2 TREATMENT PROVISION

Opioid Agonist Therapy (OAT) in Malta is delivered by the Substance Misuse Outpatient Unit (SMOPU) within Agenzija Sedqa. Methadone maintenance treatment has been available since 1987, with take-home methadone prescriptions introduced in 2005 and further expanded in 2020 in response to the COVID-19 pandemic. Since 2006, buprenorphine has also been offered as a take-home option, prescribed either by SMOPU or by general practitioners. In 2024, this medicine was added to the list of medicines that are available free of charge to patients. Dihydrocodeine is prescribed on a limited basis, although its use remains infrequent.

An analysis of the proportion of individuals receiving OAT between 2004 and 2024 indicates a fluctuating, but overall declining trend. In 2004, 70% of individuals in treatment accessed OAT, rising to a peak of 84% in 2009. Subsequently, the proportion declined, reaching 56% in 2014, 40% in 2019, and 39% in 2024. Data between 2019 and 2024, however indicate that the trend seems to have stabilised at around the 40% mark. These trends demonstrate that, while OAT historically accounted for the majority of treatment cases, its relative share has diminished in recent years. This shift reflects evolving patterns in substance use and treatment approaches across Malta and Gozo.

Figure 6.2: Opioid Agonist Treatment (OAT) 2004–2024



6.3 INDIVIDUALS IN TREATMENT

An analysis of treatment episodes in Malta from 2004 to 2024 shows evolving patterns in the profile of individuals accessing services. Overall, the total number of individuals in treatment increased by 38% over these 20 years, rising from 1,525 in 2004 to 2,111 in 2024.

Previously treated individuals consistently represented the majority of service users throughout this period. In 2004, 82% of individuals had prior treatment experience, increasing slightly to 83% in 2009 and peaking at 87% in 2014. By 2019, this proportion had declined to 82% and further decreased to 76% by 2024. These fluctuations indicate that while previously treated service users historically dominated treatment services, their relative share has gradually declined in recent years. This may indicate that the number of new entrants into treatment are largely responsible for the increase in the total number of individuals in treatment every year.

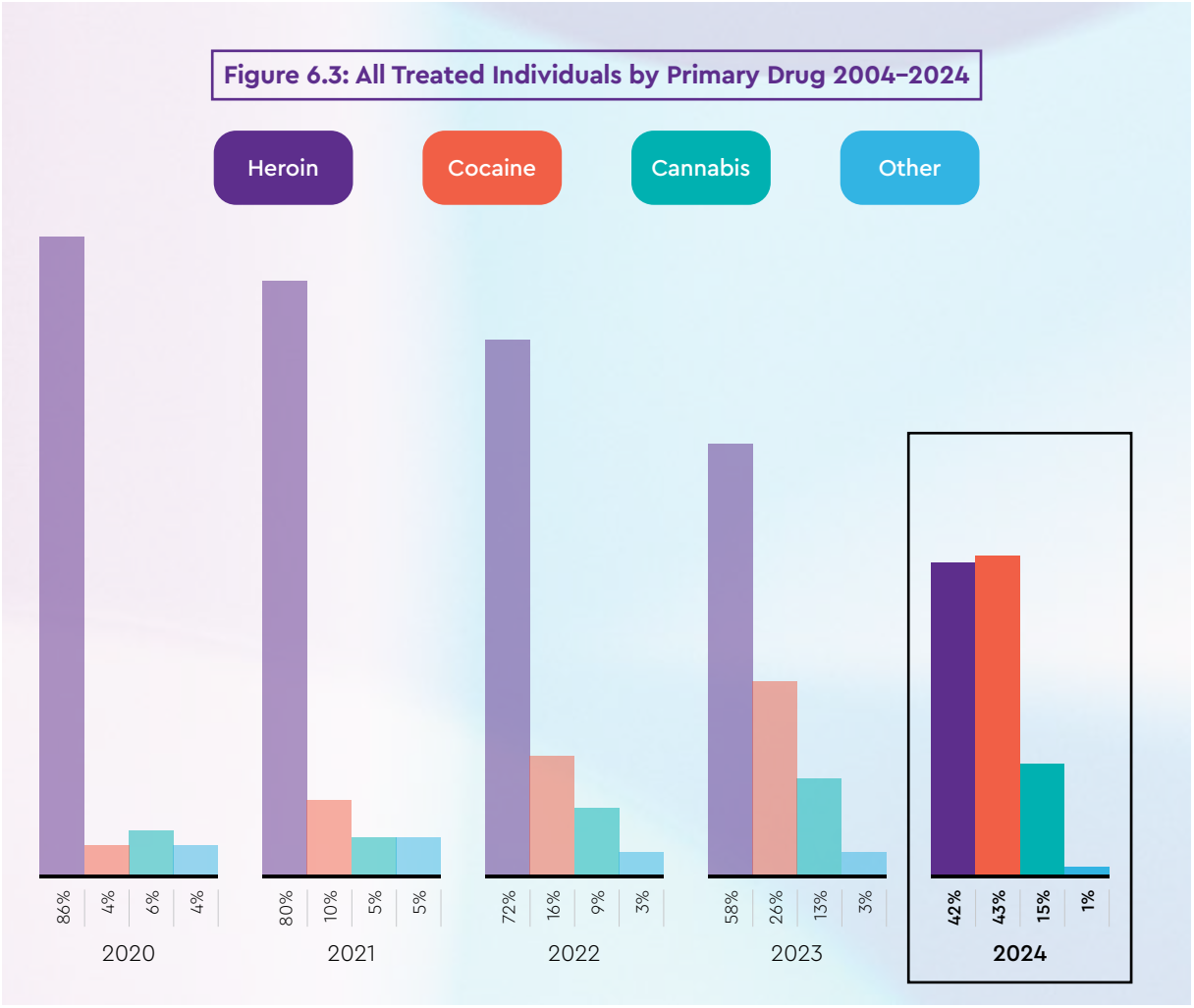
First-time treatment entrants, by contrast, constituted a smaller proportion of service users, though their share grew notably toward the end of the period. In 2004, first-time entrants accounted for 18% of all individuals in treatment, decreasing to 17% in 2009 and reaching a low of 13% in 2014. The proportion then increased to 18% in 2019 and rose further to 24% by 2024. This upward trend highlights a growing number of new service users entering treatment.

Table 6.2: Service Users in Treatment 2004–2024

	2004		2009		2014		2019		2024	
	n	%	n	%	n	%	n	%	n	%
All Individuals	1525	100	1792	100	1770	100	1943	100	2111	100
Previously Treated	1250	82	1483	83	1548	87	1596	82	1599	76
First Treated	275	18	309	17	222	13	347	18	512	24

An analysis of primary substances used among all individuals in treatment in Malta from 2004 to 2024 shows a clear shift in the treatment population. Heroin, historically the most common primary drug, has declined steadily, while cocaine has become increasingly prominent. Cannabis use has remained relatively stable since the enactment of the Authority for the Responsible Use of Cannabis Act (Act No. LXVI of 2021), which regulated the possession and use of cannabis for adults aged 18 and over. Other substances have remained uncommon throughout the period. Detailed figures and breakdowns by first-time and previously treated service users are presented in Chapter 3.

Figure 6.3: All Treated Individuals by Primary Drug 2004–2024



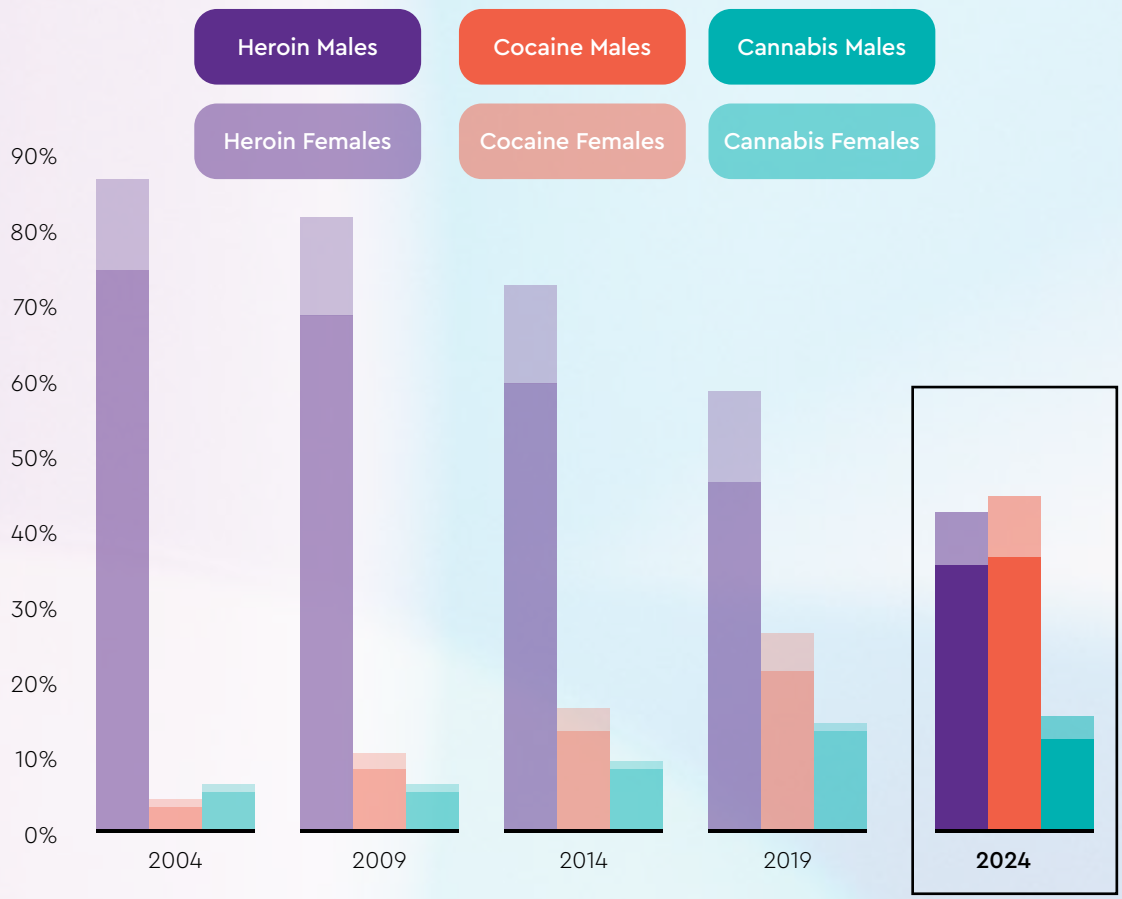
6.3.1 Primary Drug by Sex

An analysis of the primary drug of choice among males and females in treatment from 2004 to 2024 reveals significant shifts in substance use patterns. For males, heroin was the most common primary drug in 2004, accounting for 74% of cases, with cocaine and cannabis far less prevalent at 3% and 5%, respectively. Over the subsequent years, the proportion of males treated for heroin steadily declined, dropping to 68% in 2009, 59% in 2014, 46% in 2019, and reaching 35% by 2024. In contrast, cocaine use among males rose notably, from just 3% in 2004 to 8% in 2009, then increasing to 13% in 2014, 21% in 2019, and peaking at 36% in 2024. Cannabis use among males also showed a gradual increase, from 5% in 2004 to 12% in 2024.

Among females, heroin similarly remained the predominant drug throughout the period, though at a consistently lower percentage than males. In 2004, 12% of females in treatment cited heroin as their primary drug, with minimal representation for cocaine (1%) and cannabis (1%). Heroin's dominance persisted, with only slight fluctuations: 13% in both 2009 and 2014, 12% in 2019, and a decrease to 7% in 2024. Cocaine use among females, while initially negligible (1% in 2004), increased steadily over the years, reaching 8% by 2024. Cannabis remained the least common primary drug among females, maintaining low levels throughout the period (1% in 2004 to 3% in 2024).

These trends illustrate a clear decline in heroin's predominance as the main substance among both males and females, accompanied by a significant rise in cocaine use, particularly among males. Cannabis, although less prominent, has seen a modest increase in prevalence, especially among males. The data underscores a marked shift in substance use patterns over the past two decades, reflecting changing drug preferences and possibly evolving availability and social attitudes towards different substances. This analysis aligns with broader observations across the treatment population, indicating an ongoing transition from heroin to cocaine as the primary drug of concern.

Figure 6.4: Primary Drug by Sex 2004–2024



6.3.2 Age

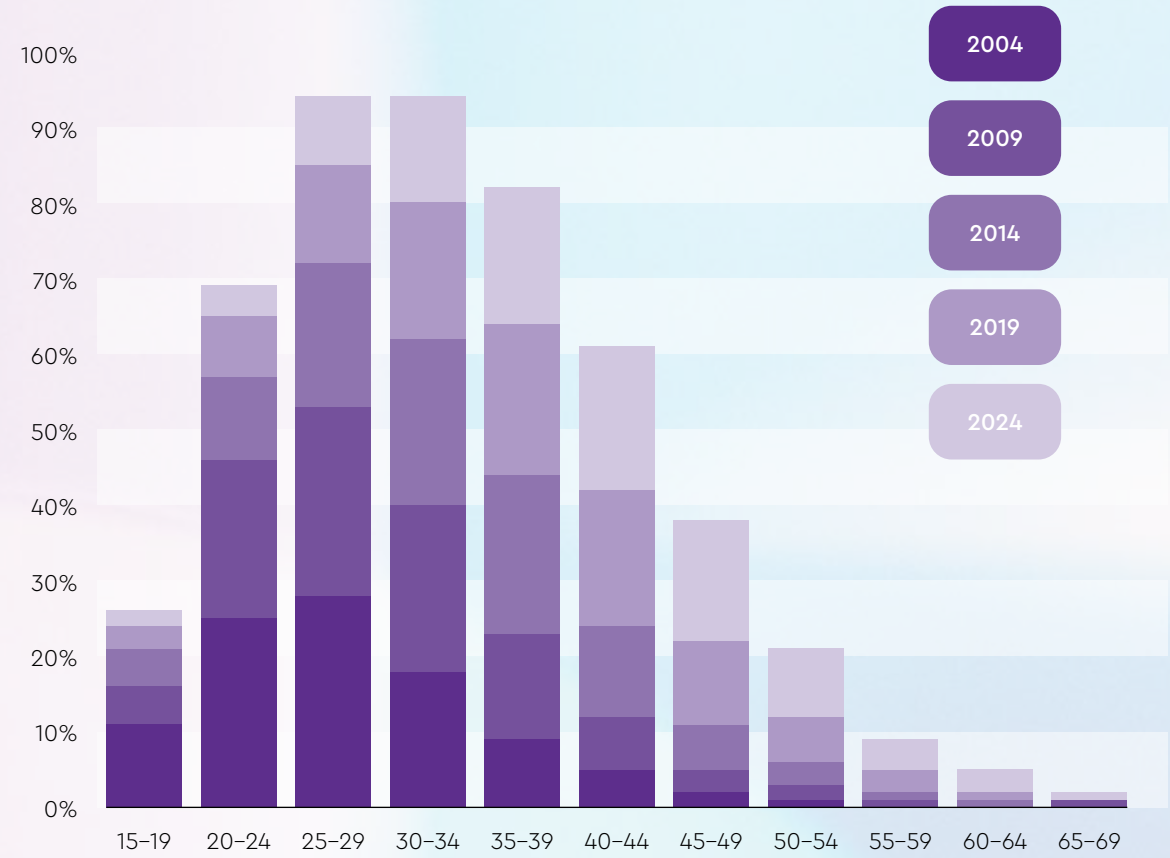
An overview of the age profile of individuals in treatment between 2004 and 2024 highlights a clear trend towards an older treatment population. In 2004, the bulk of service users fell within the younger age brackets, specifically those aged 15–19, 20–24, and 25–29, collectively making up 64% of those in treatment at the time. Over the following twenty years, the share of service users within these younger cohorts diminished considerably. By 2024, these three age groups together accounted for only 15% of the total treatment population, representing a marked decline in the presence of younger individuals seeking support compared to two decades prior.

When grouping the age categories into broader cohorts, namely those in their 30s, 40s, and 50s and 60s, the data reveals a pronounced shift in the age profile of individuals in treatment between 2004 and 2024. In 2004, the 30s group accounted for a combined 27% of the treatment population . By 2024, this cohort represented 32%, indicating a modest but steady increase over time. The most notable change, however, is observed in the 40s age group, which rose sharply from just 7% in 2004 to 35% in 2024.

The combined 50s and 60s cohort also experienced substantial growth. In 2004, only 1% of individuals in treatment fell within the 50–69 age range. By 2024, this figure had risen to 17%. This progressive increase points towards a significant ageing of the treatment population, with older adults making up a much larger share of service users than two decades prior.

This shift indicates that the treatment population has become significantly older over time, with a marked reduction in younger individuals entering treatment and a growing proportion of older adults remaining in or returning to services. Such a trend may reflect broader demographic changes, increased longevity among drug users, or evolving patterns of substance use and treatment engagement.

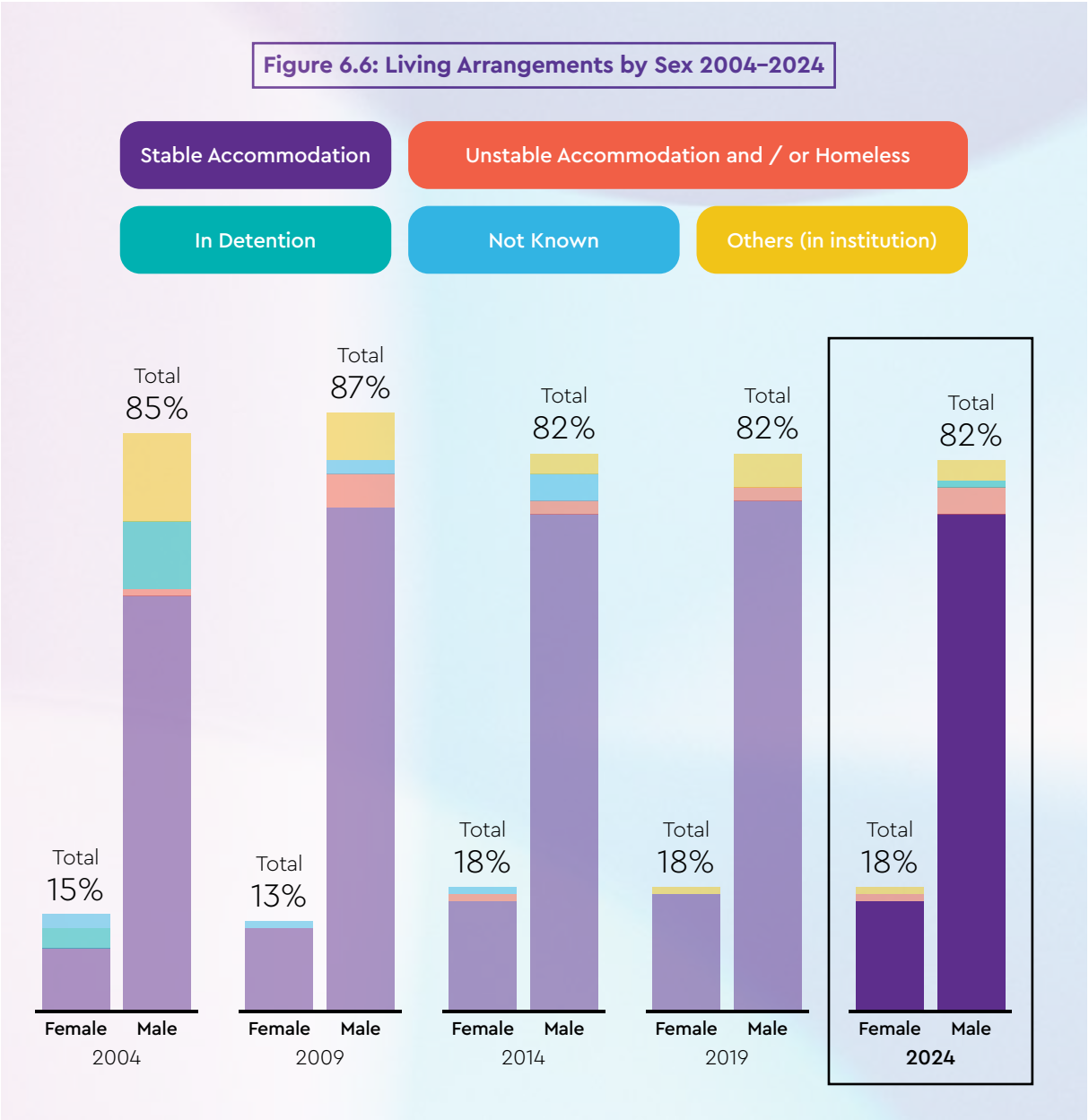
Figure 6.5: Age Distribution 2004–2024



6.3.3 Family and Living Arrangements

A review of accommodation status from 2004 to 2024 shows that both sexes experienced improvements in housing stability over this period. Males consistently outnumber females among service users; males account for 82–87% of the service users. Upon analysing each sex separately, males saw stable accommodation rates rise from 61% in 2004 to 73% in 2024, with unstable housing remaining low (peaking at 5% in 2009, then dropping to 2–4%). Detention among males fell sharply from 10% to 1% over the period. Females accounted between 13% and 18% of service users throughout the period. The proportion of females in stable accommodation was considerably lower than that of males, starting at 9% in 2004 and rising gradually to 16% by 2024. Instances of unstable accommodation or homelessness among females were sporadic, remaining at 0–1% across the years. The proportion detained fell from 3% in 2004 to zero thereafter, while institutional living remained negligible throughout the period.

Figure 6.6: Living Arrangements by Sex 2004–2024



From 2014 onwards, more detailed data on parental status and accommodation stability among service users has become available. In 2014, 5% of service users lived with their children in stable accommodation, with 1% in other arrangements. By 2019, this increased to 14% in stable accommodation, 2% in other accommodation, and no reported unstable housing. By 2024, 11% lived with their children in stable housing, with no instances of unstable or other accommodation.

Among parents not living with their children, 13% had stable accommodation in both 2014 and 2019, with 2% and 0% respectively in other or unstable arrangements. In 2024, 19% were stably housed, 2% had unstable accommodation, and 3% were in other living arrangements.

The proportion of service users without children declined from 70% in 2014 (with 1% in unstable, 5% in other accommodation) to 65% in 2019 (1% unstable, 3% other), and further to 59% in 2024 (3% unstable, 3% other).

Overall, the data demonstrates a persistent trend of improved housing stability for service users, along with a gradual increase in parental engagement and family reunification, although separation from children continues to be a notable feature.

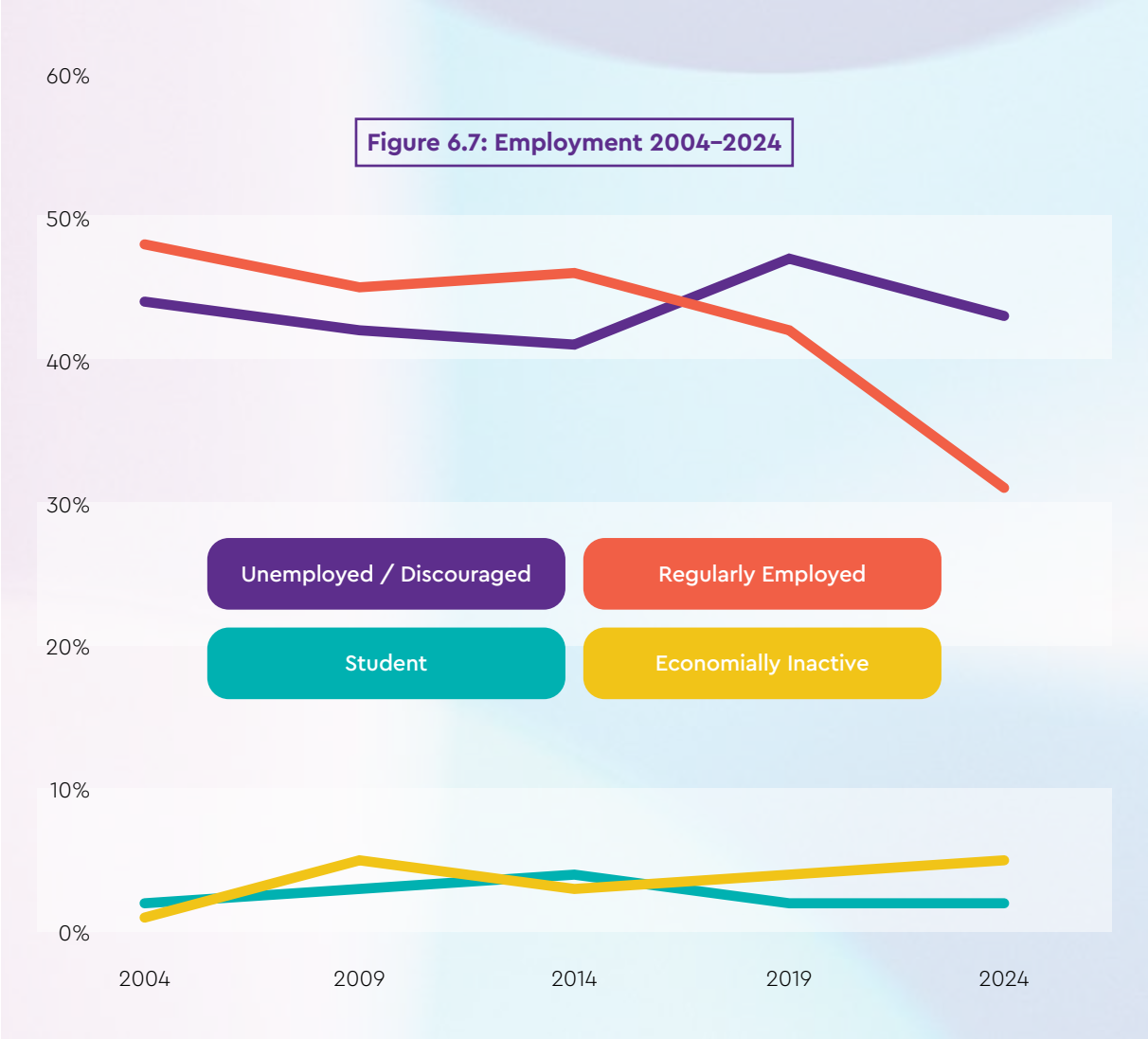
Table 6.3: Accommodation and Parental Status 2004–2024

	2004		2009		2014			2019			2024		
Accommodation	Stable	Unstable	Stable	Unstable	Stable	Unstable	Other	Stable	Unstable	Other	Stable	Unstable	Other
Children													
Having children and living with them	–	–	–	–	5%	0%	1%	14%	0%	2%	11%	0%	0%
Having children but not living with them	–	–	–	–	13%	1%	2%	13%	0%	0%	19%	2%	3%
Not having children	–	–	–	–	70%	1%	5%	65%	1%	3%	59%	3%	3%
Not Known	71%	16%	85%	5%	0%	0%	1%	1%	0%	0%	0%	0%	0%
Grand Total	71%	16%	85%	5%	88%	2%	9%	93%	2%	5%	89%	5%	6%

6.3.4 Employment

An analysis of employment status among service users from 2004 to 2024 reveals some changes over the twenty years. Regular employment remained relatively stable, fluctuating between 41% and 47%, with a slight dip to 43% in 2024. The proportion of individuals who were unemployed or discouraged decreased markedly from 48% in 2004 to 31% in 2024, indicating a positive trend towards workforce engagement.

Meanwhile, the percentage of students and those economically inactive remained consistently low, not exceeding 4%. The 'Others' category saw a sharp rise to 7% in 2024, while the proportion of cases with unknown employment status increased significantly to 14% in the same year. Overall, these figures highlight gradual improvements in employment outcomes, accompanied by a reduction in unemployment.

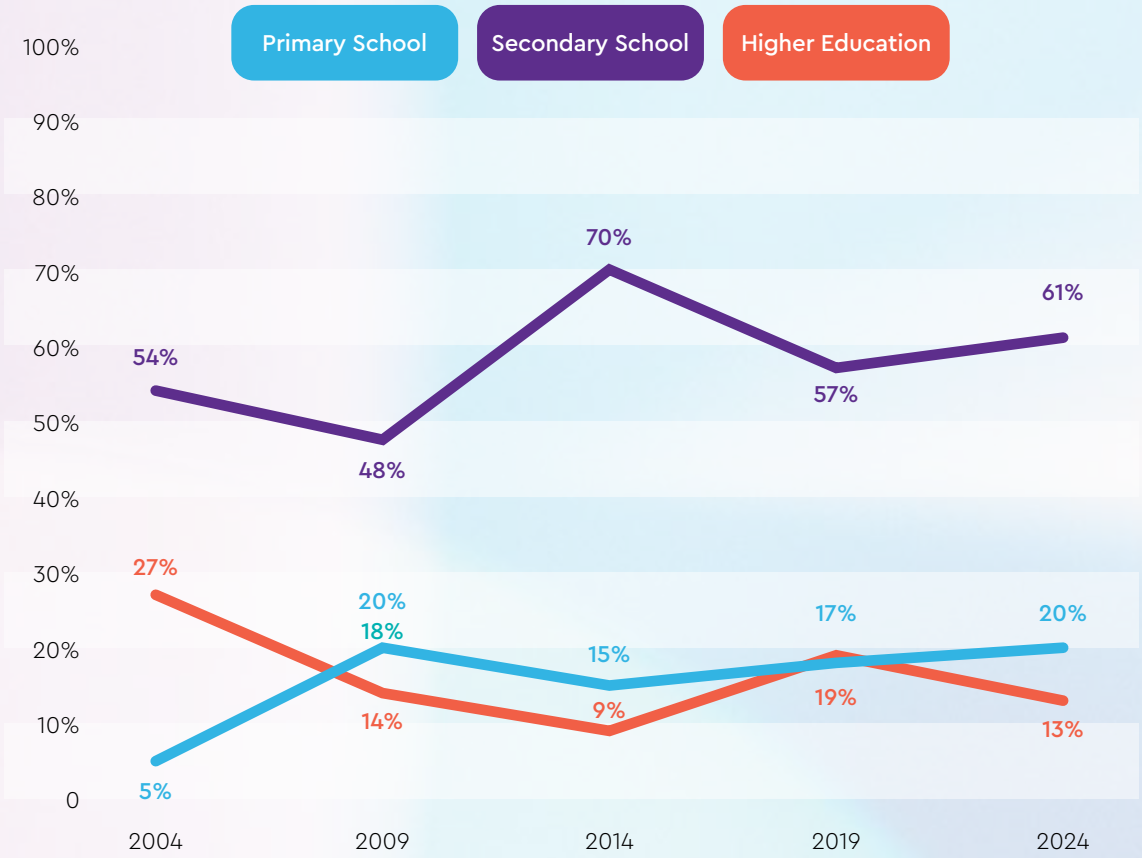


6.3.5 Level of Education

An analysis of the level of education completed by service users between 2004 and 2024 reveals several trends. The proportion of individuals whose highest level of education was primary school increased from 5% in 2004 to 20% in 2024, reflecting a gradual rise over the years. Conversely, those completing secondary school fluctuated, standing at 54% in 2004, peaking at 70% in 2014, and settling at 61% in 2024.

The percentage of service users with higher education qualifications declined from 27% in 2004 to 13% in 2024, with a notable low of 9% in 2014 before rising slightly thereafter. Meanwhile, the proportion of individuals who never attended school or whose educational status was not known decreased overall, dropping from 16% in 2004 to 7% in 2024. These figures suggest a shifting educational profile among service users, with more achieving secondary education but fewer attaining higher education qualifications over time.

Figure 6.8: Level of Education Completed 2004–2024



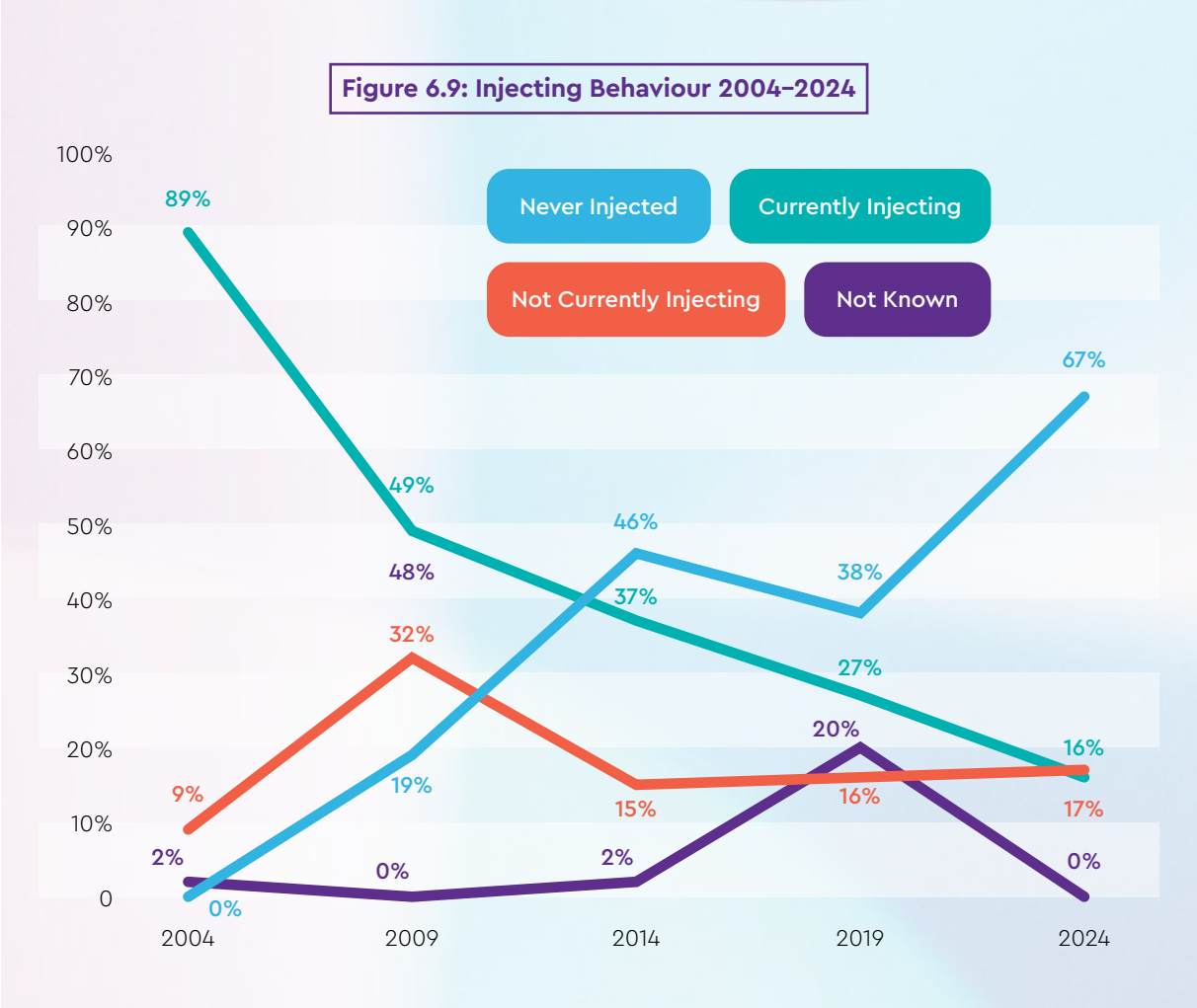
6.3.6 Injecting Behaviour – All Substances

This section gives an overview of injecting behaviour among individuals in treatment between 2004 and 2024. Over this twenty-year period, there has been a shift in injecting practices among service users. The proportion of individuals who had never injected drugs increased markedly from 0% in 2004 to 67% in 2024, reflecting a substantial rise in those abstaining from injecting behaviour. In 2009, 19% of individuals reported never having injected, increasing to 46% in 2014, then dipping to 38% in 2019 before reaching its peak in 2024.

Conversely, the percentage of individuals currently injecting drugs declined significantly during this period. In 2004, 89% of service users were currently injecting, a figure that fell sharply to 49% in 2009 and continued to decrease to 37% in 2014. By 2019, this proportion had dropped further to 27%, and by 2024, only 16% of individuals were currently injecting, marking a significant reduction in this high-risk behaviour.

With regard to those who had previously injected but were not currently injecting at the time of data collection, the figures show some fluctuation. In 2004, 9% of individuals fell into this category, increasing to 32% in 2009. The proportion then decreased to 15% in 2014, remained relatively stable at 16% in 2019, and showed a slight rise to 17% in 2024.

Overall, these trends indicate a positive development in reducing injecting behaviour among individuals in treatment, with a positive increase in those who have never injected and a concurrent decline in current injectors over the past two decades.



6.3.7 Nationality

An examination of the nationality of service users attending treatment between 2004 and 2024 reveals a consistently high proportion of Maltese nationals over the two-decade period. In 2004, Maltese and EU nationals comprised the entirety of the treatment population, accounting for 100% of individuals accessing services. By 2009, this figure had declined marginally to 96%, with non-EU nationals making up 3% of service users. Subsequent years saw slight fluctuations, as Maltese and EU nationals represented 99% of service users in 2014 and 98% in 2019, while non-EU nationals accounted for 1% and 2% respectively during those years. By 2024, the proportion of Maltese and EU nationals had decreased to 93%, accompanied by an increase in non-EU nationals to 7%.

6.3.8 Region

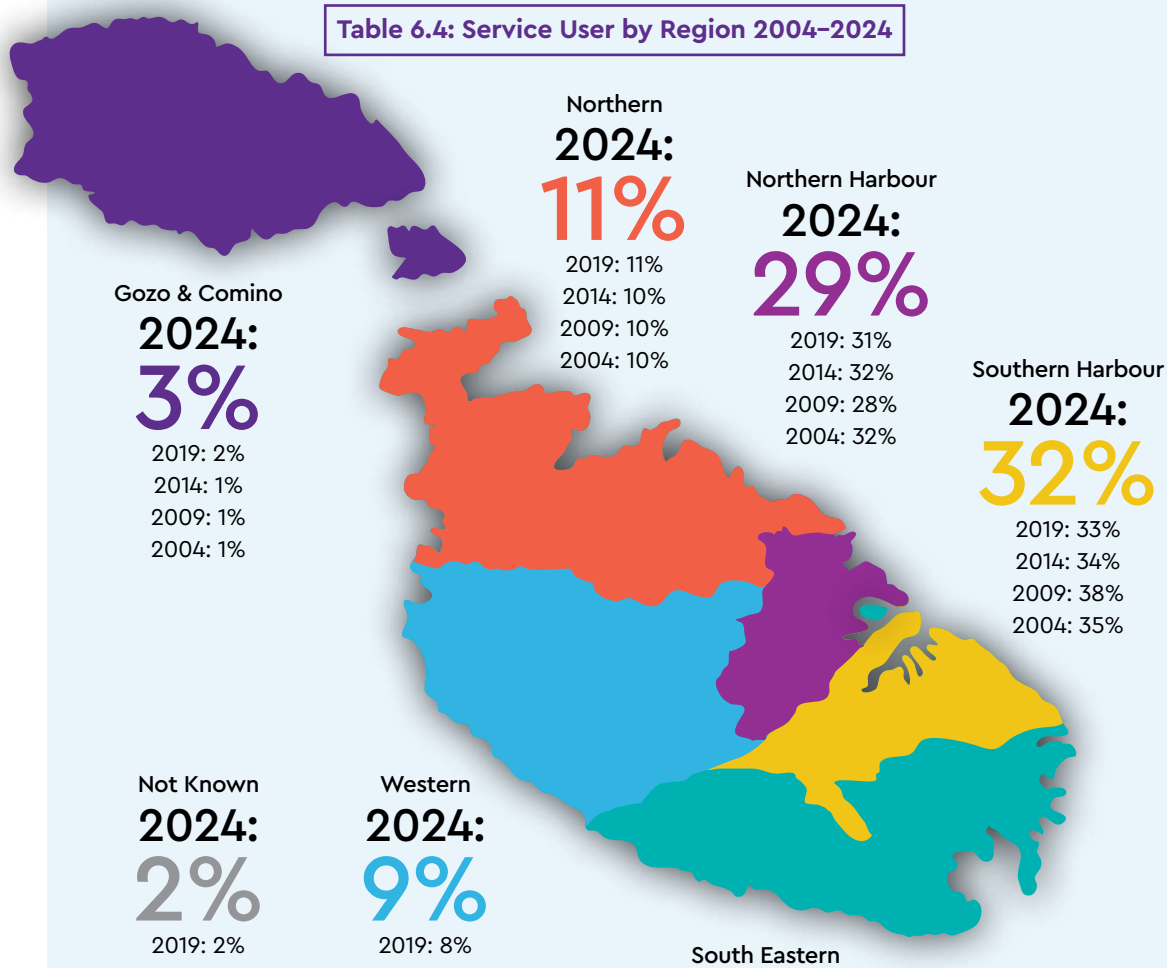
An analysis of the regional distribution of individuals in treatment between 2004 and 2024 reveals consistent trends across the two-decade period. The Southern Harbour and Northern Harbour areas have regularly accounted for the highest proportions of service users. In 2004, 35% of individuals in treatment resided in the Southern Harbour area, increasing slightly to 38% in 2009, before stabilising at 34% in 2014 and 33% in 2019, and settling at 32% in 2024. The Northern Harbour region followed closely, comprising 32% of service users in 2004, dipping to 28% in 2009, then recovering to 32% in 2014 and 31% in 2019, before reaching 29% in 2024.

The Southeastern region consistently represented a smaller, yet stable proportion of service users throughout the period, accounting for 12% in both 2004 and 2009, increasing to 14% in 2014, then recording 13% in 2019 and 14% in 2024. The Northern region also maintained a steady presence at 10% between 2004 and 2014, before a slight increase to 11% in both 2019 and 2024. The Western region saw a gradual decline, representing 10% of service users in 2004, 8% in both 2009 and 2019, dropping to 7% in 2014, and then rising to 9% in 2024.

The Gozo and Comino region consistently accounted for the smallest share of the service user population, with just 1% from 2004 to 2014, a slight increase to 2% in 2019, and reaching 3% in 2024. The proportion of individuals for whom the region was not known remained low but showed minor variation, comprising 0% in 2004, 3% in 2009, 2% in 2014, 2019 and 2024.

Overall, these figures highlight a persistent concentration of service users in the Southern and Northern Harbour regions, with incremental changes observed across the other regions over the twenty-year period.

Table 6.4: Service User by Region 2004–2024



6.4 TAL-IBWAR ADOLESCENTS THERAPEUTIC SERVICES – CARITAS MALTA

Caritas Tal-Ibwar Adolescents Therapeutic Services, established in 2021, is a specialised programme in Malta dedicated to supporting adolescents who are experiencing difficulties with problematic substance use, emotional wellbeing, and behavioural issues. The service adopts a multi-faceted, holistic approach, combining psychosocial and family support, day services, and a residential programme to address the complex needs of young people. A core guiding principle at Tal-Ibwar is respect, both for oneself and for others, in all interactions and interventions.

Therapeutic interventions at Tal-Ibwar are diverse and dynamic. They include individual and group psychotherapy, "Seven Challenges" sessions aimed at exploring attitudes toward substance use, and Milieu Therapy, which views daily living and shared experiences within the community as opportunities for growth and healing. Physical and creative activities also play a significant role, with sports, outdoor experiences, and adventure therapy incorporated into the programme to build confidence, teamwork, and self-discipline. Educational and vocational training opportunities are provided through the Learning Hub, where young people can engage in accredited courses in areas such as digital media, agriculture, and artisan skills, helping them prepare for reintegration into education or employment.

The centre's multidisciplinary team includes social workers, therapists, and educators who collaborate closely to deliver comprehensive support. Prevention and outreach initiatives are also an integral component, raising awareness about substance misuse and fostering resilience among young people in the wider community. Through its range of services, the psycho-social and family service, day service, and residential service, Tal-Ibwar demonstrates Caritas Malta's commitment to long-term recovery, social inclusion, and the overall wellbeing of vulnerable adolescents.

A review of Tal-Ibwar Adolescents Therapeutic Services' service user demographics from its inception in 2022 through 2024 highlights a series of emerging patterns and incremental changes over this three-year period.

6.4.1 Sex

Between 2022 and 2024, the number of service users at Tal-Ibwar Adolescents Therapeutic Services increased from 34 in 2022 to 51 in 2023, then slightly decreased to 46 in 2024. Throughout this period, males consistently represented the majority of service users, with their actual numbers standing at 28 in 2022, increasing to 37 in 2023, and then decreasing to 30 in 2024. In contrast, female service users showed a steady increase, especially among the younger age groups. Notably, 2024 marked the first recorded instance of a service user identifying as Gender X, underscoring Tal-Ibwar's responsiveness to the evolving diversity of the adolescent population it serves.

Table 6.5: Service Users by Age and Sex Tal-Ibwar 2022–2024

Age	2022		2023		2024		
	Male	Female	Male	Female	Male	Female	Gender X
15 Years Old	1	0	3	4	2	2	0
16 Years Old	2	1	7	2	2	1	0
17 Years Old	5	0	5	1	7	3	0
18 Years Old	4	2	10	0	6	1	0
19 Years Old	4	0	8	3	5	3	1
20 Years Old	8	2	0	0	3	3	0
21 Years Old	3	1	3	2	2	1	0
22 Years Old	0	0	1	2	2	1	0
23 Years Old	1	0	0	0	1	0	0

6.4.2 Nationality

With respect to nationality, Maltese nationals consistently comprised the majority of service users at Tal-Ibwar, accounting for 88% in 2022, 86% in 2023, and increasing notably to 91% in 2024. This upward trend in Maltese representation was mirrored by a corresponding decline in both non-EU and EU nationals over the three-year period as shown in table 6.6.

Table 6.6: Service Users by Nationality Tal-Ibwar 2022–2024

Nationality	2022 (%)	2023 (%)	2024 (%)
Maltese	88%	86%	91%
Non EU	9%	10%	7%
EU	3%	4%	2%

6.4.3 Drug Use Patterns

There have been clear changes in drug use patterns among service users at Tal-Ibwar from 2022 to 2024. By 2024, there were no reports of injecting drug use, with the proportion of individuals who had never injected increasing from 97% in 2022, to 98% in 2023, and reaching 100% in 2024. Cannabis was the main substance used, with its prevalence rising from 56% in 2022, to 75% in 2023, and 89% in 2024. In comparison, use of synthetic cannabinoids decreased from 24% in 2022 and 14% in 2023 to 4% in 2024. Cocaine use also decreased, moving from 18% in 2022 to 10% in 2023, and 4% in 2024. Heroin use was already low at 3% in 2022 and declined to 2% in 2023, and in 2024 no service users reported using heroin.

Table 6.7: Tal-Ibwar Primary Drug & Injecting Behaviour 2022–2024

Year	Primary Drug				Never Injected (%)
	Cannabis (%)	Synthetic Cannabis (%)	Cocaine (%)	Heroin (%)	
2022	56	24	18	3	97
2023	75	14	10	2	98
2024	89	4	4	0	100

Regarding the frequency of drug use, daily use demonstrated a gradual decline over the three-year period, decreasing from 47% in 2022 to 45% in 2023, and further to 43% in 2024. Conversely, the proportion of individuals using drugs once per week or less increased from 12% in 2022 to 16% in 2023, before showing a slight decrease to 13% in 2024.

The data show that an increasing proportion of service users sought help within less than a year of starting drug use, with this figure rising from 12% in 2022 to 16% in 2023, before dipping slightly to 15% in 2024. Additionally, those seeking treatment after one year of use also saw a notable increase, growing from 12% in 2022 to 27% in 2023, and then remaining stable at 26% in 2024. Meanwhile, the proportion of individuals seeking help after two years of use remained fairly stable, at 29% in both 2022 and 2023, and 28% in 2024.

Starting with those who had three years of drug use prior to seeking help, the proportion declined steadily from 24% in 2022, to 12% in 2023, and 11% in 2024. For individuals seeking help after four years of use, the figures rose from 12% in 2022, to 14% in 2023, and reached 15% in 2024. Treatment-seeking after five years of use decreased from 5% in 2022 to 0% in 2023, before experiencing a slight increase to 4% in 2024. Similarly, the proportion of those with six years of drug use prior to seeking treatment dropped from 6% in 2022, to 2% in 2023, and was 0% in 2024.

Table 6.8: Years Using before Seeking Treatment at Tal-Ibwar 2022–2024

Years Using Drugs	2022 (%)	2023 (%)	2024 (%)
0 Years	12%	16%	15%
1 Year	12%	27%	26%
2 Years	29%	29%	28%
3 Years	24%	12%	11%
4 Years	12%	14%	15%
5 Years	5%	0%	4%
6 Years	6%	2%	0%

6.4.4 Referrals

Upon examining the referral sources for treatment over the period 2022 to 2024, several significant changes are apparent. Referrals from the Anti Substance Abuse Unit, which had increased from 9% in 2022 to 14% in 2023, returned to 9% in 2024. Referrals from Court, Probation, Police, or Child Social Services showed a marked decline, dropping sharply from 41% in 2022 to 33% in 2023 and falling further to 9% in 2024. Notably, referrals from the CSA emerged in 2024, accounting for 7% of referrals. Family referrals demonstrated a substantial rise, increasing from 18% in 2022 to 22% in 2023, and reaching 35% in 2024, indicating a growing role of family involvement in treatment engagement. The 'Other' category rose slightly to 4% in 2024, from 3% in 2022 to 1% in 2023. Referrals from Other Drug Treatment Agencies appeared for the first time in 2024 at 2%. Referrals from Other Health, Medical, or Social Services declined from 23% in 2022 and 22% in 2023 to 17% in 2024. Referrals from psychiatrists decreased from 6% in 2022 to 2% in both 2023 and 2024. Self-referrals, which were 0% in 2022, increased to 6% in 2023 and rose further to 15% in 2024, highlighting a growing trend of individuals independently seeking assistance.

Table 6.9: Service Users by Source of Referral to Tal-Ibwar 2022–2024

Referred By	2022 (%)	2023 (%)	2024 (%)
Anti Substance Abuse Unit	9%	14%	9%
CCF	0%	0%	7%
Court/Probation/Police/CSA	41%	33%	9%
Family	18%	22%	35%
Other	3%	1%	4%
Other Drug Treatment Agency	0%	0%	2%
Other Health or Medical or Social Services	23%	22%	17%
Psychiatrist	6%	2%	2%
Self	0%	6%	15%

6.5 DUAL DIAGNOSIS UNIT

6.5.1 Admissions and Sex Distribution

The Dual Diagnosis Unit in Malta, which serves individuals presenting with co-occurring mental health and substance use disorders, operates two dedicated facilities at Mount Carmel Hospital, one for males and one for females. In 2024, the combined total of admissions to both units continued the downward trend observed in recent years, with 114 admissions recorded, compared to 127 in 2023 and 140 in 2022. The male DDU accounted for 66 admissions in 2024, reflecting a further reduction from 70 in 2023 and 81 in 2022, a decrease of approximately 6% year-on-year. Similarly, the female DDU registered a decline, admitting 48 patients in 2024, down from 57 in 2023 and 59 in 2022, representing a decrease of around 16% compared to the previous year.

6.5.2 Age Profile of DDU Patients

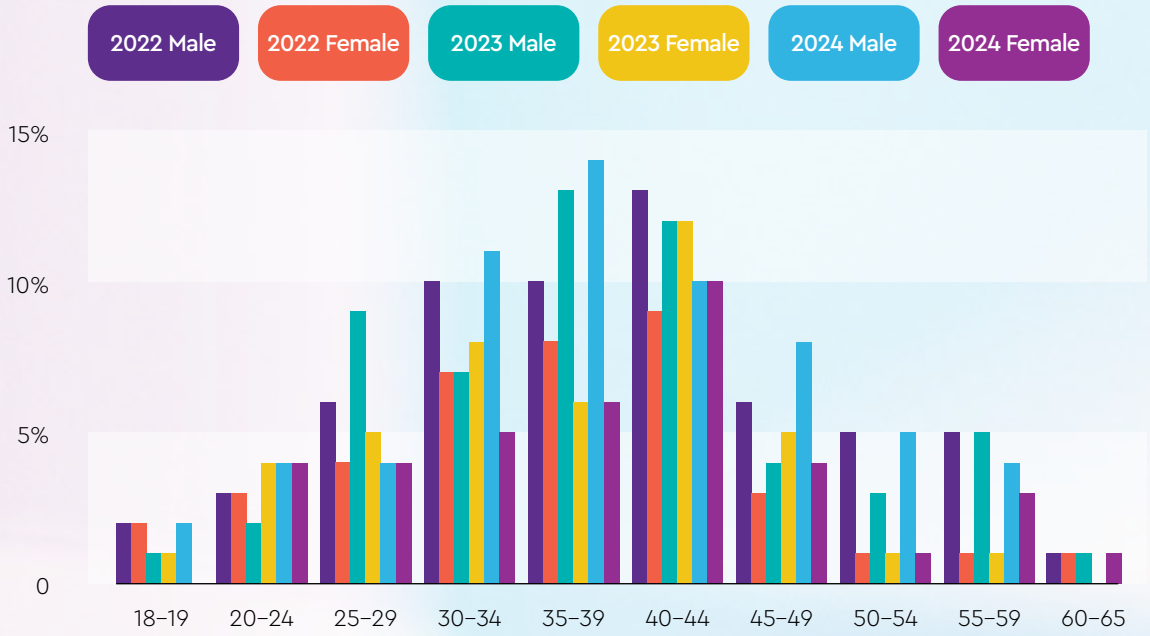
Admissions to both the male and female DDUs spanned an age range from 18 to 62 years. Analysis of the median age among male patients shows a stable trend, remaining at 39 years in 2022 and 2023, before decreasing slightly to 38 years in 2024. For female patients, the median age was 36 years in 2022, increasing to 37 years in 2023 and further to 40 years in 2024.

Upon examining the age distribution for male patients, the proportion in the 18–19 age group remained unchanged at 2% in both 2022 and 2024, with a slight dip to 1% in 2023. The 20–24 category saw a gradual rise from 3% in 2022 to 4% in 2024. The 25–29 age bracket increased from 6% in 2022 to 9% in 2023, but then declined to 4% in 2024, indicating fewer younger adults in the most recent year. The share of males aged 30–34 decreased from 10% in 2022 to 7% in 2023, before rising again to 11% in 2024. The 35–39 group showed a consistent upward trajectory, increasing from 10% in 2022 to 13% in 2023, and reaching 14% in 2024, highlighting a growing prevalence within this age segment. The 40–44 age group declined gradually from 13% in 2022 to 10% in 2024. The proportion aged 45–49 dropped to 4% in 2023, then rose to 8% in 2024. The 50–54 group fluctuated between 5% and 3%, returning to 5% in 2024. The 55–59 bracket saw a slight decrease from 5% in 2022 and 2023 to 4% in 2024, while the oldest group, aged 60–65, fell from 1% in 2022 and 2023 to 0% in 2024.

For female patients, the 18–19 age group decreased from 2% in both 2022 and 2023 to 0% in 2024. The 20–24 category increased from 3% in 2022 to 4% in both 2023 and 2024. The 25–29 group rose modestly from 4% in 2022 to 5% in 2023, remaining at 4% in 2024. The 30–34 bracket increased from 7% in 2022 to 8% in 2023, before declining to 5% in 2024. The 35–39 group fell from 8% in 2022 to 6% in both subsequent years. The proportion aged 40–44 climbed from 9% in 2022 to 12% in 2023, then dipped to 10% in 2024. The 45–49 age group increased from 3% in 2022 to 5% in 2023 but dropped to 4% in 2024. The 50–54 and 55–59 categories remained consistent at 1% in 2022 and 2023, with the 55–59 group rising to 3% in 2024. The 60–65 age group, which was 0% in 2023, increased to 1% in 2024.

Overall, 2024 data indicate a continued shift towards the 35–39 age group among male DDU patients, while female patients show more varied age trends, with slight increases among younger adults and a marginal resurgence in the oldest category. These findings highlight evolving patterns in the age demographics of those accessing dual diagnosis services.

Figure 6.10: DDU Patients by Age and Sex 2022–2024



Age	2022		2023		2024	
	Male	Female	Male	Female	Male	Female
18–19	2%	2%	1%	1%	2%	0%
20–24	3%	3%	2%	4%	4%	4%
25–29	6%	4%	9%	5%	4%	4%
30–34	10%	7%	7%	8%	11%	5%
35–39	10%	8%	13%	6%	14%	6%
40–44	13%	9%	12%	12%	10%	10%
45–49	6%	3%	4%	5%	8%	4%
50–54	5%	1%	3%	1%	5%	1%
55–59	5%	1%	5%	1%	4%	3%
60–65	1%	1%	1%	0%	0%	1%

6.5.3 Primary Substance Use Patterns

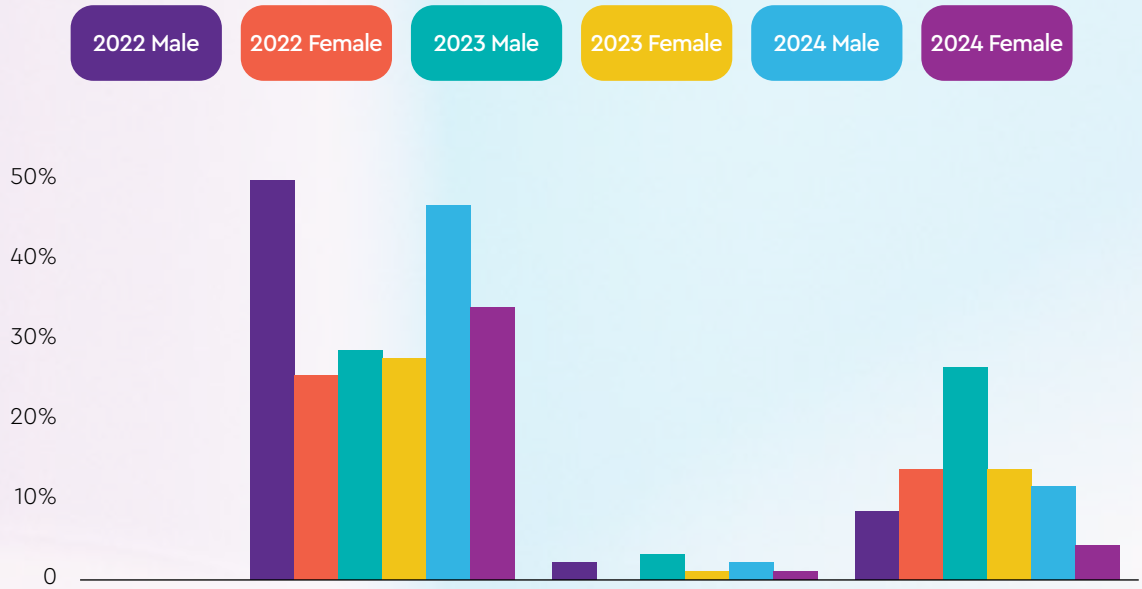
The primary substance use patterns among DDU patients continued to demonstrate marked differences by sex between 2022 and 2024. Cocaine persisted as the most frequently reported primary drug, though trends varied between males and females. Among male patients, cocaine use accounted for 47% in 2022, declined sharply to 27% in 2023, before increasing to 44% in 2024. For female patients, cocaine use rose steadily over the period, from 24% in 2022 to 26% in 2023 and 32% in 2024.

Heroin use followed a different pattern. The proportion of male patients identifying heroin as their primary drug increased substantially from 8% in 2022 to 25% in 2023, then fell to 11% in 2024. Among female patients, heroin use remained stable at 13% in both 2022 and 2023, before dropping significantly to 4% in 2024.

Cannabis use remained consistently low across both sexes. Males reported cannabis as their primary drug in 2% of cases in 2022, rising to 3% in 2023 and returning to 2% in 2024. Among female patients, cannabis was almost absent, recorded at 0% in 2022 and 1% in both 2023 and 2024.

In summary, the data for 2022–2024 continue to reveal distinct sex-based differences in substance use among DDU patients, with cocaine remaining the predominant drug of concern, albeit with varying trends across the years.

Figure 6.11: DDU Patients by Primary Drug and Sex 2022–2024



Drug	2022		2023		2024	
	Male	Female	Male	Female	Male	Female
Cocaine	47%	24%	27%	26%	44%	32%
Cannabis	2%	0%	3%	1%	2%	1%
Heroin	8%	13%	25%	13%	11%	4%

6.6 Correctional Services Agency

The CSA in Malta occupies a central position within the national criminal justice and public health systems, ensuring a safe and humane environment for persons in prison (PiP), whilst promoting rehabilitation, reintegration and the protection of society. As part of Malta's broader strategy to address substance misuse and its associated societal challenges, the CSA extends beyond its traditional custodial remit to function as a comprehensive institution dedicated to the holistic care, treatment, and reintegration of individuals within the correctional framework. This mandate is of particular importance given the multifaceted and often interrelated issues experienced by the prison population, including mental health disorders, socio-economic vulnerabilities, and high rates of substance use and dependency.

Currently, the CSA manages a custodial population of approximately 750 individuals. Its responsibilities encompass not only the secure and humane detention of offenders but also the provision of an environment that facilitates personal growth, recovery, and successful reintegration into society. Staff numbers reflect the breadth of this mission, with 39 professionals assigned to the Care and Reintegration Unit (CREU), 19 healthcare professionals in the Medical Clinic, 417 personnel in correctional classes, and 25 administrative and managerial staff supporting the agency's operations.

6.6.1 Demographics

Data from 2024, based on approximately 528 documented cases involving PiP with known substance use issues, who represent approximately 70% of the total PiP population, indicate that this subgroup is predominantly male, with men constituting 92% (n=484) and women 8% (n=44). The majority of these PiP are Maltese nationals (61%, n=322), while non-EU nationals account for 27% (n=140) and EU nationals comprise the remaining 12% (n=66).

6.6.2 Age Distribution

The largest group is aged 30 to 34, comprising 19% (n=98), followed by those aged 35 to 39 (17%, n=88) and 25 to 29 (16%, n=86). PiP aged 15 to 24 make up 17% (n=88), with a gradual increase among older cohorts indicating a slight ageing trend.

Figure 6.12: PiP Population by Nationality 2023–2024

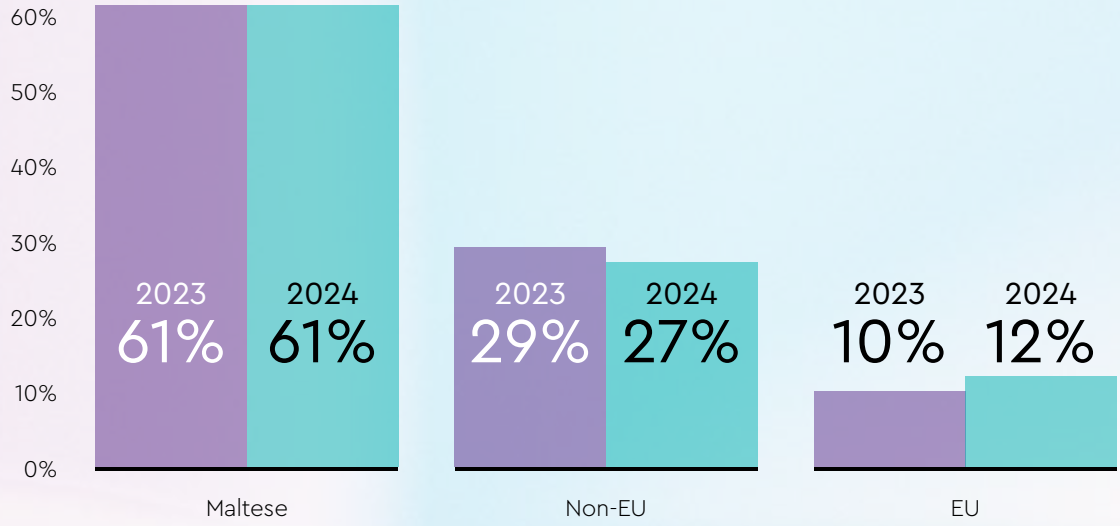
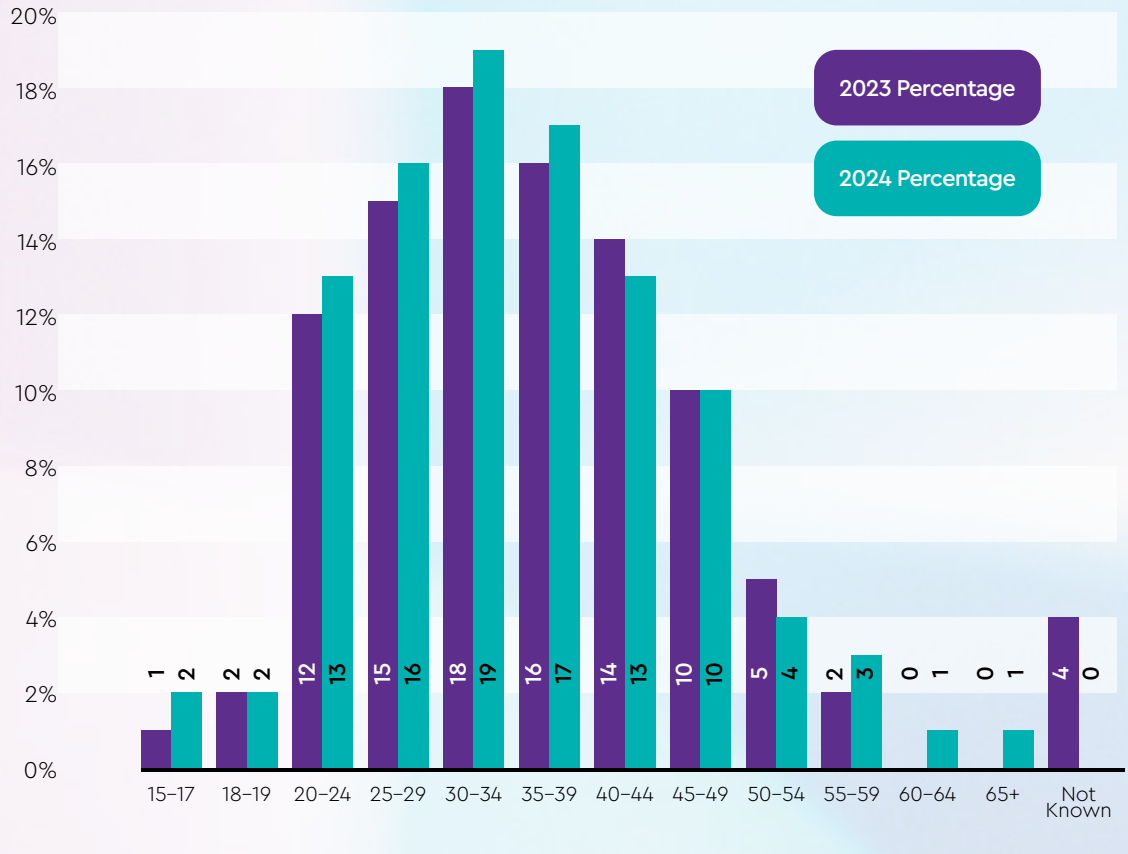


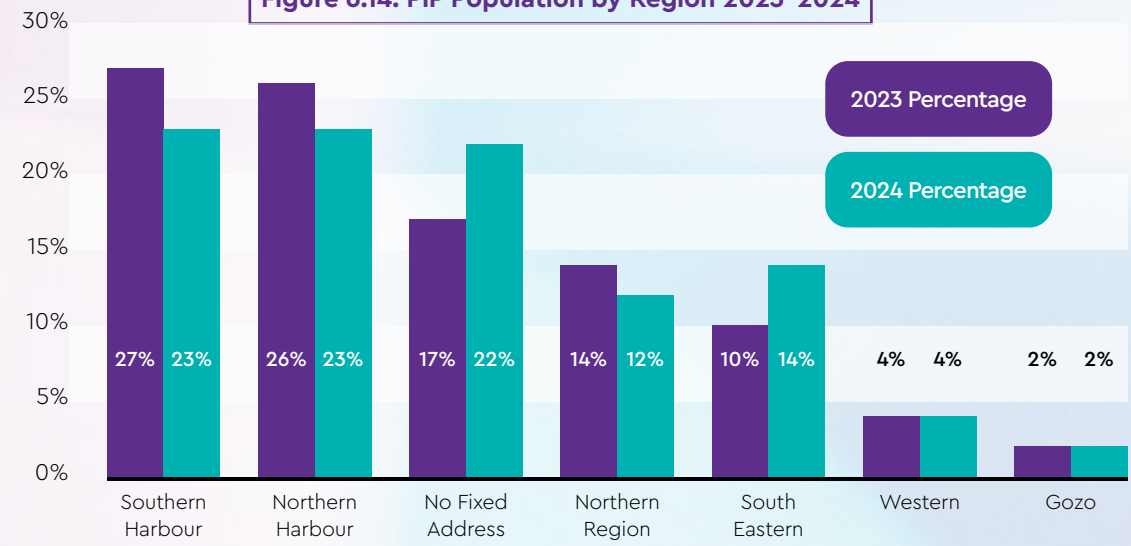
Figure 6.13: PiP Population by Age 2023–2024



6.6.3 Regional Distribution

Individuals coming from the Southern and Northern Harbour regions continued to account for nearly half of all documented cases, despite experiencing slight declines in 2024. The Northern region registered a modest decrease from 14% to 12%, while the Western region remained stable. In contrast, the Southeastern region recorded an increase from 10% to 14%. Notably, the proportion of individuals listed under the 'No Fixed Address' category rose significantly, from 17% to 22%.

Figure 6.14: PiP Population by Region 2023–2024



6.6.4 Family Dynamics

Among male PiP with drug use histories in 2024, the largest subgroup (31%, n=163) comprised those with children but not cohabiting, a slight decline from 32% in 2023. Female PiP in this category accounted for 4% (n=21), also showing a marginal decrease. The proportion of PiP without children increased modestly from 2023 to 2024, rising to 33% (n=172) among males and to 2% (n=9) among females. Those living with their children remained a small minority, stable at 5% for males and increasing slightly to 1% for females.

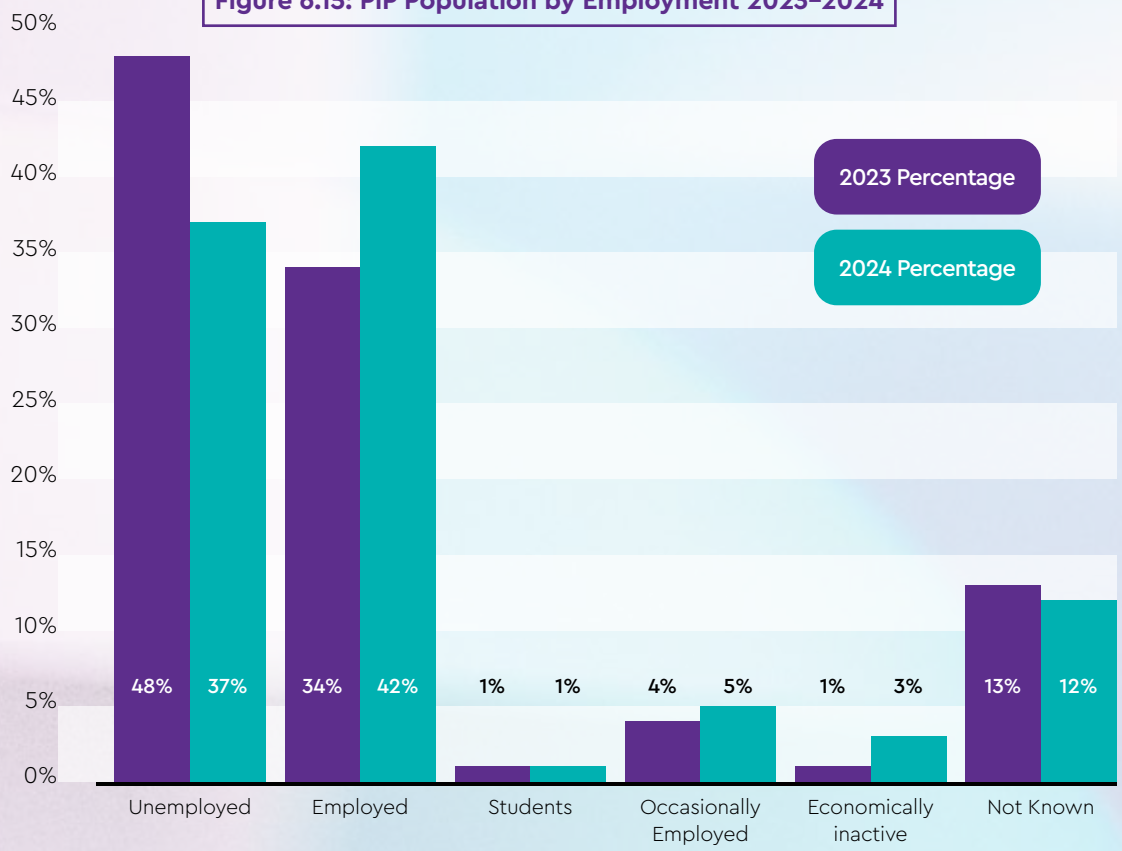
Table 6.10: PiP Population Family Dynamics 2023–2024

Family Dynamics	2023				2024			
	Male Inmates	Number (N)	Female Inmates	Number (N)	Male Inmates	Number (N)	Female Inmates	Number (N)
Have children, but do not live with them	32%	155	5%	25	31%	163	4%	21
Do not have children	31%	152	1%	7	33%	172	2%	9
Have children and living with them	5%	26	1%	3	5%	25	1%	5
Information Not Available	23%	109	2%	7	23%	122	2%	9

6.6.5 Employment Status Prior to Incarceration

Among PiP with drug use histories, unemployment decreased notably from 48% (n=231) in 2023 to 37% (n=196) in 2024. Concurrently, those reporting regular employment increased from 34% (n=163) to 42% (n=221). Occasional work engagement rose slightly from 4% to 5%, while student status remained steady at 1%. The proportion of economically inactive individuals increased from 1% to 3%.

Figure 6.15: PiP Population by Employment 2023–2024



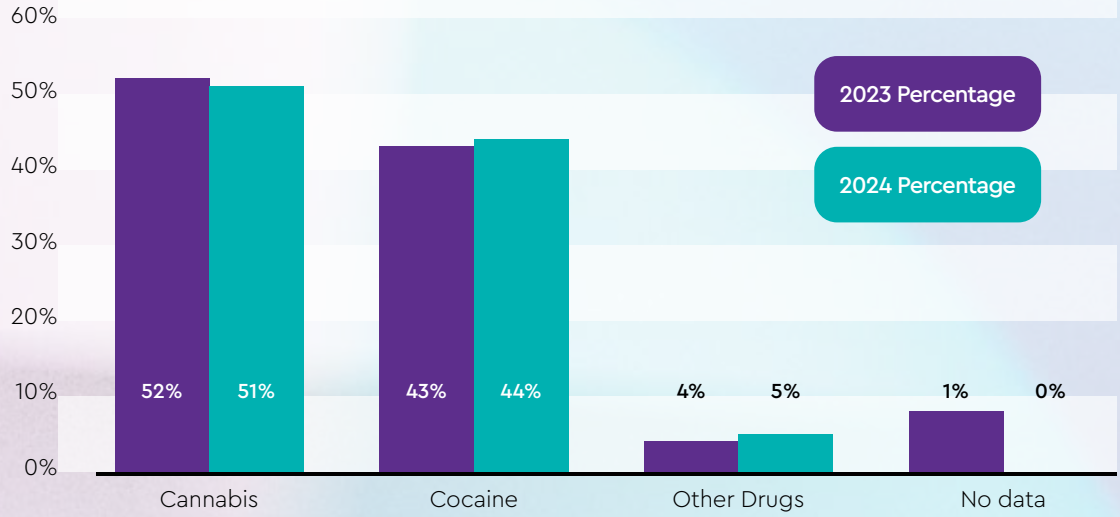
6.6.6 Substance Use Patterns

In 2024, Cannabis was the predominant primary drug, reported by 51% (n=269) overall, with peak prevalence among individuals aged 20 to 39. Cocaine accounted for 44% (n=236), distributed more evenly across ages 20 to 49, peaking in the 30–39 age group. Less common substances included morphine (3%, n=15) and synthetic drugs (1%, n=7), primarily found among those aged 25 to 29.

6.6.7 Correctional Service Agency: Services and Infrastructure

CSA operates a comprehensive range of facilities designed to meet the diverse needs of the incarcerated population. Among the most prominent is the Learning Hub, a central resource for vocational education and skills development that reflects the CSA's commitment to enhancing employability post-release. The female division includes specialised accommodations, notably a mother and baby room that supports incarcerated mothers and facilitates family continuity. Educational services are delivered through a designated education area equipped with classrooms, offering flexible academic and vocational programmes. Other key facilities include the bakery, kitchen, sewing room, and the Females' Heritage of Malta Room, which promote identity, creativity, and cultural engagement.

Figure 6.16: PiP Population Pre-Incarceration Substance Use 2023–2024



To support spiritual wellbeing and religious practices, the facility includes both church and mosque spaces, ensuring equitable access for diverse faith groups. A recently renovated counselling room provides a confidential setting for therapeutic services, while the admissions hub oversees the intake process and initial assessments to inform each PiP's care plan.

6.6.8 Medical Infirmary (MI)

Healthcare services are delivered through a fully licenced Medical Clinic, which plays a central role in the identification, treatment, and management of both physical and mental health conditions. In 2024, the CSA conducted 10,914 medical consultations and 1,662 dental consultations. Psychiatric clinics addressed 1,106 cases, while podiatry clinics handled 910 cases. Minor surgical interventions were conducted for over 130 PiP, and vaccination clinics administered more than 2,200 vaccines. Daily wound care clinics managed over 680 cases, and over 4,160 tablets—such as methadone and insulin—were prepared each day for more than 450 PiP. Infectious disease clinics provided monthly reviews for Hepatitis B, C, and HIV, with 125 PiP treated for Hepatitis C over the past four years. The infirmary also conducted 1,983 blood tests in 2024 and maintained medical cover for emergencies on nights, weekends, and public holidays. CSA staff actively participated in treatment audits and contributed to EU-level health policy and publications.

6.6.9 Correctional Staffing and Roles

The role of a correctional officer encompasses a wide range of responsibilities that extend beyond traditional custodial supervision and administrative duties. Correctional officers are integral to the daily functioning of the facility and play a crucial role in supporting the CSA's rehabilitative objectives.

A key aspect of their role involves the secure and safe escorting of PiP to various external appointments. These include court appearances across Malta and Gozo, medical consultations at national hospitals such as Mater Dei, and PiP attending family occasions when on prison leave. Examples of such prison leave include birthdays of near relatives; family visits in a child-friendly environment; funerals; weddings; and other such important milestones of the PiP' loved ones.

6.6.10 Structured Inmate Programmes

A core element of CSA's rehabilitative model is the provision of structured employment and recreational opportunities. PiP are offered placements in various operational units such as internal stores, the mechanical workshop, the mess hall, and the prison market. Many also take on roles in skilled trades, including carpentry, masonry, and electrical work, as well as positions in the bakery, kitchen, library, sewing room, and as division orderlies. These roles are designed to foster vocational skills, responsibility, and a structured routine that supports reintegration.

Recreational opportunities are also integral to PiP wellbeing. All individuals in custody have access to gym facilities and are encouraged to participate in organised sports, particularly football. These programmes are supervised by correctional officers, whose involvement provides structure and guidance while reinforcing pro-social behaviours.

6.6.11 Care and Reintegration Unit (CREU)

The CREU is central to CSA's commitment to addressing the psychosocial, educational, and rehabilitative needs of PiP. CREU adopts a holistic, multidisciplinary approach to rehabilitation, ensuring that PIP receive individualised support throughout their custodial journey.

The team comprises a broad range of professionals, including the Head of CREU, the Chief Education and Training Officer, psychologists, addiction specialist, social workers, family therapists, an occupational therapist, sport coordinators and educators. Upon admission, each individual undergoes a medical evaluation followed by psychosocial assessments conducted by psychologists and social workers. These assessments form the basis of a personalised care plan that guides the PiP's rehabilitation process.

CREU provides psychological interventions, psychoeducational group sessions, individual therapy, and family therapy. Parenting support and referrals to community agencies such as Agency Appoġġ are also offered. Access to educational opportunities is supported through collaboration with national organisations such as MCAST, JobsPlus and the Directorate responsible for Lifelong Learning. CREU professionals are often called upon to provide expert testimony regarding progress, reintegration potential, or therapeutic compliance.

CREU also prepares individuals for a prison-based reintegration unit for PiP approaching the end of their sentence. It hosts the Stepping Out Programme, a structured, multidisciplinary initiative comprising daily sessions on life skills, substance misuse, gambling prevention, and physical education. Some PiP in this Unit are engaged in external employment, external education at institutions such as MCAST or the University of Malta or completing community work aligned with their care plans. Through these initiatives, CREU ensures continuity of care that extends beyond the prison walls, fostering long-term recovery and reducing the risk of reoffending. The participation of PiP in such a programme is subject to prison leave approval.

Another key function of CREU is the preparation of PiP for transfer to community-based rehabilitation services, through prison leave concession. These include Caritas programmes, namely, the Prison Inmates Programme, the female programme and Ta' l-Ibwar youth programme; Aġenzija Sedqa's Kummissjoni Santa Marija; RISe reintegration programme for males and now also for females; and Dar Bla Ħitan, a social reintegration programme by Mid-Dlam għad-Dawl.

In their daily work, CREU addresses complex psychological profiles through structured interventions, therapeutic support, and reintegration planning. By embedding mental health services within the correctional framework, CSA strengthens its capacity to reduce reoffending and promote long-term behavioural change.

6.7 NARCOTIC ANONYMOUS

Narcotics Anonymous (NA) is a global, community-based, non-profit fellowship that provides a pathway to recovery for anyone struggling with addiction. As the world's oldest and largest organisation of its kind, NA holds over 76,000 weekly meetings in more than 143 countries, including Malta. Meetings are conducted in 65 different languages. At its heart, NA is about members helping one another by offering support, hope, and practical guidance to live a life free from drugs and other dependencies.

Membership is open to anyone who has the desire to stop using drugs. NA is not concerned with any specific substance, whether legal or illegal, and offers support to anyone with an addiction problem, including alcohol. The approach focuses on the core issue, which is the problem of addiction rather than any specific drug. Anonymity is fundamental to NA's approach. It allows members to share honestly and openly, free from fear of legal or social repercussions. This helps create an atmosphere of equality and community, where everyone is a peer, regardless of their background or past.

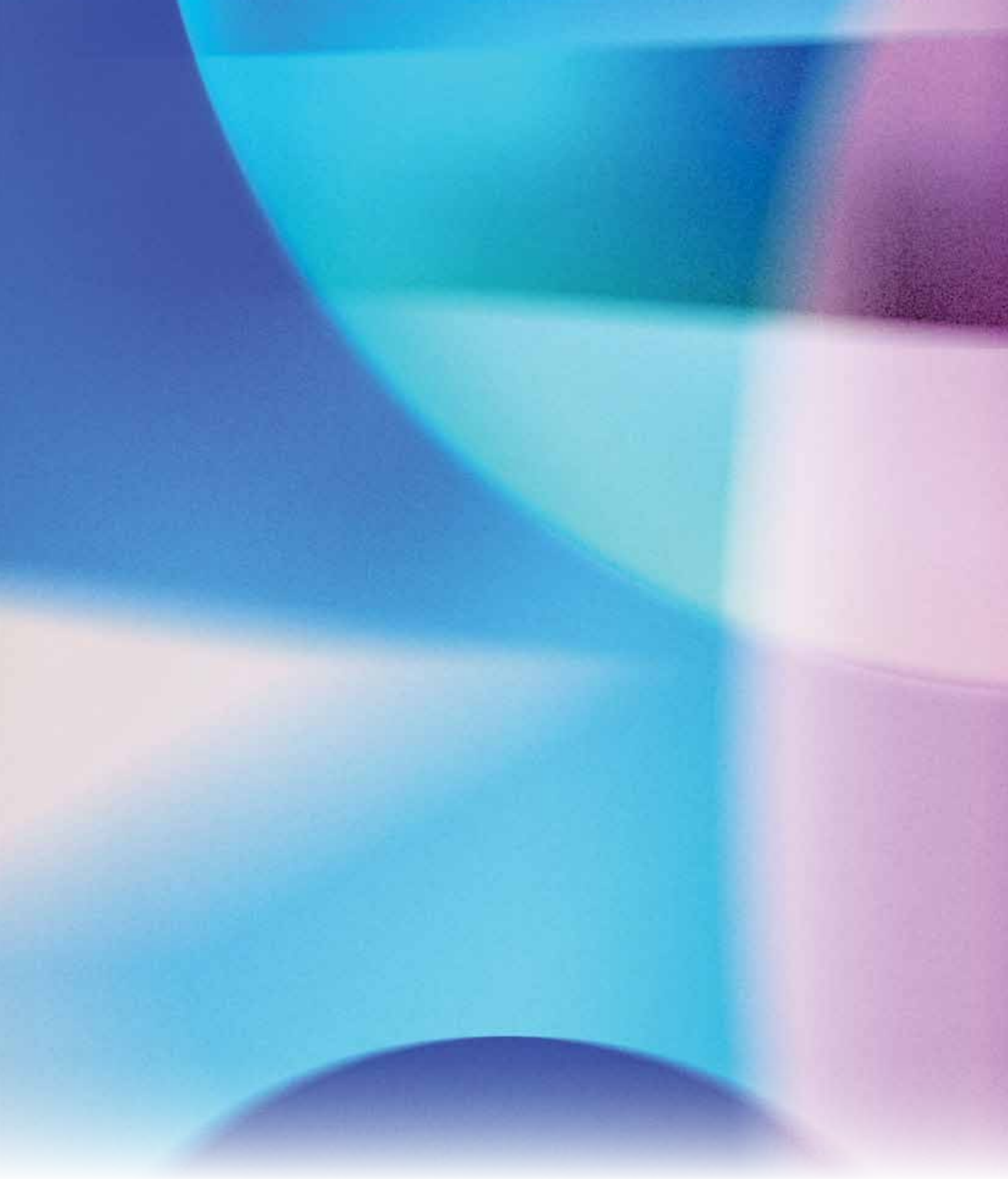
Meetings form the backbone of NA's support network. These are held regularly, usually in public venues at the same time and place each week, providing a dependable and safe space for personal recovery. Meetings are informally structured and entirely self-supporting through voluntary contributions from members. Donations from non-members are never accepted. The true therapeutic value of NA lies in mutual support. Many members work with sponsors who are more experienced members who offer personal guidance and support to those new to the recovery journey. The foundation of the programme is the 'Twelve Steps' approach, a set of guiding principles that help members face daily challenges without resorting to drug use. Although spiritual principles are part of the programme, NA is not a religious organisation and does not follow a particular belief system. Each member chooses how to interpret and apply these principles in their own way and recover at their own pace, without fearing judgment or stigma.

Beyond individual recovery, NA plays an active role in communities. It raises awareness through participation in health fairs, conferences, community meetings, public service announcements, and operates helplines and meeting lists. NA provides literature and services to hospitals and institutions but does not employ professional counsellors or run clinics or residential centres, remaining entirely peer-led.

NA's European Delegates Meeting (EDM) supports the fellowship's mission across Europe and beyond. NA has made presentations to the European Parliament, participated in major international events such as the Lisbon Addictions Congress in 2017, 2019, and 2022, and hosted workshops and strategy meetings in Rome and Cairo. The EDM's vision is that NA will one day have universal recognition and respect as a credible and effective programme of recovery. To further this goal, efforts are made to engage with the EU Parliament, the United Nations, schools, NGOs, and other organisations.

In Malta, NA first appeared in 1994, and re-emerged in Gozo in 1999, and later gained a permanent foothold in Malta in 2002. Today, NA Malta runs four weekly meetings in Gozo, (Victoria and Munxar) and ten weekly meetings in Malta, which include four online meetings via Zoom, four in St Julian's, and two meetings in Ħamrun. In Malta and Gozo, the local fellowship currently averages between 85 and 100 active members. The NA helpline receives one to two calls each day from people seeking help or information.

Since 2007, Malta has hosted eight regional conventions, with the ninth National Convention held in November 2024, attracting 383 members from around the world. Planning is already underway for the next convention. NA also held an information session about the organisation in February of 2025. The session was targeted toward professionals working in addiction services, with a view to promote the work conducted by over 100 members active in NA Malta. Furthermore, NA Malta's Hospitals & Institutions Committee visits mental health hospitals and treatment centres to share the message of recovery with those who cannot yet attend regular meetings. The Public Information and Relations Committee works actively to ensure that accurate information about NA reaches the wider public. Local membership continues to grow steadily. A 24/7 helpline means help is always available to those who seek it.



GOVERNMENT OF MALTA
MINISTRY FOR SOCIAL POLICY
AND CHILDREN'S RIGHTS

NATIONAL DRUGS & ADDICTIONS UNIT

EMCDDACERTIFIED
Reitox national focal point