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The Drug Situation
AT A GLANCE IN 2020:

**TREATMENT ENTRANTS**

- 1098 Heroin
- 269 Cannabis
- 601 Cocaine

**DRUG LAW OFFENCES**

- 855 Clients in OAT
- 166 Possession
- 117 Trafficking

**Top 3 Drugs Seized**

1. Cocaine 524.5kg
2. Herbal Cannabis 151.1kg
3. Heroin 1.85kg

**Population (16 to 64 years)**: 345,124

**Syringes Distributed**: 103,108
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Minister’s Foreword
Minister for Social Justice and Solidarity, the Family and Children’s Rights

Once again, this year, together with the annual report on the state of the drug problem and the responses in place to address this matter in Malta; a version devoted to the key issues has also been made available. From both these documents, it is clear that during the period coming up to the start of 2021, that is 2020, we were all immersed in coming to grips with the COVID-19 pandemic. The findings herein, are a testament to our resolve to keep the services in place, and up and running, to serve those unfortunate enough, to have serious problems related to their drug use.

These two reports; annual report and key issues; in essence, take a look at the state of affairs of what is known as the supply side, that relates to enforcement of the laws of Malta concerning drugs; and the demand side, that in effect is concerned with the social, economic, educational, physical and mental health and well-being of individuals and also those with a drug problem. In essence, both these aspects, that is supply and demand, are the two sides of the same coin.

With regards to the supply side, that is the availability and access to drugs, it is evident that as a result of the COVID pandemic, the number of arraignments for drug possession have dropped significantly during 2020. This is however dampened by the fact, that the arraignments for drug trafficking, have remained the same as of previous years. At least however, the amounts seized have indeed gone down, as compared to those recorded in the past years. Moreover, this is further substantiated by the significant reduction, in the number of those brought to appear before the Justice Commissioner, as is now required following the implementation of the “Treatment Not Imprisonment Act” of 2015. To date this Act, appears to be having the desired effect, that of diverting mainly drug possession cases, to the Tribunal and not the Criminal Courts.

Similarly, the number of individuals seeking emergency treatment at Mater Dei Hospital for intoxicating drug use last year, also went down with the leading drug causing the majority of these incidents, was again cocaine this being followed by cannabis, as it was in previous years. In effect, in a year where COVID was at its peak, the rehabilitation services saw the highest number of individuals coming forward for treatment compared to previous years. Hence during the said period, the rehabilitation services per se really had a challenge on their hands, that of re-organising in a sufficient manner to uphold the COVID guidelines as required by law, without impinging on the quality of service provided. The increase in numbers seeking treatment is in itself a major step forward, in our attempt to ask people to do so, under conditions where they are not judged or discriminated, in their attempts to resolve their drug issues.

It is also heartening to see, that heroin use continues to decline as in past years, but this year, for the very first time, such use in our country is now in the lowest ranks among our European colleagues; as compared to the past, when we were amongst the highest.

Despite all this there are still a number of challenges to be faced; for example, that of preventing drug use in the first place and the other, that of providing effective recovery services for all. They both require that we look after each other, both in good and bad times and as the saying goes “Do unto others, as you would have others done unto you”. In 2020, at the height of the COVID pandemic, the service providers have indeed provided us with a perfect example, of the way in which we can implement what is referred to as the “Golden Rule”.


Drug Strategy and Coordination

The main body responsible for drug policy matters in Malta is the National Addictions Advisory Board. The Advisory Board is an integral structure within the Ministry for Social Justice and Solidarity, the Family and Children’s Rights. The seven members of the Advisory Board are independent experts appointed by the Minister, from fields such as law, youth studies, education, clinical psychology, psychiatry, epidemiology and neuroscience. The National Coordinating Unit for Drugs and Alcohol, which is also part of the Ministry for Social Justice and Solidarity, the Family and Children’s Rights, is responsible for the implementation of the National Drugs Policy, while the main remit of the National Focal Point for Drugs and Drug Addiction is that of monitoring the situation and the responses, including the effectiveness of the actions put in place as a result of the National Drugs Policy. It is also required to report to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) on a yearly basis on the drug situation and drug responses put in place by Malta.
Drug Laws and Drug Law Offenses

The principal pieces of legislation dealing with substance use in Malta are the Medical and Kindred Professions Ordinance 1901 (Cap. 31) and updates, which relate to psychotropic drugs, and the Dangerous Drugs Ordinance 1939 (Cap. 101) and updates such as that in 2005 relating the prescription of methadone and the latest act, the Drug Dependence (Treatment not Imprisonment) Act 2014 (Cap 537), which relate to narcotic drugs.

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

The Malta Police Force provides statistical data related to the distribution of drug law offences. As was the case in previous years, data illustrate that cases related to possession make up most of the DLOs in 2020. The majority of these offences for possession were related to cannabis possession.

During 2020, when the COVID-19 pandemic started, there was a slight increase in trafficking offences from 113 in 2019, to 117. However, there was a considerable decrease in possession offences, mainly due to the partial lockdown and various restrictions throughout the year, from 334 cases in 2019 to 166 cases in 2020. The majority of offences for possession were related to cannabis, amounting to 87 cases, followed by cocaine possession, with 78 cases.

A decreasing trend in arrests had already been registered for the years 2018 and 2019, with a total of 626 and 447 individuals arrested during the respective year for possession and trafficking. Though this might seem to be a downward trend, it is still on the high side when compared to years such as 2015 where a total of 516 arrests were made for that year.
TRIBUNAL
Since the enactment of Chapter 537 of the Laws of Malta entitled the Drug Dependence (Treatment Not Imprisonment) Act in 2015, the number of individuals appearing before the Commissioner of Justice for possession amounted to 136 cases in 2015, rising to 790 in 2016. In 2017, there was a slight decrease in cases with 708, whilst a further decrease in cases was reported in 2018. Conversely, in 2019, the number of cases appearing before the tribunal rose to an unprecedented 822. In 2020, the number of cases decreased to 291, mainly due to the fact that, for a given period of time, sittings were suspended due to the COVID-19 pandemic during this year. Since the enactment of the tribunal, a total of 3354 cases were processed. During this period, 2395 cases (71%) have paid their fine, 784 (23%) are still pending payment, 58 (2%) were found not guilty, whilst a total of 117 (3%) were still pending judgement at the end of 2020.

TRIBUNAL CASES OFFENCES BY SUBSTANCE TYPE
During the period since the tribunal started processing cases of possession in 2015 until December 2020, the majority of cases processed were for possession of cannabis grass, with 1277

Tribunal Cases 2016–2020

<table>
<thead>
<tr>
<th>Penali</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid</td>
<td>576</td>
<td>545</td>
<td>383</td>
<td>614</td>
<td>175</td>
</tr>
<tr>
<td>Tribunal Pending Payments</td>
<td>176</td>
<td>150</td>
<td>199</td>
<td>168</td>
<td>57</td>
</tr>
<tr>
<td>Cases Judged Not Guilty (Not Due)</td>
<td>20</td>
<td>2</td>
<td>13</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Cases Pending Judgement</td>
<td>18</td>
<td>11</td>
<td>13</td>
<td>26</td>
<td>57</td>
</tr>
<tr>
<td>Total</td>
<td>790</td>
<td>708</td>
<td>608</td>
<td>822</td>
<td>291</td>
</tr>
</tbody>
</table>
cases, followed by cannabis resin, with a total of 620 cases which would amount to 1897 cases. Cases appearing before the tribunal for cocaine possession amounted to 616 cases, whilst 236 cases were for possession of Ecstasy (MDMA). Cases related to heroin possession amounted to 184. A further 81 cases were related to psychotropic medicines while a further 48 cases were related to ketamine possession. The majority of individuals appearing before the tribunal were Maltese residents, amounting to 2218 (66%) out of a total of 3354, while the remaining were foreign nationals.

PROBATION AND PAROLE
According to the data reported by the Department for Probation and Parole, there were a total of 441 clients registered for the year 2020, with the majority of these clients being males (350 individuals) and the remaining 61 being females. Cocaine was the primary drug of choice for the majority, amounting

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics.
to 168 individuals, followed by 121 individuals reporting cannabis as their primary drug. Heroin was the drug of choice for 108 individuals, and 14 individuals reported synthetic drugs as their primary drug.

**DRUG MARKETS**

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

In the last decade, the number of seizures carried out by Maltese law enforcement authorities have continued to increase up until 2019. However, in 2020, there was a decrease in overall drug seizures, possibly due to the COVID-19 situation. Indeed, cocaine seizures amounted to the 524kg, a decrease from 2019 when 747kg were seized. Cannabis grass seized amounted to 151kg in 2020, also decreasing compared to the 389kg seized during the previous year. A further drop in amounts seized was also reported for cannabis resin, from 118kg in 2019 to a low 0.36kg in 2020. Conversely, nearly 2kg of heroin were seized, which reflects an increase compared to the 1kg seized during the previous year. The number of drug seizures for the year 2020 amounted to 287 in total, with 188 seizures for possession and 99 for trafficking.

**PURITY**

Average purity at street level in 2020 was 21% for heroin, 28% for cocaine, 12% for cannabis resin, and 20% for cannabis grass.

Cannabis resin increased in purity during the last years. This follows slight decreases in 2015 and 2016 when the purity at street level was 7%. In 2017, purity of this substance increased to 8.5%, while a substantial increase to 15% was reported for 2018. In 2019 and 2020, there was a 3% drop with both years reporting 12% purity levels. Cannabis grass purity reported the largest increase in recent years, from 7% in 2016, to 8% in 2017 and 21% in 2018, whilst in 2019 and 2020 purity had decreased slightly to 20%. Purity level for heroin stood at 21% for the year 2016 and 20% for 2017. The purity level for heroin had decreased to 18% in 2018, increased to 22% in 2019 and decreased slightly to 21% in 2020.

Purity levels at street level for cocaine in 2020 stood at a mean of 28%. These figures indicate a similar purity when compared to 2019, but a substantial increase compared to 2018 when purity level stood at 20%, which had decreased from the 24% reported in 2017. The increase in 2019 and 2020 is much more pronounced when compared to 2015 when purity was recorded at average 15%.
Drug Use, Problem Drug Use and Trends

Cannabis continues to be the most commonly used illicit drug among the Maltese adult population aged 18-65 years. Data from the 2013 General Population Survey (GPS) had indicated that around 4.3% of individuals aged 18-65 years had reported having used cannabis at least once during their lifetime. Lifetime use of other illicit drugs (MDMA/ecstasy, amphetamines, cocaine, heroin, mephedrone, any of the new psychoactive substances (NPS) or LSD) was reported at 1.4% with MDMA being the most used among this group of substances (0.7%). These figures indicated that the use of illicit substances other than cannabis among the adult population of Malta was very low. The GPS had indicated that the use of illicit substances was more prevalent among younger adults, with the prevalence of lifetime use of cannabis reported at 5.1% among 18- to 24-year-olds. It was also reported that the use of illicit substances was more prominent amongst men than women.

The most recent data on drug use among 15- to 16-year-old students is reported in the 2019 European School Survey Project on Alcohol and Other Drugs (ESPAD). Malta has participated in ESPAD since the survey’s inception in 1995. In 2019, lifetime use of alcohol, cannabis, and cigarettes, among students in Malta were reported at 80%, 12% and 22% respectively. The use of cigarettes among this cohort has continued to decrease substantially, while lifetime use of alcohol has indicated a downward trend, though less pronounced. Conversely, lifetime use of cannabis remained stable with similar figures reported in the previous ESPAD of 2015.

**HIGH RISK DRUG USE**

The reporting of estimates of high-risk drug use is a tool that contributes towards providing insight into the extent of the more problematic drug use within a population. Data pertaining to entrants to specialised drug treatment centres, particularly data related to first time entrants into treatment, provides a clearer understanding of emerging trends in overall drug use and high-risk drug use.

<table>
<thead>
<tr>
<th>Year</th>
<th>Alcohol</th>
<th>Cigarettes</th>
<th>Cannabis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>92</td>
<td>55</td>
<td>8</td>
</tr>
<tr>
<td>1999</td>
<td>94</td>
<td>57</td>
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<td>2003</td>
<td>94</td>
<td>48</td>
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<td>2007</td>
<td>92</td>
<td>46</td>
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<tr>
<td>2011</td>
<td>90</td>
<td>38</td>
<td>10</td>
</tr>
<tr>
<td>2015</td>
<td>86</td>
<td>29</td>
<td>13</td>
</tr>
<tr>
<td>2019</td>
<td>80</td>
<td>22</td>
<td>12</td>
</tr>
</tbody>
</table>
Prevalence of use of heroin among individuals in treatment has been declining for a number of years in Malta. However, when considering the severe health and social consequences experienced by people who primarily use heroin, the use of this substance remains a matter for concern. In 2020, there were an estimated 896 high-risk opioid users (2.60 per 1 000 population aged 15-64 years). This figure shows a steady decrease from the estimates registered in previous years. Indeed, estimates for 2020 decreased by almost half when compared to the 1708 estimates for 2015 (5.99 per 1000 population aged 18-64 years). This is further supported by the reduction in the take up of free syringes as provided by the primary health care centres found all over the Island as shown above.

Treatment centres in Malta continue to report that cocaine has become the most common primary substance used among first treatment entrants in recent years, followed by cannabis, and then heroin. Conversely, heroin continues to be the most common primary substance among all individuals in treatment. However, when compared to previous reporting years, the use of heroin as the primary substance among all treatment entrants has been decreasing, particularly in the last decade. Individuals using cocaine mainly report sniffing as their route of administration with only a few individuals reporting injecting of this substance. Conversely, almost half of first-time entrants to treatment who report heroin as their primary drug report injecting, indicating higher risk patterns of use among this cohort. Fewer than one in five individuals entering drug treatment are female (See Chapter 7 on Treatment for further details).

**CHARACTERISTICS OF CANNABIS USE**

Cannabis continues to be the second most used primary drug among the overall population of individuals seeking treatment for the very first time. In the year 2020, for those in treatment for the very first time and others, cannabis as the primary substance was registered at 14% (269 individuals). A similar figure had been reported in 2019 at 14%, while in 2018, the percentage stood at 13%. These figures indicate an increase when compared to a period of stability registered in recent years, with 9% between 2015 and 2017.

Among individuals treated for the first time in 2020, the number of individuals who used cannabis as their primary drug totalled 135 individuals, amounting to 27%. These figures reflect a 2% decrease in relation to the amounts reported in
2018 and 2019 which stood at 29%, when an increase was reported compared to 2017 (19%).

The vast majority of those treated primarily for their cannabis use were male with 86%, while only 14% were female, which is similar to the trends reported in previous years.

**Frequency of use:**
Among individuals receiving treatment primarily for their cannabis use in 2020, 158 (59%) reported daily use of the substance, whilst 35 (13%) reported using cannabis 4 to 6 times a week. A further 29 (11%) reported using 2 to 3 times weekly and 16 (6%) reported using once a week or less. The remaining 31 (12%) stated they did not use the drug in the last 30 days.

**Secondary substance:**
Out of the 269 reported to have accessed treatment primarily for their cannabis use in 2020, 65 (24%) reported using cocaine as their secondary drug, 21 (8%) reported using heroin, 13 (5%) reported synthetic cannabinoids as their secondary drug, 8 (3%) reported drinking alcohol, whilst a further 5 individuals (2%) reported other substances. A further 151 (56%) had not used any secondary drug during the last 12 months.

**CHARACTERISTICS OF COCAINE USE**
Cocaine use as the primary drug is the most common cause for individuals entering treatment in Malta. During 2020, there was an upward trend, with 30% (601 individuals) of all individuals in treatment reporting cocaine as the drug that creates the most problems for them. This upward trend indicates that, since 2015, the rate of individuals entering treatment mainly for cocaine use has doubled from 15% and is the highest ever recorded. Out of the 601 recorded cocaine users, 36% (215 individuals) reported crack cocaine as their problem drug.

Other stimulant use as the primary drug continues to be low as in previous years, with less than 1% of the entire treated population reporting such use in 2020. A further 3% (64 individuals) reported using other stimulants as their secondary drug, mostly crack cocaine. Individuals treated for the first time ever for cocaine use amounted to 256, another rise from the 191 individuals reported in the year 2019. Similar to previous years, the large majority of treatment entrants for cocaine were male (81%) with only 19% being female.

Injecting behaviour among individuals who use cocaine and stimulants is very low, which particularly contrasts with individuals who use heroin for whom injecting behaviour is more common. In 2020, only 2% of cocaine users reported injecting, a slight decrease from 2019 (2.5%) and 2018 (4%).

Among individuals who used stimulants as their primary drug, 56% reported smoking or inhaling, followed by 37% who reported sniffing as their main route of administration in 2020. Injecting behaviour was reported at 7%. In 2019, 53% had reported sniffing as the main route of use, followed by smoking or inhaling with 35%, while injecting was reported at 10%.

Of all the stimulant users in 2020, who amounted to 30% of the whole number of people in treatment, there were 3 positive cases of those ever tested positive for HCV. These positive cases came out from 185 who reported being tested at least once in their lifetime. Data for HIV and HBV
have not been graphically presented as there was only one individual testing positive for HIV in the year 2015, whilst individuals testing positive for HBV amounted to only two individuals. In 2019, stimulant users amounted to 27% from the whole treatment entrants, and 171 individuals reported being tested once in their lifetime for HCV. The amount of 7 cases testing positive remained constant for this particular year.

**Frequency of use:**
During 2020, 288 (38%) users of cocaine reported daily use, a 2 percentage points increase from the previous year. There were 90 individuals (15%) who used the drug between 4 to 6 days a week, 24% (139 individuals) reported using between 2 to 3 days a week and another 12% (75 individuals) reported using the drug once a week or less. The remaining 68 individuals (11%) did not use the drug in the last 30 days.

In 2019, 182 (36%) individuals used cocaine daily, 95 (19%) reported using between 4 to 6 days a week, 65 (13%) reported using 2 to 3 days a week and another 75 (15%) reported using one week or less. The remaining 90 (17%) did not use in the last month.

In 2018, 200 individuals (39%) using cocaine or crack cocaine as their primary drug reported doing so daily, while a further 88 (17%) reported doing so between 4 and 6 times a week. A further 54 (11%) reported using 2 to 3 times a week, while 93 (18%) reported using once a week or less. Frequency of use for the remaining 73 (15%) individuals was not reported.

**Secondary drug among cocaine users:**
In 2020, there were 104 individuals (17%) who used heroin as their secondary drug with another 17% (103 individuals) using cannabis as their second choice. Another 278 individuals (46%) did not use any other drug, while another 45 individuals (7%) chose alcohol. The remaining were spread among other stimulants and other drugs.

In the year 2019, 154 (30%) individuals reported no other secondary drug used, 135 (27%) used cannabis with cocaine, while 84 (17%) reported using heroin. A total of 39 (8%) individuals reported alcohol as their secondary choice. The remaining (18%) were spread among use of other stimulants and other drugs.

**Characteristics of Heroin Users**
The latest data for 2020 indicates that heroin continues to be the most frequently reported primary drug among all those in treatment consisting of 55% (1098 individuals) of individuals in treatment. However, this still represents a decrease from the 58% reported in 2019. These figures indicate a continued decrease of heroin use among those in treatment in recent years.

Estimates for high risk opioid use have also continued to drop in recent years. In 2020, an estimated 896 individuals engaged in high risk opioid use which sum up to 2.60 per 1 000 population (aged 16-64 years). These figures represent half the figure reported in 2015 when the estimates indicated 1,708 individuals being high risk opioid users (5.99 per 1 000 population aged 16-64 years). In 2016, there were an estimated 1,592 high-risk opioid users (5.52 per 1 000 population aged 16-64 years). In 2017, there was a substantial decrease, with an estimated 1,425 high-risk opioid users (4.51 per 1 000 population aged 16-64 years). During 2018, the estimates reported reflect a significant decrease with an estimated 1,161 individuals being high risk opioid users (3.69 per 1 000 population aged 16-64 years). This trend continued in 2019 with 1,049 being reportedly high risk opioid users (3.18 per 1 000 population aged between 16-64 years).
Though these new figures show a decreasing trend, it is still felt that these figures are on the high side, and that the lower end of the estimates should be considered.

In the year 2020, there were 49% reporting injecting heroin, 3% less than in 2019, when 52% reported injecting. Another 43% reported smoking or inhaling, 2% more than the 41% reported for 2019. Sniffing the drug was reported to be 6% of the opioid using population, same as the year 2019.

**Frequency of use:**
Data for 2020 indicates that the majority of heroin users were using the drug on a daily basis with 77% (844 individuals) of the heroin population. Another 3% (30 individuals) used the drug 4 to 6 days a week, with another 3% (37) using the drug 2 to 3 times a week, 2.5% (28) once a week or less, and the remaining 14% (158) did not use it in the last 30 days.

In 2019, 75% (846 individuals) of heroin users used the substance daily, 1% (16) used the drug 4 to 6 times a week, 2% (25) used 2 to 3 times a week, 3% (38 individuals) used once a week or less and 18% (199 individuals) did not use heroin in the last 30 days.

**Use of secondary substance:**
There were a total of 344 individuals (31%) who reported using cocaine as their secondary drug, with another 25% (275 individuals) reporting cannabis as their second choice, with another 429 individuals (39%) reporting no other drugs used.

During 2019, among those who reported heroin as their problem drug, 462 (41%) individuals stated that they did not use any other drug, whilst 176 (16%) reported using cocaine, 142 (13%) reported using crack cocaine and 299 (27%) individuals reported using cannabis. The remaining reported other drugs.

In 2020, 101 individuals (20%) had used a drug service for the first time due to heroin use. This shows another downward trend relating to opioid use in the last years. From these, only 16% reported injecting as their preferred route of administration.

**Distribution for 2020 (Heroin)**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>30%</td>
<td>318</td>
</tr>
<tr>
<td>Male</td>
<td>70%</td>
<td>782</td>
</tr>
</tbody>
</table>

The vast majority; that is, 78%, preferred smoking or inhaling.

The year 2018 reported 9% of new entrants using heroin as the main drug, as opposed to 49% of cocaine as primary drug. The preferred route of administration was smoking or inhaling with 63% of new heroin entrants, and injection at 30%. Conversely, 19% of new entrants reported heroin as the main drug of choice. The preferred route of administration was still smoking or inhaling, increasing up to 81%, and injecting falling to 16%.

In 2020, there were 77% of heroin users reporting being tested for HCV at least once in their lifetime. There were also 53 new positive cases reported, which shows a slight decrease from the previous years. There was also one positive case reported for HBV and one HIV positive case.

The year 2018 has seen a minimal increase from 2017, with 56 registered cases of HCV. There were 67 HCV positive cases registered for the year 2019, showing a slight increase from the previous year, and one positive case of HBV. There were no reported individuals newly tested and positive for either HBV or HIV for the year 2018.
Drug Harms

DRUG-RELATED INFECTIOUS DISEASES
In Malta, the National Infectious Disease Surveillance Unit within the Department of Health receives notifications of positive cases from virology departments and prisons. There were no reports of newly detected human immunodeficiency virus (HIV) cases linked to injecting drug use in 2017, 2018, and 2019. In 2020, there was one reported case of a female from another country testing positive for HIV from a total 126 individuals stating that they were tested during the year.

Prevalence estimates of HIV, hepatitis B virus (HBV), and hepatitis C virus (HCV), may be determined from diagnostic tests among people who inject drugs seeking treatment at the outpatient treatment unit managed by Sedqa, the Maltese government’s executive agency in the drugs field. In 2016, two clients out of a total of 170 tested HIV positive. In 2017, 53 out of 119 were positive for hepatitis C antibodies and one out of 83 was positive for hepatitis B antibodies. In 2018, 132 tests were carried out for HCV, resulting in 56 new positive cases. No cases were reported for HBV or HIV in the same year. In 2019, there were 67 new positive cases reported for HCV out of 248 tests, and one positive case of HBV. In 2020, 127 individuals were tested for HBV with one individual testing positive. Also 103 individuals were tested for HCV with 53 positive cases reported.

Drug-Related Emergencies 2016–2020

<table>
<thead>
<tr>
<th></th>
<th>Heroin</th>
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<th>Cocaine</th>
<th>Scra</th>
</tr>
</thead>
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<tr>
<td>2016</td>
<td>60</td>
<td>38</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>2017</td>
<td>92</td>
<td>110</td>
<td>102</td>
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<tr>
<td>2018</td>
<td>95</td>
<td>163</td>
<td>88</td>
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</tr>
<tr>
<td>2019</td>
<td>225</td>
<td>294</td>
<td>250</td>
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</tr>
<tr>
<td>2020</td>
<td>58</td>
<td>136</td>
<td>160</td>
<td>160</td>
</tr>
</tbody>
</table>
**DRUG-RELATED EMERGENCIES**

A clinical toxicology unit at Mater Dei Hospital participates in the European Drug Emergencies Network (Euro-DEN Plus) project, which was established in 2013 to monitor acute drug toxicity in sentinel centres across Europe.

The figures below show a steady increase of drug-related emergencies during the last 5 reporting years, with cocaine and cannabis being the main drugs leading individuals to seek medical assistance due to intoxication. What is worthy of note is the figures for the Synthetic Cannabinoid Receptor Agonists (SCRA) which highlight an average of 83 individuals seeking medical assistance in the last 5 years. Though there is a shortage of information on synthetic cannabinoids, it shows that these substances are highly available locally and synthetic cannabinoids are causing adverse health effects to people using these substances.

**DRUG-INDUCED DEATHS AND MORTALITY**

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

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

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

Police data has showed at least 3 cases and 2 cases (all male) respectively of mortality without any further information. There were also 2 cases (male) reported for 2020 by the police data.
Prevention

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

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

Environment prevention approaches in Malta include the adoption of a complete ban on smoking in enclosed spaces and in playgrounds. Universal prevention in the country is primarily implemented in school settings. School based programmes primarily focus on the development of life-skills that involve enhancing self-esteem, preventing peer pressure, decision making, increasing young people’s abilities to express their feelings, and encourage problem solving skills. Universal family-based prevention programmes in an interactive environment generally tackle topics related to parenthood, such as leadership styles, communication, and child development, and include discussions on drug and alcohol misuse. Community-based prevention programmes primarily target families and young people in local councils, youth organisations, religious societies, and social and political clubs. Community and Church activities, drug awareness talks, exhibitions, concerts and drug-free activities are organised at specific times of the year and are aimed at targeting the general public.

Selective prevention interventions are mainly school-based and focus on students with high levels of absenteeism and those who have dropped out of school. A nationwide initiative, the ACTS Project, aims to consolidate community resources and networks in order to address social exclusion issues. Other target groups are young people in schools in deprived areas, juvenile prison inmates, and young offenders.

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

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

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

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

TREATMENT Provision
As the trend of the last number of years suggests, the majority of individuals entering drug treatment were treated in outpatient settings. They mostly sought treatment as a result of primary use of opioids, mainly heroin, followed by individuals who use cocaine as their primary drug. Since 2004, a steady increase has been observed in the number and proportion of treatment demand for cocaine as primary drug. As can be noted from the table below, inpatient services have seen a higher number of residents than usual. This is because the data has been adapted to cover all services related to inpatient care, including therapeutic community services, shelters, semi-residential, and re-entry.

SMOPU sought to supply opioid agonist treatment (OAT) to 855 individuals in the year 2020, which has declined when compared to the 920 for the year 2019. It is still above the amount of individuals who sought OAT in 2018 where 730 individuals were registered. The vast majority of individuals who received OAT remain those in treatment because of primary heroin use.

Drug treatment in Malta: Settings and Numbers Treated from 2018 to 2020

<table>
<thead>
<tr>
<th>Population</th>
<th>Setting</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>Therapeutic communities, semi-residential, re-entry and shelter</td>
<td>7</td>
<td>11</td>
<td>68</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Specialized treatment centres</td>
<td>674</td>
<td>830</td>
<td>806</td>
</tr>
<tr>
<td>Prisons</td>
<td>Prisons</td>
<td>41</td>
<td>27</td>
<td>29</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Other settings</td>
<td>128</td>
<td>52</td>
<td>110</td>
</tr>
</tbody>
</table>
During these last years, an average of 1,900 individuals have sought treatment. In 2020, 1,984 individuals were treated. This marks an increase when compared to the last five years and the largest number reported to date.

The number of service users entering drug treatment services for the very first time in the year 2020 was also a record number, with 497 individuals, a high increase when compared with the previous year (347) and all other years since 2016. It is also worthy of note that in the last five years, there have been a total of 1,762 individuals who have sought treatment for the very first time.

With regard to the primary drug of use, those entering treatment for the first time have increasingly been cocaine users with 52% (256 individuals) in 2020 as opposed to 32% in 2016. This also shows an upward trend of cocaine being a problem drug with requests for treatment.

The number of service users entering treatment primarily as a consequence of their heroin use has continued to decrease, from 71% in 2016 to 55% in the year 2020.

As the image below implies, the shift of heroin and cocaine using individuals seeking treatment is continuing, with double the percentage of cocaine users from 2015 (15%) to 2020 (30%). The following table provides a breakdown of the number of individuals seeking treatment for the very first time:

<table>
<thead>
<tr>
<th>Year</th>
<th>All individuals</th>
<th>Previously Treated</th>
<th>First Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>1898 100%</td>
<td>1508 79%</td>
<td>390 21%</td>
</tr>
<tr>
<td>2017</td>
<td>1822 100%</td>
<td>1539 85%</td>
<td>283 15%</td>
</tr>
<tr>
<td>2018</td>
<td>1845 100%</td>
<td>1600 87%</td>
<td>245 13%</td>
</tr>
<tr>
<td>2019</td>
<td>1943 100%</td>
<td>1596 82%</td>
<td>347 18%</td>
</tr>
<tr>
<td>2020</td>
<td>1984 100%</td>
<td>1487 75%</td>
<td>497 25%</td>
</tr>
</tbody>
</table>

### Percentage of First Treated Entrants by Cocaine 2015 to 2020

- 2015: 36%
- 2016: 32%
- 2017: 40%
- 2018: 49%
- 2019: 49%
- 2020: 52%
### Percentage of All Treated Clients by Heroin and Cocaine between 2015 and 2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Heroin</th>
<th>Cocaine</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>71</td>
<td>15</td>
</tr>
<tr>
<td>2016</td>
<td>71</td>
<td>14</td>
</tr>
<tr>
<td>2017</td>
<td>69</td>
<td>14</td>
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<tr>
<td>2018</td>
<td>56</td>
<td>26</td>
</tr>
<tr>
<td>2019</td>
<td>58</td>
<td>26</td>
</tr>
<tr>
<td>2020</td>
<td>55</td>
<td>30</td>
</tr>
</tbody>
</table>

### Total Percentage of Service Users by Primary Drug 2020

- **Opioids**: 55%
- **Cannabis**: 14%
- **Cocaine**: 30%
- **Stimulants**: 1%
A downward trend for heroin users seeking treatment is also visible, with 71% in 2015 down to 55% in 2020. The number of individuals in treatment has to be considered, especially when considering the increase in service users and the amount of heroin users which along the way have been constantly over the 1,000 per year. Though the percentage for heroin is decreasing, the numbers of individuals in treatment has remained similar along the years. This reflects the fact that heroin users remain in treatment over a long period of time.

The greater percentage of treatment service users continues to be predominantly male with 80% individuals in treatment in 2018, 2019, and 2020, against the 82% in 2017.

Of all the females seeking treatment, heroin is, and has been, the main primary drug. The year 2020 shows that 60% of such treatment seekers having an opioid problem, with 28% having problems with cocaine. This contrasts slightly with the 54% of males having a heroin problem, and the 30% with those having cocaine as their primary drug.

A percentage of 74% from all female clients in treatment were living either with their family or their partner. Around 24% declared that they were living alone.

Out of the 390 females in treatment, 158 (44%) stated that they have children. From these, 83% (131) declared that they live with their children.

It is also worthy of note that the female population in treatment who was gainfully employed amounted to 33%, whilst 46% were unemployed in the year 2020. The rest were either on social benefits, occasionally employed, or their employment situation was not known.
**AGE**

During 2018, the number of individuals entering treatment who were aged less than 35 years amounted to 859 individuals, which accounts for 45.5% of the total. The year 2019 continued with this trend, with 794 individuals being less than 35 years of age when entering treatment. This amounts to 41% of the total population. This data shows a substantial decrease from previous years, with 2016 standing at 49.6% and 2015 having registered 52% of individuals to be within this age bracket, but similar to the previous year; that is, 2017. A similar trend is consistent in 2020 when only 37% (739) were under the age of 35 years. This figure continues to suggest that there is a growing ageing population within those individuals in treatment, particularly individuals who use heroin as their primary drug. Indeed, 1,021 (51.5%) of all treated individuals were between 35 and 49 years old. This demonstrates that more than 50% of treated individuals were older users.

Additionally, in 2020, the most common age group in treatment was the cohort of individuals between the age of 35 and 39, and 40 to 44, with 399 and 362 individuals respectively. This marks a shift from previous years when the predominant age was often reported to be the 25 to 29 age bracket.

Those attending services for the very first time and under the age of 35 increased from 66% in 2015, which had marked a decrease from previous years, to 73% in 2016 which again in 2017 was more or less equivalent to that of 2016 some 72% (177 individuals). The year 2018 saw an age gap with nearly half of new entrants (48%) looking for services for the first time. The trend continued into

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**Distribution of service users by region**

- **Gozo**: 2%
- **Northern**: 12%
- **Western**: 8%
- **Southern Harbour**: 32%
- **Northern Harbour**: 30%
- **South Eastern**: 15%
2020 with 56% (279 individuals) of individuals seeking treatment for the first time being under the age of 35 years. This might be the result of cocaine users’ tendency to seek services later in life, reflecting also the increase in cocaine users asking for help within the whole group of treatment entrants.

**EMPLOYMENT STATUS**

Individuals who reported being gainfully employed in 2020 amounted to 50% (982) of all treatment entrants. When compared with previous years, figures of regularly employed individuals are slightly higher, with 47% in 2019 and 43% in the years 2017 and 2018 respectively. From all these gainfully employed, 58% were daily users of their drug of choice.

Those unemployed were at 36% (719) for the same year. This figure is the lowest ever of unemployment in the last years, as the average of unemployed people in the previous years was that of 45%. The percentage of unemployed persons in treatment using drugs daily was 75%.

Only 2% of the whole treatment population were students.

**EDUCATION COMPLETED**

In the year 2020, treatment entrants who reported stopping their education at secondary level amounted to 72% (1426), with 12% (238) finishing higher education and 11% (214) stopping at primary level. There were 8 individuals who reportedly never attended any primary school. These figures do not imply that such individuals did not attend any secondary school at all, but it does give an indication that among the treatment seeking population there is a considerable number of service users who left education at a very early age.

In 2019, the number of individuals who reported completing secondary school was 1,107 individuals (57%). There were 325 (17%) individuals who stopped school at primary level and 378 (19%) who finished at a higher level.

There were 58% of individuals in 2020 who finished secondary school whose primary drug of choice was heroin, whilst 29% were using cocaine. Cannabis was reported at 13%. From those who finished higher education, heroin and cocaine were split with 40% each and 18% cannabis. The primary drug for those who finished their primary years at school were 44% for heroin, 39% for cocaine, and 16% for cannabis.

During the same year, 59% of all those who finished primary school were daily users, whilst those who finished secondary school amounted to 66% of daily users. Those who finished higher education amounted to 52% of daily users.

**INJECTING BEHAVIOUR - ALL SUBSTANCES**

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

In 2020, 1176 (59%) individuals in services reported not having injected drugs in their lifetime. From the remaining individuals injecting drugs, 469 (24%) reported currently injecting, whilst the remaining 336 (17%) were not injecting.

These figures suggest that, for the first time, the number of people injecting drugs is at its lowest ever, with a significant increase of individuals who have never injected when compared to the last years.

With regard to the sharing of needles in the year 2019, there were 1,337 individuals who never shared a needle, amounting to 69% from the whole treatment population. There has been a higher increase of individuals not sharing needles in the year 2020, with 1,756 in total (89%). There were 103 individuals currently sharing in 2020, with another 117 individuals who used to share, but currently are not.

**NATIONALITY OF TREATMENT SERVICE USERS**

The vast majority of individuals accessing local treatment services in the last 5 years were Maltese nationals, with 94.5% in 2016, 91% in 2017, 93% in 2018, and 94% in 2019 and 2020. The average of Maltese nationals in these last five years was of 93.3%.

**DISTRIBUTION OF SERVICE USERS BY REGION**

The majority of individuals in treatment in 2020 reported coming from the Southern Harbour area (32%) and the Northern Harbour Area (30%). The South East reported 15%, the Northern region 12%, the Western region 8%, and 2% for Gozo.

These figures are very similar to the latest figures on record for the past year, where on average, 32% reported coming from the Southern Harbour region, 31% from the Northern Harbour region, 14% reported coming from the South-eastern region, 13% from the Northern region, 8% from the Western region, while a further 2% reported coming from Gozo.
Highlights and Overview of Residential Rehabilitation Treatment

OASI FOUNDATION

Staff Training
Treatment staff benefited from experiential job shadowing at Castle Craig in Scotland between the last quarter of 2019 and the first quarter of 2020. In 2020, staff participated in a number of conferences, debates and other training opportunities, most of which were held online. The topics covered included:
• Standard and Evaluation Tools
• Data Sharing for Referrals
• The Implications of Covid-19 and its Effect on Poverty
• Mental Health During Covid-19
• ESPAD Report 2019 Launch
• Legislation Relating to Cannabis
• Poverty

OASI staff were also provided with in-house training (depending on their job description). In 2020, such training was provided on a new database system and the use of the MATE (Measurements in the Addictions for Triage and Evaluation) assessment tool.

THE OASI RESIDENCE
The OASI Residence is located in a quiet area on the outskirts of Victoria, Gozo. The building is a converted farmhouse that has been adapted to suit the needs of the Foundation. The OASI Residential Program can cater for a maximum of 15 residents at a time. As with all OASI services, residential treatment is based on the Minnesota Model, and personalized treatment plans are created for all beneficiaries, in order to address their specific needs, based on a bio-psycho-social methodology. The ultimate goal is to prepare residents so that once they complete the residential phase of the programme they will be able to live in the community, find stable accommodation and employment, and maintain a lifestyle clean and sober of all harmful substances, while receiving continued support from OASI as well as self-help groups relating to addiction.

The OASI Residential Programme can consist of up to four phases, during only two of which the beneficiaries live primarily at the OASI Residence:

• Residential Phase: Beneficiaries live at the OASI residence full time, with minimal outside contact, while following Steps 1-5 of the Twelve Step programme. During this phase, they learn about their addictions and associated problematic behaviours, as well as healthy ways of dealing with problems instead of using psychoactive substances as an escape.
• Social-Reintegration Phase: Upon completing Step 5, beneficiaries start gradually going out and spending time outside, running errands, seeking accommodation and employment, finding a sponsor to guide them through Steps 6-12, and spending some time with their families. This phase is intended to help beneficiaries get used to living in the community again, while continuously supporting them through therapy, and ensuring that they find some stability upon leaving the residence.
• Continued Care Phase: Once beneficiaries complete the residential phases of the programme and return home, they still attend weekly individual sessions and recovery groups at OASI. Close therapeutic contact is maintained for a number of months, so as to be able to offer immediate support should a beneficiary encounter difficult situations.
• Aftercare Phase: Once a beneficiary stops attending recovery groups, individual sessions are offered as long as needed. This phase can last for years, with some beneficiaries choosing to keep relatively regular contact and others requesting a session only when needed.

In certain cases, a Day Care Phase can replace the Residential Phase. In this case, a beneficiary would come to the OASI residence on a daily basis and spend the day following the exact same programme, but leave at night to sleep at home. The remaining phases would essentially continue as usual. This option is only considered when a beneficiary has a very stable and supportive home environment. In 2020, once COVID-19 measures were implemented, the use of this type of programme was stopped completely due to the health risks involved.

The OASI residential program as a whole is based on helping beneficiaries to understand their addictions; unlearn negative coping strategies and start practicing positive ones; rebuild strained relationships with family and friends; and ultimately build up support networks to replace negative influences in their lives. These are achieved not through punitive measures, but through constant therapeutic support. Thus, rules exist to guide the health and safety of beneficiaries and staff.

In 2020, out of 49 cases undergoing a residential programme at some point during the year, 26 terminated the residential phase against therapeutic advice, while 23 completed the phase successfully.

**SEDQA - KOMMUNITA SANTA MARIJA (KSM) - RESIDENTIAL REHABILITATION SERVICES**

Over the course of 2019, Sedqa’s rehabilitation programmes were reviewed and three separate services were integrated into a single programme with the title of Kommunita Santa Marija. The basis for the decision was to recognize that, as Agenzija Sedqa, teams were working in the field of addiction as a whole and no longer felt that it was accurate to separate services along the lines of alcohol and drug dependencies. The short-term unit, the Assessment and Stabilisation Unit, was also integrated as phase one of a longer-term programme in recognition of the fact that offering stabilisation without longer-term care was not working.

The programme offers a therapeutic structure with the emphasis on living as part of a community over a period of 14 months. This time is divided into 3 phases which aim to accompany the resident from the initial stages of physical, mental, and emotional recovery, to reintegration back into society.

The programme is open to persons of different gender identities, sexual orientations, cultures, and beliefs. To be eligible for admission, persons must be at least 18 years of age and actively being seen by a key worker from the Addictions Community Team who would have set up a care plan for treatment through Sedqa’s Multi-disciplinary clinical team (MDT). Once the care plan is set up, the key worker would refer the client to KSM’s admissions committee. The committee evaluates all the referrals, makes sure that the clients are ready for admission, and plans dates for admission.

**SUMMARY OF THE OBJECTIVES OF EACH PHASE:**

**Phase 1 - Assessment and Stabilisation phase:**

Phase 1 aims to provide a safe environment where clients, who have successfully completed their detoxification at Dar l-Impenn, can find further mental and physical stability. In this phase, the aim is to understand the personal, relational, and environmental barriers, that are keeping persons caught in addictive patterns. A major objective is to understand persons holistically, on a biological, psychological, and social level. Once this understanding is achieved, plans are made for admission to phase 2 for the continuation of treatment.

**Phase 2 - Therapeutic phase:**

At this stage, the objective is to create an environment for growth in which individuals become part of a group whose members are focused on personal and interpersonal growth. The entire programme has a structure of therapeutic rules which the residents are expected to follow; in this process, they are supported to reflect about these rules and how their behaviour, in following or breaking them, is a representation of their behaviour outside of the programme. Through this process, there is a dual aim to achieve a dual objective of living a cleaner, more structured life as well as a deeper reflection about one’s behaviour.

After the first two months, the residents also start to gradually re-integrate into the community a few hours at a time in order to gauge their recovery process. After each outing, the residents gather their reflections about their time on the outside and these are processed together with members of staff.
In phase 3, residents are also expected to contribute to the wellbeing of their peers and contribute to the upkeep of the programme.

Phase 3 - Re-Integration phase:
Upon the successful completion of phase 2, residents are considered to be ready to be able to fulfil major life objectives such as being gainfully employed and increasing personal responsibility such as budgeting their own money. This process is framed within the awareness that they are still in the process of recovery. Persons still live within the residential facility and now will form part of a group who are also at this stage in their recovery process. In phase 3, residents are also expected to contribute to the wellbeing of their peers and contribute to the upkeep of the programme. In order to fulfil these expectations, residents still receive individual and group support which is particularly focused on the challenges of re-integrating back into the community.

As an extension of phase 3, regular support groups are offered to persons who have finished all of the phases and are living back in the wider community. This is done in the spirit of maintaining the agency’s commitment to after-care once residents finish the programme.

KSM STATISTICAL DATA FOR 2020
There was a total of 58 admissions to KSM during this year and the gender composition was that of 52 males and 6 females. The overwhelming majority of admissions were Maltese nationals, less than 10% were foreign nationals. The most common age of the persons seeking a residential programme were persons in their mid- to late 30s. A total of 3 persons completed the programme throughout this year. It is worth mentioning that the statistical data for this year is not representative of other years since the programme stopped taking admissions due to the COVID-19 pandemic for several weeks and subsequently went through a quarantine period.

OVERVIEW OF “DAR L-IMPENN” - SUBSTANCE MISUSE INPATIENT UNIT (SMIPU)
SMIPU is an inpatient unit offering a safe environment for patients with a substance use disorder (PWSUD) when it is agreed that there is a need for a medical intervention as part of the recovery from a substance use disorder (SUD). It is important to appreciate that interventions at SMIPU are part of the recovery process of an individual. On its own, SMIPU does not offer treatment/rehabilitation from a SUD. Interventions at SMIPU are the first step in the recovery of an individual with a SUD or the continuation of a process of recovery already started.

For a person to be admitted to SMIPU, the individual must be actively followed by a member of the Sedqa medical doctor team working at the Substance Misuse Outpatients Unit (SMOPU). Sedqa’s medical doctors retain exclusive rights to admit patients to SMIPU.

The following are the medical interventions performed in SMIPU:
• Time out - This is an attempt to minimize physical harm caused by further use of substances. It refers to a procedure that usually lasts a few days. During this time, a patient is prevented from administering any non-prescribed substance/s which the patient had been consuming in a harmful way prior to admission to SMIPU. The lack of exposure of the patient to the substance of misuse to which he or she was physically dependent is expected to precipitate a process of detoxification.
• Detoxification - Preferably referred to as medically supervised withdrawal, is the process of managing the substance’s withdrawal syndrome. Medically assisted withdrawal refers to interventions by medically trained workers aimed at facilitating the process of withdrawal from a substance. The American Society of Addiction Medicine (ASAM) lists three immediate goals for detoxification of alcohol and other substances:
  - to provide a safe withdrawal from the drug(s) of dependence and enable the patient to become drug-free;
- to provide a withdrawal that is humane and thus protects the patient’s dignity; and
- to prepare the patient for ongoing treatment of his or her dependence to alcohol or other drugs.

Both supervision and assistance provided during a withdrawal from a substance of misuse require medically trained workers who are trained and experienced at working with PWUDs. They require skills such as:
- ability to interact with PWUDs, making best use of techniques described in the Motivational Interviewing model;
- ability to observe and assess symptoms and signs while a patient is withdrawing from a substance;
- communicate with other members of the medical team who might not be on site and who need to make decisions depending on the information communicated to them;
- follow instructions communicated to them by members of the medical team; and
- document and hand over information to other members of the team.

• Induction and stabilisation of medication
  - PWSUD often require medication as part of treatment for their SUD. Generally, such treatment can be initiated and continued in the community without a need for inpatient care during such an intervention. Some patients may, however, require that induction and/or stabilisation of certain medication/s is done during a stay at SMIPU. Indications for admission during induction or stabilisation of a medication could be the following:
    - a patient whose chaotic substance use and/ or behaviour is such that it is considered unsafe to prescribe medication that could cause harm if used in an inappropriate way or simultaneously with substances of abuse;
    - patients requiring medical supervision and intervention in the process of starting a medication or significantly changing its dose;
    - patients who are administered medication that might render them unable to care for self, especially if support at home is not available or limited; and
    - patients who express high levels of anxiety at the prospect of starting a new or a change of dose of medication.

SMIPU STATISTICAL DATA FOR 2020
There were 102 admissions to SMIPU during this year and the gender composition consisted of 88 males and 14 females. Most admissions were Maltese nationals and less than 10% were foreign nationals. Similarly to the residential programme, the most common age of persons seeking treatment at the unit were those in their mid- to late 30s. The typical stay at SMIPU is that of 7-10 days of inpatient treatment. Hence, most patients tend to complete their stay. Sedqa frames the success of a stay at SMIPU within a larger care plan that might involve continued community and/or residential treatment.

It is worth noting that the statistical data for this year is not representative of other years since the unit was closed due to the COVID-19 pandemic between the 14 March and the 18 May.

HIGHLIGHT ON HOMELESSNESS
Among the difficulties encountered by individuals with substance use disorder, a number of individuals find themselves in situations of homelessness. Such situations require that adequate services are in place to meet the immediate needs of such individuals. The National Focal Point on Drugs and Drug Addiction received data related to individuals

### Residents Dar Papa Franġisku

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>16</td>
</tr>
<tr>
<td>2019</td>
<td>18</td>
</tr>
<tr>
<td>2020</td>
<td>19</td>
</tr>
</tbody>
</table>
who made use of services while they were encountering problems related to homelessness from Fondazzjoni Dar il-Hena and OASI.

Fondazzjoni Dar il-Hena:
Fondazzjoni Dar il-Hena is a service that provides assistance to individuals who for some reason become homeless. The Foundation consists of a partnership venture between the Ministry for Social Justice and Solidarity, the Family and Children's Rights (MSFC), the Alfred Mizzi Foundation, and Caritas Malta.

Fondazzjoni Dar il-Hena manages two homeless shelters, one for male individuals and another for females, who find themselves in situations of homelessness. The Foundation also manages the REACH Programme for individuals who are homeless and require a long-term service.

‘Dar Papa Franišku’ (DPF) is the emergency shelter for homeless male individuals aged between 18 and 59, located in Birkirkara. Dar Maria Dolores (DMD), also located in Birkirkara is another shelter forming part of the 3 shelters within Fondazzjoni Dar il-Hena. It is an emergency shelter for homeless female individuals, aged between 18 and 59, and their children, in cases where the beneficiary is also a parent.

Besides being an emergency shelter for homeless male individuals, DPF also provides a lunch, hygienic services, and a laundry services on a daily basis to individuals in need, aged over 18 years. If under the required age, prospective beneficiaries must be accompanied by their legal guardian.

Services in the community can refer individuals to these services through filling in a referral form.

Individuals who get to know of the services by word of mouth can also approach the services themselves and the intake procedure takes place.

Individuals who are homeless, access the services provided by the shelters DPF and DMD by making contact with social workers from various entities. The entities include the Foundation for Social Welfare Services (FSWS), including also Appoġġ and Sedqa, the Correctional Services Agency (CSA), Mater Dei Hospital (MDH), Mount Carmel Hospital (MCH), the Agency for the Welfare of Asylum Seekers (AWAS), the International Organisation for Migration (IOM), and Caritas Malta, amongst others. Alternatively, individuals requiring services may contact the shelter directly either through calling or through social media.

In order to be admitted to the service at both the DPF and DMD shelters, individuals need to...
Primary Drug Reported

- Heroin
- Cocaine Powder
- Cannabis
- Crack Cocaine

meet a number of criteria. Among these criteria, individuals must not be under the influence of alcohol or illicit drugs, including marijuana, should not have a history of severe criminal acts or violent offenses, and are not a registered sex offender. In the case of the latter special attention is warranted for certain behaviours in order not to hinder the smooth running of the shelter.

Reach Residential Programme is the long-term and second-stage shelter of Fondazzjoni Dar il-Hena. It assists individuals, as well as family units, through an individualised care plan based upon re-learning life and social skills, as well as, but not only limited to, budgeting skills. Through individualised care as well as a holistic approach, upon completion of the programme, individuals would be ready to move to independent living.

Reach Residential provides individuals with an After-Care Service which aims to continue to support and assist these individuals even when they have moved to independent living.

Admissions at Reach Residential are open to either individuals using the services of Dar Papa Franġisku or Dar Maria Dolores, and are subject to a number of criteria as well as an assessment meeting with the social worker on the case and the individual himself or herself, or the entire family unit.

Individuals who have a history of illicit substance use are required to not have made use of any illicit drugs for a minimum of three months prior to admission to the REACH programme. Individuals are also required to submit to regular drug screening tests during their residence within the programme. Individuals are also not allowed on the premises if they are under the influence of alcohol or illicit drugs, including marijuana. Individuals should not have a history of severe criminal acts or violent offenses and not be registered sex offenders.

**Dar Papa Franġisku**

In 2018, 2019, and 2020, the number of individuals who made use of DPF and who were known to have an illicit drug problem, amounted to 19, 18, and 16, respectively. The average age of the individuals was 36 years in 2018, 33 years in 2019, and 36 years in 2020. The majority of these individuals were Maltese Nationals with 68% in 2018, 72% in 2019, and 75% in 2020.

**Dar Maria Dolores**

Female individuals who were known to have a problem with illicit substance use amounted to 12 women in 2018, 9 in 2019, decreasing to 6 during 2020.

The average age of female clients residing at DMD for 2018 was 40 years, 42 years in 2019, and 38 years in 2020. The vast majority of women within the service were Maltese Nationals, with only one individual being a non-Maltese national in 2019.

**OASI: OASI -2020**

The number of individuals who availed of OASI services while encountering problems of homelessness amounted to 21. Out of these 21 individuals, the majority were male, whilst 2 were females.

The average age was 34 years. The majority of clients (18 individuals), were Maltese Nationals 1 individual was an EU national, and 2 individuals were non-EU nationals.
Drug Related Research


ABSTRACT
Given the recent emergence of medical cannabis legalization in Malta, the objective of this study was to assess knowledge, attitudes, and beliefs about medical cannabis among a sample of Maltese students. The sample comprised 327 students enrolled in the University of Malta’s Faculties of Health Sciences, Medicine and Surgery, and Social Wellbeing. The vast majority of respondents expressed a desire for formal education and training about medical cannabis. While 52% of the study cohort felt prepared to answer patient or client questions about medical cannabis, 83% reported no formal education about medical cannabis. Findings evidence the need for medical cannabis curriculum, education, training and field practice for University of Malta students who will soon be professionals promoting health care.

Keywords: Malta; Medical cannabis; Health services; Medical and allied health students.


ABSTRACT
The present study examines the psychological aspect of fear, in relation to the COVID-19 pandemic, in an attempt to understand the effects of this pandemic on University of Malta students’ substance use and wellbeing. Participants (n = 777) completed an online survey which utilised the Fear of COVID-19 Scale, as well as items relating to religiosity and substance use prior to, and during, the COVID-19 pandemic. Results show that significant associations exist between fear of COVID-19 and self-reported increase in alcohol use, as well as impacts of COVID-19 fear on negative emotional conditions such as depression, exhaustion, and loneliness. Significant associations were also found between fear of COVID-19 and gender and religiosity, with females and more religious participants experiencing higher levels of fear of COVID-19. These findings reveal the multifaceted interactions between fear of COVID-19, religiosity, and gender on students’ wellbeing and substance use, with potential recommendations for further research and practice.

Keywords: COVID-19, substance use, wellbeing, fear, university students.