



**2008 - 2010 NATIONAL REPORT TO THE EMCDDA
by the Reitox National Focal Point**

MALTA

New Developments, Trends and In-depth
Information on Selected Issues

REITOX

Malta National Focal Point

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National Commission on the Abuse of Drugs, Alcohol and Other Dependencies.
National Focal Point for Drugs and Drug Addiction.

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CONTENTS

Authors and Contributors.....	5
Summary.....	6
PART A: NEW DEVELOPMENTS AND TRENDS.....	15
Chapter 1. National Policies and Context.....	16
1.1 Legal Framework.....	16
1.2 Institutional Framework, Strategies and Policies.....	19
Chapter 2. Drug Use in the Population.....	22
2.1 Drug Use in the General Population.....	22
2.2 Drug Use in the School and Youth Population.....	22
2.3 Drug Use Among Specific Groups.....	27
Chapter 3. Prevention.....	29
3.1 Universal Prevention.....	29
3.2 Selective Prevention.....	30
3.3 Indicated Prevention.....	30
Chapter 4. Problem Drug Use (PDU).....	32
4.1 Overview.....	32
4.2 Prevalence and Incidence Estimates of PDU.....	32
4.3 Profile of Clients in Treatment.....	33
Chapter 5. Drug-Related Treatment.....	46
5.1 Overview.....	46
5.2 Treatment Systems.....	46
5.3 New Developments.....	46
5.4 Pharmacologically-Assisted Treatment.....	47
5.5 Treatment Demand	47
Chapter 6. Health Correlates and Consequences.....	48
6.1 Drug-Related Deaths and Mortality of Drug Users.....	48
6.2 Drug-Related Infectious Diseases.....	50
6.3 Psychiatric Co-morbidity (Dual Diagnosis).....	51
6.4 Other Drug-Related Health Correlates and Consequences.....	53
Chapter 7. Responses to Health Correlates.....	56
7.1 Prevention of Drug-Related Deaths.....	57
7.2 Prevention and Treatment of Drug-Related Infectious Diseases.....	57

7.3	Interventions Related to Psychiatric Co-morbidity (Dual Diagnosis)	60
7.4	Interventions Concerning Pregnancies and Children Born to Drug Users	60
Chapter 8. Social Correlates and Consequences.....		61
8.1	Drug-Related Crime.....	61
8.2	Drug Use in Prison.....	67
Chapter 9. Responses to Social Correlates and Consequences.....		68
9.1	Social Reintegration.....	68
9.2	Prevention of Drug-Related Crime.....	69
Chapter 10. Drug Markets.....		70
10.1	Availability and Supply.....	70
10.2	Seizures.....	70
10.3	Purity and Price.....	73
PART B: SELECTED ISSUES.....		75
Chapter 11. Drug Use Among Prison Population.....		76
11.1	Executive Summary.....	76
11.2	Prison Systems and Prison Population – Contextual Information	76
11.3	Drug Use Among Prison Population	77
11.4	Prison Health Policies and Service Delivery	80
11.5	Drug Related Health Services in Prison	81
11.6	Drug Testing in Prison	81
11.7	Service Quality	82
Chapter 12. Drug Users with Children		83
12.1	Executive Summary.....	83
12.2	Size of the Problem	83
12.3	Policy and Legal Framework	85
12.4	Specific Responses for Drug Users with Children	85
12.5	General Responses.....	88
PART C: BIBLIOGRAPHY AND ANNEXES.....		89
Bibliography.....		90
Abbreviations.....		93
List of Tables.....		95
List of Figures.....		96

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SUMMARY

Chapter 1 – National Policies and Context

Legal framework

As has been reported in the previous national reports, the principal pieces of legislation dealing with substance abuse in Malta are the Medical and Kindred Professions Ordinance (Cap.31) concerning psychotropic drugs, and the Dangerous Drugs Ordinance (Cap.101) concerning narcotic drugs.

New Developments

Legal Notices 331 of 2007, Legal Notice 404 Of 2007, Legal Notice 174 Of 2010 and Legal notice 424 Of 2010 amend the Medical and Kindred Professions Ordinance and regulate the following substances:

TAPENTADOL, (3-[(1*R*,2*R*)-3-(dimethylamino)-1-ethyl-2-methylpropyl]phenol,
oCPP 1-(2-chlorophenyl)piperazine,
pCPP 1-(4-chlorophenyl)piperazine,
4-MTA (α -methyl-4-methylthiophenethylamine),
Methcathinone (2-(methylamino)-1-phenylpropan-1-one)
Mephedrone (4-methylmethcathinone) (*2-methylamino-1-(4-methylphenyl)propan-1-one*).

Legal Notice 373 of 2007 amends the Dangerous Drugs Ordinance and regulates the substance ORIPAVINE (3-*O*-demethylthebaine) or (6, 7, 8, 14-tetrahydro-4,5-*alpha*-epoxy-6-methoxy-17-methylmorphinan-3-ol)

Chapter 2 – Drug Use in the Population

The Life-Style Survey 2007, published by the National Statistics Office indicates that prevalence of illicit drug use during the 12 months preceding the survey among the adult population aged 18 and over was about 3.2%. The highest rate of use was registered by those aged 18 to 24 years (14%).

ESPAD 2007, which was published in 2009, indicates that alcohol is still widely used among students aged 15 to 16 years with 92% reporting having used the substance. Life-time use of inhalants was registered by 16% of the students while those reporting use of cannabis amounted to 11%.

Chapter 3 – Prevention

Universal Prevention

Prevention in Maltese schools is provided by Sedqa, Caritas and the Anti-Substance Abuse Unit within the Education Division. Prevention services in Gozo are carried out by the OASI Foundation. School based programmes primarily focus on the development of life-skills which have to do with enhancing self-esteem, preventing peer pressure, decision making, increasing young people's ability to express their feelings and encouraging problem solving abilities.

Family-based Prevention Programme

Universal family based prevention programmes are mostly concerned with topics such as parenting skills, leadership, effective communication, child development and discussions and information related to the use and abuse of drugs and alcohol. If requested by individual schools, talks can be delivered to parents and teachers by professionals on the topics of drugs and alcohol.

Community-based Prevention Programmes are implemented by the three main drug treatment agencies Sedqa, Caritas and OASI, and these primarily target families and youth in different environmental settings such as local councils, youth organisations, religious societies, parishes and social and political clubs. Community and Church activities, drug awareness talks, exhibitions, concerts and drug-free marches are organised at specific times of the year and are aimed at targeting the general public.

Workplace-based Programmes are provided by Sedqa and Caritas. Caritas introduced their Employee Assistance Programme (EAP) in local industries in 1992. Sedqa's Substance Abuse-Free Employee Programme (S.A.F.E.) was first implemented within Maltese enterprises in 1996.

Selective Prevention

Interventions are mainly school-based and focus on students with high levels of absenteeism and those at risk of dropping out of school early. Other interventions include some outreach work targeting youth from disadvantaged neighbourhoods and making contacts at parties, events and venues where drugs are known to be available.

Indicated Prevention

The main target groups for indicated prevention are youth in vulnerable schools, juvenile inmates in prison settings, young offenders (via the arrest referral scheme and some outreach in prison) and individual interventions through immediate intervention services occurring mainly as a result of referrals to drug treatment agencies. Appogg and Sedqa have joined teams of professionals and have developed a project which aims at offering Individual guidance and counselling to adolescents which are referred for support. The support offered in this project is extended to parents and significant others of the young person referred for services.

Chapter 4 – Problem Drug Use

This chapter provides information regarding the characteristics and socio-demographic details of all persons attending drug treatment services within the Maltese Islands during 2010. The agencies concerned with treatment provision in Malta and Gozo are Sedqa, Caritas Malta, Oasi, the Dual Diagnosis Unit (DDU) within Mount Carmel Psychiatric Hospital, and the Substance Abuse Therapeutic Unit (SATU) within the Maltese Prison Services.

Prevalence and Incidence Estimates of Problem Drug Use

In Malta, a five-source capture-recapture method was adopted using data from Maltese daily heroin users attending the five treatment providers in 2006 and 2010. Heroin users were included because treatment is predominately provided for heroin users (heroin is the primary drug of 85% of all clients).

In 2006 the estimated number of daily heroin users stood at 1606 (95% confidence interval 1541 to 1685). This estimate suggests that approximately 78% of daily heroin users attended treatment services in 2006. The rate per 1,000 population aged 15-64 was 5.4

(95% confidence interval 5.1 to 5.6), displaying relative stability since 2004. The estimated rates of opioid use in Malta are consistently amongst the highest in Europe. In 2010 the estimated number of daily heroin users stood at 1755 (95% confidence interval 1643 to 1891). 1107 daily opiate users attended one or more of the services in operation on the Maltese islands, with an estimated 649 (95% confidence interval 536 to 784) not attending any of these treatment entities.

Treatment Data

All Treated Clients 2010

Treated clients in Malta during 2010 amounted to 1936 as compared to 2009, with a total amount of clients of 1792, showing an increase of 8% on the previous year. Male clients made up 84% of all treated clients. This is consistent with other reporting years. The most predominant age groups were 25 to 29 (24%) and 30-34 (21%).

First Treated Clients 2010

The total number of first time treated clients during 2010 amounted to 313 individuals (16% of all treated clients) as compared to 2009, which amounted to 250 persons (14% of all treated clients). The largest group constituted those aged 20 to 24 years (26%). A decrease of 10% in this age group was marked when comparing to 2009 data (36%). The second most popular age group for first time treated clients was 25-29 years (25%), followed by individuals aged 30-34 years (19%).

Chapter 5 - Drug-Related Treatment

Treatment Systems

In Malta there are five main drug treatment providers. Three of these services are provided and funded by the government: Sedqa, the national agency against drugs and alcohol abuse which makes part of the Ministry of Education, Employment and the Family, SATU (Substance Abuse Therapeutic Unit) which is prison-based and falls under the responsibility of the Ministry of Justice and Home Affairs; and the DDU (Dual Diagnosis Unit) within Mount Carmel Psychiatric Hospital and falls under the responsibility of the Ministry of Health, the Elderly and Community Care. Caritas and Oasi are voluntary treatment providers which receive partial financial support from the Government.

Pharmacologically Assisted Treatment

Methadone, which is distributed in Malta through SMOPU, is still the most commonly prescribed form of medically assisted treatment for drug users in Malta. Out of a total of 1112 individuals making use of SMOPU services in 2009, 977 persons (88%) were receiving methadone treatment, while 49 clients (4%) were prescribed Bupremorphine, a substitution treatment alternative which was made available in Malta in 2006. In 2010, a total of 1069 individuals were reported receiving methadone treatment out of 1119 individuals, with another 50 individuals receiving other substitution treatment.

Chapter 6 – Health Correlates and Consequences

Drug-related Deaths and Mortality of Drug Users

During 2010, 5 drug related deaths were reported, while 7 drug related deaths were reported by the Police Special Registry (PSR) in 2009'. The mean age for 2010 is 29 years, with 4 males and one female. This amount of drug related deaths reported seems to be consistent with previous years which were reported at between 5 and 8, with the exception of 2007 which reported a total number of 11 drug related deaths, the highest amount of reported cases in the last 19 years. During both 2009 and 2010 the total number of persons who have died of drug related causes amounted to 11% of the total mortality reported for the 15-34 year age cohort.

Drug-related Infectious Diseases

Testing for DRIDs at the Substance Misuse Outpatient Unit (SMOPU), there were 37 new cases which tested positive for Hepatitis C while no new cases were reported for Hepatitis B and HIV. As for 2010, a total number of 54 new cases tested positive for Hepatitis C, while two new cases were reported for Hepatitis B and none for HIV. It is interesting to note that for the year 2010, no new Hepatitis C infection was reported from those tested among the first treated individuals.

Non-Fatal overdoses (NFODs)

In 2010 a very slight increase in non-fatal overdoses was reported over 2009 (224 as opposed to 222). This shows a sharp increase when compared to 2007 (96 cases) and 2008 (102 cases). However the number of cases reported in 2009 compare to previous data reported for 2005 in which there were 216 reported cases and in 2006 238 cases were reported.

Chapter 7 – Responses to Health Correlates and Consequences

Among the main objectives which are listed in the National Drugs Policy 2008, great importance is given to the protection of public health through the prevention and reduction of drug related harm.

Prevention of Drug Related Deaths

Most measures aimed at reducing the amount of drug related deaths are implemented by drug treatment agencies. These involve providing information and knowledge on drug use and its dangers through groups and individual sessions, leaflets, flyers, billboards, outreach work, websites and through the media.

Interventions Related to Drug Related Infectious Diseases

Hepatitis C

Free blood screening as well as pre and post test counselling for Hepatitis C takes place at the Substance Misuse Outpatient Unit (SMOPU). Hepatitis C pre and post test counselling and testing is also offered to clients who are undergoing a drug residential programme. Other settings where testing takes place include prison (CCF), where all inmates are tested upon admission. The Genitourinary (GU) clinic within the department of health also provides a service for free testing of sexually transmitted diseases to the general public.

HIV

Blood screening and pre and post test counselling is provided by SMOPU, CCF, the Genitourinary (GU) clinic and the XEFAQ service offered by Caritas. No new cases of HIV were reported among drug users attending SMOPU in 2009 and 2010.

Hepatitis B Vaccine

Testing and vaccination for Hepatitis B is a free service provided by health centres to the general public. SMOPU provides a free and highly accessible screening and vaccination program to all drug users who are attending the clinic. Prison inmates are screened on admission for Hepatitis B. A vaccination program for inmates was started in 2007. The prevalence of Hepatitis B amongst drug users is low in Malta (about 1.6%).

Needle and Syringe Availability

During the year 2008, a decrease of 8% from 2007 was registered in the number of syringes distributed. During 2009 a total of 309,315 syringes were distributed through health centres. This indicates an increase of 11% over 2008. In 2010 a further increase of 4% over 2009 was reported, bringing the total number of syringes distributed to 321,361.

Interventions related to Psychiatric Co-Morbidity (Dual Diagnosis)

The Dual Diagnosis Unit (DDU) at Mount Carmel Hospital serves to detoxify, stabilise and provide medication to dual diagnosis clients. Referrals to and from other drug treatment agencies are often made. SMOPU offers a psychiatric service for clients with varying degrees of mental problems. The aim of this service which commenced in 2004 is stabilisation of drug use through substitution treatment and treatment of the psychiatric condition.

Chapter 8 – Social Correlates and Consequences

Arrest Data

In 2010, the Malta Police Drug Squad made 506 arrests for drug law offences compared to the 623 made in 2009. Of these arrests, 445 resulted in court arraignments. In 2010, the greatest number of arrests related to trafficking were related to trafficking of heroin (31%), followed by cocaine (21%) and cannabis (19%), whilst in 2009 the greatest number of arrests for trafficking was for cocaine (40%), and followed by heroin (29%) and cannabis (22%).

Prison Data

During 2009, 637 persons were imprisoned after arrest or sentencing. All inmates are tested for drugs upon admission and in 2009, 37% of inmates tested positive for opiates, cocaine or cannabis. In 2010, a total number of 731 individuals were in prison after arrest or sentencing. After being tested, 30% of new inmates (223 individuals) tested positive for opiates, cocaine, cannabis or a mix of two or all drug types.

Chapter 9 – Responses to Social Correlates and Consequences

Problem drug use often brings about situations of poverty, homelessness, criminal records, unemployment and dependence on social benefits. Problem drug users experience social exclusion brought about by such social factors. This chapter looks at ways of re-integrating drug users back into society by training, education, housing, social assistance and employment.

Chapter 10 – Drug Markets

Availability and Supply

As reported in previous National Reports, cannabis continues to be the most widely used illicit drug used among the general population.

Seizures

During 2010, the total number of drug seizures amounted to 293, an increase of 22% over the total number of seizures made by Maltese Law Enforcement Authorities in 2009, which amounted to 240. The amount of drugs seized in 2009 is greater compared to the amounts registered for 2008. This is particularly the case with herbal cannabis which amounted to 458kg. This increase was attributed to one particular seizure which involved the Police seizing almost 450 kg of cannabis in one day during September of 2009.

Drug Purity

During 2009, some increase in purity level was noted for cannabis types and ecstasy. In 2010, levels of purity for cannabis decreased again, with cannabis resin reported at 6.1% purity and cannabis herb reported at 5.35% purity.

Drug Price

Heroin is reported to have decreased in price in 2009 and 2010 compared to 2008 while the price of herbal cannabis reported the most drastic increase in price in 2009 (**€70**) compared to 2008 (**€4**) and decreased again in 2010 (**€24.50**) though it remained substantially higher than in preceding years.

Chapter 11 – Drug Use Among Prison Population

Corradino Correctional Facility is the only correctional institution in Malta and houses all people who have been remanded in custody or convicted by the courts. During the year 2010, there were a total of 731 new inmates of which 93% were male. On admission, 30% of all inmates (223 individuals) resulted positive for any drug following standard testing. There were 102 inmates who were on methadone treatment in 2010, which amounted to 14% of the whole population.

Chapter 12 – Drug Users with Children

Out of the 313 individuals who had received drug treatment for the first time during 2010, 166 of them reported having children. Most of those reporting having children were male (81%) were male. About 52% of clients reported being parents to one child, while 32% reported being parents to 2 children, another 8% reported having 3 children while 5% reported having more than 3 children. Heroin was the most common primary drug (67%). Out of 36 care orders issued last year, 24 were related to parents with a drug addiction problem.

PART A

NEW DEVELOPMENTS AND TRENDS

CHAPTER 1

NATIONAL POLICIES AND CONTEXT

1.1 Legal framework

The **Medical and Kindred Professions Ordinance (Cap.31)** and the **Dangerous Drugs Ordinance (Cap.101)** are the two main pieces of legislation that regulate substance abuse in Malta.

The Drugs (Control) Regulations (Legal Notice 22 of 1985) issued by virtue of the Medical and Kindred Professions Ordinance:

- regulate the manufacture, exportation, importation, possession, distribution, sale and improper use of the listed psychotropic drugs;
- regulate the issuing of prescriptions, by the respective medical professionals, containing any such drugs and the dispensing of any such prescription; and
- provide for the keeping and producing for inspection of such books and the furnishing of such information by persons engaged in the manufacture, exportation, importation, sale or distribution of any such drugs.

These ordinances have been amended over the years in order to bring Maltese legislation in line with the changing international perspective as well as the emergence of new drugs on the market.

New Developments

Legal Notices 331 of 2007, Legal Notice 404 Of 2007, Legal Notice 174 Of 2010 and Legal notice 424 Of 2010 amend the Medical and Kindred Professions Ordinance and regulate the following substances:

TAPENTADOL,(3-[(1*R*,2*R*)-3-(dimethylamino)-1-ethyl-2-methylpropyl]phenol,
oCPP 1-(2-chlorophenyl)piperazine,
pCPP 1-(4-chlorophenyl)piperazine,
4-MTA (α -methyl-4-methylthiophenethylamine),
Methcathinone (2-(methylamino)-1-phenylpropan-1-one),
Mephedrone (4-methylmethcathinone) (2-methylamino-1-(4-methylphenyl)propan-1-one).

Legal Notice 373 of 2007 amends the Dangerous Drugs Ordinance and regulates the substance ORIPAVINE (3-O-demethylthebaine) or (6,7,8,14-tetrahydro-4,5-*alpha*-epoxy-6-methoxy-17-methylmorphinan-3-ol)

1.2 Institutional framework, strategies and policies

The first National Drugs Policy was launched in February 2008 and is directed in the main to lowering the use of drugs as well as providing the necessary services to help those with problems related to drug consumption:

- (a) To provide for a more co-ordinated mechanism through which the supply and demand for drugs are appropriately reduced as much as possible in the best interest of society.
- (b) To improve the quality and, where necessary, increase the provision of drug related services.

The National Drugs Policy consists of 48 policy actions which are distributed over 9 different sections. The sections are as follows:

Introduction

This section of the document provides an overview of the overall purpose of the National Drugs Policy. It also provides a brief description of the Drug Situation in Malta at the time of publication.

The section concludes with the listing of the primary objectives of the Policy:

- (a) Ensuring a high level of security,
- (b) Achieving a high level of health protection, well being and social cohesion.

Coordination of the National Drugs Policy

This section consists of the first three actions within the policy which are concerned with the setting up of the entities that will be responsible for the **Implementation** of the actions listed in the document.

A **National Coordinating Unit for Drugs and Alcohol** has been set up in November 2010 within the Ministry of Education, Employment and the Family that brings together all stakeholders, including service providers working with drug-related settings so as to facilitate the implementation of the National Drugs Policy. This measure is in fact listed as Action 1 within the Policy document.

Legal & Judicial Framework

This section comprises of actions 4 to 7 and is concerned with the legal aspect of the policy. It is meant to assure that the actions within the policy are in line with national legislation. It is also responsible for the proposal of any amendments that may need to be made within current legislation so as to better reflect the current drugs situation. To better enhance the function of those involved within the judicial framework, talks are underway to consider the setting up of a Drug Court as formulated in the National Drugs Policy.

Supply Reduction

This section deals with actions 8 through to 13 which are concerned with reducing availability of drugs through enforcement of illegal substances and adequate regulation in the provision of prescription drugs. It is also envisaged that a Law Enforcement Body should emerge that will provide a forum for all actors involved.

Demand Reduction

This section of the document is the most extensive and deals with all measures of prevention, treatment, harm reduction and social integration which are to be pursued or taken up on a national scale to reduce the demand for drugs within the Maltese population. The section covers actions 14 to 37 in this document. In the meantime some new services have come into being, namely the Female Harm Reduction Shelter and support services within the community for those who are abstinent and need further aid.

Monitoring, Evaluation, Research, Information and Training

This section of the document covers actions 38 to 45 and deals with the need for constant monitoring of the policy. It also deals with the necessity for the collection of reliable data as well as constant training.

Two studies undertaken that will have an impact on policy are related to in the first instance, “Treatment Outcomes” and secondly the impact of prevention programmes in schools on drug use prevalence and changes in knowledge and attitudes.

The national Commission for Drugs Alcohol and other Dependencies has commissioned a report titled: **Consideration of the Synthetic Cannabinoids, including the Mixture Spice**. The report will be ready and forwarded to the Attorney General’s Office for consideration on the regulation of these substances.

Synthetic cannabinoids, which mostly come from the JWH chemical family, are chemicals that mimic the psychoactive effects of the illegal active principle in cannabis, the compound Tetrahydrocannabinol (THC). These chemicals are normally sprayed on herbs or plant material, producing a cannabis-like effect when smoked. These synthetic cannabinoids fall into seven major groups which are:

- a) Naphthoylindoles;
- b) Naphthylmethylindoles;
- c) Naphthoylpyrroles;
- d) Naphthylmethylindenes;
- e) Phenylacetylindoles (i.e. Benzoylindoles);
- f) Cyclohexylphenols;
- g) Classical cannabinoids (dibenzopyrans)

The International Perspective

This section deals with the last three actions in this document and is concerned with assuring that Maltese Authorities continue to honour our international obligations as well as propose any measures to strengthen cooperation.

In relation to our EU responsibilities, we sit on the Horizontal Drug Group, which is the main EU body that deals with drug policy such as the EU Drug Strategy 2005-2012. In relation to monitoring, it is the EMCDDA, and our responsibilities here are to forward national data to the agency through the National Focal Point for Drugs and Drug Addiction, for it to be

collated with the data from other member countries that culminates in the EU report on the drug situation in the EU and the responses to such.

In the broader perspective, Malta holds the Vice Presidency of the Pompidou Group, Council of Europe and also currently holds the Chair of the Mediterranean Network that was launched here in Malta in 1999.

With regards to the UNODC reporting is done yearly on the drug situation in Malta, by completing the ARQ, and also attending the yearly meetings held in Vienna in March.

Funding

The Document also has a section dedicated to the importance of acknowledging the necessity of adequate funds that are needed in the implementation of the Actions within the National Drugs Policy. The section also highlights that Government, through the Ministry of Finance, shall endeavour to allocate more funds to drug related programmes by supplementing current provisions with monies derived from assets confiscated through The Prevention of Money Laundering Act in relation to drug related offenses.

Conclusion

Through this section government acknowledges that due to any new trends and circumstances, amendments or additions to the Policy Document may be required and this shall be the responsibility of the Ministry for Social Policy (Currently the Ministry of Education, Employment and the Family). It also refers to the responsibility of the National Coordinating Unit for Drugs and Alcohol to oversee the implementation of this policy.

Entities and Organisations Involved in Responses to Drug Use in Malta

Office of the Prime Minister	Ministry of Education, Employment and the Family	Ministry for Health, the Elderly and Community Care	Ministry for Justice and Home Affairs	Ministry of Finance, the Economy and Investment	Ministry for Infrastructure, Transport and Communications	Ministry for Gozo	Civil Society (Malta and Gozo)
Armed Forces of Malta	Foundation for Social Welfare Services	Foundation for Medical Services	Law Courts	Customs Department	Malta National Laboratory (Including Forensic Laboratory)	Social Work Unit	Voluntary Organizations
	National Commission on the Abuse of Drugs, Alcohol and other Dependencies	Department for Institutional Health	Attorney General	Budget Office		Gozo General Hospital	Social Partners
	National Focal Point for Drugs and Drug Addiction	Department for Primary Health Care	Police Force			General Health Centre	Private Hospitals and Clinics
	Employment and Training Corporation	Department for Public Health	Malta Security Services			Education Office	Parishes
	Student Services Department – Safe Schools Programme	Health Information Department	Correctional Facilities			Gozo Local Councils	
	Curriculum Directorate	Health Promotion Department	Probation Services				
	Youth Organisations	Toxicology Laboratory	Pre-release Programmes including SATU				
			Local Councils				

Table 1.1.

**Source: National Drugs Policy – January 2008
Amended according to amalgamation of Ministries**

CHAPTER 2

DRUG USE IN THE POPULATION

2.1 Drug Use in the General Population

The last full survey that was conducted to estimate drug prevalence a National level was the 2001 General Population Survey on Licit and Illicit Drug Use (Korf et.al, 2001). The data derived from this survey has already been published and cited in the 2004 and 2006 National Reports on the Drugs Situation. However a number of other studies have been conducted since 2001 and these are now highlighted in this section of the report.

The Lifestyle Survey 2007 published by The National Statistics Office incorporates a section dedicated to the use of licit and illicit drugs among the population. This survey indicates that prevalence of illicit drug use during the 12 months preceding the survey among the adult population aged 18 and over was approximately 3.2%. Rates were highest among 18-24 year olds (14%), followed by those aged 25-34 (5.7%). Survey results also showed that prevalence among males was higher (4.7%) compared to females (1.7%).

The European Health Interview Survey 2008 conducted by the Department of Health Information and Research Strategy and Sustainability Division within the Ministry for Health is the second of its kind in Malta. This survey, which was conducted in a randomly selected sample of 5500 adult residents in Malta, reported that use of illicit drugs during the past twelve months stood at 1.9%, with cannabis being the most popular drug at 1.1%.

2.2 Drug Use in the School and Youth Population

Malta has been participating in the European School Survey Project on Alcohol and other Drugs (ESPAD), which is conducted every four years. In total, Malta has participated in five surveys (years: 1995, 1999, 2003, 2007 and 2011), with the most recent having been conducted in 2011 but not published as yet. Data pertaining to the results obtained following the 2007 survey which was published by the consortium in 2009 are outlined below.

Alcohol and Tobacco: Number of Users and Frequency of Use

Similar to previous years, alcohol continues to be the most used substance among students. ESPAD 2007 reports that 92% of 15-16 year old students in Malta reported having used alcohol in their life time, a slight decrease of 1.7% compared to the ESPAD 2003 which reported 93.7% life time use.

Percentage of Lifetime use of Alcohol at age 15 -16

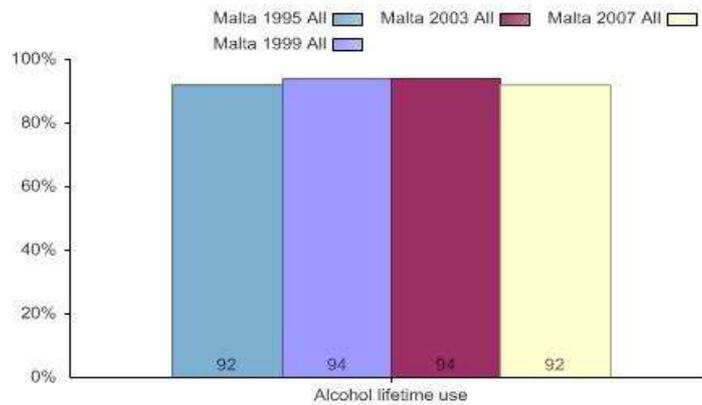


Figure 2.1
Source ESPAD

A total of 87% reported use of alcohol in the last 12 months. Also, 73% of students reported having used alcohol in the 30 days preceding the survey.

Alcohol Use Lifetime, 30 Days and last 12 Months

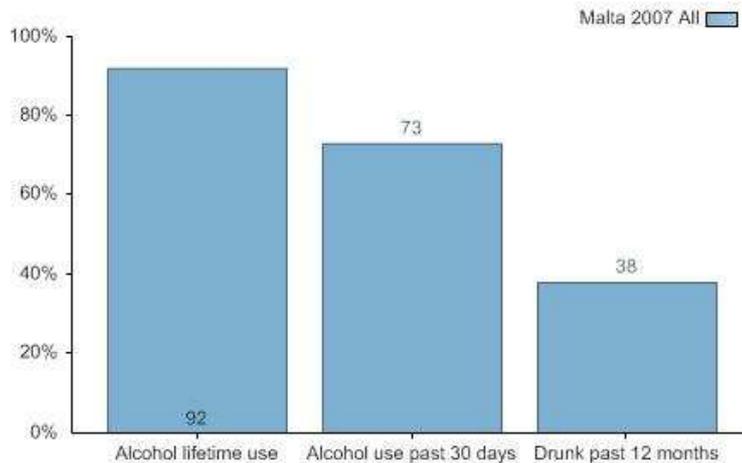


Figure 2.2
Source ESPAD 2007

Among the 73% of students who reported having used alcohol in the last 30 days, 20.3% reported consumption of twice weekly or more. Binge drinking (here defined as consuming five glasses of an alcoholic drink), was reported by 57% of students. A total of 19% of students reported having been drunk during the last 30 days.

Tobacco use in the last 30 days was reported by 26% of the students, resulting in a 4% decrease from the 2003 survey (30%). Among the students, 12% reported using tobacco daily, with 21% reporting using between 11 and 20 cigarettes daily whilst 1% reported use of 21 or more cigarettes daily.

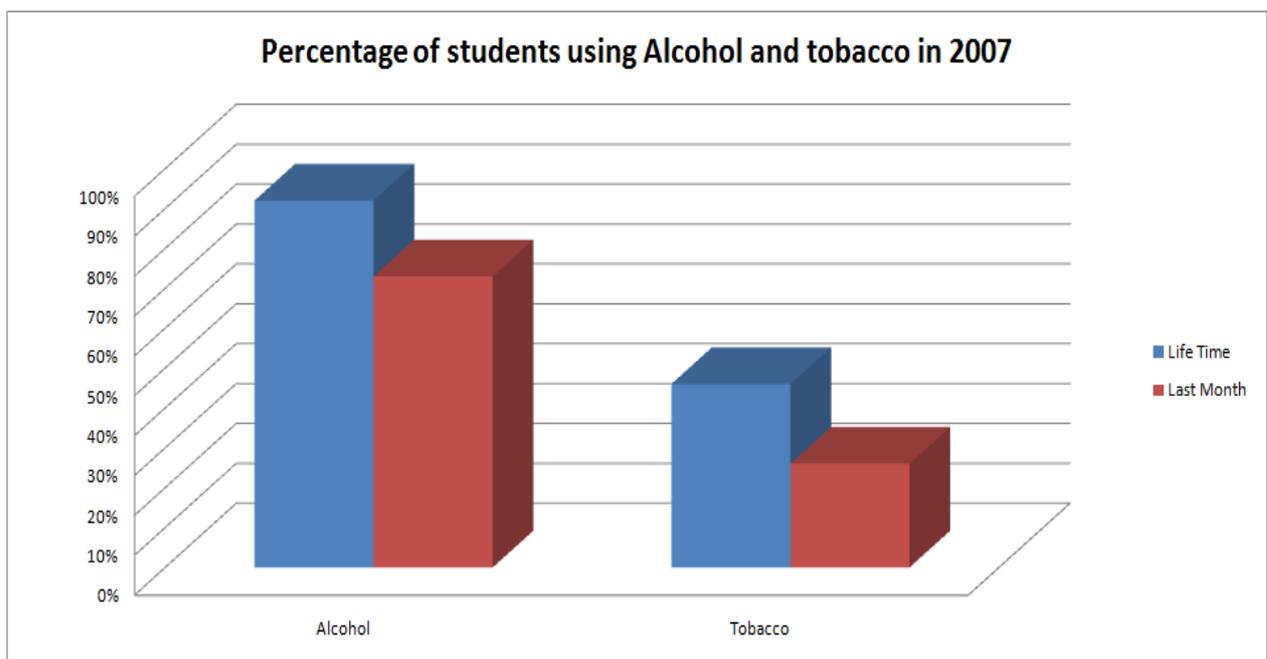


Figure 2.3

Other Substances: Number of Users and Frequency of Use

The most widely used substance among students were inhalants, with 16% reporting lifetime use of this substance. This is followed by cannabis, which is reported to be used by 13% of the students; making it the most widely used illicit substance among this group. About 5% reported use of cannabis in the last 30 days. Following cannabis, 11% reported using alcohol together with pills, while amphetamine, tranquillizers, ecstasy and cocaine were reported to be used by 5%, 5%, 4% and 4% of the sample respectively. A group of 3%, 2% and 1% reported use of LSD, steroids and heroin respectively.

Use of illicit substances was reported by a greater proportion of males (18%) with 13% of females reporting such use. However use of tranquillizers and alcohol together with pills were reported to be more popular among females.

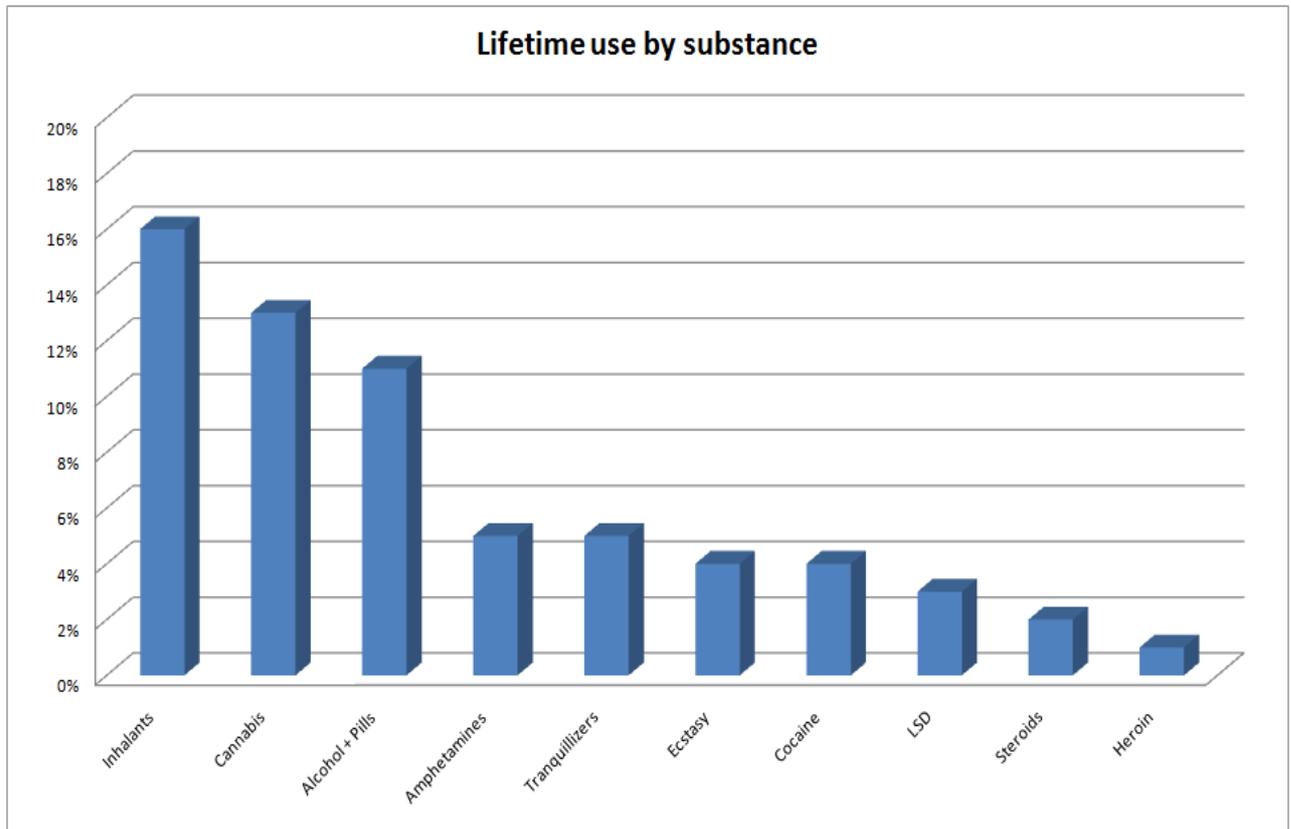


Figure 2.4

Attitudes to Drugs and Drug Users

This section covers the perception of availability and the attitudes of young people aged 15 to 16 to drug use. Perception of availability was measured for 3 illicit drugs (cannabis, ecstasy and amphetamines). The amounts listed in this report refer to those respondents who answered that the drug was fairly easy or very easy to obtain; cannabis, ecstasy and amphetamines were perceived as fairly easy or very easy to obtain by 27.2%, 21.2% and 18% respectively. Results were also obtained for tranquillizers and inhalants with 26.5% and 45.6% reporting that these drugs to be fairly easy or very easy to obtain.

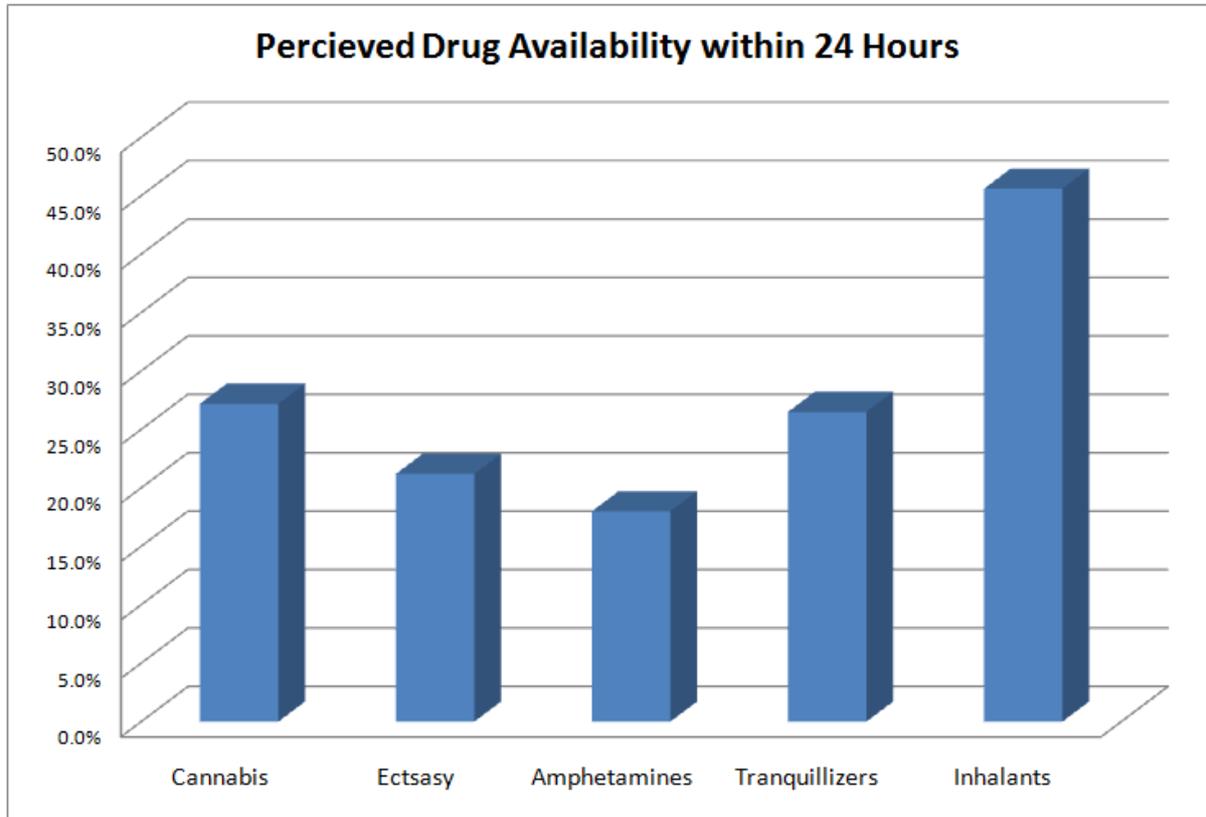


Figure 2.5

In relation to perceived risk, occasional smoking was perceived as being of high risk by 7.9% whilst more regular smoking of 20 or more cigarettes daily was thought to be very risky by 49.9% of respondents. Consuming one or two drinks almost daily was believed to be high risk behaviour by 11% of respondents, whilst consuming four to five drinks almost daily was seen as high risk by 45.9% of respondents. This shows that regular tobacco use is perceived to be more dangerous than regular use of alcohol. This result seems to be consistent with the 2003 ESPAD report which had also shown rather tolerant attitudes towards regular alcohol use.

Experimentation with cannabis was perceived as risky behaviour by 35.3% of respondents, whilst occasional smoking reported as high risk by 37.9%. Most students (72.9%) seemed to widely disapprove of regular use of cannabis. Experimentation with ecstasy and amphetamines was perceived risky by 38.5% and 32.4% respectively, while regular use being reported as risky by 79.6% for ecstasy and 66.4% for amphetamines.

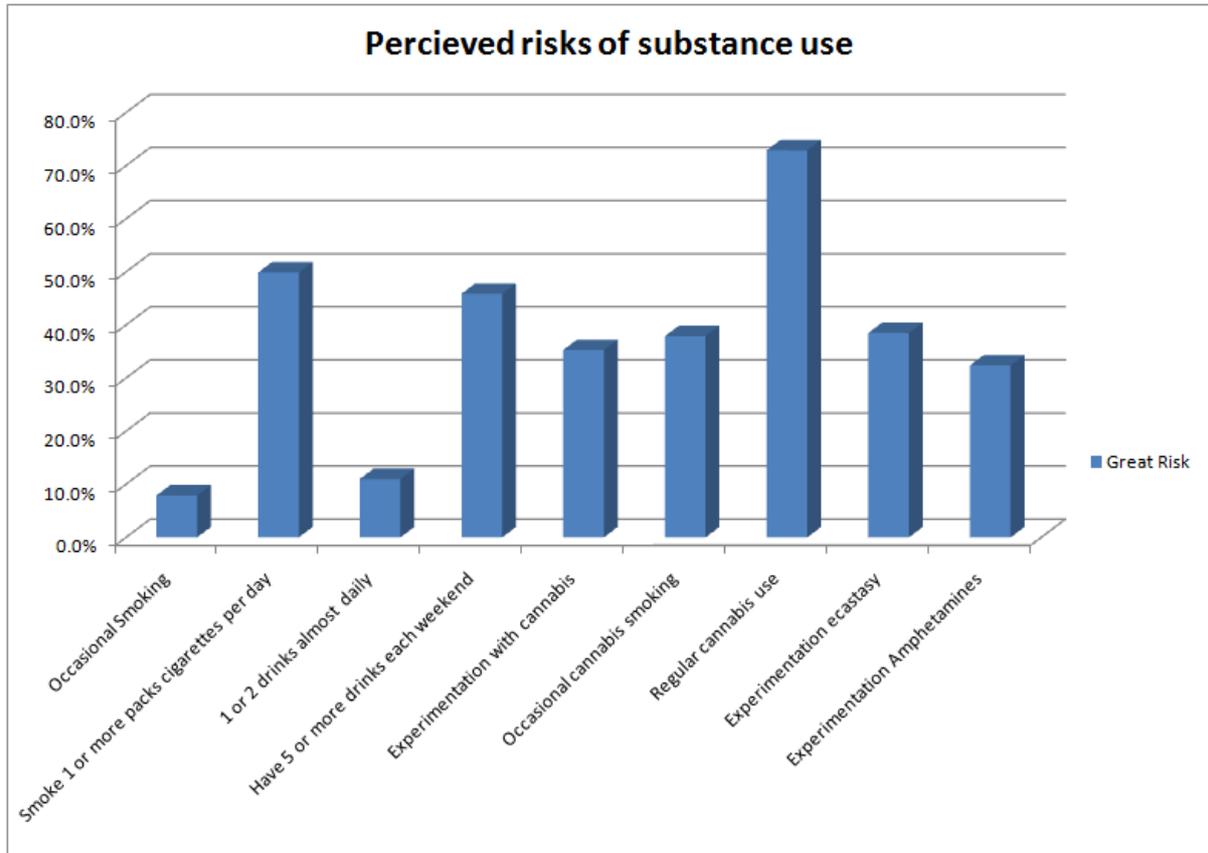


Figure 2.6

2.3 Drug Use Among Specific Groups

Alcohol and Drug use among University students

A study conducted in 2009 with University undergraduate students, (Cefai C., Camilleri L. 2009) revealed that 17.3% of students had used drugs during the past 12 months while 10.1% had made use of drugs during the last month.

Substance	% Frequency of Substance Abuse			
	In the last month	In the last year	More than a year	Never
Cannabis	9.6	4	6.3	80.1
Inhalants	2.7	1.6	4.1	91.6
Ecstasy	2.1	0.9	3	94
Anabolic steroids	2.1	0.2	0.7	97
Magic mushrooms	2.1	0.5	1.1	96.3
Heroin	0.5	0	0.5	99

Malta National Report 2008 – 2010

Amphetamines	2.5	0.7	0.7	96.1
Ketamine	2.1	0	0.5	97.4
LSD	2.3	0.9	1.4	95.4
Cocaine	4.4	1.6	1.8	92.2
GHB	1.1	0	0	98.9
Tranquillisers	3.4	1.4	1.8	93.4
Ritalin	1.1	0	0	98.9

Source: Cefai C. / Camilleri L. (2009)

Healthy Students Healthy Lives, University of Malta

Table 2.1

A total of 19.9% reported using cannabis, 8.4% reported using inhalants, 7.8% used cocaine, 6.6% used tranquillizers, 6% reported use of ecstasy, 4.6% used LSD, 3.9% used amphetamines, 3.7% used magic mushrooms, 3% used anabolic steroids, 2.6% used ketamine, 1.1% and 1% reported using GHB and Heroin respectively.

A greater proportion of males reported using drugs with the exception of tranquillizers and sleeping pills for which the proportion of use by female students was reported to be greater.

About 8% of all participants reported daily use of drugs. All those reporting daily use reported using cannabis. A total of 39% reported using drugs once a week.

The mean age of students who reported using drugs was 17.2 years. Most of the students reported starting drug use before the age of 18 years.

CHAPTER 3

PREVENTION

3.1 Universal Prevention

Universal prevention strategies are concerned with distributing information on the topic of substance abuse on a national level through initiatives conducted in schools and local communities. The scope of such programmes is to prevent or at least delay the onset of substance use through informative campaigns as well as enhance personal skills that aid individuals in avoiding substance abuse.

School-based Prevention

During 2009 and 2010, there were no major changes in the provision of school prevention programmes described in previous reports. Prevention in Maltese schools is provided by Sedqa, Caritas and the Anti-Substance Abuse Unit within the Education Division. Prevention services in Gozo are carried out by the OASI Foundation.

School based programmes primarily focus on the development of life-skills which have to do with enhancing self-esteem, preventing peer pressure, decision making, increasing young people's abilities to express their feelings and encouraging problem solving skills.

In order to maintain the existing quality of services and to further improve such services where this is deemed necessary, more support and collaboration among services, educational institutions and the community is of vital importance and this should be supported by policy. It is for this reason that the National Drugs Policy (2008) gives due importance to such measures in a number of actions listed within the document. These actions specify the importance in the development and maintenance of quality preventive services and also put emphasis on the importance of ongoing training and support for professionals working within the prevention field and for educators.

Family-based Prevention

Universal family based prevention programmes are mostly concerned with topics such as parenting skills, leadership, effective communication, child development, and discussions and information related to the use and abuse of drugs and alcohol. If requested by individual schools, talks can be delivered to parents and teachers by professionals on the topics of drugs and alcohol.

Community-based Prevention - The General Public, Families and Youth

Community-based prevention programmes are implemented by the three main drug treatment agencies Sedqa, Caritas and OASI, and these primarily target families and youth in different environmental settings such as local councils, youth organisations, religious societies, parishes and social and political clubs. Community and Church activities, drug awareness talks, exhibitions, concerts and drug-free marches are organised at specific times of the year and are aimed at targeting the general public.

In February 2008 there was an amalgamation of the drugs helpline with the 24 hour national helpline Supportline 179, with the latter now managing all calls related to drug problems.

Community-based Prevention - Workplace-based programmes

Sedqa and Caritas are both involved in providing preventive programmes in the workplace which are aimed at providing information to employers and employees on problems on the place of work which are related, or could be attributed to substance abuse.

3.2 Selective Prevention

Selective prevention targets an entire subgroup regardless of the degree of risk of any individual within the group. Selective prevention is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population (EMCDDA).

New Development in Selective Prevention

Since 2007 a new project named Booster was introduced by the Teen Support Services within Sedqa. The project aims to reach young people who may be using drugs or are at potential risk of starting use, through outreach work conducted in secondary and post-secondary schools. Intervention includes 6 sessions spread over 6 weeks which are conducted with Form 4 students. Students identified as being at risk are assessed and individual support is provided in collaboration with the guidance teams within schools.

3.3 Indicated Prevention

Indicated prevention aims to identify as early as possible individuals who are already indulging in the use of substances or are at potential risk of getting involved with such use

and to assist these individuals through specialized programmes with the aim to divert such behaviour.

In Malta, the main target groups for indicated prevention are vulnerable youth in specific schools, juvenile inmates in prison settings, young offenders (via the arrest referral scheme and some outreach in prison) and individual interventions through immediate intervention services occurring mainly as a result of referrals to drug treatment agencies.

New Development in Indicated Prevention

In July 2010 Appogg and Sedqa have joined teams of professionals and have developed a project which aims at offering Individual guidance and counselling to adolescents which are referred for support. This amalgamated service is called Youth In Focus. The support offered in this project is extended to parents and significant others of the young persons referred for services. The unit also deals with Crisis Intervention in situations of homelessness or where abuse is involved. The program also aims to build a network of support by joining forces with other institutions and professionals who may be involved with the young person in question.

Agenzija Zghazagh has also been created, and although not directly involved in drug prevention, is responsible for the following functions:

- (a) to liaise and ensure the necessary coordination between Government departments and other agencies in the implementation of youth policy and measures or initiatives proposed by Government or the Agency from time to time;
- (b) to undertake and co-ordinate research into specific issues aimed at assessing the state of play with respect to youth affairs;
- (c) to formulate, co-ordinate, manage and evaluate youth work programmes which promote active youth participation and the empowerment of young people;
- (d) to provide local and EU information to youth on any matters which may be of interest to their development and facilitate the participation of youths and youth organisation in EU and Euromed programmes;
- (e) to liaise with the National Authority and National Agency of the Youth in Action programme for a coherent operational programme;
- (f) to act as a focal point for the involvement of youth in the decision making process;
- (g) to promote the role of youth in local Government; and
- (h) to assist and support national and regional voluntary youth organisations and other organisations working in the youth field.

These have an indirect bearing on the prevention of substance use by young people.

CHAPTER 4

PROBLEM DRUG USE

4.1 OVERVIEW

This chapter provides information regarding the characteristics and socio-demographic details of all persons attending drug treatment services within the Maltese Islands during 2009 and 2010. The agencies concerned with treatment provision in Malta and Gozo are, Sedqa, Caritas Malta, Oasi, the Dual Diagnosis Unit (DDU) within Mount Carmel Psychiatric Hospital and the Substance Abuse Therapeutic Unit (SATU) within the Maltese Prison Services. Treatment of Drug users refers to both medical and non-medical interventions which are provided locally.

In 2009 the Maltese Population stood at approximately 413,000 persons and the latest statistics show that the population at the end of 2010 stood at approximately 417,600. Due to this relatively small population, and consequently the small number of service providers operating in the drug treatment sector, any changes in the operating procedures of local agencies or changes in the availability of services can have a substantial impact on national data. However, no major changes were reported in the provision of drug related services since the last publication of the National Report on the Drug Situation.

4.2 PREVALENCE ESTIMATES OF PROBLEM DRUG USE

Since not all problem drug users will be in treatment it is necessary to estimate the number of such users in Malta. Prevalence estimates provide an indication of the total number of drug users, which can assist in service planning and resource allocation, public health surveillance and monitoring key targets. Since drug use is an illicit and often stigmatized activity, direct estimation methods such as population and household surveys may underestimate the prevalence of problem drug use. Indirect methods have therefore been devised to estimate such behaviour.

In Malta, a five-source capture-recapture method was adopted using data from Maltese daily heroin users attending the five treatment providers in 2006 and 2010. This is consistent with the methodology employed by Malta in previous years and will allow comparisons to be

made over time. Heroin users were included because treatment is predominately provided to heroin users (heroin is the primary drug of 85% of all clients). In 2006 only one client in Malta had reported using amphetamines and clients reporting cocaine use tend to be relatively low amongst the treated population in Malta (6%).

In 2006 the estimated number of daily heroin users stood at 1606 (95% confidence interval 1541 to 1685). This estimate suggests that approximately 78% of daily heroin users attended treatment services in 2006. The rate per 1,000 population aged 15-64 was 5.4 (95% confidence interval 5.1 to 5.6), displaying relative stability since 2004. The estimated rates of opioid use in Malta are consistently amongst the highest in Europe. In 2010 the estimated number of daily heroin users stood at 1755 (95% confidence interval 1643 to 1891). 1107 daily opiate users attended one or more of the services in operation on the Maltese islands, with an estimated 649 (95% confidence interval 536 to 784) not attending any of these treatment entities. These figures are approximations since this exercise is based on a number of assumptions, as are other methods.

When comparing the estimates for 2006 and 2010 there is a higher central estimate in 2010. While the number of people accessing the different services is of a similar magnitude in both years the overlap in individual assessing more than one service is much lower in 2010.

Estimates for Malta 2006/2010

Year	Daily opiate users		Daily opiate users not in treatment		Rate per 1000 pop (aged 15 to 64)	
	Central estimate	95% Confidence Interval	Central estimate	95% Confidence Interval	Central estimate	95% Confidence Interval
2006	1,606	1,541 to 1,685	353	288 to 432	5.4	5.1 to 5.6
2010	1,755	1,643 to 1,891	649	536 to 784	6.1	5.7 to 6.5

Table 4.1

4.3 PROFILE OF CLIENTS IN TREATMENT

In this section data is provided related to the number of individual clients attending any of the treatment services mentioned above. The number of clients includes people who may have already been attending the services in years prior to 2009 but who were still making use of the services in the indicated year.

Number of Clients

The number of clients attending drug related services in 2009 amounted to 1792 individual persons, showing a decrease of 3% over the number of clients attending services in 2006 which stood at 1848 (2007 National Report). Of these, 250 individual clients were persons attending drug related services for the first time, a sharp decrease of 40% over 2006. Conversely, in 2010, the number of clients attending services rose to 1936 individuals, marking an 8% increase over 2009. The number of clients who were new to drug related service also rose to 313, increasing by 2% over 2009.

Number (%) of Clients Treated for Drug Use in Malta by Status, 2006/2009/2010

	2006		2009		2010	
	n	%	n	%	n	%
<i>All clients</i>	1848	100	1792	100	1936	100
<i>Previously treated clients</i>	1431	77	1542	86	1623	84
<i>First treated clients</i>	417	23	250	14	313	16
<i>Status unknown</i>	0	0	0	0	0	0

Table 4.2

Source: Merged Treatment Data Files 2006, 2009 and 2010

Gender

During 2010, 84% of all clients were male. This proportion remained constant compared to 2009 which reported 85% of clients being male. Similarly, male clients among first time service users amounted to 86% in 2009, whilst in 2010 these decreased to 83%. The ratio of male to female clients seems to have remained consistent with previous reporting years (2003-2006) with some decrease registered in first time treated clients.

Age

In 2010, 67% of all treated clients were below the age of 35 years. This marks a decrease of 5% over 2009 which registered 72% of all treated clients being less than 35 years of age. The most predominant age groups during 2009 and 2010 were 25 to 29 (25% for 2009, 24% for 2010) and 30-34 (22% for 2009, 21% for 2010).

Percentage of All Treated Clients By Age

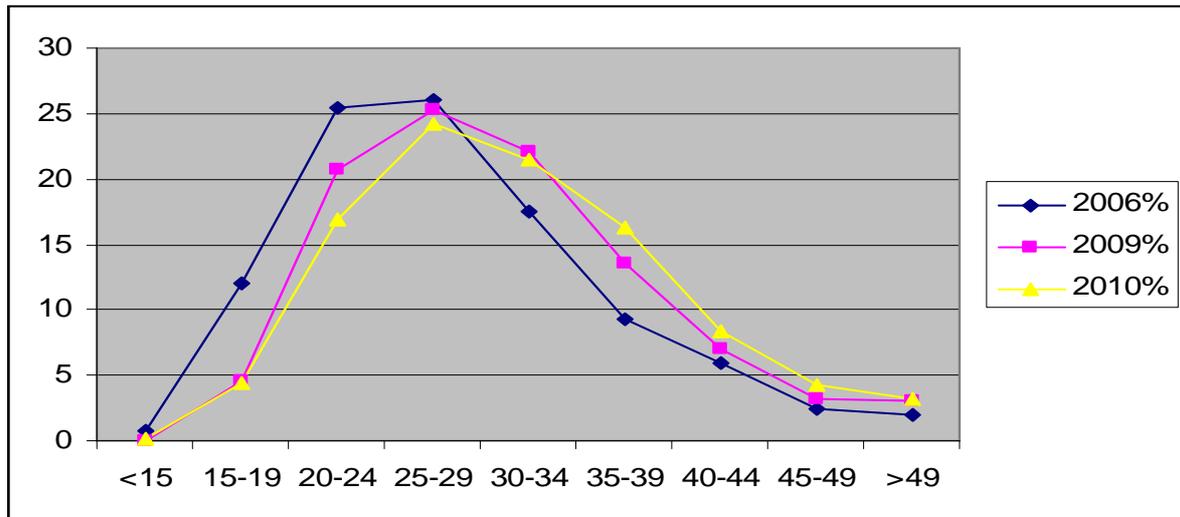


Figure 4.1

Source: Merged Treatment Data Files 2006, 2009 and 2010

A total of 84% of first treatment clients (262 clients) were aged less than 35 years during 2010, a decrease of 6% compared to 2009 (90%). The largest group constituted those aged 20 to 24 years (26%). A decrease of 10% in this age group was marked when comparing to 2009 data (36%). The second most popular age group for first time treated clients was 25-29 years (25%), which increased by 5% compared to 2009 (20%). Individuals aged 30-34 years remained stable (19%) compared to 2009 (20%).

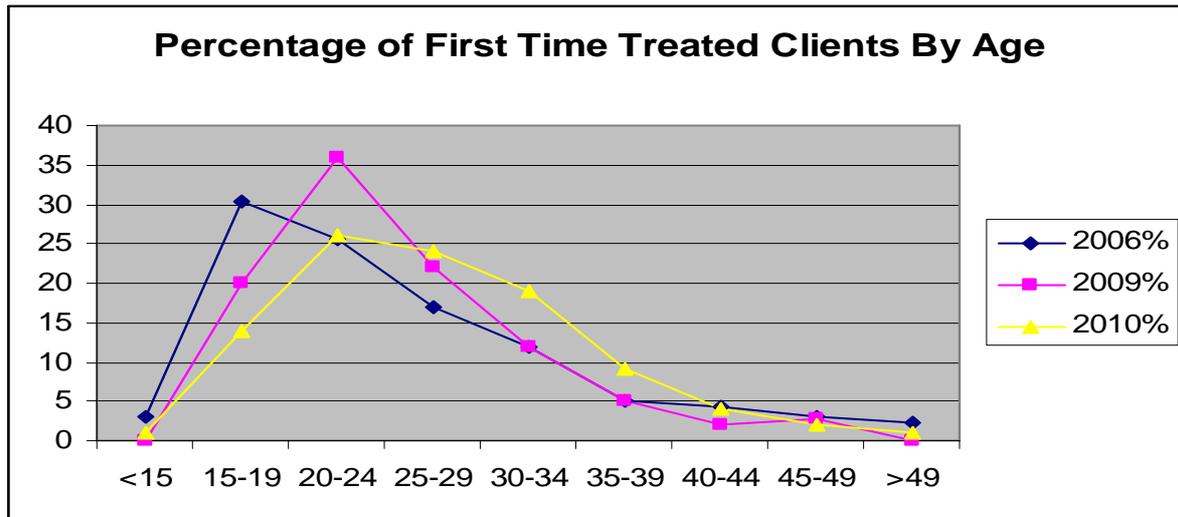


Figure 4.2

Source: Merged Treatment Data Files 2006, 2009 and 2010

Region

2009

When calculating the rates of treated clients aged 15 to 64 per 10,000 population, the southern harbour region shows the highest rate of incidence (123.59 per 10,000 residents), followed by the Northern Harbour region (60.52 per 10,000 residents) and the South Eastern region (53.09) (Table 4.3). The highest rates of first treated clients came from the Southern Harbour (15.76) followed by the south east region (9.32) and Northern regions (8.28), and the Northern Harbour region (7.38).

Rate of Persons in Treatment per 10,000 Population Aged 15-64 Years in 2009

	Southern Harbour	Northern Harbour	Northern	South Eastern	Western	Gozo	Total
Total population aged 15-64*	55179	82610	39844	41812	39722	20639	279805
All treated clients							
No. in treatment 2009	682	500	176	222	147	25	1752
Rate of persons in treatment per 10,000 of the regional pop. aged 15-64	123.59	60.52	44.17	53.09	37.0	12.11	62.61
First treated clients							
No. in treatment 2009	87	61	33	39	25	3	248
Rate of persons in treatment per 10,000 of the regional pop. aged 15-64	15.76	7.38	8.28	9.32	6.29	1.45	8.86

Table 4.3

Source: Merged Treatment Data Files 2009

*based on 2005 National Census (ref) http://www.nso.gov.mt/docs/Census2005_Vol1.pdf

In 2009 client distribution by region seems to have remained consistent with previous reporting years in that the majority of all treated clients came from the Southern Harbour region followed by the Northern Harbour region. During 2009, most clients attending treatment came from the Southern Harbour region (38%), followed by the Northern Harbour region (28%), the South Eastern Region (12%), the Northern Region (10%), the Western Region (8%) and Gozo (1%). The majority of first time treated clients also came from the Southern Harbour area (35%), followed by the Northern Harbour region (25%), the South East region (16%), the Northern area (13%), the West (10%) and Gozo (1%).

2010

The Southern Harbour region shows the highest rate of incidence (124.69 per 10,000 residents) when compared with other regions, followed by the Northern Harbour region (69.72 per 10,000 residents) and the South Eastern region (62.42). The highest rates of first treated clients came from the Southern Harbour (19.94) followed by the Northern Harbour region (12.95) which saw an increase, the South Eastern region (10.76), and the Northern region (7.03). (Table 4.4)

Rate of Persons in Treatment per 10,000 Population Aged 15-64 Years in 2010

	Southern Harbour	Northern Harbour	Northern	South Eastern	Western	Gozo	Total
Total population aged 15-64*	55179	82610	39844	41812	39722	20639	279805
All treated clients							
No. in treatment 2010	688	576	195	261	140	49	1909
Rate of persons in treatment per 10,000 of the regional pop. aged 15-64	124.69	69.72	48.94	62.42	35.24	23.74	68.23
First treated clients							
No. in treatment 2010	110	107	28	45	20	3	313
Rate of persons in treatment per 10,000 of the regional pop. aged 15-64	19.94	12.95	7.03	10.76	5.03	1.45	11.19

Table 4.4

Source: Merged Treatment Data Files 2009

*based on 2005 National Census (ref) http://www.nso.gov.mt/docs/Census2005_Vol1.pdf

In 2010 client distribution by region seems to have remained consistent with previous reporting years in that the majority of all treated clients came from the Southern Harbour region followed by the Northern Harbour region. During 2010, most clients attending treatment came from the Southern Harbour region (36%), followed by the Northern Harbour region (30%), the South Eastern Region (14%), the Northern Region (10.2%), the Western Region (7.3%) and Gozo (2.5%). It is worthy to note that the Southern Harbour region had a slight decrease of treated clients while all others showed an increase, except for the Western region which had a slight decrease. The majority of first time treated clients came from the Southern Harbour area (35%), followed by the Northern Harbour region (34%), the South East region (14%), the Northern area (9%), the West (6%) and Gozo (1%) staying in line with previous years in distribution by region.

All Clients Treated by Region 2009 and 2010

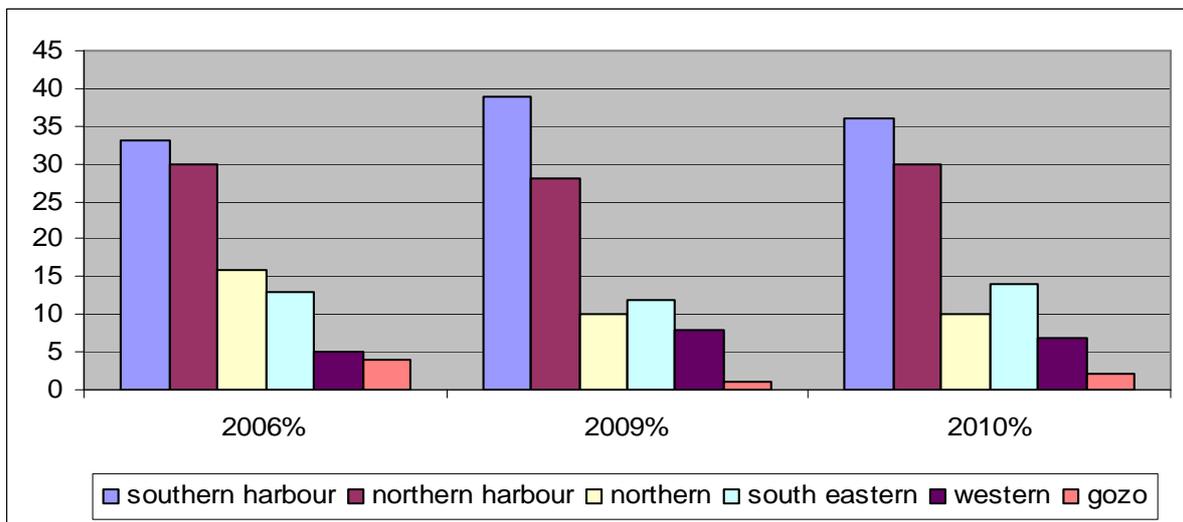


Figure 4.3

Source: Merged Treatment Data Files 2006, 2009 and 2010

First Time Treated Clients by Region 2006, 2009 and 2010

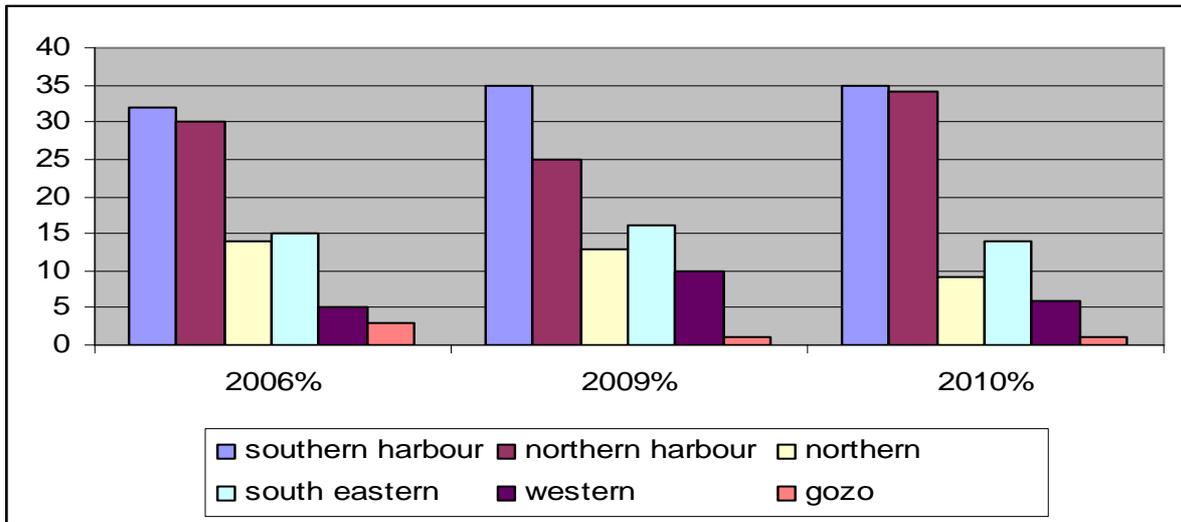


Figure 4.4

Source: Merged Treatment Data Files 2006, 2009 and 2010

Figure 4.5 displays towns with the highest percentage share of clients in 2009 and their correlated data for the 2010. Amongst all treated clients a higher percentage of clients reside in Valletta, Zabbar and Cospicua for both 2009 and 2010.

Percentage of All Treated Clients by Locality

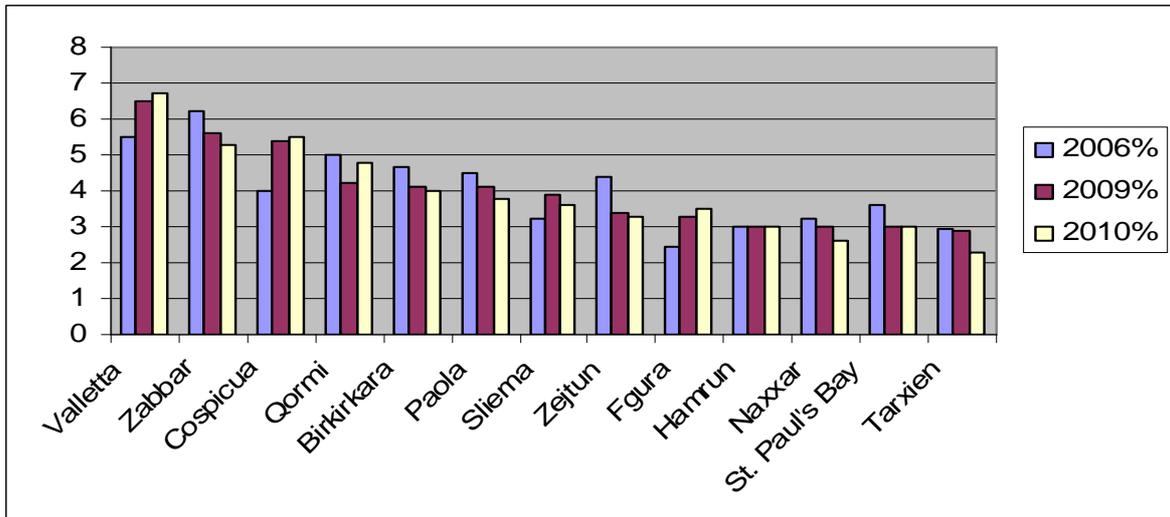


Figure 4.5

Source: Merged Treatment Data Files 2006, 2009 and 2010

Amongst first treated clients in 2009 a higher percentage resides in Valletta, B’Kara and Fgura. Alternatively in 2010 a higher percentage resides in B’Kara, Cospicua and Qormi.

Percentage of First Treated Clients by Locality

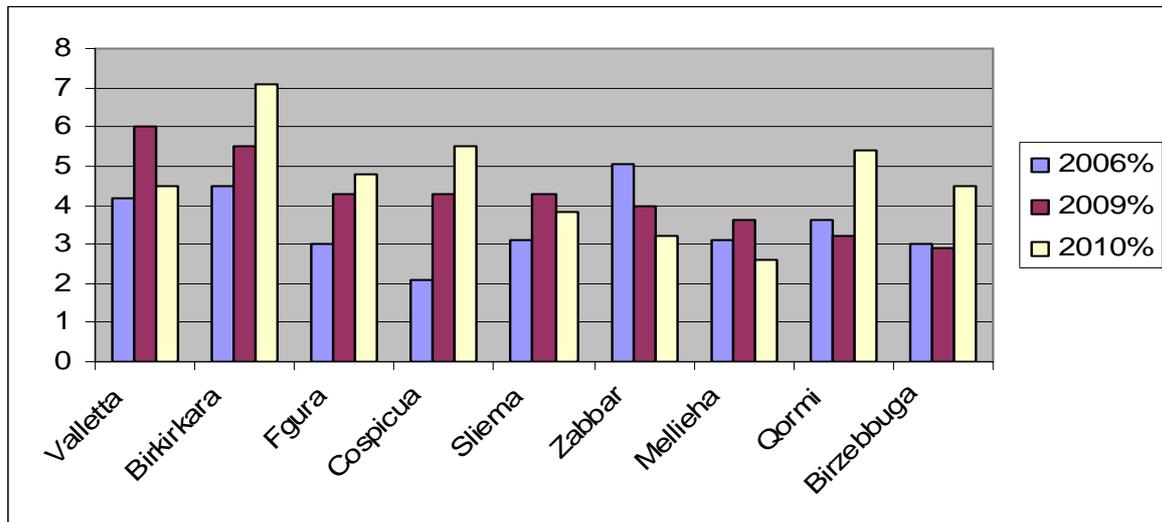


Figure 4.6

Source: Merged Treatment Data Files 2006, 2009 and 2010

Nationality

The greater majority of all treated clients were Maltese Nationals during 2010 (95%) showing very minor decrease compared to 2009 (96%). The number of Maltese first treated clients was reported at 96% for both 2009 and 2010. Persons coming from other EU countries receiving treatment in 2009 and 2010 amounted to 2% of the entire service using population while 2% in 2009 and 3% in 2010 came from non-EU countries.

Occupation

The total amount of people in treatment who were gainfully employed stood at 40% in 2010, a slight decrease compared to 2009 (41%), while 46% were unemployed compared to 44% in 2009. The remaining 16% were classified as ‘other’ (this group includes students and homemakers). These percentages seem to have remained consistent over previous reporting years.

Primary Drug of Use

A primary drug is considered as the drug which is creating the greatest degree of health, legal or social problems to the individual. In 2010 the primary drug amongst all treated clients was mostly heroin (80%) with such use reporting a 2% increase over 2009 (78%). The second most popular drug was cocaine (11%), also showing an increase of 2% over 2009 (9%). Cannabis remained the third most used primary drug with 5% of clients reporting such use for both 2009 and 2010.

Percentage of All Treated Clients by Primary Drug

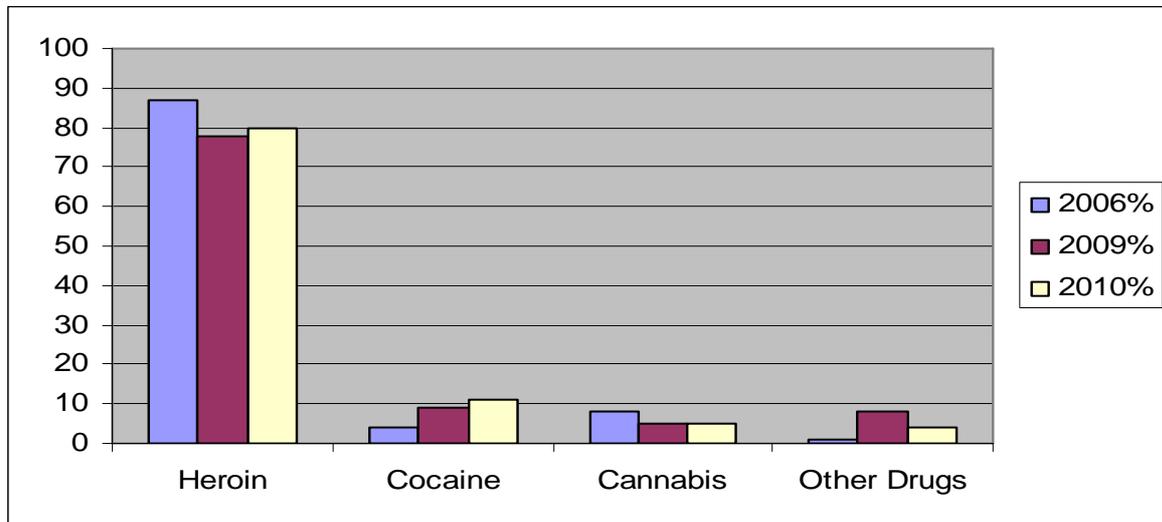


Figure 4.7

Source: Merged Treatment Data Files 2006, 2009 and 2010

During 2010, heroin was also the most popular drug among first time treated clients (56%). This marked a sharp increase compared to 2009 with 48%. Cocaine was the primary drug for 24% of first time treated clients in 2010, a decrease of 6% over 2009 (30%) whilst primary use of cannabis stood at 14%, a decrease of 5% over 2009 (19%). Although heroin is still the most popular drug among first time service users, data for 2009 show that there was a substantial decrease from 2006 which reported heroin as primary drug for 64% of the first time treated population. However, 2010 data shows an upward trend as a substantial increase in the primary use of heroin was reported. Alternatively, a very significant increase in the first time service users who reported cocaine to be their primary drug was reported compared to 2006 when such use stood at 12%, especially when comparing to 2009. However, 2010 data seems to indicate a downward trend in cocaine use as primary drug among first time treated clients. Cannabis use as primary drug also shows a marked decrease compared to 2006 and 2009 which were both reported at 19%. Among this client group, ecstasy use as their primary drug was reported to stand at 3% compared to 1.6% in 2009 and 5% in 2006.

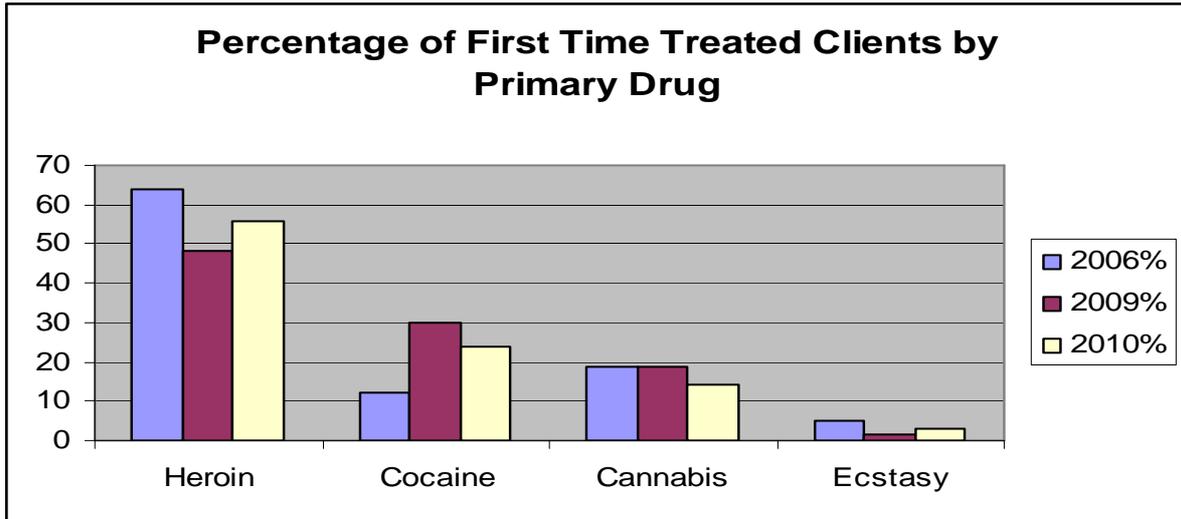


Figure 4.8

Source: Merged Treatment Data Files 2006, 2009 and 2010

Current Injecting Status

In 2010, 35% of all treated clients were current injectors, a sharp decrease over 2009 which was reported to be 46%. A great decrease of current injecting behaviour was also shown, with 12% reported as current injectors in 2010 compared with 29% of first time treated clients reported to be currently injecting in 2009.

Frequency of Use of Primary Drug

In 2010 the majority of first time treated clients (74%) were daily users of their primary drug. This shows an increase of 4% over 2009 (70%) which had shown a decrease from the amounts documented in 2006 (76%). In 2010, the amount of clients reporting using their primary drug twice weekly or more increased to 9% compared to 5.6% in 2009. The data shows an increasing trend as compared to the amounts reported for 2006 (8.4%).

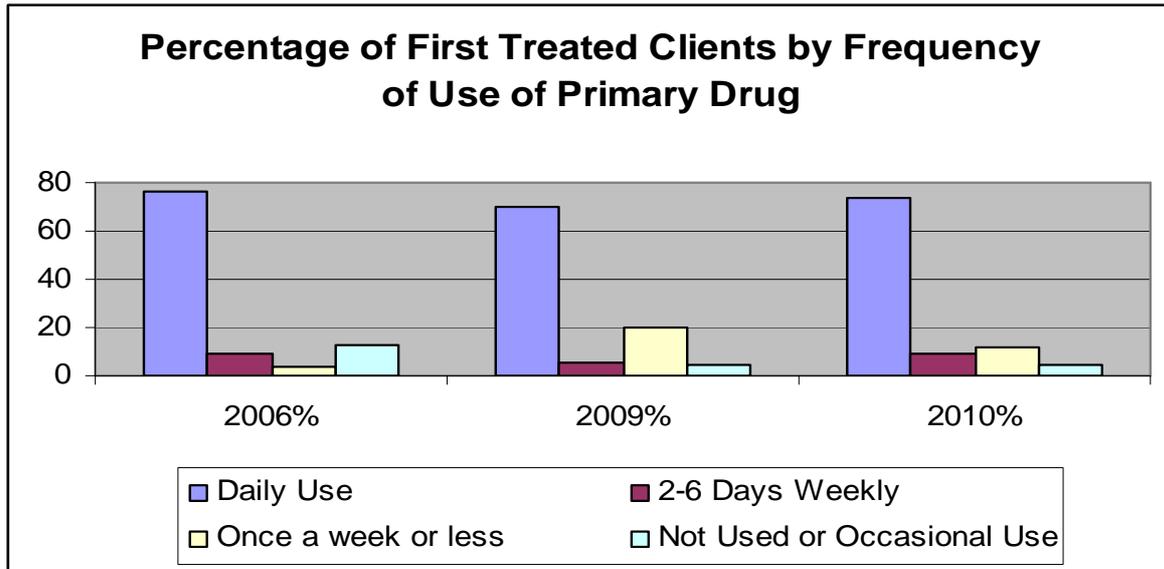


Figure 4.9

Source: Merged Treatment Data Files 2006, 2009 and 2010

Profile of Cases by Primary Drug

2009

Of all the treated clients in 2009, a greater percentage of primary users of cocaine are female (29%) compared to primary users of heroin (16%) and cannabis (14%). This contrasts sharply with data presented for 2006 which showed a greater percentage of female heroin primary users (15%) compared to cocaine users (13%) and cannabis (11%). It would seem that there was a sharp increase in the proportion of female primary cocaine users compared to other previous reporting years. Primary users of cocaine have the highest median age (27 years) compared to heroin users and cannabis primary users.

Gender and Age of All Treated Clients 2009 by Primary Drug

	share%	female%	median age
Heroin	78	16	25
cocaine	9	29	27
cannabis	5	14	22

Table 4.5

Source: Merged Treatment Data Files 2009

Amongst first treated clients, a higher percentage of primary users of cocaine (20%), when compared to primary users of heroin (11%) or cannabis (10%) are female. Those first time

clients who were unemployed amounted to 36%, of which 24% were female. Injecting drug users among first time users amounted to 28% while regular daily use among this client group was 70%. Primary users of cocaine have a higher median age (24.5 years) compared to primary users of heroin (23 years) and cannabis (21 years) and are more likely to sniff the drug (80%). Primary users of cannabis were less likely to be female (10%), unemployed (23%) and are more likely to smoke the drug (98%), (Table 4.4).

Profile of First Treated Clients 2009 by Primary Drug

	share %	female %	median age	unemployed %	route of administration			frequency of use			
					Inject %	smoke/ inhale %	sniff %	daily %	2-6 days per week%	>once a week%	not used/ occasional %
heroin	48	11	23.0	53	54	36	11	92	1	5	2
cocaine	30	20	24.5	22	8	12	80	53	12	29	6
cannabis	19	10	21	23	0	98	0	54	8	31	6

Table 4.6

Source: Merged Treatment Data Files 2009

2010

As compared to 2009, of all the treated clients a greater percentage of primary users of cocaine are female (15%), a sharp decrease of 8% from the previous year. Heroin (16%) and cannabis (13%) have remained approximately on the same level when compared to 2009. It is also worthy of note that there was an increase in the median age with regard to heroin users, that of 32 years compared to 25 years in 2009, cocaine users, 31 years as compared to 27 years, and cannabis users, 26 years when compared to 22 years for the previous year. This contrasts with the median age of 2009 where primary users of cocaine had the highest median age (27 years).

Gender and Age of All Treated Clients 2010 by Primary Drug

2010	share%	female%	median age
Heroin	80	16	32
cocaine	11	15	31
cannabis	6	13	26

Table 4.7

Source: Merged Treatment Data Files 2010

Amongst first treated clients, a higher percentage of primary users of heroin (19%), when compared to primary users of cocaine (16%) or cannabis (9%) are female. This contrasts with the data shown in 2009 where the higher percentage was that of cocaine (20%). First time clients for 2010 who were unemployed amounted to 33%, a slight decrease over 2009 (36%). 21% of the unemployed were female, a decrease of 3% from the previous year. Injecting drug users among first time users amounted to 27% while regular daily use among this client group was 75%, an increase when compared to 2009. Primary users of cocaine have a higher median age (28 years) compared to primary users of heroin (27 years) and cannabis (26 years) and are more likely to sniff the drug (68%). Comparing the percentages with last year, it is noted that the median age has increased and there was a reasonable decrease in the percentage of people sniffing cocaine (68% for 2010 as opposed to 80% for 2009). Primary users of cannabis were less likely to be female (9%), unemployed (21%) and are more likely to smoke the drug (100%), (Table 4.8).

Profile of First Treated Clients 2010 by Primary Drug

2010	share %	female %	median age	unemployed %	route of administration			frequency of use			
					Inject %	smoke/ inhale %	sniff %	daily %	2-6 days per week %	>once a week %	not used/ occasional %
heroin	56	19	27	41	56	36	8	61	11	5	23
cocaine	24	16	28	25	8	20	68	23	34	22	21
cannabis	14	9	26	21	0	100	0	58	16	12	14

Table 4.8

Source: Merged Treatment Data Files 2010

CHAPTER 5

DRUG-RELATED TREATMENT

5.1 OVERVIEW

This chapter is intended to provide an update of the availability of drug related treatment services within Malta and Gozo. These interventions include drug-free treatment and pharmacologically assisted treatments that are available on an inpatient as well as outpatient basis. Previous reports have provided a comprehensive description of drug treatment service provision. This section will provide information on new developments within the drug treatment sector and will also highlight the main findings on trends related to the treatment demand of drug users.

5.2 TREATMENT SYSTEMS

In Malta there are five main drug treatment providers. Three of these services are provided and funded by the government: Sedqa, the national agency against drugs and alcohol abuse which forms part of the Ministry of Education, Employment and the Family, SATU (Substance Abuse Therapeutic Unit) which is prison based and falls under the responsibility of the Ministry of Justice and Home Affairs; and the DDU (Dual Diagnosis Unit) within Mount Carmel Hospital that falls under the responsibility of the Ministry of Health, the Elderly and Community Care. Caritas and Oasi are voluntary treatment providers which receive partial financial support from the Government.

5.3 NEW DEVELOPMENTS

In the 2005 National Report, a section was dedicated to reporting on the creation of a new harm-reduction service within Caritas, namely the Harm Reduction Shelter. Since that time the shelter has continued to operate, though from different premises and a new shelter for female drug users was opened towards the end of 2009.

The Female Harm Reduction Shelter offers support through structure and intensive therapy to clients who for a variety of reasons may have encountered difficulty to achieve abstinence from drugs and who are not in a position to achieve this goal in the short term, though the program ultimately aims at helping clients to work towards total abstinence. The female shelters also offers drop-in services for female drug users who are encountering housing problems through the provision of sheltered accommodation and protection from drug and physical abuse and prostitution.

Caritas also introduced an Evening Program which is aimed at offering a service to clients who have become abstinent from drugs but are either unable or unwilling to undergo residential treatment and who need further support in the community. Clients can attend this evening program for up to twelve months. The program offers support through individual and group therapy twice weekly. Group and individual meetings are held in the evenings to facilitate attendance for those who are in employment as being in employment is part of the entry criteria for the clients (in addition, students are also eligible to attend the program).

5.4 PHARMACOLOGICALLY- ASSISTED TREATMENT

Methadone, which is distributed in Malta through SMOPU, is still the most commonly prescribed form of medically assisted treatment for drug users in Malta. Of a total of 1112 individuals making use of SMOPU services in 2009, 977 persons (88%) received methadone treatment, of which 108 individuals were prescribed symptomatic treatment together with methadone. In 2010, of a total of 1119 individuals using the service, 1069 clients (95%) received methadone treatment, whilst the rest received other substitution treatments.

Buprenorphine, a substitution treatment alternative which was made available in Malta in 2006, was prescribed by Sedqa doctors to 49 individuals which amount to 4% of the total SMOPU service using population. Buprenorphine can be prescribed by doctors at Sedqa or by General Practitioners and is only available through private purchase.

5.5 TREATMENT DEMAND

In total, 1792 different individuals were in contact with out-patient or inpatient drug treatment services during 2009. Of these, 250 individuals were first time users in any of the five treatment services. The majority of clients (1515 individuals) were males whilst 277 females made use of treatment services during the year.

In 2010, a total number of 1936 different individuals made use of any of the five services showing an increase in individuals using the services. Of these, a total of 313 individuals were first time users, a significant increase over the year 2009. The majority of individuals (1627) were males (84%) whilst the remaining 309 or 16% were females who made use of such services in 2010.

CHAPTER 6

HEALTH CORRELATES AND CONSEQUENCES

Drug use and abuse can bring with it adverse consequences that are harmful to the individuals using drugs as well as society in general. The dangers of drug use include physical and mental health problems and can at times lead or contribute to death. This chapter discusses health issues that are often brought about through or together with the use and abuse of drugs. Among these issues are fatal and non fatal overdoses, drug related infectious diseases and mental health problems related to the use of drugs.

6.1 Drug-Related Deaths and Mortality of Drug Users

The definition used in Malta for an acute drug-related death (DRD) is the same as that given by the EMCDDA, 'deaths caused directly by the consumption of drugs, generally occurring shortly after the consumption of the substance'.

The number of drug related deaths is routinely documented by the National Mortality Register (NMR) and the Police Special Register (PSR). The NMR only collects data on Maltese Nationals or Maltese residents, whereas the PSR collects data on all who die as a result of drugs, even if they are non-residents.

During 2010, 5 drug related deaths were reported, while 7 drug related deaths were reported by the Police Special Registry (PSR) in 2009. The number of drug related deaths reported seems to be consistent with previous years in which they were reported to be between 5 and 8, with the exception of 2007 in which a total number of 11 drug related deaths were reported, the highest number of reported cases in the last 19 years.

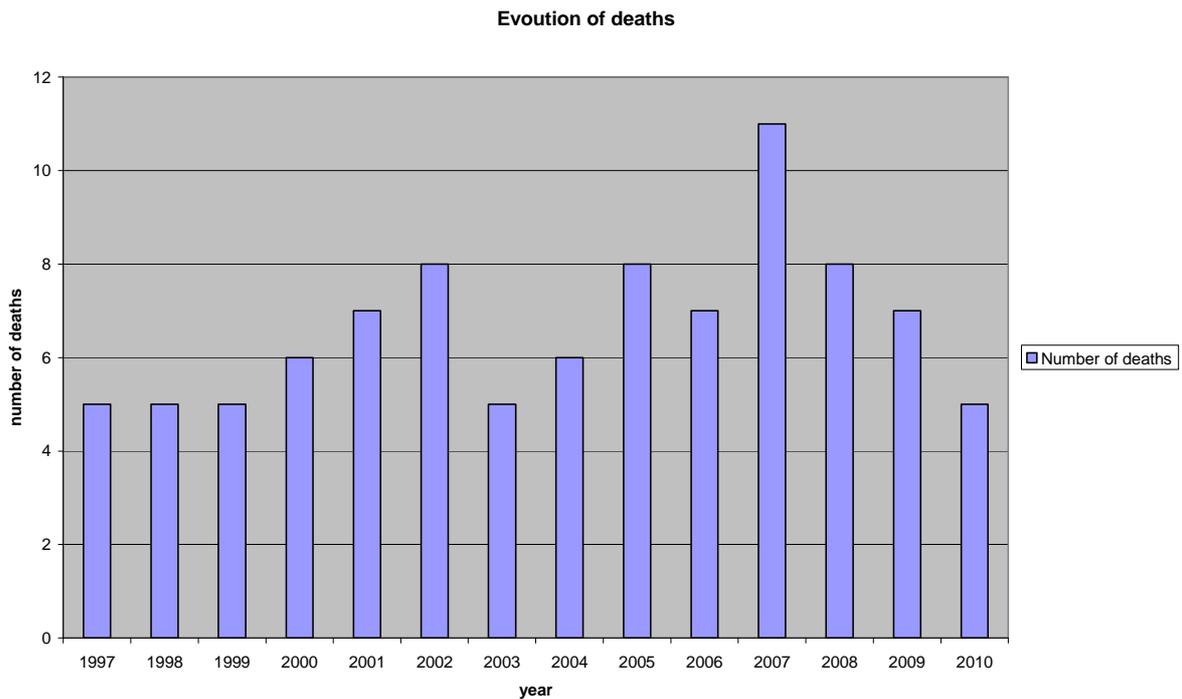


Figure 6.1
Source: National Mortality Registry 1997-2010

Between 1999 and 2010 the mean age has continued to fluctuate between 26 years and 38 years. The mean age for 2010 is 29 years. These variances in mean age are mainly due to the small size of the numbers reported and may not be indicative of any increase or decrease related to age. During both 2009 and 2010 the total number of persons who died of drug related causes amounted to 11% of the total mortality reported for the 15-34 year age cohort, showing no change in the percentage during the past two consecutive years.

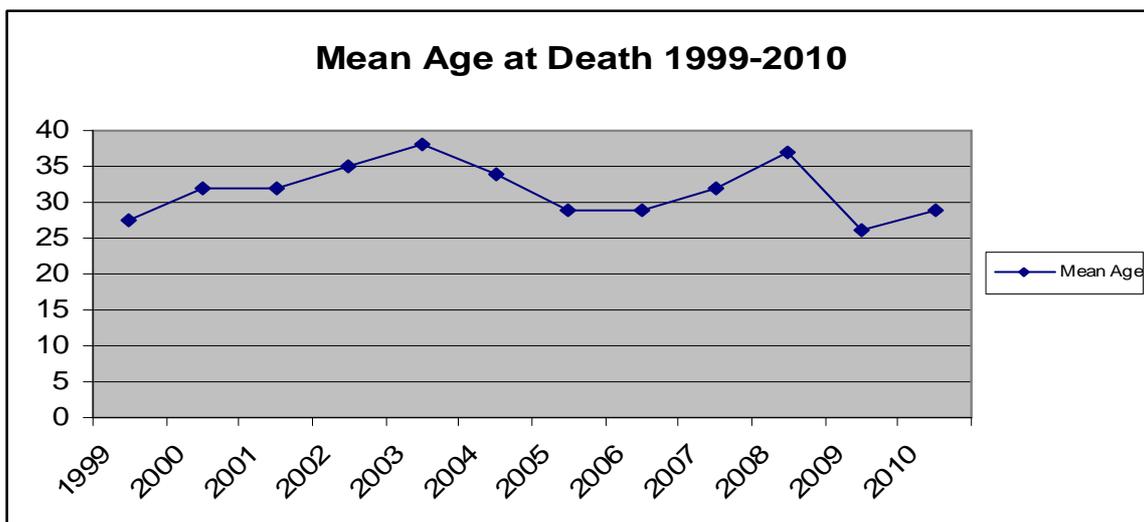


Figure 6.2
Source: National Mortality Registry 1999-2010

6.2 Drug-Related Infectious Diseases (DRIDs)

DRIDs are defined as diseases contracted as a direct or indirect result of using drugs. This section aims at providing data on the level of Hepatitis C (HCV), Hepatitis B (HBV) and HIV among drug users. Such information is provided by the Substance Misuse Out-Patient Unit (SMOPU) within Sedqa, which conducts tests on drug users attending the outpatient service. The results of tests for the years 2008-2010 are presented in Figure 6.3. As in previous reporting years, only injecting drug users (IDU) registered with SMOPU in any given year are included in the data, and from those, only those tested in that year are included. The results may therefore be biased downwards. In 2008 SMOPU reported having conducted 285 tests for HCV, with 83 (29%) resulting positive for HCV. In 2009, tests for HCV amounted to 121 of which 37 (30.5%) resulted positive for the virus. In 2010, 183 tests were conducted, of which 54 (29.5%) resulted positive for HCV. However, of the 28 clients who were reported as first contacting the service during 2010, all results were negative for the virus. The results of tests for the years 2008-2010 are presented in Table 6.1. Figure 6.3 shows that the percentage for Hepatitis C infections remains stable and those for Hepatitis B and HIV very low. In 2007 and 2009 no one tested positive for HIV or Hepatitis B (HBV) whilst in 2008 1 case resulted positive for HIV and 1 case resulted positive for Hepatitis B. In 2010, no test resulted positive for HIV while 2 cases were positive for HBV.

Number of persons tested for Anti HBC, IDUS HCV and HIV 2008-2010

Data Source SMOPU	Anti HBC	IDUS HCV	HIV
2008 Number Tested	206	285	344
2009 Number Tested	93	121	125
2010 Number Tested	152	183	206

Table 6.1

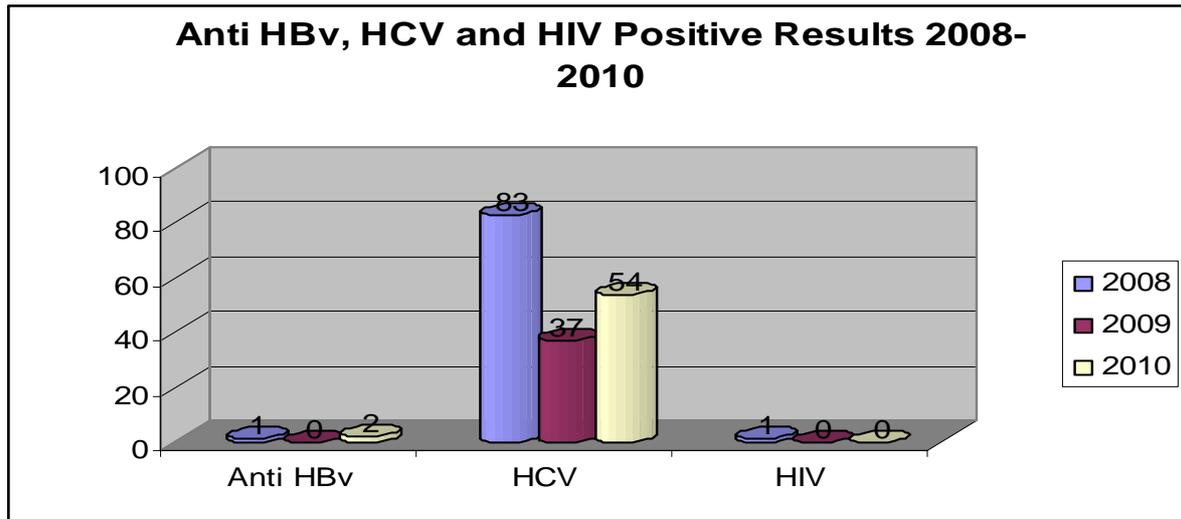


Figure 6.3

Source: Sedqa Data Files 2008-2010

6.3 Psychiatric co-morbidity (dual diagnosis)

There are 3 specialised units for the treatment of clients with dual diagnosis – The Dual Diagnosis Unit (DDU) at Mount Carmel Hospital, the Dual Diagnosis Outpatient Clinic at Sedqa’s Substance Misuse Outpatient Unit (SMOPU) and the prison pre-release programme at the Substance Abuse Therapeutic Unit (SATU).

A national clinical picture of persons with drug problems and psychiatric disorders (dual diagnosis) cannot be presented due to data collection limitations at present. However one can but have an overview of the individuals who made use of the Dual Diagnosis Unit in 2010.

There were 62 individuals who made use of the Dual Diagnosis Unit. The individuals were all male and were all daily users of illicit drugs.

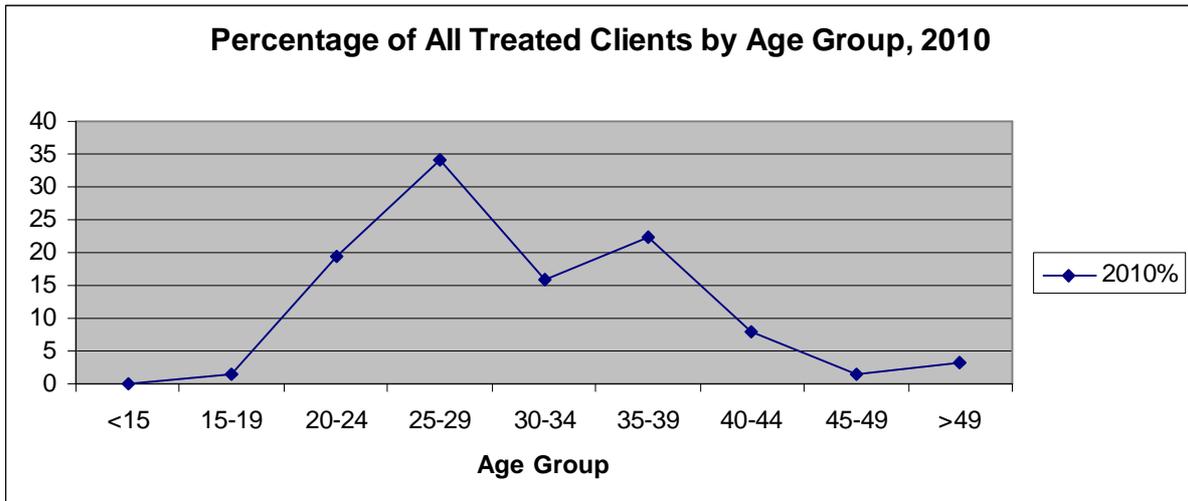


Figure 6.4

Source: Dual Diagnosis Unit 2010

A total percentage of 46% of individuals were less than 30 years of age or less, with the majority (34%) were in the age bracket of 25 to 29 years. The second most popular age group was between the ages of 35 to 39 years (22.5%), (Figure 6.4). Of all the first treated individuals (32% of all clients at DDU) the mean age was of 32 years.

	Share %	Median Age
Heroin	60	30
Cocaine	5	25
Cannabis	1.6	34

Table 6.2

Source: Dual Diagnosis 2010

Table 6.2 shows the percentage of individuals according to their drug of primary use and their median age, (Table 6.2). The majority of the individuals (60%) make use of heroin as their primary drug, followed by cocaine (5%) and cannabis (1.6%). This reflects the general pattern in that heroin is the major drug in relation to the whole population of individuals attending drug related services.

6.4 Other Drug-Related Health Correlates and Consequences

Non-Fatal Overdoses (NFODs)

NFOD data are obtained on a yearly basis from the Police Drug Squad records. However, notwithstanding some reservations it still remains the most complete source available.

In 2009 the number of non-fatal overdoses was registered at 222 cases reported, while in 2010 this number rose slightly to 224 cases. This shows a sharp increase when compared to 2007 (96 cases) and 2008 (102 cases). However the amount of cases reported in 2009 and 2010 compare to previous data reported for 2005 which reported 216 cases and 2006 with 238 cases reported. This would indicate that the discrepancy seems to be due to a substantial decrease in cases for 2007 and 2008 respectively compared to the previous 2 years. Male cases reported in 2010 amounted to 136 (61%), a slight decrease compared to 138 in 2009 (62% of cases reported), while female cases amounted to 88 (39%) compared to 84 (38%) reported in 2009. Non-fatal overdoses related to the abuse of illicit drugs in 2010 stood at 59 (26%) compared to 65 (29% of all cases) in 2009, registering a 3% decrease compared to 2009, but still a substantial increase compared to previous reporting years, with 19 cases reported in 2007 (20%) and 28 cases in 2008 (27%).

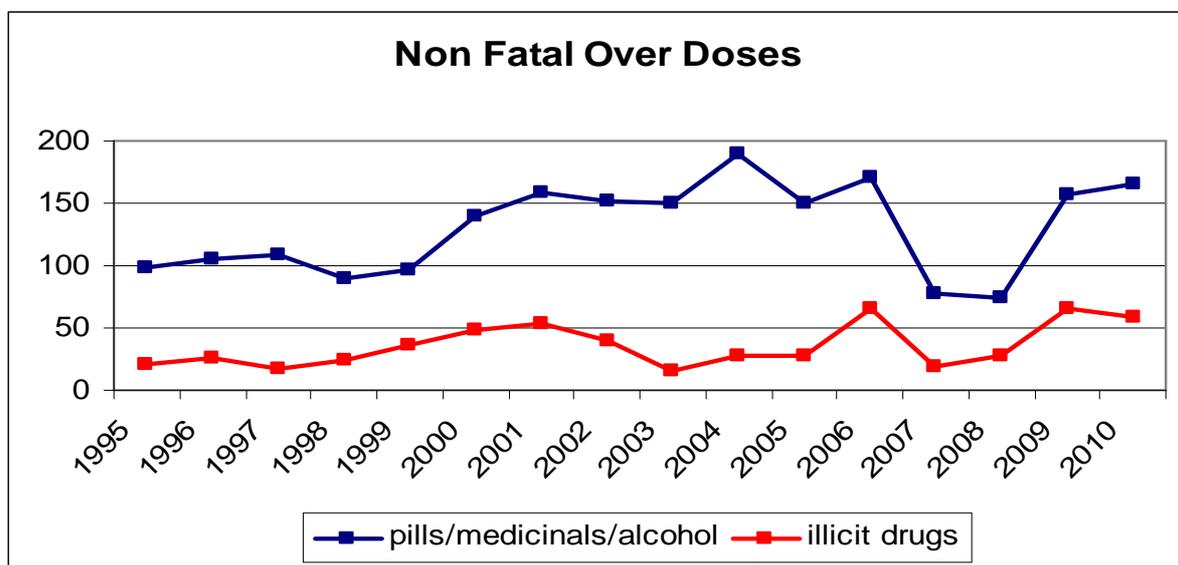


Figure 6.5

Source: Police Drug Squad Records 2010

In 2010 a substantial amount of Non fatal overdose reported cases (42%) were registered among young adults aged between 20 and 34 years. Similarly, in 2009 reported cases

amongst this age cohort stood at 43%. This shows a similar trend to data reported in previous years. Non fatal overdoses amongst 15 to 19 year olds was registered at 13%, which shows a decrease compared to 2009 (17%), but still higher than that compared to 2007 (9%) and 2008 (14%). NFOD's for people aged between 35 and 49 years were reported to be 17% while in 2009 for people in this age group it amounted to 27% of reported cases.

The vast majority (88%) of non fatal overdoses related to illicit drug use were male, compared to 12% who were females. On the other hand the share of overdoses related to medicinals was similar between males and females with a slight majority being male (51%) compared to females (49%). Non fatal overdoses due to prescription medication were reported as attempted suicides.

Non Fatal Overdose Data Summary and Conclusions

The proportion of overdoses which are related to the use of illicit substances has shown some decrease in 2010 (26%) compared to 2009 (29%), while overdoses linked to medicinal products still contribute the greater majority of cases reported (74%). As reported in previous National Reports, prescription drugs are more easily obtained, making it easier for the occurrence of abuse to remain high.

While drug overdoses on illegal substances seem to be much more common among males, a very small difference exists between males and female in cases of overdoses caused by medicinal products.

Although proposals have been made to establish a working group aimed at creating a standard operating procedure to collect, harmonize and cross-compare NFOD data between different sources (namely Police and hospital Emergency), data collation in this regard still falls short. The general hospital does not have an NFOD database. Additionally, since 2003 a change in the law no longer obliges doctors to report NFODs to the Police, the Police database may not contain all NFODs admitted to hospital. Finally, the word overdose in the case of drugs of abuse is possibly a misnomer, as the possibility arises that any person admitted to hospital where drugs of abuse are found on screening may be labelled as an overdose.

Pregnancies and Children Born to drug Users - Methadone Babies

Methadone babies are those newborn infants who are born to mothers who continued to use heroin or had to continue receiving substitution treatment during the period of their pregnancy. This results in the newborns needing to undergo substitution therapy which is necessary to prevent the children from suffering withdrawal symptoms, which would be similar to withdrawals experienced by a drug user.

Since February of 2008, methadone treatment has been replaced by morphine syrup. This results in a much shorter period of detoxification which means that newborn infants will need shorter stays in hospital for treatment.

Following labour and birth, children born to addicted mothers who continued to take heroin or substitution treatment during their pregnancy, are taken to the post-natal ward. Following screening for withdrawal symptoms, the infants are taken to the Special Care Baby Unit (SCBU) where morphine syrup treatment is administered. When stabilization occurs (withdrawal symptoms are controlled and weaning off regime is established), the babies are then moved to a nursery. Once moved to the nursery in post-natal ward, the newborn is weaned off morphine and sent to the Paediatric Ward.

Report on Well Woman Clinic - SMOPU

Year	Mothers attending SMOPU on Methadone	Mothers not attending SMOPU	Stillbirths/ miscarriages	Healthy babies on opioid replacement therapy	Babies born not requiring opioid replacement therapy
2007	18	0	2	13	3
2008	22	0	1 (cot death at 3 months)	16	7
2009	19	5	3	11	10
2010	15	0	2	11	2

Table 6.3

Source: 2007-2010 report from SMOPU's Well Woman Clinic

CHAPTER 7

RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

Among the main objectives which are listed in the National Drugs Policy 2008, great importance is given to the protection of public health through the prevention and reduction of drug related harm.

The main measures listed in the document are related to the dissemination of information to the general public as to the dangers and consequences which may be brought about by drug use. These measures are aimed to:

“promote a culture that discourages the use of illicit drugs and misuse/abuse of prescription and non-prescription medication and paraphernalia such as food and drink associated with such use” (Action 30, National Drugs Policy 2008)

Besides offering information to the general public through the various prevention initiatives taken on board on a national level, the policy also aims at ensuring that vulnerable groups receive adequate information regarding the dangers of drugs and services which are made available to those who may find themselves in difficulties related to drug use. The policy states that the Ministry shall be responsible to:

“plan and develop the co-ordination of social integration services with a view to (a) prevent potential users from falling victim of illicit drug use and misuse/abuse of prescription medication, and (b) help rehabilitate users avert relapse” (Action 27, National Drugs Policy 2008)

These measures are involved with services that effectively deal with promoting prevention and diverting drug using behaviour, but also give due importance to the need to ensure that current harm reduction measures, which address the health and social needs of current drug users, are maintained and possibly improved where such improvement is deemed necessary.

“Improve those harm reduction measures which shall be applied in the case of drug users where abstinence from illicit drug and prescription and non-

prescription medication misuse/abuse is not immediately viable or realistically possible” (Action 24, National Drugs Policy 2008).

In order to achieve targets related to the prevention and reduction of drug related harm the National Drugs Policy also makes reference to the importance of strengthening collaboration by involving all stake holders which may contribute to the implementation of the various measures listed in the policy document.

“strengthen co-ordination among stake holders, including Youth Organizations, Professional Bodies and Local Councils. To promote a co-ordinated and focused approach in the national commitment to combat illicit drug use and misuse/abuse of licit medication”, (Action 34, National Drugs Policy 2008)

7.1 Prevention of Drug-Related Deaths

There have been no new developments in relation to those preventative measures already in place targeting the reduction of drug-related deaths in the reporting years (see previous National Reports).

7.2. Interventions Related to Drug-Related Infectious Diseases

Hepatitis C

Free blood screening as well as pre and post test counselling for Hepatitis C takes place at the Substance Misuse Outpatient Unit (SMOPU). Hepatitis C pre and post test counselling and testing is also offered to clients who are undergoing a drug residential programme. Other settings where testing takes place include prison (CCF), where all inmates are tested upon admission. The Genitourinary (GU) clinic within the department of health also provides a service for free testing of sexually transmitted diseases to the general public. Contact tracing is also affected by this unit as well as by the Department of Public Health’s Disease Surveillance Unit (DSU), which, by law, is meant to receive all Hepatitis C notifications.

Treatment for Hepatitis C includes Interferon treatment alone and Interferon/Ribavirin combination treatment. Drug users who have contracted chronic Hepatitis C and who are still using drugs are not eligible for treatment as the criteria for eligibility for treatment include drug abstinence and termination of methadone treatment for at least one year.

HIV

The prevention of HIV amongst drug users is similar to that of Hepatitis C. Blood screening and pre and post test counselling is provided by SMOPU, CCF, the GU clinic and the XEFAQ service offered by Caritas. Unlike Hepatitis C, the prevalence of HIV amongst drug users appears to be low in Malta (no cases of HIV among drug users were notified in 2009 and 2010). By law, since 2004, HIV has become a notifiable disease and the DSU is responsible for receiving these notifications and conducting contact tracing.

Hepatitis B Vaccine

Testing and vaccination for Hepatitis B is a free of charge service provided by health centers to the general public. SMOPU provides a free of charge and highly accessible screening and vaccination program to all drug users who are attending the clinic. Prison inmates are screened on admission for Hepatitis B. A vaccination program for inmates has been started in 2007. The prevalence of Hepatitis B amongst drug users is low in Malta (about 1.6%).

Needle and Syringe Availability

Syringe distribution started in Malta in the 1980's as a consequence of the HIV threat to drug users and reached national coverage in 1994. Subsequently, the number of syringes distributed yearly has risen steadily (Figure 7.1.), with an increase of 1.4% in 2005 compared to 2004, and of 2.5% in 2006 compared to 2005. During the year 2008, a decrease of 8% from 2007 was registered in the number of syringes distributed. During 2009 a total of 309,315 syringes were distributed through health centres. This indicates an increase of 11% over 2008. This figure shows the return to levels prior to 2008 and thereon the steady increase as seen in previous years. In 2010 a further increase of 4% over 2009 was reported, bringing the total number of syringes distributed to 321,361.

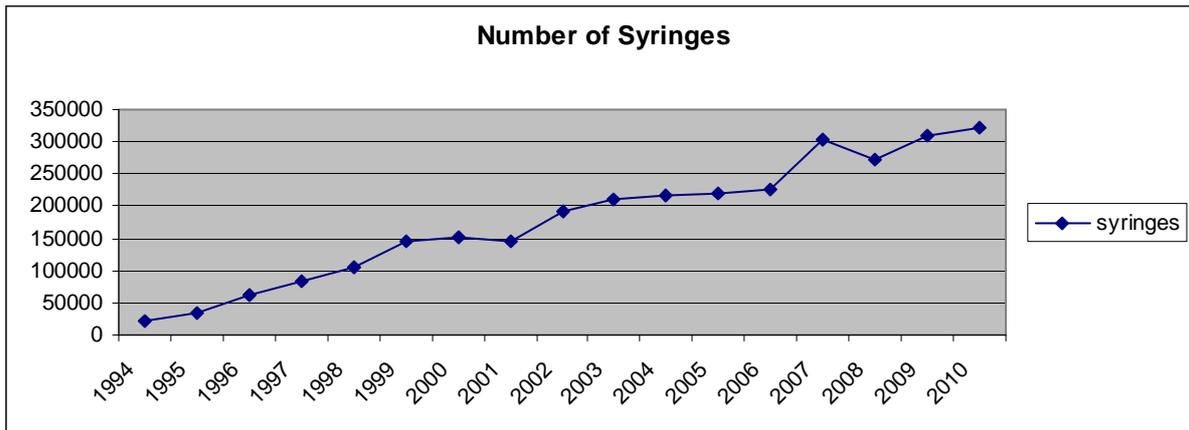


Figure 7.1
Source: Department of Primary Health Care Data 1994-2009

Detection and Treatment of Bacterial Infections Amongst Female Substance Abusers

The Well Women Clinic at SMOPU conducts routine smear tests amongst female substance abusers. In 2007, 47 smear tests were carried out. A total of 17 tested positive for Bacterial Vaginosis, 2 had Trichomonas infection, 3 had a fungal infection, while 5 had HPV, dyskariosis, koilocytosis and anissocytosis and a colposcopy had to be done. All patients were followed until the infections were completely cured. In 2008, 40 smear tests resulted in 19 cases of bacterial vaginosis, 1 case of perineal warts, 2 fungal infections and 3 had HPV infections and a colposcopy was performed. All cases were treated and cured. In 2009, 31 smear tests were conducted. A total of 16 cases gave normal cytological findings, 9 had bacterial vaginosis and were treated with oral antibiotics or Vaginal Douches, 3 had Human Papilloma Virus infection and a colposcopy was done in all cases together with follow up smear tests after 3 months. In all 3 cases the follow up smear tests showed that the infections were completely healed. There were a further 2 cases who had Trichomonas Vaginalis and appropriate antibiotic treatment was given. In the year 2010 there were no smear tests conducted due to some internal problems that as yet have not been resolved.

In an average population of women one would normally expect to find abnormalities in 1 out of every 12 smear tests conducted. In the case of female substance users, the outcome is rather higher, resulting in up to more than half the tests carried out resulting in some form of infection. This indicates the risk to which female drug users expose themselves and calls for the need of particular care and attention to the sexual health related needs of the female drug using population.

7.3 Interventions related to Psychiatric Co-Morbidity (Dual Diagnosis)

The Dual Diagnosis Unit (DDU) at Mount Carmel Hospital serves to detoxify, stabilise and provide medication to dual diagnosis clients. Referrals to and from other drug treatment agencies are often made. The nursing staff provides patients with basic problem-solving interventions however therapeutic input is limited and further supervision and training in the areas of motivational interviewing, group work, individual and family therapy are needed. Some clients typically discharge themselves against medical advice. Such persons are increasingly susceptible to drug overdose due to their concomitant use of illicit drugs and pills.

SMOPU offers a psychiatric service for clients with varying degrees of mental health problems. The aim of this service which commenced in 2004 is stabilisation of drug use through substitution treatment and treatment of the psychiatric condition.

The standardisation of clients' intake assessments has enabled drug treatment agencies to detect the signs of any co-morbid conditions more easily. This has meant that agencies are now working more closely and in parallel with psychiatrists and psychologists in order to treat clients with psychiatric co-morbidity more effectively. Additionally, whereas in the past, rehabilitation centres did not accept clients on psychotropic medication, in recent years a large number of clients entering rehabilitation are on medication, although rehabilitation centres still do not cater for clients who are psychotic or who are severely depressed.

In order for the needs of clients with psychiatric co-morbidity to be addressed more effectively, common definitions and tools need to be used across the different specialised drug treatment agencies. Also clear working protocols regarding the initial diagnosis, treatment plan and referral of clients to different services and agencies need to be established. Finally, training of staff members in the management of clients with dual diagnosis is essential if agencies are to be in line with best practice when intervening with this type of client group.

7.4 Interventions Concerning Pregnancies and Children Born to Drug Users.

Refer to Chapters 6 and 12 for more detailed information regarding pregnancies, children born and parenthood of drug users.

CHAPTER 8

SOCIAL CORRELATES AND CONSEQUENCES

8.1 Drug-Related Crime

Police Arrest Data

Between 1998 and 2010 slight fluctuations continued to be apparent in relation to the number of arrests related to the possession or trafficking of illicit drugs. In 2004 however, a sharp increase in the amount of arrests was reported. This increase was followed by a decrease of 12% the following year (2005) and a further decrease of 28% was registered in 2006 compared to 2005. In 2007 arrests registered an increase of 10% over 2006, while another increase of 6% over 2007 was reported in 2008. In 2009 a slight decrease of 2% was registered over arrests reported in 2008. In 2010, a 19% decrease was registered in the number of arrests made when compared to 2009.

Arrest data can be affected by law enforcement strategies, levels of police enforcement and also by the level of substance abuse problems within the country. Because data may be affected by any of these individual factors, and at times by a combination of all three factors, it is very difficult to establish any concrete conclusions regarding any changes registered in the amount of arrests taking place.

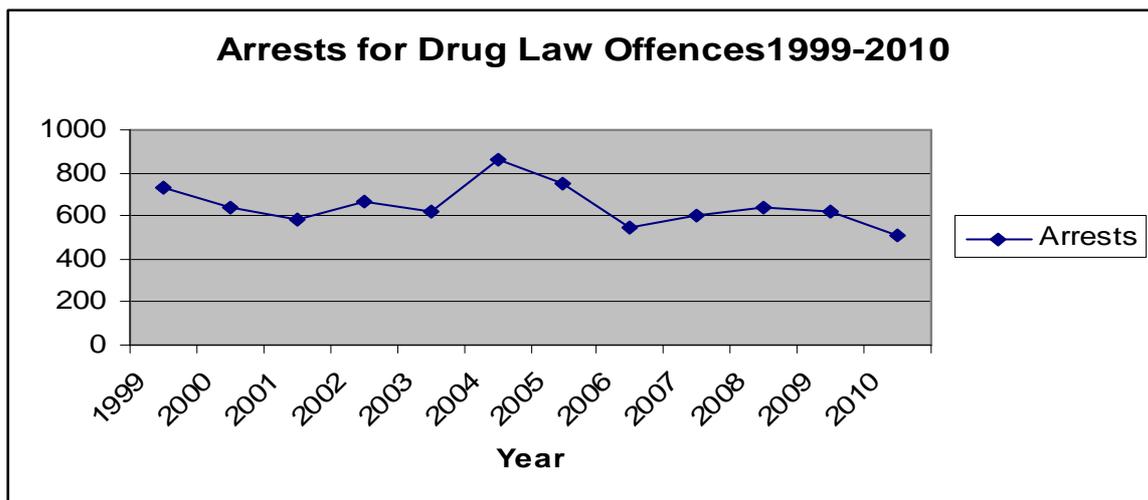


Figure 8.1.

Source: Police Arrests Files 1999-2010

In 2010, the Malta Police Drug Squad made 506 arrests for drug law offences compared to the 623 made in 2009. Of these arrests, 445 resulted in court arraignments. A total of 285 arraignments were related to possession of drugs while 160 were related to drug trafficking offences. In 2009, 462 arrests were for possession of drugs whilst 161 were for drug trafficking offences. Most charges for possession involved cannabis, heroin and cocaine. In 2010, the greatest number of arrests related to trafficking were related to trafficking of heroin (31%), followed by cocaine (21%) and cannabis (19%), whilst in 2009 the greatest number of arrests for trafficking were for cocaine (40%), followed by heroin (29%) and cannabis (22%).

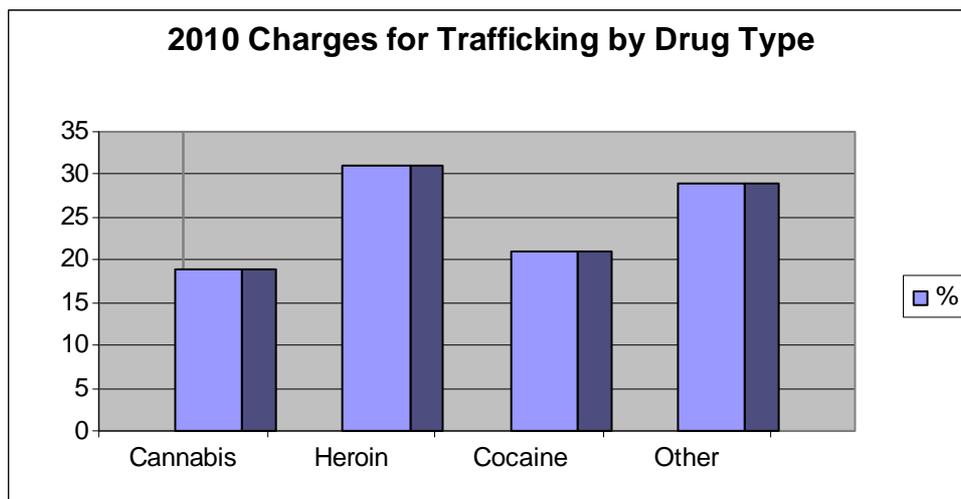


Figure 8.2
Source: Police Arrests File 2010

Demographic characteristics of arrestees charged with drug offences

Of the 506 persons arrested in 2010, 424 (84%) were male while 82 (16%) were female. This shows an increase of 3% in the proportion of arrests involving females compared to 2009, when of the 623 persons arrested, 542 were male (87%) and 81 were female (13%). The majority of people arrested for trafficking (72%) were Maltese, while in 2009 75% were Maltese. Most persons charged with drug possession in 2010 were aged between 15 and 30 years (85%), whereas most persons charged with drug trafficking in the same year were aged between 20 and 34 years (78%), (Figure 8.3).

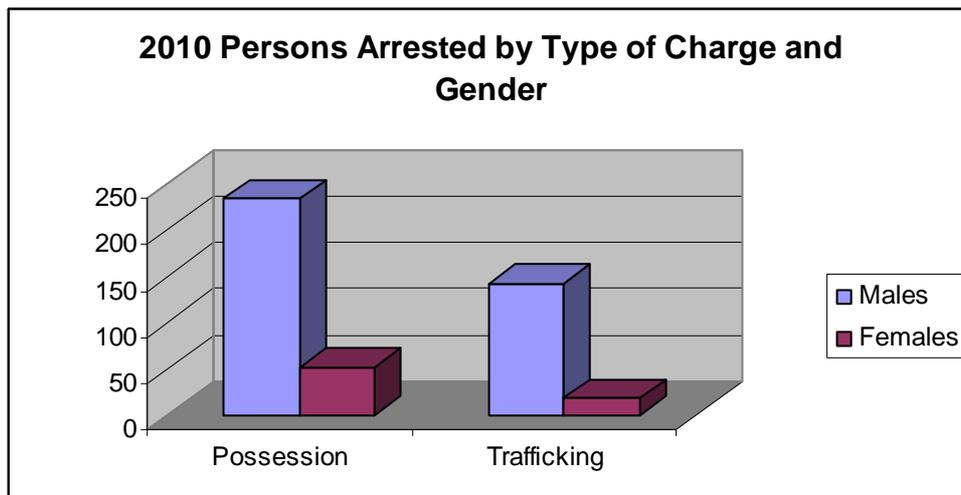


Figure 8.3

Source: Police Arrests Merged Files 2009 - 2010

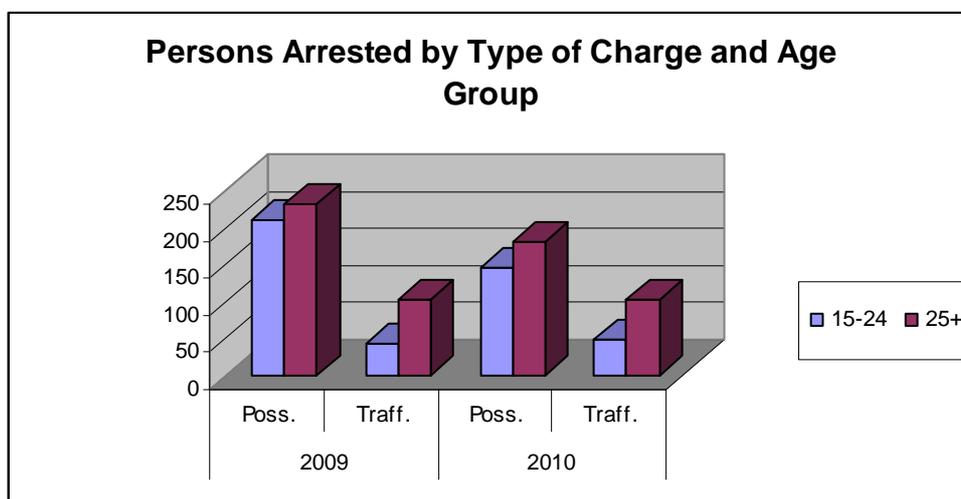


Figure 8.4

Source: Police Arrests Merged Files 2009 - 2010

Young people aged between 15 and 24 years were most likely to be apprehended for possession of cannabis. Adults of 25 years or older on the other hand were most likely to be arrested for the possession of heroin or cocaine.

Young people aged 15 to 24 arrested for drug trafficking offences during 2009 were more likely to be arrested for trafficking cocaine followed by cannabis, while the majority of persons 25 years or older were arrested for dealing in heroin and cocaine. This information ties in perfectly with the data for 2010 which follows similar patterns for data related to possession and trafficking. Figure 8.5 shows the charges made by the police according to age.

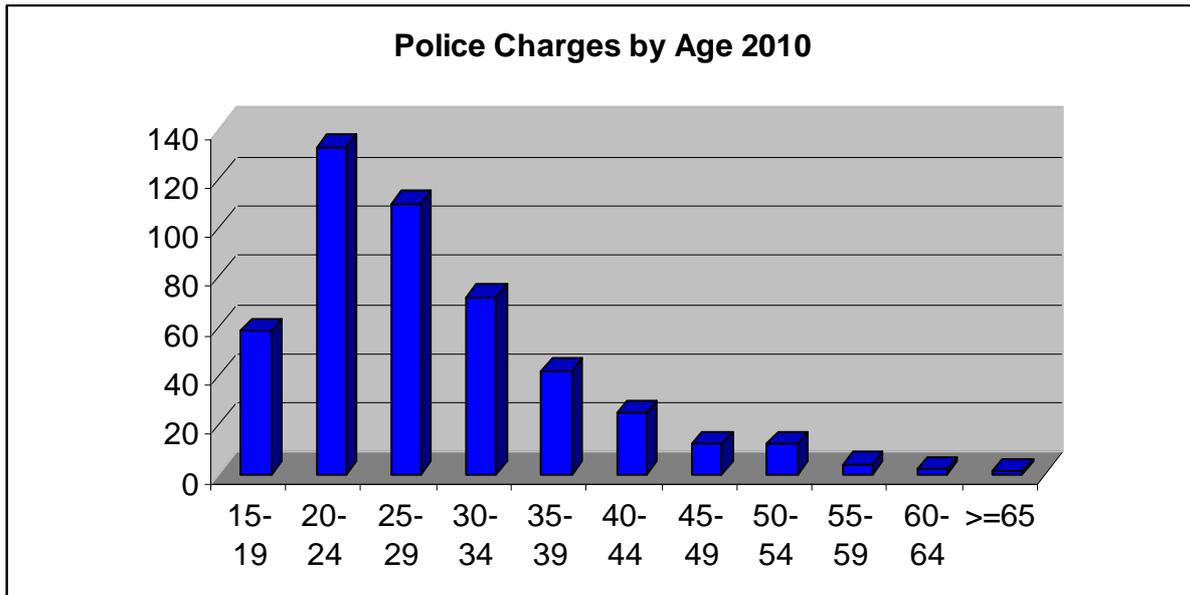


Figure 8.5

Court Judgments

During 2010, 49 new cases for drug possession were brought before the courts. Of these cases, 41 were brought before the Maltese Courts while another 8 were brought before the Gozo Courts. The great majority of individuals charged with possession were males (84%). The mean age of persons brought to court was 27 years.

The majority of individuals were charged with possession of cannabis (18 cases), followed by possession of cocaine (14 cases), and heroin (11 cases). Other cases were related to the possession of amphetamines (2 cases), ecstasy (2 cases), khat (1 case) and methadone (1 case).

The majority of cases were handed a conditional discharge (63%), while 18% were handed a probation order, 6% were handed a suspended jail sentence while 4% were sentenced to a prison term.

Outcome of Judgment for New Possession Cases in 2010

Outcome of Judgement	Number of cases
Conditional Discharge	31
Probation	9
Suspended Jail Term	3
Imprisonment	2
Fine	2
Acquittal	1
Sentence Appealed	1

Table 8.1

Source: Malta Law Courts 2010

Probation Services Data

During 2010, the Probation Services had 241 clients with a known drug problem as compared to the 230 clients seen in 2009. The majority of clients for 2010 (86%) were male and this is the same percentage of males (86%) as that for 2009. The average age among clients was 28 years for 2010, while the average age of 30 years was found for 2009. A total number of 170 persons were known to have problems related to heroin use (71%) in 2010 whilst in 2009, a total of 174 persons were known to have such problems (76%). Cannabis users among probation service clients in 2009 amounted to 33 (14%) while in 2010 such clients amounted to 39 (16%). In 2009 cocaine users were 23 (10%) and in 2010 this client group amounted to 28 (12%). Less than one percent used other drugs in 2010.

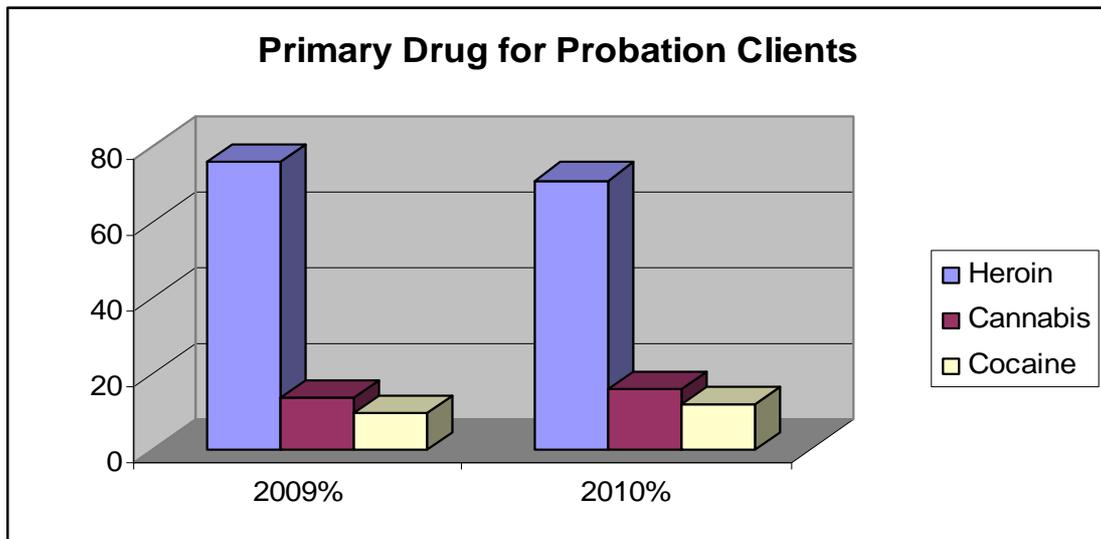


Figure 8.6

Source: Probation Data Files 2009/2010

Prison (CCF) Data

During 2009, 637 persons were in prison after arrest or sentencing. All inmates are tested for drugs upon admission and in 2009, 37% of inmates tested positive for opiates, cocaine or cannabis. During 2009 a total of 421 psychological assessments were carried out with residents. During these assessments, 209 inmates disclosed substance abuse, 103 disclosed intravenous use of drugs while 106 disclosed non-intravenous use.

In 2010, a total number of 731 individuals were imprisoned after arrest or sentencing. After being tested, 30% of inmates (223 individuals) tested positive for opiates, cocaine, cannabis or a mix of two or all drug types. Figure 8.7 shows that in 2010 there was an increase of 4% for inmates found positive for heroin. People testing positive for cocaine have decreased by only 1%, which signifies that this amounts to the same average of the previous year. The most significant change occurred with people testing positive for cannabis, which has shown to decrease by 5% compared to the previous year. A slight decrease was also in evidence between the two years in those found positive for both heroin and cannabis (7% for 2009 as compared to 6% for 2010), and a slight increase is shown for those testing positive to heroin and cocaine (2% increase from 2009).

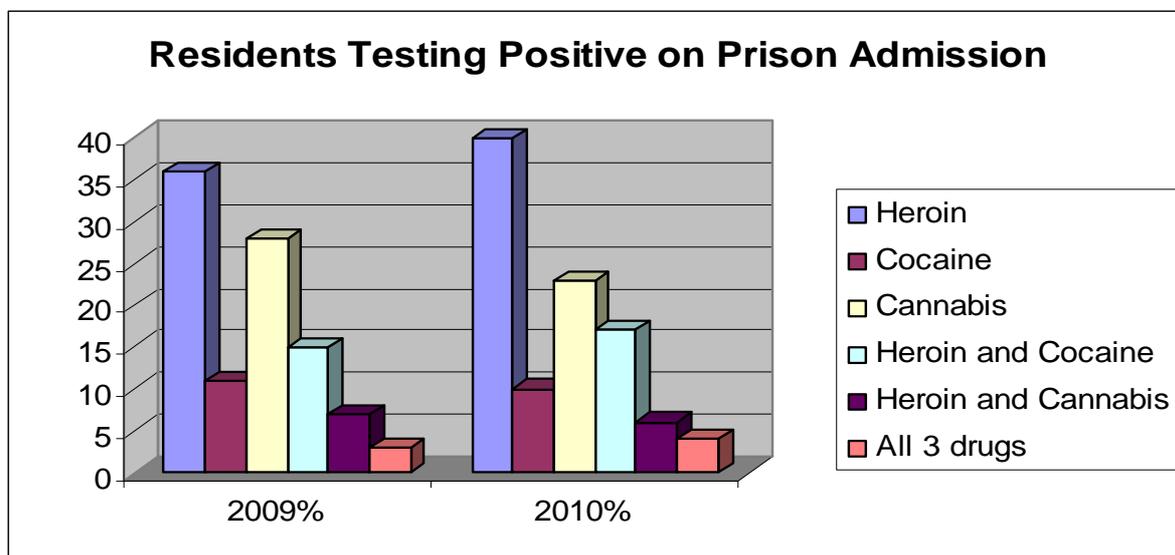


Figure 8.7

8.2 Drug Use in Prison

Prison routine inspections in 2006 resulted in 51 drug seizures on prison grounds or in related health institutions. 47 of these cases were prosecuted. 37 were inmates (34 males and 3 females) and 10 were visitors (9 female and 1 male). In the majority of cases (84%), heroin was suspected.

For the duration of their prison sentence, inmates are randomly tested for drugs on a monthly basis. In 2006, from a total of 424 random drug tests on 268 unique individuals¹, 23% tested positive for heroin and 6% for cannabis. No one tested positive for cocaine. Some inmates were tested more than once and the number of positive results for multiple testing on the same individual ranged from two to six. CCF used to carry out systematic random mandatory drug testing throughout the year but this practice has been discontinued in 2009 due to some administrative limitations. Actual random tests carried out were sporadic and usually tied to either prison leave issues or else to suspicion of drug misuse. However, preparations are underway for these mandatory random tests to start being administered once again in the second part of 2011.

¹ The number of random drug tests administered in 2006 nearly doubled those conducted in 2005 (244 random drugs tests on 194 individuals) (NR2006)

CHAPTER 9

RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES

Problem drug use is very often linked to deprivation and poverty and hence social exclusion. Exclusion may come in many shapes and forms but the key issue may be exclusion from the labour market, often compounded by social instability, a criminal record and dependence on state benefits. Social integration would now appear a necessary part of treatment if the treated user is to get back on his/her feet again and become a valued member of society.

9.1 Social Reintegration

Training and Employment

A considerable amount of work related to the training and employment of drug users is also conducted between the ETC and the drug treatment agencies Sedqa and Caritas, Probation Services and Corradino Correctional Facility (CCF).

During 2009, ETC, through its efforts in assisting disadvantaged clients assisted people to enrol in training schemes or helped them attain a job. This initiative resulted in placing in employment 62 persons who were recovering substance users or former inmates within the Corradino Correctional Facility (ETC Annual Report 2009).

The ETC also assists in offering training and educational support schemes for people who are serving a prison sentence. In 2009, ETC collaboration with Corradino Correctional Facility resulted in the participation of 127 inmates in training programs in various areas. The amount of participation in these training programs was reported by ETC to have doubled in comparison to the participation reported in 2008 (ETC Annual Report). During 2010 ETC and the CCF collaborated to provide training to 173 CCF inmates (149 males and 24 females, all within the 25-39 age group).

In mid-2006 a new board was established, the '(Ex-) Substance Abuse Monitoring Board'. This comprises representatives from ETC, Sedqa and the Department of Social Security. The aims of this board are to discuss, evaluate and monitor the employment status and employment prospects of particular clients and provide them with additional assistance if needed. During 2009 the Board intervened and called for interviews with 14 clients who were considered as showing 'reluctance' to access employment. During 2010, 2 board meetings

were held during which 29 clients attended such interviews. The following chart shows registered unemployed in Part 1 and Part 2 unemployment schemes.

ETC Data	2009	2010
<i>Registered Unemployed with ETC</i>	7,860	6,606
<i>Registered Unemployed known substance abusers</i>	209	202
<i>Registered Ex-prison inmates</i>	134	147
<i>Registry Unemployed 'social cases' – some substance abusers can fall under this category</i>	59	73

Table 9.1

9.2 Prevention of Drug-Related Crime

Arrest Referral Scheme (ARS)

The ARS aimed at referring first time drug offenders (for minor offences) to drug treatment / monitoring programmes was launched in July 2005 and became fully operational in September of the same year.

Problems with the ARS

Due to a number of difficulties, the arrest referral scheme was discontinued. However, the National Commission on the Abuse of Drugs, Alcohol and other Dependencies together with the National Coordinating Unit for Drugs and Alcohol (both entities within the Ministry of Education, Employment and the Family) are currently discussing a new way forward with the purpose to resume the Arrest Referral Scheme.

CHAPTER 10

DRUG MARKETS

10.1 Availability and Supply

As reported in previous National Reports, cannabis continues to be the most widely used illicit drug among the general population. This was again shown in The European Health Interview Survey 2008 which is also referred to in Chapter 2 of this report. Most people in treatment for drug related problems seem to continue to be mainly users of heroin as their primary drug, as shown in Chapter 4 of this report. However, there is a substantial increase in the number of clients receiving treatment for cocaine use, compared to 2006.

Herbal cannabis in Malta is generally locally grown, while cannabis resin is imported into the country from North African countries, mainly Tunisia and Libya. Heroin is imported primarily from North Africa (Libya, Tunisia), from Brussels or directly from Turkey. Cocaine is mainly being smuggled through Schengen countries, particularly Spain. Ecstasy and other amphetamines are smuggled into Malta mainly from European destinations, particularly from Italy or directly from the Netherlands.

During 2009, a new drug called mephedrone (street name - meow meow) emerged in the European drug market. This substance was not controlled by law in most of the European Union countries and was available mostly through online purchase. In this regard, Malta was among the first countries to react to this drug by taking measures to include it in the list of scheduled drugs. This was done in September 2010 (refer to chapter 1), making it illegal to possess or deal in this substance. A decision was also taken throughout Europe to ban this drug in all member states.

10.2 Seizures

During 2010, the total number of drug seizures amounted to 293, an increase of 22% over the total number of seizures made by Maltese Law Enforcement Authorities in 2009, which amounted to 240. However, seizures for 2009 and 2010 show a decrease of 27% and 11% respectively over 2008 (328 seizures). The amount of arrests in 2009 also show a slight decrease (2%) over 2008 while in 2010 a substantial decrease of 19% was reported compared to the number of arrests made in 2009 (Chapter 8). However, the amount of drugs

seized in 2009 was greater than that compared to the amounts registered for 2008. This is particularly the case with herbal cannabis which amounted to 458kg. This increase was attributed to one particular seizure which involved the Police seizing almost 450 kg of cannabis on one occasion during September of 2009. This seizure amounted to more than double the collective amount of seizures registered in the previous 8 years for this particular drug. In 2010 cannabis resin and khat seizures were distinctively larger than the seizures made in previous years.

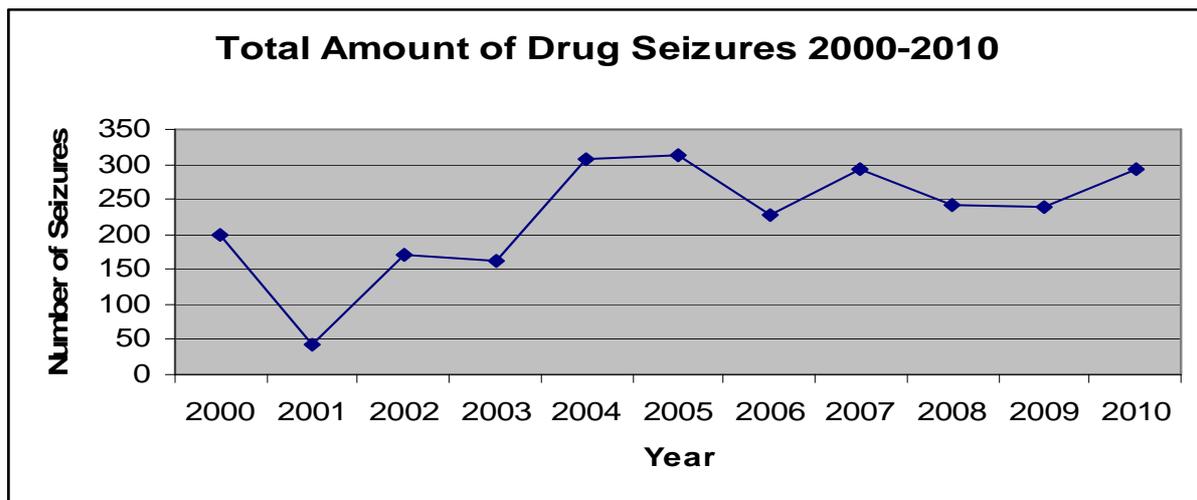


figure 10.1

Source: Police Drug Squad Annual Reports 2000-2010

Quantities of Drugs Seized 2003-2010

Drug Type	2003	2004	2005	2006	2007	2008	2009	2010
Heroin (grams)	5498.0	769.0	15487.2	1892.1	16427.1	8270.0	8410.0	5090.09
Cocaine (grams)	3716.0	152.0	6398.1	4269.0	9518.5	21144.0	16005.0	423.47
Cannabis resin (grams)	34429.0	33081.0	19662.8	44987.3	2271.1	23410.0	23420.0	42771.33
Cannabis grass (grams)	24532.8	2348.0	1886.6	2862.9	48.6	160.0	458000.0	755.45
Cannabis seeds (number)	48259.0	2281.0	0.0	0.0	183.0	0.0	0.0	160
Cannabis plants (number)	125.0	293.0	3.0	39.0	79.0	11.0	6.0	27
LSD (microdots)	0.0	0.0	3.0	0.0	8.0	0.0	0.0	8
Ecstasy (tablets)	8694.5	6071.0	17273.0	16479.0	30259.5	13677.0	21682.0	16,400

Malta National Report 2008 – 2010

Amphetamines (grams)	0.5	69.0	1000.0	0	0.4	50.0	10.0	1.6
Mcpp (tablets)	0.0	0.0	0.0	50533.0	0.0	0.0	0.0	0
Khat (grams)	0.0	0.0	0.0	11812.3	200.0	0.0	0.0	423030
BZP (tablets)	0.0	0.0	0.0	170.0	62.0	0.0	0.0	0.0
BZP (grams)	0.0	0.0	0.0	9.9	0.0	0.0	0.0	0.0

Table 10.1

Source: Police Drug Squad Records 2003- 2010

The majority of persons caught trafficking drugs were Maltese Nationals (72%). The highest number of cases for trafficking was for heroin, cocaine and cannabis respectively.

Traffickers by Nationality and Seizure Cases

Nationality	Drug Type				Total
	Cannabis	Heroin	Cocaine	Amphetamine type	
American	0	0	3	0	3
British	1	1	3	0	5
Bulgarian	0	0	1	0	1
Costa Rica	0	0	1	0	1
Dominican Republic	0	0	1	0	1
Egyptian	1	0	0	0	1
Ghana	0	0	1	0	1
Irish	0	0	1	0	1
Korean	1	0	0	0	1
Latvian	0	1	0	0	1
Liberian	0	1	0	0	1
Libyan	2	1	0	0	3
Maltese	23	42	16	9	90
Nigerian	0	2	4	0	6
Portuguese	0	0	1	0	1
Romanian	0	0	1	0	1
Somalian	2	0	0	0	2
Spanish	0	1	1	0	2
Zambian	0	1	0	0	1
Total	30	50	34	9	123

Table 10.2

Source: Police Drug Squad Records 2010

10.3 Purity and Price

“Price and purity data, if properly collected, can be very powerful indicators for the identification of market trends. As supply changes in the short-run are usually stronger than changes on the demand, shifts in prices and purities are a good indicator for actual increases or declines of market supply.” (UNODC 2007 World Drug Report)

Purity

During 2009, some increases in purity levels were noted for cannabis types and ecstasy. In 2010, levels of purity for cannabis decreased again, with cannabis resin reported at 5.5% purity and cannabis herb reported at 4.2% purity. However, a decrease was also noted for cocaine in 2009 (21.7%) and 2010 (24.7%) when compared to 2008 (55%). Heroin showed an increase in purity (41.7%) compared to 2008 (30%) whilst in 2010 the purity level decreased to 37.1%. Although the mean purity percentages may vary slightly from year to year, it is important to keep in mind that sample sizes also fluctuate from one year to the next, and this factor could influence the mean percentages. Additionally, one particular sample that has either very high or very low purity could also skew the overall mean of the reporting year. Table 10.3 shows the mean purity at street level for different drugs for the years 2008, 2009 and 2010.

Mean Purity at Street Level for Different Drugs 2008 - 2010

Substance	2008 purity (%)	2009 purity (%)	2010 purity (%)
Cannabis resin	7.5	8.5	6.1
Cannabis Herb	4.5	6.25	5.35
Heroin	28	36	30
Cocaine	35	20	29.5
Ecstasy	26	28	41.4

Table 10.3
Source: Malta Forensic Science Laboratory Data 2008- 2010

Price

Table 10.4 shows the mean price at street level for different drugs between 2007 and 2010 as reported by the inspectors of the Malta Drug Squad. Heroin is reported to have decreased in price in 2009 and 2010 compared to 2008 while the price of herbal cannabis reported the most drastic increase in price in 2009 (**€70**) compared to 2008 (**€4**) and decreased again in 2010 (**€24.50**) though it remained substantially higher than in the preceding years. The limitations as regards drug prices are mainly due to the fact that data is limited to one source (reports by police inspectors) and not multiple sources (e.g. reports by persons in treatment, probation officers through their clients,) that can be cross-compared. Additionally, at present, drug prices are collected only once yearly and this method is not extensive or reliable enough to ensure the integrity and reliability of the data. Finally, prices for cannabis, heroin and amphetamine are reported in amounts that are commonly sold at street level and only roughly 'translated' into weights per gram.

As an overall note, it is also important to acknowledge that the drug market is sensitive to changes occurring at social and law enforcement level and that these factors can affect prices, particularly where drug availability is concerned.

Prices at Street Level for Different Drugs 2007-2010

	Mean Price (€) 2007	Mean Price (€) 2008	Mean Price (€) 2009	Mean Price (€) 2010
Cannabis resin	8.10	9	10	17
Cannabis herb	2.91	4	70	24.50
Cocaine	85.27	70	80	80
Heroin	81.55	130	70	73
Ecstasy	10.48	10	10	10

Source: Malta Police Force 2007-2010
Table 10.4

PART B

SELECTED ISSUES

Chapter 11

Drug Use Among Prison Population

11.1 Executive Summary

Corradino Correctional Facility is the only correctional institution in Malta and houses all people who have been remanded in custody or convicted by the courts. Thus the population at CCF holds both male and female residents (in separate units), residents who are still awaiting trial and others who are serving a prison term. In terms of specific populations, CCF also has a vulnerable person unit that houses inmates who are at risk of victimisation in the main sections.

In view of the imminent introduction of parole in the local legislation, currently the Corradino Correctional Facility (CCF) is undergoing restructuring in most of its policies and procedures regarding the interventions to drug users in prison. The current system will be replaced with new policies outlining the formulation of a care-plan upon admission, which will be instrumental in securing proper sentence planning for the residents throughout their stay at CCF. Additionally, current procedures relating to the transfer of inmates to drug rehabilitation in the last two years of their sentence are now being revisited in light of the eligibility criteria for the granting of parole.

In the last 5 years there were no changes in policies. However policies are being revisited in the light of the introduction of the principles of restorative justice.

11.2 Prison Systems and Prison Population: Contextual Information

During the year 2010, there were a total of 731 persons at the Corradino Correctional Facility (CCF). Of the total number, 93% (682 individuals) were male. On admission, 30% of all inmates (223 individuals) resulted positive for any drug following standard testing. The female cohort amounted to 9% of the total that resulted in positive test for drugs. On any given date the prison population numbers are at around 600 residents.

37% of the inmates in prison were sentenced for drug-related offences, whilst 28.6% were sentenced on theft and aggravated theft. Homicide convictions amount to 6.8% of the whole prison population.

There were 102 inmates who were on methadone treatment in 2010. This amounted to 14% of the total population for 2010. Of this total, 93% (95 inmates) were males. These individuals start their substitution treatment at the Forensic Unit in Mount Carmel Hospital, and once the inmate is stabilised and given that he does not have any other psychiatric condition/s that need observation, the inmate is sent back to CCF.

A total of 4 inmates passed away, one succumbing to terminal illness, another through suicide, one due to heart failure and another found dead. These last three cases are still subject to an inquiry to their cause of death. With regards to health correlates, no statistical information as whole is available as yet as regards the medical state of the inmate population. However all residents are followed by qualified medical personnel who adhere to strict medical protocols. If any of the residents requires medical attention beyond that available within the facility, then they can benefit from state health care at the general hospital. No overdose has been registered in the past year at CCF.

11.3 Drug Use among Prison Population

In the 2010, 217 inmates (30%) were known to be drug users with a known primary drug. The following table shows the known primary drug by gender.

Primary Drug	Females	Males	Total
<i>Heroin</i>	14	80	94
<i>Cocaine</i>	6	47	53
<i>Cannabis</i>	2	67	69
<i>Ecstasy</i>	0	1	1
	22	195	217

Table 11.1

The average age of inmate drug users with a known primary drug was 30 years of age, with cocaine and heroin users both with an average age of 31 years and cannabis users an average age of 28 years.

The average known age of first use of the primary drug among known drug users was of 17.3 years, with cocaine's average age standing at 19 years, heroin 17 years and cannabis 16 years.

The following table shows the nationality of those inmates with a known primary drug. Of all the 217 inmates, 85% of individuals were Maltese.

Nationality	Amount
American	4
British	5
Bulgarian	1
Egyptian	1
Georgia	1
Italian	4
Latvian	4
Libyan	3
Maltese	185
Nigerian	4
Palestinian	3
Portuguese	1
Somali	1
Grand Total	217

Table 11.2

The following figure shows the percentage of individuals testing positive for drugs on admission by the region they live in.

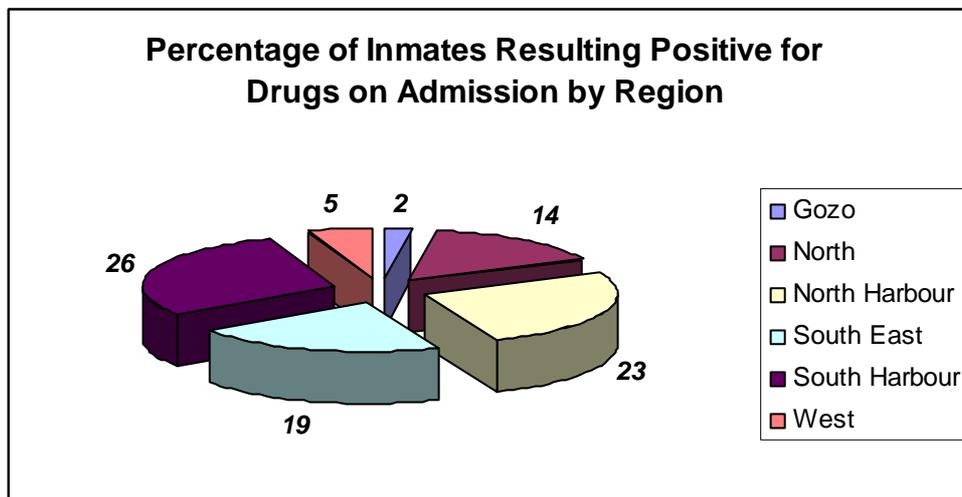


Figure 11.1

What follows is an interesting comparison of the data as showed in figure 11.1 with all treated clients in 2010 as found in chapter 4. Such a comparison shows that people admitted to CCF when compared to people using services by region, differs up to a maximum of 10% in the Southern Harbour area. The percentage of admissions for the Northern and South

Eastern regions is higher than that of the people accessing services in 2010 (Figure 11.2). Overall though, the data shows a true reflection of persons admitted to prison when compared to data by region for all treated clients in 2010, with the highest percentage of persons resulting positive for drugs upon admission to CCF as those from the Southern Harbour region.

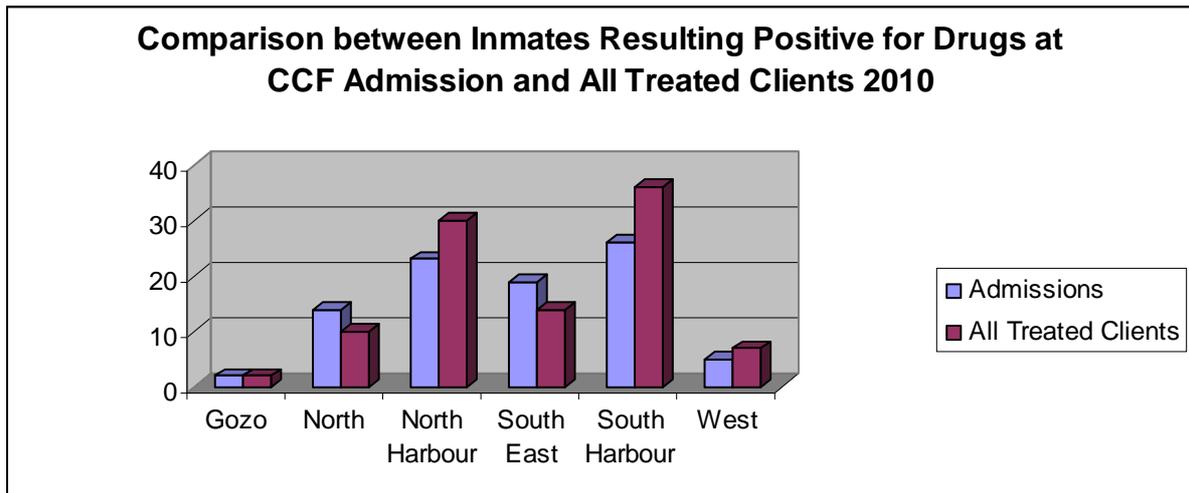


Figure 11.2

Figure 11.3 is a comparison of data gathered showing the percentage of all individuals who were being treated in 2010 by primary drug (Chapter 4, figure 4.8), as compared to inmates with a known primary drug. There is a sharp difference in the primary drug of people in the community as compared to inmates, with nearly a 50% decrease in heroin and more than 50% increase in cocaine. The highest percentage of known primary drug in prison is known to be cannabis, with a six-fold increase in percentage (32% for inmates as compared to 5% for people treated). Heroin remains the most widely known drug of primary use for both inmates and people treated in 2010.

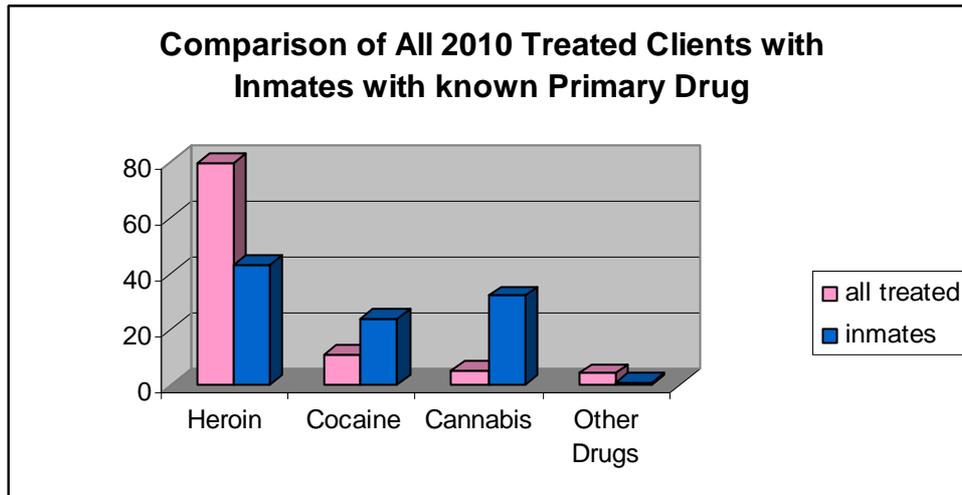


Figure 11.3

11.4 Prison Health Policies and Service Delivery

The medical personnel at CCF follow the guidelines of general health practice established by local health legislation and authorities. There is no separate additional funding, beyond that established in the facility's yearly budget, made available for the medical health care of the residents.

The current health and psycho-social staff complement for the prison population is as follows:

- 2 psychiatrists,
- 5 doctors,
- Dentists who are on roster,
- 3 nurses,
- 3 forensic psychologists and
- 1 social worker.

CCF does not as yet have clear policies on drug prevention in prison. With regards to harm reduction and care of drug users in prison, CCF initially seeks to provide all the necessary medical help available through the use of substitution treatment, and when necessary the placement of such inmates in dedicated observation units. Additionally, CCF makes use of clear protocols which outline the selection criteria needed to be met in order to transfer inmates to selected drug rehabilitation units. Drug treatment agencies, such as SATU

(Substance Abuse Therapeutic Unit), Caritas and Agenzija Sedqa, also offer counselling and support services to inmates inside the correctional facility who have a recognised drug problem.

11.5 Drug-related health services in prison

Upon entry into prison, a resident is first seen by the medical personnel who perform a thorough medical screening. Drug use prior to incarceration is assessed via urine toxicology tests. Following this, the resident is also seen by the psycho-social team who perform standard tests, such as the SASSI, which indicates the extent of addiction of the inmate in question.

Drug prevention, information and education activities are not currently being held at CCF.

The number of residents following drug rehabilitation outside of prison varies constantly. During the 2010, 34 residents followed drug treatment in an outside agency and by far the majority of these residents were diagnosed with opiate addiction. Counselling of residents with a drug problem is not only conducted by the CCF team but also by the outside agencies who regularly visit CCF to deliver outreach activities with their incarcerated clients.

The staff members at CCF follow primary health care protocols for any other harm reduction exercises, such as infectious diseases.

With regards to preparation for release and continuity of care, there are efforts to prepare the inmates for release, but it is not within the remit of CCF to provide for continuity of care.

11.6 Drug Testing in Prison

Drug testing in prison is conducted via urine toxicology testing for both medical and administrative purposes. Urine toxicology samples taken on medical grounds are non-mandatory whilst those taken for administrative purposes (e.g. security issues, suspicious behaviour, and applications for prison leave) are mandatory. In both cases, samples are collected in sterilised containers and tested in the presence of the resident with the use of dip-in sticks. If the result is positive for any of the three drugs of choice, that are cannabis, heroin and cocaine, the containers are sealed with a bar-coded tamper-proof seal and sent to the toxicology department at Mater Dei hospital, where a more thorough test is carried out. The result of the latter testing is binding.

11.7 Service Quality

Guidelines on drug treatment, prevention, rehabilitation and harm reduction are presently being discussed and drafted in view of the necessary changes that the introduction of the parole system will impose on current CCF practices.

At present no training is provided to staff members in drug-related prevention, risk awareness and reduction.

Chapter 12

Drug Users with Children

12.1 Executive Summary

There is a considerable possibility that drug users seeking treatment may be living with children. Children living in similar circumstances may be vulnerable to several problems both of physical, social and psychological in nature. In such circumstances, it is important that the needs of both the drug users and their children should be taken into account when interventions are made.

Also, drug using mothers and pregnant women may pose particular challenges in the treatment process, both due to complications that may arise during or after pregnancy due to substance abuse and also in circumstances where the mother may be the main care provider for her children.

12.2 Size of the Problem

Drug users in treatment who have children

According to data collected from the Treatment Demand Indicator (see Chapter 4), of the 313 individuals who had received drug treatment for the first time during 2010, 166 of them reported having children. Most of those reporting having children (81%) were male. About 52% of clients reported being parents to one child, while 32% reported being parents to 2 children, another 8% reported having 3 children while 5% reported having more than 3 children. About 3% of clients reported being parents but did not specify how many children they had. Among this client group 66% were between the age of 15 and 34 years old, while those being parents while still under the age of 20 amounted to 1%. The most common age was between 25 and 29 years (26%).

The most common primary drug among this group was heroin with 67% of clients reporting such use. Cocaine users accounted for 21% of this cohort, while 4% reported using cannabis as their primary drug.

Among the total 166, 61 individuals (37%) reported living in the same household as their children, 48 (29%) reported living with their partner and children, 8 (5%) reported living with one or both parents and children. Those living alone with their children amounted to 5 individuals (3%).

Pregnant Substance Misusing Mothers

During the year 2010, 15 substance misusing women attending the Substance Misuse Outpatient Unit (SMOPU) were pregnant. Of these, 2 women miscarried, one of which had a missed abortion in the first trimester.

The other 13 mothers all delivered healthy babies. Among the new born children, 11 infants had withdrawal symptoms and were given oral morphine as a substitute. The remaining 2 babies did not require opioid substitution treatment.

After the cases were reported to 'Appogg' (National Agency for the Welfare of children, families and the community), 5 care orders were issued, 2 of the children are living with the mothers in the presence of close relatives while 7 other cases have signed social contracts and the children are being cared for by their natural mothers.

Child Protection Services

'Appogg' is the National Agency which is directly responsible for child protection services within the country. It aims at offering comprehensive social work services according to the individual needs of children.

In 2010, of all the cases investigated by Appogg, 36 children were issued care orders. Out of these children, 24 were issued care orders in relation to drug using parents. There were also 63 children in foster care out of a total of 212 fostered children whose parent/s had drug related problems.

'Benniena' is another service which is offered by Appogg and is specifically targeted towards pregnant women. This unit functions directly from Mater Dei Hospital (MDH) which is the National General Hospital for Malta. Referrals to Benniena arrive from the Gynae Wards. They refer mothers who are passing through difficulties, such as separations, parental rights, teenage pregnancies, domestic violence and substance abuse. There is also a committee

which discusses situations of expecting mothers who are substance abusers. The information is shared between social workers from MDH, Appogg Child Protection Services, Sedqa, Caritas and nursing officers from the 3 Gynae wards and outpatients as well as nursing officers from the paediatric wards. During 2010, a total of 168 clients were referred to this service, of which, 17 cases were related to drug use by the natural mothers.

12.3 Policy and legal framework

Drug users with children in Malta fall under the same legal frameworks as those other persons who do not make use of drugs. In situations where there is child abuse, agencies such as Appogg have to investigate allegations and take action irrelevant of the parents' use or abuse of drugs. Interestingly, two-thirds of all care orders issued by this agency are related to drug abusing parents, meaning that these children may in varying ways be more at risk than others.

12.4 Specific Responses for Drug Users with Children

Benniena

Benniena service has been operating since 2000. Initially the aim of the service was to be able to provide comprehensive support to women who experience any form of crises due to pregnancy. The service is also open to the family, boyfriend, husband or any significant others, when necessary. The service users come into contact with the service around three months' into their pregnancy and generally are followed up to a month post discharge.

Over the years the service has grown to include paediatric referrals as well as support to mothers who have been abusing substances over the years. Initially the service would have intervened with a handful of case situations. However last year, the social workers intervened with 17 mothers, 6 of whose children ended up having to undergo a care order procedure, conducted on hospital grounds.

Since the number of mothers in this category has grown, a need was felt whereby all concerned stakeholders meet and pool information about the mutual service users, to try to mitigate the negative impact on the child as well as on the mother. This is the Substance Abuse Mothers Working Committee, which is made up of social workers from Mater Dei

Hospital Banniena Service, and Child Protection Services, Agenzija Appogg, Agenzija Sedqa, Caritas and other relevant agencies as may be deemed fit. It also includes paediatricians, midwives from all obstetrics wards, paediatric nursing officers, antenatal midwives, doctors etc. The remit of the Working Committee is to follow mothers-to-be who have substance abuse issues. This is done, primarily, to ascertain that the mother-child unit will be supported to the best of everyone's ability. The collective feeling is that if the mother were sufficiently prepared and supported, then drastic measures, such as care/court orders, could be avoided, and the child would be placed within the family of birth which is the best place for him/her to thrive, if this remains appropriate and meets the child's needs. Mothers are given options to follow therapeutic programmes and are asked to cooperate with all professionals. They are also directly informed as to what could happen if any agreements are not adhered to. Full measures are taken so that the welfare of the baby is always given the utmost importance, and that of the mother too. Monthly meetings are held where information is shared, with the understanding that it is confidential.

Decisions are taken together regarding the welfare of both the mother and the child. Sometimes, however, despite all efforts, the situation still necessitates that a care order be issued. These are quite lengthy procedures and involve ward staff, security, police, hospital social workers, other social workers from Appogg. To date there is an official protocol with Child Protection Services as to how to proceed with such situations. This protocol outlines the importance of a multi-disciplinary approach towards substance misusing pregnant mothers. This protocol is the basis for the Working Committee mentioned earlier and sets clear boundaries and outlines the duties of each professional involved. An agreement with hospital security has also been established which outlines guidelines on carrying out a care order at hospital.

San Blas (Caritas Malta)

Residents of the San Blas Rehabilitation Centre who have children follow a procedure regarding visitation. A plan is done according to the pre-assessment done before entering the rehabilitation community where information is collected by the outreach key-worker and the plan is formulated according to the needs of the parent and the child. The plan is reviewed every three months by the professionals involved.

Guidelines are issued in relation to the plan where, in the long run, the emphasis is on the interaction between the parent and child and enhancing their relationship.

There are other varied specialised services catering for the needs of children, especially those who might have to leave their natural family for a number of reasons. One of these services is the High Support service which helps children under a care order who, due to their emotional and psychological needs require high support within a residential service. This service provides individual care to vulnerable children.

The Fostering service offers support to foster carers to ensure the best possible service to children placed in their care. It also provides an alternative family setting for those children under a care order who live in a residential setting.

The Looked After Children ensures that children living away from their family are regularly followed with adequate and regular care plans. It ultimately aims at returning the children to their own family whenever possible.

12.5 General Responses

Residents who are parents and are undergoing treatment in a rehabilitation setting are taught skills on parenting. Parenting skills are a national objective, being offered by different services to parents with varying needs.

In 2010 another way of parenting was introduced to the general public, mainly positive parenting. A campaign was effected throughout the year. The positive parenting approach gives more importance to the responsibilities of child rearing not only to parents but also to those with whom the children spend most of their time especially before starting school years. It focuses on the best interests of the children, gives importance to the children's rights, guiding the children in their decisions, focuses on the positive qualities of the children and helps them develop their personality in a positive family atmosphere. It also emphasises zero tolerance towards any kind of abuse and a positive dialogue with the children. This campaign was a joint effort between Appogg and Sedqa services and has seen training to all staff of both services and also other external services. It was coordinated under the Foundation for Social Welfare Services.

The national helpline Supportline 179 remains the main contact for people in need, and regularly campaigns on different issues which people might find difficulty in. These include parenting issues such as conflict between parents and children, persons in drug addiction, and children in need among many other problem situations. It is a 24 hour generic service where people in need are guided to other services according to their individual needs but also tackles crisis situations such as domestic violence issues, homelessness and child abuse.

PART C

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ANNEXES

Abbreviations

ARS	Arrest Referral Scheme
BZP	1-Benzylpiperazine
COI	Cost of Illness
DSU	Disease Surveillance Unit
EAP	Employee Assistance Programme
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMQ	European Model Questionnaire
ESPAD	European School Survey Project on Alcohol and Other Drugs
ETC	Employment Training Corporation
EWS	Early Warning System
CIAU	Crime Intelligence Analysis Unit
CCF	Corradino Correctional Facility
DDU	Dual Diagnosis Unit
DSU	Disease Surveillance Unit
EU	European Union
GU	Genitourinary
HBSC	Health and Behaviour in School Aged Children
HBV	Hepatitis B Virus
HIV	Human Immune Deficiency Virus
HPV	Human Papilloma Virus
ICD	International Classification of Diseases
IDU	Injecting Drug User
LSD	Lysergic Dyethylamide Acid
mCPP	Meta-chlorophenylpiperazine
NCADAD	National Commission on the Abuse of Drugs Alcohol and other Dependencies
NFOD	Non Fatal Overdose
NFP	National Focal Point for Drugs and Drug Addiction
NGO	Non Governmental Organisation
NHIS	National Health Interview Survey
NMR	National Mortality Register
OD	Overdose
PIP	Prison Inmates Programme

PSR	Police Special Register
SAFE	Substance Abuse-Free Employees
SATU	Substance Abuse Therapy Unit
SCBU	Special Care Baby Unit
SMOPU	Substance Misuse Outpatients Unit
TC	Therapeutic Community
TDI	Treatment Demand Indicator
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
YOURS	Young Offenders Unit of Rehabilitation Services

List of Tables

Table 1.1	Entities and Organisations Involved in Responses to Drug use in Malta	21
Table 2.1	% Frequency of Substance Abuse	27
Table 4.1	Estimates for Malta 2006-2010	33
Table 4.2	Number % of Clients treated for drug use in Malta by Status 2006/09/10	34
Table 4.3	Rate of Persons in treatment per 10,000 population aged 15-64 in 2009	36
Table 4.4	Rate of Persons in treatment per 10,000 population aged 15-64 in 2010	37
Table 4.5	Gender and age of all treated clients 2009 by primary drug	43
Table 4.6	Profile of first treated clients 2009 by primary drug	44
Table 4.7	Gender and age of all treated clients 2010 by primary drug	44
Table 4.8	Profile of first treated clients 2010 by primary drug	45
Table 6.1	Number of persons tested for Anti HBc, HCV and HIV 2008-2010	50
Table 6.2	Share % and Median Age	52
Table 6.3	Report on Well Woman Clinic –SMOPU	55
Table 8.1	Outcome of judgements for new possession cases in 2010	65
Table 9.1	ETC Data	69
Table 10.1	Quantities of Drugs Seized 2003-2010	71
Table 10.2	Traffickers by Nationality and Seizure Cases	72
Table 10.3	Mean Purity at Street level for different drugs 2008 – 2010	73
Table 10.4	Price at Street level for different drugs 2007-2010	74
Table 11.1	Known primary drug by gender	77
Table 11.2	Nationality of inmates with a known primary drug	78

List of Figures

Figure 2.1	Percentage of lifetime use of alcohol at age 15-16	23
Figure 2.2	Alcohol use lifetime, 30 days and last 12 months	23
Figure 2.3	Percentage of students using alcohol and tobacco in 2007	24
Figure 2.4	Lifetime use by substance	25
Figure 2.5	Perceived drug availability within 24 hours	26
Figure 2.6	Perceived risks of substance abuse	27
Figure 4.1	Percentage of all treated clients by age	35
Figure 4.2	Percentage of first time treated clients by age	36
Figure 4.3	All treated by region 2009 and 2010	38
Figure 4.4	First time treated clients by region 2006/09/10	39
Figure 4.5	Percentage of all treated clients by locality	39
Figure 4.6	Percentage of first treated clients by locality	40
Figure 4.7	Percentage of all treated clients by primary drug	41
Figure 4.8	Percentage of first treated clients by primary drug	42
Figure 4.9	Percentage of first treated clients by frequency of use of primary drug	43
Figure 6.1	Evolution of deaths	49
Figure 6.2	Mean age at death 1999 – 2010	49
Figure 6.3	Anti HBV, HCV and HIV Positive Results 2008 -2010	51
Figure 6.4	Percentage of all treated clients by age group 2010	52
Figure 6.5	Non-fatal overdoses	53
Figure 7.1	Number of Syringes	59
Figure 8.1	Arrests for drug law offences 1999- 2010	61
Figure 8.2	2010 Charges for trafficking by drug type	62
Figure 8.3	2010 Persons arrested by type of charge and gender	63
Figure 8.4	Persons arrested by type of charge and age group	63
Figure 8.5	Police charges by age 2010	64
Figure 8.6	Primary drug for probation clients	65
Figure 8.7	Residents testing positive on prison admission	66
Figure 10.1	Total amount of drug seizures 2000 – 2010	71
Figure 11.1	Percentage of inmates resulting positive for drugs on admission by region	78
Figure 11.2	Comparison between inmates resulting positive for drugs at CCF Admission and all treated clients 2010	79
Figure 11.3	Comparison of all 2010 treated clients with inmates with known primary Drug	80