

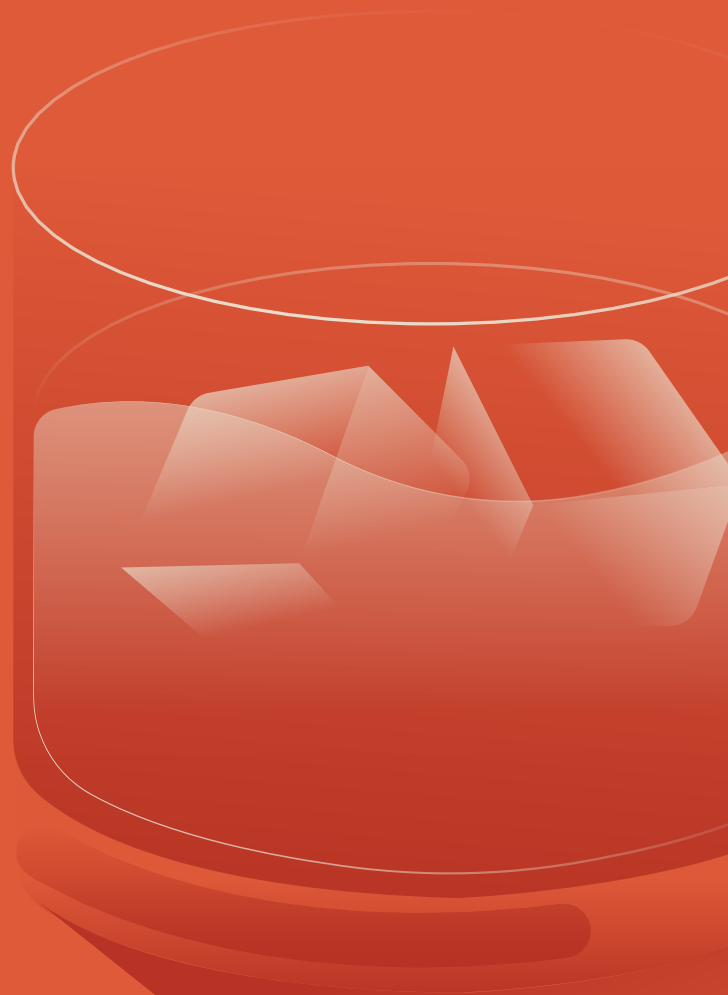
National Alcohol Policy

2026 - 2031



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

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National Alcohol Policy

2026-2031

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01 Foreword



Dr. Michael Falzon,
Minister for Social Policy and
Children's Rights.

The first National Alcohol Policy (2018 – 2023) addressed three major themes: under aged drinking; harmful use of alcohol among adults; and drink driving.

In the preparation of this second National Alcohol Policy the outcome of the actions outlined in the first one was reviewed for their effectiveness in limiting alcohol use among the young, harmful use of alcohol amongst adults and drink driving. This second National Alcohol Policy now attempts to build on the success of the first whilst also addressing those areas that were not as impactful as envisaged.

This National Alcohol Policy first covers the international context and thus provides the context of how we fare in comparison with our neighbouring European countries with respect to per capita consumption. In the main, our consumption as a whole has increased over the interim years as well as that referred to harmful drinking, which involves drinking six drinks or more at one drinking occasion. This in effect is related to what may be called alcogenic environments in which acceptability of drinking alcohol is the norm. The findings from a local context also point to the fact that, once one starts to drink then one does so for the rest of the time, or more apt, lifetime. Moreover, we now appreciate that the earlier one starts to drink, then the consequences of such are far greater than if one started later or for that matter, not at all. Thus, the first set of actions proposed in this new draft, are related to tackling an alcogenic culture in that they are specifically targeted to reduce the Acceptability, Accessibility and Availability. An example of which is that to work with local councils to prevent the consumption of alcohol in public areas frequented by children and adolescents.

The next series of actions related to Health and Other Harms, are an attempt to address the use of alcohol among the young, the harmful use of alcohol among adults and the provision of quick screen checks for those attending public health services and the provision of the respective interventions for those with an Alcohol Use Disorder (AUD) .

The last series of actions, those that are referred to cross cutting issues, seek in the first instance to install a robust alcohol data monitoring body to enable one to have the necessary information in hand as the situation as it stands and what works with respect to the actions outlined in the policy. Importantly, an action is provided for the set-up of an action group that is constituted by all sectors of society to engage in wide spread community action in the implementation of the said policy. This policy action adheres to the mantra "Nothing about us without us" and is crucial to us all in alleviating the impact of what may be implied by an alcohol culture.



I am now looking forward to the implementation of this new Alcohol Policy in the coming years for the better of us all.

02 List of Abbreviations

AUD

Alcohol Use Disorder

BAC

Blood Alcohol Concentration

DALYs

Disability Adjusted Life Years

ESPADEuropean School Survey Project
on Alcohol and other Drugs**GPS**

General Population Survey

HED

Heavy Episodic Drinking

ITS

Institute of Tourism Studies

WHO

World Health Organisation

03

Scope of the Alcohol Policy

The primary aim of this new alcohol policy, succeeding the one covering from 2018 to 2023, is to minimize the harm attributed to alcohol consumption. This includes, addressing the direct effects on individual health and behaviour, as well as the resulting social impact, and ultimately, enhancing overall well-being. In addition to the harms caused by alcohol to the individual user, alcohol harms also effect significant others, such as the family, extended family, friends, the community, and society as a whole. What may be termed as “alcogenic environments” make matters more profound, in that they exacerbate the harms induced by alcohol consumption.

Hence, the policy herein, is an attempt to reduce alcohol consumption in the population as a whole, by introducing measures that limit access and availability and also too, acceptability, as well as by the targeting of at-risk drinkers and the treatment of drinkers with alcohol use disorder. Naturally, it goes without saying, that underage drinking will also be addressed since the later in life one is introduced to alcohol, the lesser the risks related to excessive alcohol use and the accompanying harm to self and others.

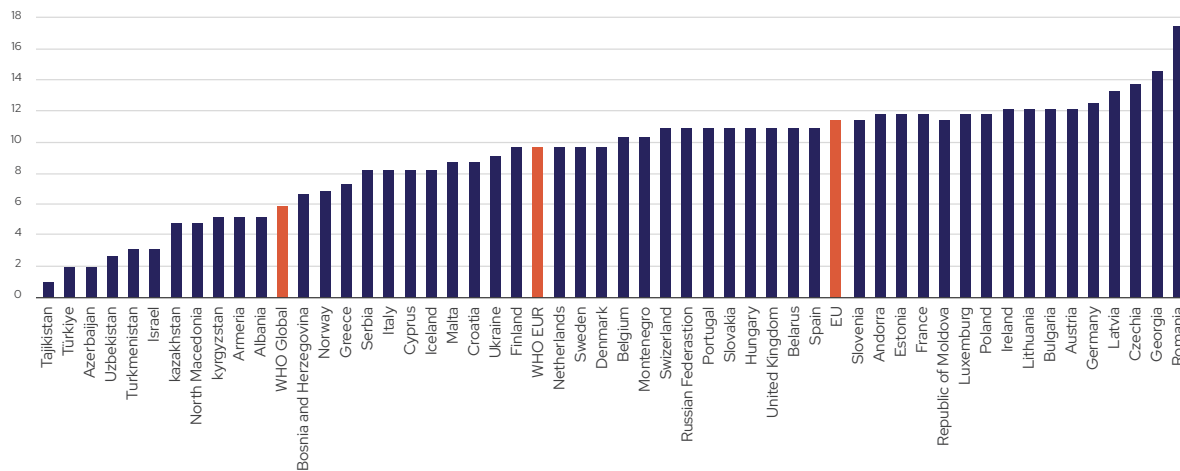


04 International Context

The last WHO report on the global use of alcohol of 2018, has ascertained, that close to 60% of the world population did not consume any alcohol in the previous twelve months, whereas in the European region, this was the opposite, where some 60% did indeed drink alcohol over the previous year. Moreover, the total alcohol per capita consumption of the world's population over 15 years of age was that of 6.4 litres of pure alcohol annually, whereas that of Europe was the highest of all regions, some 9.8 litres. This is equivalent to 21.3 grams of alcohol per day, which in effect translates into the consumption of two standard alcohol drinks per day, for the whole population. This average figure of 9.8 litres close to doubles for current drinkers, into 17.2 liters annually and 37.4 grams per day, which in effect translates to four standard drinks per day. On a world-wide basis, the 15-19-year-old age bracket, account for a quarter of the current drinkers, whilst the prevalence rates among this age bracket in Europe are the highest of all the world regions, some 44%. School surveys such as that of the ESPAD conducted in Europe reveal that among the 15-year-old cohort there results an alcohol prevalence of between 50% and 70% and that alcohol consumption initiation starts below the age of 15 years. Furthermore, with regard to heavy episodic drinking (HED), that is the consumption of 6 drinks or more at a single drinking occasion at least once per month, the prevalence rates for such in the 15-24-year-old age bracket, are much higher than that of the total population.

FIGURE 1

Alcohol, total per capita (15+) consumption (in litres of pure alcohol) (SDG Indicator 3,5,2) 2019

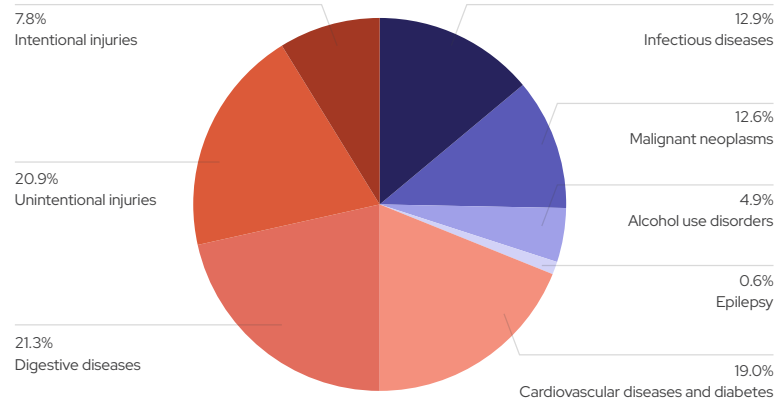


Source: WHO 2019

The ultimate consequence of the harmful use of alcohol is that of death and some 3 million deaths linked to alcohol consumption were reported in the last WHO report, in 2018. These account for 5% of all deaths in the reporting year. Alcohol was also responsible for some 7.2% of all premature deaths and this figure nearly doubles for those aged between 20 to 39 years of age, at some 13.5%. Moreover, the harmful use of alcohol also resulted, in over a 100 million disability adjusted life years (DALYs) in the recorded year, which are equivalent to around 5% of all DALYs that year. Once again, the figures for both deaths and DALYs are highest in the European region, where they are more or less double than that recorded worldwide (10.1% of all deaths and 10.8% of all DALYs). Around two thirds of all deaths linked to alcohol were caused by diseases such as digestive and cardiovascular diseases, whereas the other third were due to injuries. As to the latter, this is close to 1 million deaths due to injury, which include over 350,000 deaths due to road accidents and some further deaths to non-drivers which amount to close to 200,000. As regards deaths due to alcohol injury, some 90,000 were due to interpersonal violence. The figure for injuries further increases to around 40% with regard to DALYs and these in the main feature in both males and females.

Finally, in relation to both deaths and DALYs, as a direct result of the harmful use of alcohol, the main leading factors in males were injuries, digestive diseases and alcohol use disorders; whereas in females, these were cardiovascular diseases, digestive diseases and injuries.

FIGURE 2
Percentage (in %) of alcohol-attributable deaths, as a percentage of all alcohol-attributable deaths, by broad disease category, 2016

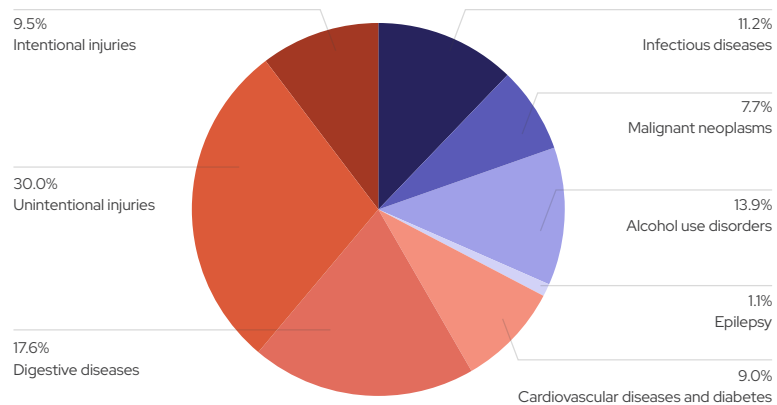


Source: WHO report 2018

Net Total
3.0 Million Deaths

FIGURE 3

Distribution of the alcohol-attributable burden of disease, as a percentage (in %) of all alcohol-attributable disability-adjusted life years (DALYs), by broad disease category, 2016

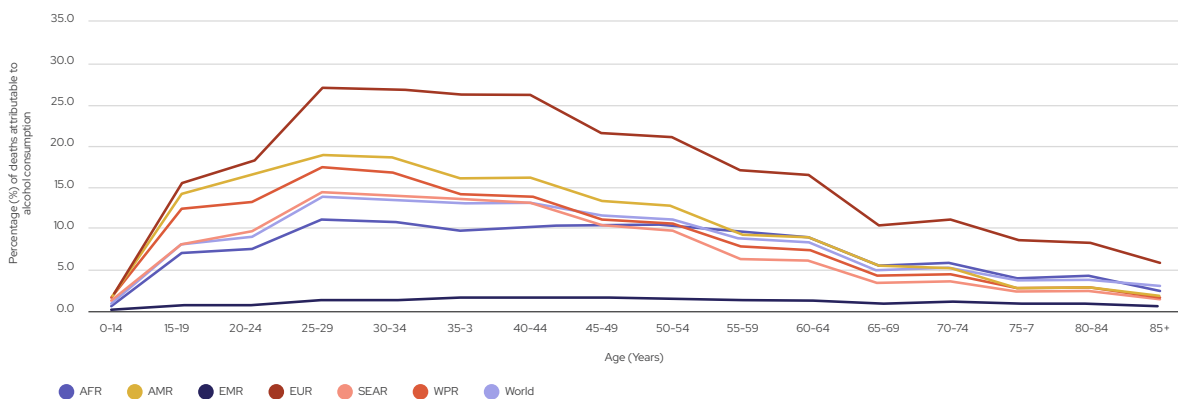


Source: WHO report 2018

Net Total
133 Million DALYs

FIGURE 4

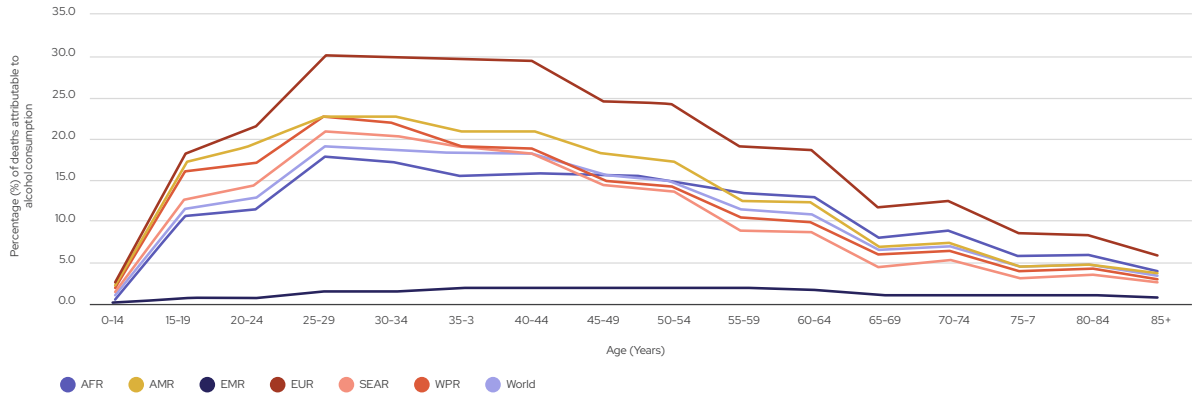
Percentage (in %) of total death attributable to alcohol, by age group, 2016 (TOTAL)



Source: WHO report 2018

FIGURE 5

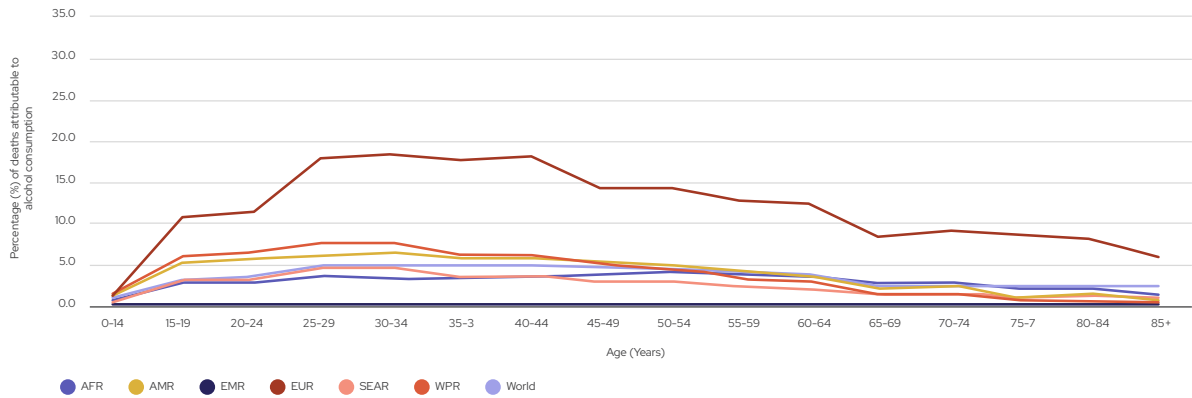
Percentage (in %) of total death attributable to alcohol, by age group, 2016 (MEN)



Source: WHO report 2018

FIGURE 6

Percentage (in %) of total death attributable to alcohol, by age group, 2016 (WOMEN)



Source: WHO report 2018

05 Local Context

Alcohol use in the Maltese population is part and parcel of the Maltese culture.

Alcohol use is highly accepted in our Society. For example, not providing alcohol on a social occasion would seem unheard of. The very nature of this acceptability, has to a large extent, been the driving force for alcohol use among the population as a whole, in that drinking tends to start at an earlier age than that imposed by law, namely seventeen years of age. The Prevention and Control of Non-Communicable Diseases in Malta 2010-2020, sought to discourage heavy drinking, reduce the number of drunken occasions among the 16-year-old cohort and finally to tackle drink driving. The last National Alcohol Policy covering the period between 2018 and 2023, that bridged the above strategy, continued these efforts by introducing polices aimed to reduce the harmful use of alcohol in the general population, underage drinking and finally drink driving.



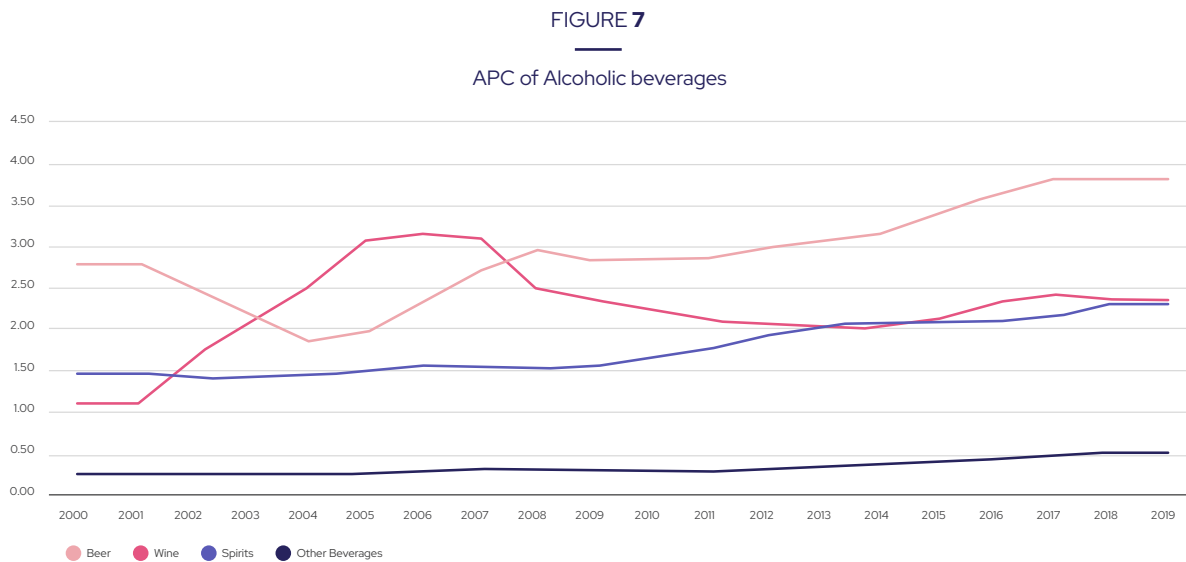
06 Alcohol Consumption

Alcohol use by the general population in Malta, as measured by alcohol per capita consumption, that is litres of pure alcohol, consumed annually, has increased from 6.9 litres in 2010 to 8.5 litres in 2019, as recorded by WHO. In effect, this equates to some 18.2 grams of alcohol per day by each member of the population aged 15 upwards, which is equivalent to approximately two standard drinks per day throughout the year. Alcohol per capita consumption in Malta is now reaching the European average of some 9.2 liters, but this figure for Europe appears to be on a downward trend since it was some 11.2 litres in 2010; whereas in Malta in 2010, it was 6.9 litres.

All in all, alcohol per capita consumption has gone up in Malta in this period by some 23% whilst that in Europe, has gone down by more or less the same percentage points.

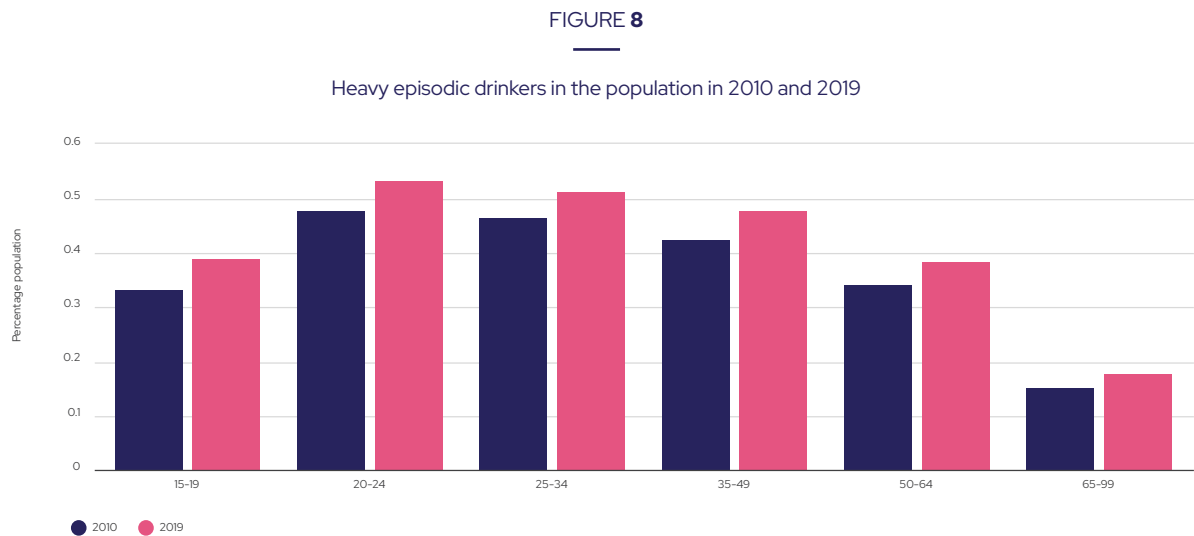


The main reasons for the increase over this period are related to the increased use of spirits and beer, as shown below.



Source: WHO presentation at June 2023 Public Health Malta Conference

Another relevant factor contributing to the increased alcohol per capita consumption, is that referred to as heavy episodic drinking, which is understood as at least once per month intake, of more than six standard measures of alcohol, that is 60 grams or more, on a single drinking occasion. As shown below, in each of the age groups of heavy drinkers, these figures have increased during the period 2010-2019.

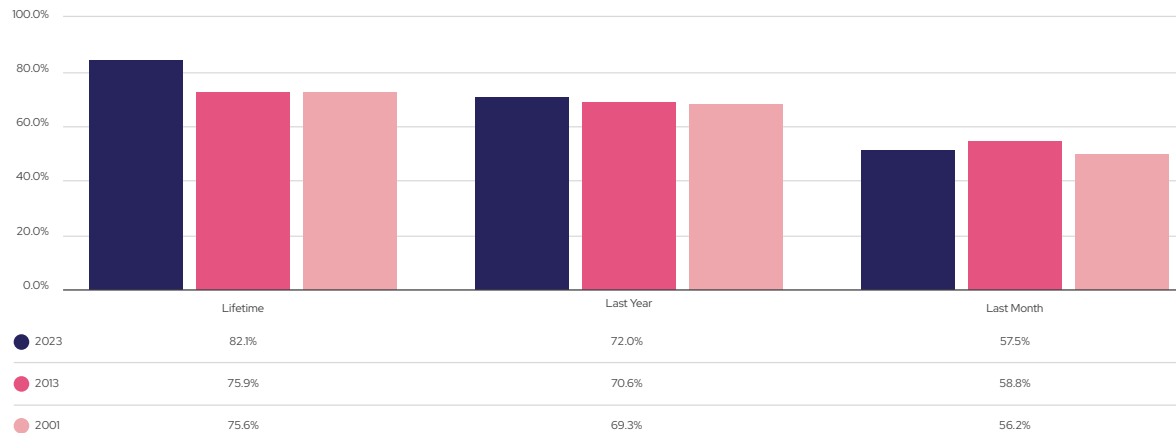


Source: WHO presentation at June 2023 Public Health Malta Conference

Data from the latest General Population Survey (GPS), completed in December 2023 among those residing in Malta and Gozo, indicates, that 4 of every 5 respondents, some 82.1%, or 210,671 of a respondent population of 255,092, stated, that they had consumed alcohol at least once in their lifetime. This in effect is an increase from that observed in the 2001 survey (75.6%) and also from that of the survey conducted in 2013 (75.9%). Moreover, the trend is repeated again for last year use, referred to as recent drinkers, in that the figure for 2023 is that of 72.0% and those for 2013 and 2001, were 70.6% and 69.3% respectively. As to current drinkers, those that have consumed alcohol in the past month, last month use in 2023 in 2013 and in 2001, were more or less at par (57.5%, 56.2%, and 58.8%).

FIGURE 9

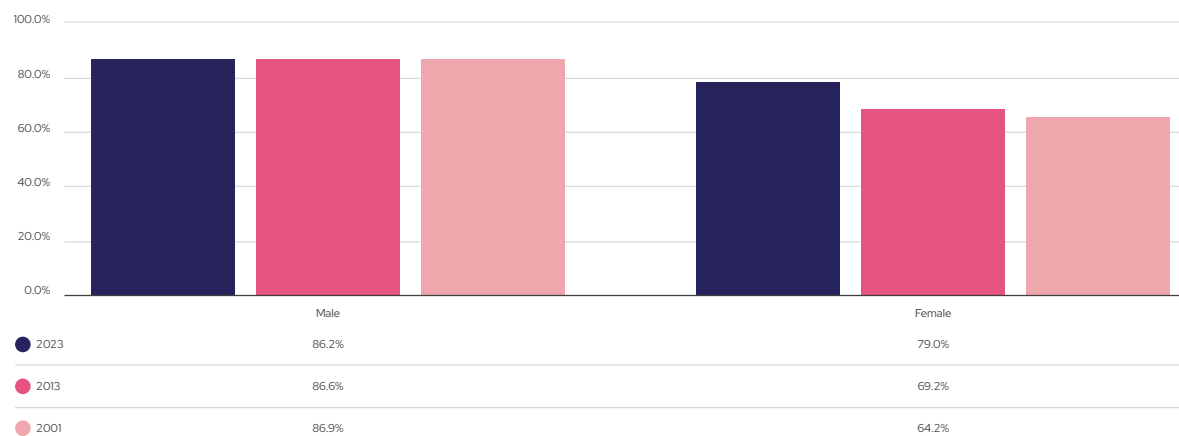
Alcohol Prevalence 2001 - 2023



With regards to the increase in the lifetime prevalence of drinking, this may be attributed, in the main, to the increase in the percentage of female drinkers that has steadily increased over the past 20 years, whereas those for males has in effect remained the same as shown in figure 10. The same pattern is also observed for recent and current female drinkers. In effect, the gender gap in prevalence as witnessed in prior years, seems to be rapidly narrowing.

FIGURE 10

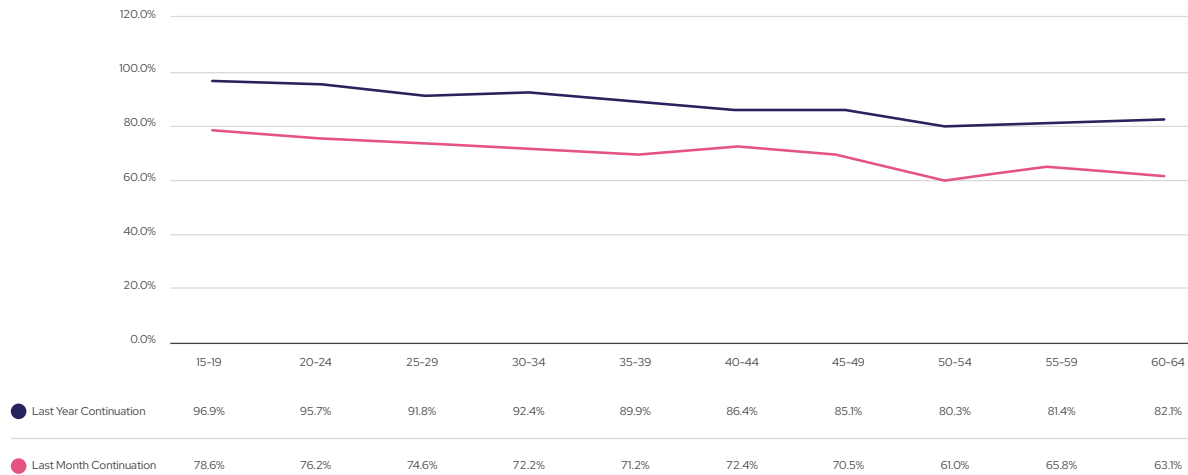
Lifetime Alcohol Use by Sex



These figures also reflect the fact, that what may be called “continuation rates”, are high, in that once one starts to drink, the likelihood of continuing is more or less the norm. Of the 210,671 once in a lifetime drinker, 184,731 are recent consumers of alcohol and some 150,905 are current drinkers. Of these, the highest percentages are always to be found in the youngest age bracket, that is the 15–24-year old’s, such that 91% report lifetime use, and of these, 96% are recent drinkers, whilst 77% are current drinkers (figure 11).

FIGURE 11

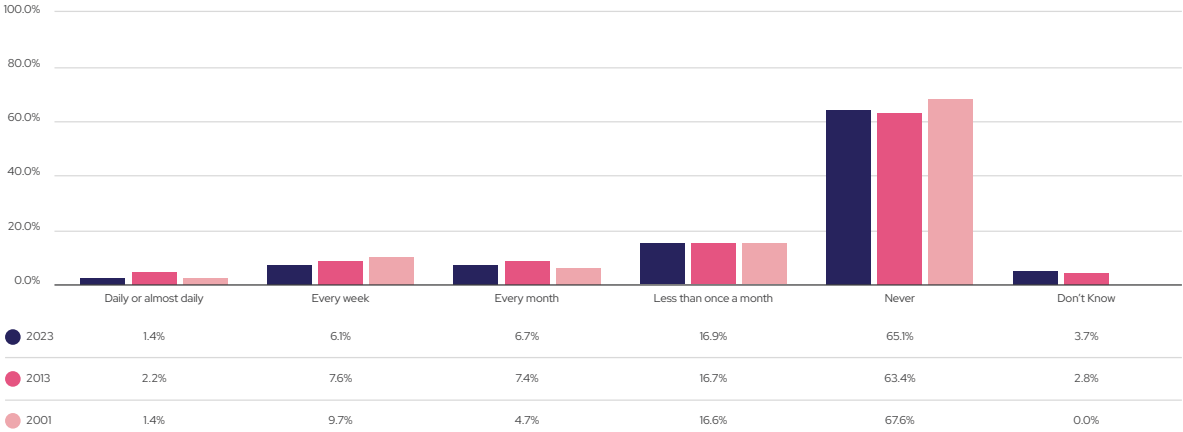
Continuation of Alcohol use among Ever Drinkers by Age 2023



Of the recent drinkers (184,731), some 33%, or close to 60,000, regularly consume six drinks or more at one drinking occasion at least monthly and these account for one third of the cohort. A quarter of this cohort, that is some 15,000, do so weekly, while close to a 1000 do so on an almost daily basis. The other two thirds or 66% never do so. This indicates that a sizeable number of persons are drinking alcohol at dangerously high levels (figure 12).

FIGURE 12

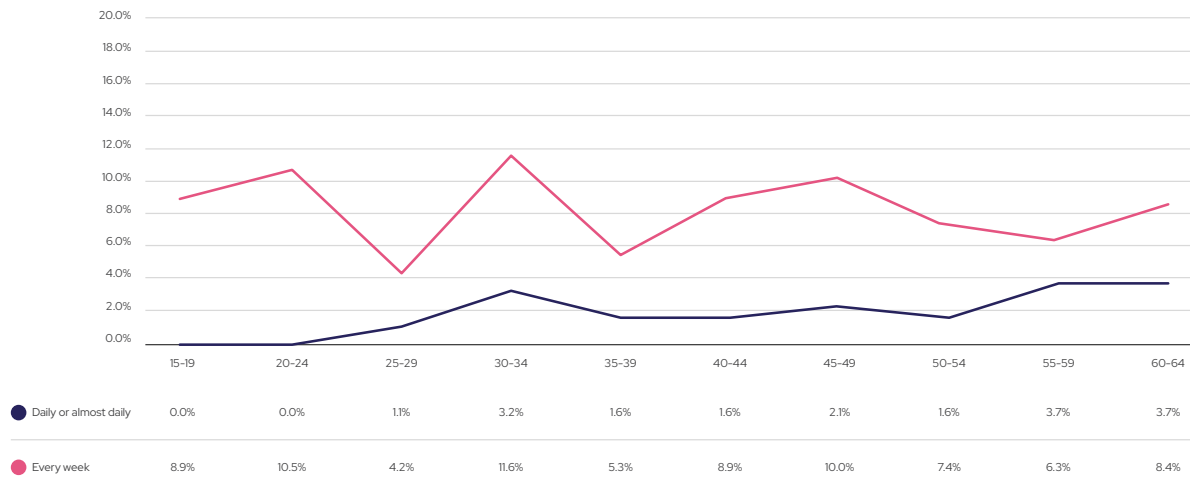
Last Year Frequency of Drinking >6 Glasses



The data also indicates that it is mainly the young age cohort, 15-19 and 20-24 years of age, that drink six drinks or more at one drinking occasion, followed then, by those in the 30-34-year-old age bracket, as shown in figure 13.

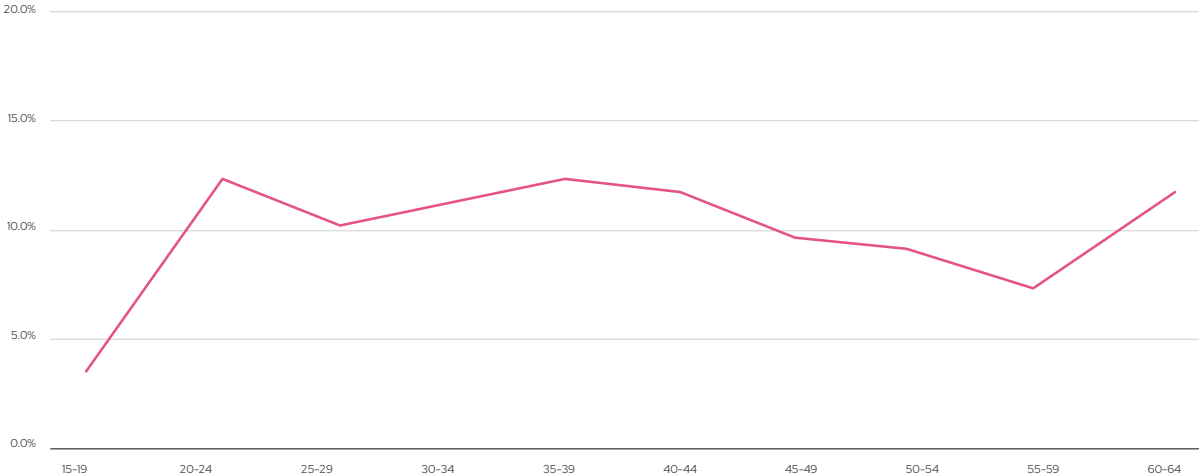
FIGURE 13

Last Year Frequency of Drinking >6 Glasses by Age 2023



This pattern is also repeated in the current drinkers as shown below.

FIGURE 14
Last Month Alcohol Use by Age 2023



Some 75.5% (159,056) of the sample drank alcohol for the first time between the ages of 15 and 24 years, while some 14.2% or close to 30,000, did so before the age of 15 years.

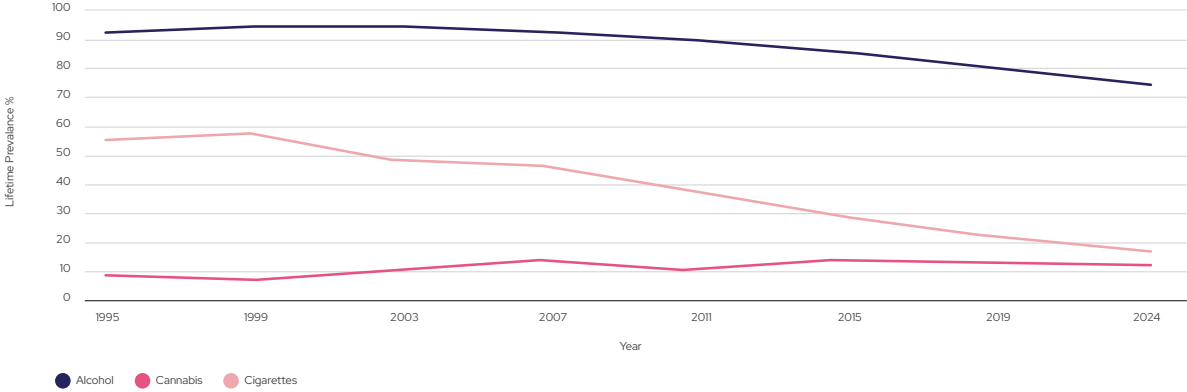
FIGURE 15
Age of first use

	2023	2013	2001
Min-Max	6 - 50 yrs	4-55 yrs	10-59 yrs
Mean	16.7 yrs	17.2 yrs	17.4 yrs
Median	16 yrs	17 yrs	17 yrs

Alcohol consumption in the 15–16-year-old cohort has been monitored in Malta for a period of thirty years, following the first survey in 1995. This year will in fact witness the launch of the eighth survey of the ESPAD that was held in 2024. In the first survey in 1995, only some 5.6% of the boys and girls forming this cohort of adolescents, had abstained from any substance, but this was mainly constituted by the fact, that some 92% had consumed alcohol at least once in their lifetime. Since then, abstention rates have gone up over threefold to 16.9% in the period in question and hence the lifetime use of alcohol has come down from 91.9% to 73.9%. More pertinent is the fact, that for recent drinkers it has dropped even further, from 88.8% to 64.5% and this too was also the case for current drinkers, from 66.1% in 1995 to 37.1% in 2024. Among current drinkers, the consumption of beer, wine and spirits during the last 30 days has decreased by 27.1, 33.1 and 33.1 percentage points over the respective period.

As far as drinking habits of the current drinkers and that related to heavy episodic drinking and drunkenness, a similar decrease in trends in both these indicators has occurred. In relation to heavy drinking episodes during the last 30 days, this has gone down from 56.8% to 29.3% and this also tallies with that of drunkenness, which has also decreased from a high of 45% down to 26.8%. As regard lifetime drunkenness and that of recent drinkers, from 37.8% to 21.1% and that of current drinkers from 19.4%, to that now in single digits, 8.1%.

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



07 Policy

Aims

This new policy focuses on reducing the harm caused by alcohol and the influence of alcogenic environments amongst the whole population, by lowering the alcohol per capita consumption through the introduction of evidence-based strategies. These will tackle intoxication, the toxic effects of alcohol, and alcohol dependence. The reason for their introduction is to target and change the normalization of alcohol in Malta's 'wet culture', where alcohol is integrated into daily life, and also aims to reduce the acute and chronic effects of alcohol use, on both the user and their significant other/s. Moreover, the actions outlined below, are also aimed at reducing acceptability, accessibility, and availability, that in turn, involve both the community and the government in a symbiotic relationship.



08

Policy Actions

to Address the Harmful Use of Alcohol

As to the current situation, it would appear from the Health Survey conducted in 2019 and from the General Population Survey of 2024, that alcohol consumption in amounts considered to be harmful has increased, especially among the cohort of emerging adults and young adults, namely the 20 – 34-year-olds. It is for these reasons, that relate to the harmful use of alcohol, that the following actions which address acceptability, accessibility and availability are being recommended. These, in turn, will be supported by actions that directly target health harms, as well as those harms that concern cross cutting themes.

A | Acceptability, Accessibility and Availability.

The subsequent measures target the environments where individuals live, study, and participate in leisure activities, these in turn, exerting a substantial influence on alcohol consumption decisions. Environmental factors in fact stand as key risk elements, influencing both alcohol use and its related negative consequences. Alcoholic environments, which normalize alcohol consumption, are defined by uncontrolled advertising and promotion of alcoholic beverages, a dense presence of alcohol-selling establishments, the availability of products designed to make alcohol more affordable, and the prevalence of relatively low-priced alcoholic beverages.

Action 01

Introduce a culture of responsibility, among both the general public and the community police, that negates the presence of alcoholic environments in local neighbourhoods.

Action 02

Work with Local Councils to prohibit the consumption of alcohol in specific public areas, particularly zones which are frequented by children and adolescents.

Action 03

Introduce owner and server training in all outlets licensed to sell alcohol. This could be provided by local councils, through a collaboration with ITS.

Action 04

Regulate the publicity and advertisement of occasions such as happy hours and similar promotions that provide alcohol in large excessive amounts for cheap prices.

Action 05

All sellers of all alcohol products are required to place clear proper signage that no sales of such products will be made to those under the age of 17. In case of doubt, the purchaser will be requested to provide evidence of age. Encourage collaboration between local councils, community police and economic operators, with the introduction of such signage.

Action 06

All alcohol products for sale in shopping outlets, are to be displayed in a designated section and out of reach of minors and not in the vicinity of any products that are of their interest.

Action 07

Require all sellers of all alcoholic products to place clear labelling and prominent information on contents and the harmful use of alcohol.

Action 08

Introduce increased fines and loss of license for limited periods, for those found selling alcohol to minors and for selling that considered harmful to adults e.g. to an intoxicated person.

Action 09

Introduce mandatory education programs for those sellers found to have broken the law on selling alcohol to minors and that considered harmful to adults.

Action 10

Legislate against the advertising of alcohol on all platforms that may have an audience of young children and minors.

Action 11

Consider the regulation of all alcohol advertising in sports and cultural events.

B | Health and Other Harms

The following measures focus on education and health campaigns aimed to promote wellness, screening, and early detection, thus ensuring timely treatment and management of alcohol use disorders (AUD). Additionally, they further address safety concerns and aim to reduce incidents of drink driving.

Action 12

Improve the availability, extent, and quality of education about alcohol and related harms, in schools and centres of higher education.

Action 13

Promote the occurrence of regular public health campaigns, that inform the general public on the harms of alcohol use.

Action 14

Develop and support the implementation of activities and interventions, aimed to prevent and protect vulnerable groups against alcohol-related harm.

Action 15

Introduce brief screening for excessive alcohol use and associated harm in health centres, GP clinics and A and E departments in hospitals. This will facilitate the identification of individuals with unhealthy alcohol use through routine screening. Upon a positive screening for heavy drinking, a prompt assessment can then determine, whether the individual exhibits signs of alcohol use disorder (AUD), thereby indicating subsequent steps in care.

Action 16

Develop a range of accessible alcohol services, from brief interventions for all those attending the health centres (polyclinics) and hospitals and for those seeking the services of a general practitioner; as well that of specialist treatment services, for those with an alcohol use disorder (AUD).

Action 17

Ensure integrated care for individuals with an AUD, including access to services that address the multiple needs that accompany alcohol use, such as:- mental health, medical, housing, unemployment, education and training needs, as well as issues with criminal justice and social services.

Action 18

Introduce specific interventions that cater for alcohol abusing offenders and their families, with the aim to deter domestic violence and inter-personal violence.

Action 19

Introduce the mandatory driver-education and counselling (if required) for persons who are caught drink driving.

Action 20

Better coordination of the public transport system during special events, to better encourage people to use public transport, thus lessening the possibility of drink driving.

Action 21

Promote and encourage the concept of “designated driver” whereby, in a group of friends, one individual takes the responsibility not to drink and therefore drive to, and back from, the event in question.

Action 22

Ensure the consistent and active policing of public order, in and around places where alcohol is consumed.

Action 23

Provide the Occupational Health and Safety Authority, with the means to address alcohol misuse at the workplace.

C | Cross Cutting Issues

Action 24

Set up a robust alcohol data collection mechanism, similar to that in place with drugs, through the introduction of an Alcohol Focal Point.

Action 25

Introduce a National Alcohol Policy Coordinating Interdisciplinary Body, that brings together regularly, key stakeholders in the implementation of alcohol policy, to ensure consistent collaboration within the sector.

Action 26

Introduce an Action Group that includes a larger group of interested parties to foster consistent collaboration within the sector, to debate and guide policy as it develops and also to extend the communication channels for the implementation of alcohol policy, in order to include collaborative and wide-spread community action.

Action 27

Encourage enhanced collaboration and participation in international fora on alcohol policy, through establishing a network of relevant experts in the field.

09 Policy, Monitoring, Co-ordination, and Implementation

National Addictions Advisory Board

The National Addictions Advisory Board shall be responsible for policy formulations for the consideration of the Minister responsible for Social Policy. As and where necessary, these submissions will eventually be forwarded for the consideration of the Parliamentary Committee for Social Affairs, after being discussed by Cabinet, with a view to being adopted as national policy.

National Alcohol Focal Point

To be able to monitor the effectiveness of the said policy, it is imperative that an Alcohol Focal Point is put in place as one of the first priorities. The indicators that will need to be monitored, will be both process and outcome indicators. Such indicators will include the prevalence of alcohol consumption among the general population, and those aged 15-16 years old, as well as that related to heavy episodic drinking (HED), amongst others.

Body Responsible for the Coordination and Implementation of the Policy

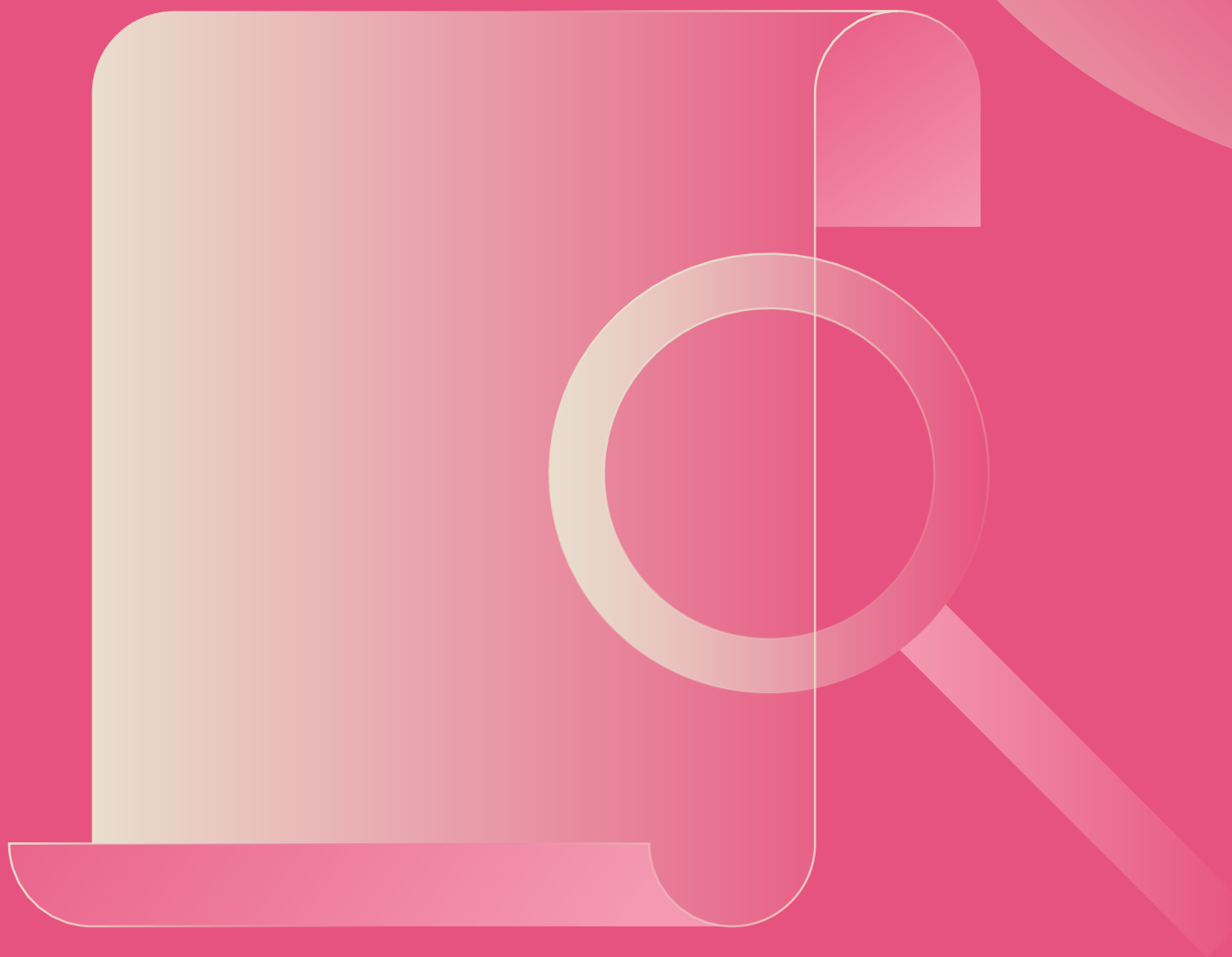
The National Coordinating Unit for Drugs and Alcohol, within the Ministry of Social Policy and Children's Rights, will be responsible for the effective implementation of this National Alcohol Policy.

10

Concluding Remarks

Government acknowledges the possibility, that changing trends and circumstances, may necessitate amendments to this policy.

In this regard, any recommendations are to be forwarded for due consideration to the Ministry responsible for Social Policy, Government's lead Ministry in this field. Government will officially review this policy on a regular basis using the indicators in place to do so, and then again at its end, through an evaluation of the said National Alcohol Policy.





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