

biennial report

Sedqa 2001 - 2002





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Sedqa's work in the field of addictions encompasses a variety of activities, including research, policy development, prevention, and treatment, which are reflected in the work of the Agency's three Divisions: the Policy and Service Development Division, the Prevention Division and the Care Division.

The aims of this 2001/2002 biennial report, *inter alia*, are to update the reader on **sedqa's** activities in these areas, highlight the achievements, outline the rationale for adaptations that have been made during the time frame under consideration, and ascertain anticipated future challenges.

For example, this biennial period saw the introduction of a number of new initiatives within the Prevention and Care Divisions, whilst the

Policy and Service Development Division continued to conduct research and market the Agency's services.

This publication will also examine some financial aspects relating to service provision. Finally an epidemiological report covering the years 1994 to 2002 will study pertinent socio-demographic and drug-use characteristics of clients attending the Substance Misuse Out-patients Unit.

I would like to thank a number of people whose contributions have been indispensable in the production of this report. Appreciation is due to Mr. Albert Bell and Ms. Vivienne Mallia for their guidance and unwavering support and to Ms. Rosalie Piscopo for her creative cover design and selection of graphics.

M

essage from the Deputy Prime Minister and Minister for Social Policy



Lawrence Gonzi B.A.; LL.D.; M.P.

During the past five years, as Deputy Prime Minister and Minister for Social Policy, I have had the privilege to oversee the sterling work that our National Agency Against Drug and Alcohol Abuse has been performing within our local community. **Sedqa's** commitment and resolve to ensure healthy lifestyles and a substance-free society have consolidated the high credibility enjoyed by our National Agency, which has continued to achieve recognition and acclaim by children, parents, teachers, educators, policy makers and the justice system.

This biennial report is therefore another chronicle of the enormous effort by the management and the staff to foster stronger youth, a healthier society and risk-free leisure. It is also an important analytical tool for administrators, policy makers and decision-takers in addressing the modern day scourge of addiction that continues to mercilessly threaten the stability of our families and society.

Substance misuse is becoming an evermore complex problem, not just from the aetiological and treatment point of view, but also from the administrative, law enforcement, judiciary and legal point of view. The threats faced a decade ago seem to have multiplied through the misuse of technology, through easier methods of communication and generally through globalisation. In a sense, our societies are becoming victims of their own success.

Given these threats and challenges, our concerns as policymakers need to encompass a wider range of interests and measures. We need to be able to listen more to what the

substance misusers have to tell us, to learn their ways and identify our weakest link in the chain of efforts we have developed over time. This was the whole aim of the service review and appraisal exercise performed earlier last year. The review is now in the implementation stage, enabling us to respond forcefully and effectively to the rapidly shifting patterns, trends and circumstances so characteristic of the field of addictions.

Our major challenge shall therefore lie in the reorientation, consolidation and flexibility of our services and structures. As government, we have to be certain that our resources are optimised, not just to reach our clients' expectations, but possibly to exceed them by providing the right services for emerging situations. This requires foresight, collaboration, knowledge-sharing and synergy.

We have already achieved significant progress through the National Commission Against Drugs, Alcohol and Other Dependencies. This Commission is serving as a technical meeting point for professionals coming from the various social actors that play in the field. It is delivering important results through the achievement of common and shared reporting mechanisms, which has assisted each player in re-adjusting its services accordingly.

The treatment and management of substance misuse has more to do with persons than with substances. The individual person is at the core of our social policy and our strategies focus on the facilitation of lifestyle changes for persons in difficulty. This requires the resolve,

commitment and dedication of a significant number of professionals, para-professionals and non-professionals each of whom, in his or her own manner, gives their 'all'. This biennial report is once again a recognition of the

dedication and commitment shown by all the staff of our National Agency, for whom I express my sincere gratitude and extend my heartfelt thanks.

M essage from the President, Foundation for Social Welfare Services

Joseph Ebejer

With **sedqa** nearing the tenth year since its foundation, this biennial report is a good tool to evaluate the Agency's past performance, take stock of its present operations and also to map out its way forward.

During these last nine years, **sedqa** has well established itself as the national agency against the abuse of alcohol, drugs and other dependencies. Such a fact is not only evident among its client population and its professional staff but is also recognised as such by Maltese society at large.

In order to accomplish its important mission, **sedqa** has succeeded in developing progressively, thanks to its able management and staff members, from a recommendation proposed by the 1993 Meli Commission into a fully-fledged agency with expertise in research, policy development, prevention, treatment and rehabilitation.

Whilst consolidating its services during these past two years, **sedqa** has also ventured into new grounds within the field of addictions. **Sedqa** has started to focus on gambling problems at various levels. On a policy level,

sedqa initiated discussions with the relevant authorities to address the impact of the new gaming regulations on persons with problems related to gambling. Prevention personnel were also involved in creating awareness among employees within the gaming industry on the psychosocial effects of gambling. Finally, the Agency started interventions with individuals and families who have been affected seriously by problems related to gambling.

The way forward for **sedqa** lies in consolidating its strategic partnerships with the various governmental and voluntary stakeholders in the various sectors it is involved in. Such strategic partners do not only include those agencies that are strictly involved in the addictive behaviour field but also other related fields such as the health, education and occupational sectors.

I am confident that with **sedqa**'s dedicated leadership and its multi-disciplinary staff, this Agency will retain an important role in our society by offering a high quality service to its clients, their families and Maltese society at large.

C hief Executive's Report



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In line with the Ministry for Social Policy's direction to intensify and diversify responses to the multi-faceted nature of addiction-related problems, during this two-year period **sedqa** sought to broaden the reach of its services. Having identified a gambling problem in a number of clients referred for their drug addiction or alcohol dependency problems, it was logical to take the services a step further and address the clients' needs holistically by introducing a service to help compulsive gamblers. Foreign experts provided three days of intensive training to all concerned staff and in April 2001 a counselling service for clients with a gambling problem was launched.

As for the alcohol situation, a National Policy has been drafted and presented to government for further discussions and future implementation. Discussions with the Parliamentary Committee on Social Affairs were initiated.

The Agency also invested further in its S.A.F.E. (Substance Abuse-Free Employees) programme, to raise awareness of substance misuse at the place of work and to reach out to individuals experiencing this problem.

During the same period the Ministry for Social Policy commissioned an evaluation study to appraise existing services in the field and offer suggestions for improvement on a national level. A report identifying lacunae is spearheading further discussions.

Sedqa's remit does not rest only with the provision of care for clients and their significant others nor with its country-wide prevention messages but also encompasses a strong research arm. A very important initiative taken

in this regard is a joint venture between **sedqa** and the Programme for Youth Studies at the University of Malta titled 'Risk and Resilience'. This longitudinal study will provide important insights about Maltese children and adolescents and will be an important tool for future prevention initiatives.

A national conference entitled '*Addictive and Risk Behaviours: Insights and Innovations*' was held in October 2001. Papers presented by eminent people, such as Mr Justice V. Degaetano, left their mark on both local and international participants.

2001 ended on a very positive note for **sedqa** staff when a collective agreement was signed with the UHM.

In February 2002, **sedqa** launched the Syringe Collection Campaign as part of its public health interest. This initiative was supported by other entities, namely the Primary Health Care Management, the Directorate of the Division of Health and the Commissioner of Police. This project was designed to work in tandem with the earlier-launched syringe distribution scheme, which targets intravenous drug abusers and takes a harm minimisation approach.

In an attempt to reach as many client groups as possible, **sedqa** ventured even further afield. An important event was the launching of Boosters – a programme where Secondary Prevention staff, together with other Agency personnel, give their services to young people during parties. It is now an established practice for party organisers who are truly interested in offering clean fun to youngsters to contact

the Secondary Prevention Team for their support.

Another client group that received special attention was children. On the initiative of the Minister of Social Policy, a protocol was prepared by various professionals from the two agencies falling under the Foundation for Social Welfare, that is, **sedqa** and Appogg, to ensure that any gaps in the services for children are narrowed.

In October 2002, **sedqa**, together with ECCAS (European Collaborating Centres on Addiction Studies), organised an international conference entitled '*The Correlation between Drugs and Criminality*'. A pan-European picture was central to the discussion and various experts from a variety of European countries shared their

views and experiences and also put forward salient proposals. The setting up of drug courts and their advantages and disadvantages were discussed and the process leading to the development of drug courts was examined.

Again, this biennial period proved to be very busy with the consolidation of existing services, the introduction of new services and the expansion of efforts designed to reach a wider client group. Of significant importance, however, were the Client Satisfaction Surveys, which indicated clearly the clients' needs, and the Employees Satisfaction Surveys, which directed the management of the Agency to focus on the expressed needs of the staff of **sedqa** – the most important resource within the organisation.



Review of Corporate Endeavours: 2001-2002

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Introduction

During the two-year period under scrutiny in this report, corporate operations maintained and mirrored the momentum set by the Agency's support staff in previous years. Initiative, acumen and purposeful, cogent action was noted on all fronts and permeated the wide gamut of services provided by both the Policy and Service Development and Administration and Personnel Divisions. Over this time frame special emphasis was made on consolidating and in some cases revising procedural processes in an effort to reflect changes in the Agency's organisational structure. These efforts led to a smoother operational set-up, guaranteeing sounder operational praxis and more immediate responses to performance requisites and the challenges facing these Divisions.

One may contend that the integration of the Policy and Service Development (PSDD) and the Administration and Personnel Divisions within the broader Corporate Services ambit provided opportunity for cross-departmental and multi-disciplinary dialogue in the process of meeting day-to-day duties. Moreover, this attempt at integration was symptomatic of an Agency-wide drive to encourage and foster inter-departmental collaboration. Over these past two years there were several occasions where this co-operation came to the fore. One may mention, for example, the process of updating a series of Agency-wide procedural guidelines and policies in an effort to bolster and streamline service provision. The Scientific and Logistics Committees set up to provide the necessary impetus required for the successful undertaking of the Agency's 2001

national annual conference entitled "Addictive and Risk Behaviours: Insights and Innovations" and the 2002 joint **sedqa**/ECCAS European Collaborating Centres in Addiction Studies conference focusing on the nexus between drug abuse and criminality also epitomised the strong climate of collaboration fostered in the Agency over recent years. In both these fora experiences were exchanged on an on-going basis and divergent views debated constructively, facilitating an exciting and fertile work environment for all concerned. Although one may continue to identify other Agency-wide milestones, for the sake of thoroughness it is pertinent to examine each of the related areas of operations separately, highlighting pivotal achievements and the direction of future challenges in the process.



Research: Invigorating the Agency's Service Development Capacity

The PSDD's research operational plans for both 2001 and 2002 emphasised the undertaking of a number of studies focusing on a plethora of etiological and evaluation-oriented areas. In tandem with the University of Malta's Youth Studies Programme, in 2001

the PSDD assisted in the initiation of a longitudinal study assessing risk and resilience factors in young persons in relation to substance misuse. A marketing campaign was also successfully co-ordinated to promote the project on a nationwide level in an effort to secure parental consent for the active and longitudinal involvement of targeted research participants. At the end of 2002 the project stood at the crucial data collation stage, where trained research assistants (with a graduate background in Youth and Community Studies) undertook guided, person-to-person interviews with the targeted research participants. The initial success of this project has been very encouraging and both *sedqa* and the Programme of Youth Studies can look forward toward the completion of the first phase of this long-term project in September 2003. The findings emanating from this study will undoubtedly assist the Agency's preventive and treatment services and could also provide the evidence-based, empirical platform required for service and programme development.

A series of evaluation studies making use of both internal and external expertise and aimed at buttressing the Agency's auto-regulation and accountability were also finalised during this period. These evaluative efforts were met by a concerted attempt to update the Agency's on-going routine data-reporting system. It is indeed a pleasure to report that a plethora of complimentary and inter-related studies were concluded during this period, including *inter alia*: (a) a qualitative, externally-commissioned study examining clients' perception of Agency services, (b) Agency-wide client satisfaction and employee satisfaction surveys for both 2001 and 2002, and (c) a study examining the effectiveness of school-based prevention programmes.

In relation to the latter study, in the incipient months of 2001 a pre-test was administered amongst 7 classes of Year 4 pupils and 4 classes of Form 1 students. The sample was strategically targeted to ensure a basic degree of representation. The lessons gleaned from the implementation of this study triggered and assisted the fine-tuning of research tools and the sampling/project administration strategies utilised for a post-test study undertaken toward the end of 2001.

This preliminary evaluation of our school-based prevention programmes is indeed a welcomed development, and should prove pivotal for the strategic review of the said programmes.

The variegated nature of these studies denote that the Agency recognises that the key to purposeful social science research is to triangulate research orientations. The outcomes of the PSDD's operational plans for 2003 will hopefully continue to buttress such an approach. This strategy clearly indicates how much the Agency is aware of the limitations of upholding monolithic research stances, and has built a thorough understanding of the limitations resulting from ascription to steadfast belief and application of any one particular research approach.

However, apart from the afore-mentioned developments, this period was also marked by the production of a number of keystone PSDD publications. A plethora of reports and publications were produced for dissemination between 2001 and 2002. These included the publication of the ESPAD 1999 Malta Report, the 2nd volume of selected papers from the 1997 conference proceedings, a report on trends over time in the route of drug administration between 1995 and 2001, evaluation reports on diverse *ad hoc* training initiatives and on the conferences the Agency convened during this period, and perhaps more importantly, (a) an internal evaluation report on the Secondary Prevention Programme, STORM, and (b) groundwork on an incidence study on heroin use. Undoubtedly, these studies have important ramifications for service delivery.

One may also report that the preparations for the ESPAD 2003 study were well underway throughout this period, and it may be safely contended that the Agency will again be in a position to successfully undertake this study during January 2003. Given the Agency's tried and tested experience in the implementation of this study, we can be confident that ESPAD 2003 will undoubtedly help us to enrich our understanding of adolescent attitudes toward substance misuse.

These efforts were complemented by the completion of an exploratory report on outcome measures in the drug treatment sector. The main challenge in the latter case

is to revise and reactivate the Agency's outcome monitoring strategy. This is being prioritised as the PSDD's keystone project for the short to medium term. Hopefully, the scientific report presented in this regard will assist the Agency to develop and implement a robust outcome monitoring tool, which is indeed a dire requisite to ensure a more comprehensive evaluative approach for our treatment programmes.

Proactive Marketing: New Directions toward Corporate Marketing Approaches

During these two years various milestones were reached on the marketing front. The aims of the PSDD's strategic orientation in this area were two-fold, namely, (a) to bolster the Agency's corporate image, and (b) to impact positively on the Agency's efforts to secure a strong presence in the media.

It is the Division's contention that the approach adopted by the Agency in this regard, which concurrently provides a concerted approach to *ad hoc* initiatives whilst catering for strategically targeted projects is reaping considerable dividends and is assisting the concerted development of the Agency's corporate image. The professionalism and high standards achieved *inter alia* in the production of billboard and public transport buses adverts provide strong testimony to the strengths of a strategically pervasive marketing approach.



The standards derived from this highly effective trans-divisional *modus operandi* were also evident in the production of an invigorating Substance

Abuse-Free Employees (S.A.F.E.) public service announcement. Here, in its attempt to secure a concerted, evidence-based, scientific approach in its marketing strategy, the Division co-ordinated a focus group study intended to evaluate the effectiveness of the Public Service Announcement's story board prior to filming. This initiative highlighted **sedqa's** efforts to secure and promote an evaluation culture on all operational fronts.

Moreover, between February and April 2002 the Division co-ordinated an extensive marketing survey commissioned to an external party. A total of 50,000 questionnaires, in both Maltese and English, were distributed to *circa* 45% of all households in Malta and Gozo, yielding a response rate of 21.5% or 10,745 respondents in real terms. This study was primarily aimed at measuring the extent of public awareness on agency services supplemented by an attempt at deciphering lifestyle and leisure preferences. The following tables present some of the findings emanating from this study, which has helped to re-define and renovate our marketing approach.

Responses to the question 'Have you ever heard of **sedqa**?'

Yes <input type="checkbox"/>	No <input type="checkbox"/>
93% <input type="checkbox"/>	7% <input type="checkbox"/>

Responses to the question 'Which of these services does **sedqa** provide?'

	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Counselling & Support <input type="checkbox"/>	69% <input type="checkbox"/>	31%
Detoxification <input type="checkbox"/>	42% <input type="checkbox"/>	58%
Prevention <input type="checkbox"/>	35% <input type="checkbox"/>	65%
Community-based Rehabilitation <input type="checkbox"/>	23% <input type="checkbox"/>	77%
Family Therapy <input type="checkbox"/>	22% <input type="checkbox"/>	78%
Residential-based Rehabilitation <input type="checkbox"/>	21% <input type="checkbox"/>	79%
Aftercare <input type="checkbox"/>	13% <input type="checkbox"/>	87%
Law Enforcement <input type="checkbox"/>	2% <input type="checkbox"/>	98%

Responses to the question 'Have you ever heard of the following *sedqa* Service Providers/Units?'

	Yes	No	No Response
Detox Out-patients	68%	12%	20%
Helpline 151	65%	15%	20%
Komunita' Santa Marija	65%	11%	24%
Alcohol Community Team	56%	16%	28%
Dar Zerniq	52%	19%	29%
Detox In-patients	39%	30%	31%
Drugs Community Team	39%	29%	32%
Primary Prevention Division	25%	38%	37%
Family Team	21%	41%	38%
Secondary Prevention Division	19%	40%	41%
Research & Information Library	11%	48%	41%
Court Services	8%	51%	41%

**Beyond Y2K:
ICT Development at *Sedqa***

On the information and communications technology (ICT) front, the Agency's incipient investment in the area throughout 2000 engendered a marked degree of stabilisation in ICT-oriented operations over the two-year period under review. This was primarily characterised by a more pro-active approach rendering requests for troubleshooting and crisis interventions more controllable. Undoubtedly, the successful engagement of additional ICT personnel during this period allowed for the flexibility necessary to embark on new challenging projects and to address strategic issues which had hitherto been left to *ad hoc* and somewhat reactionary planning. Consequently, the Agency is now also in an effective position to secure succession planning in this area and to meet on-going demands and strategic targets more efficiently.

These measures were complemented by the undertaking of a SCOPE study commissioned to MITTS with the remit of exploring avenues for the amelioration of the Agency's information and communications technology infrastructure and networking capability so as to render a more efficacious service and to ensure that *sedqa* embraces and reaps the rewards that advanced information and communications technology hold for any service-providing agency.

This report effectively divulged pathways for future development in these areas, and provided the requisite expert guidance to ensure that the ICT Department's bank of innovative ideas and rolling plans in various areas, including risk management, software and website development, networking and interfacing, are grounded and ensconced in e-government policy. Moreover, the said report also provided the opportunity for the PSDD to combine both in-house and external ICT expertise in the process of responding effectively to the ever-increasing needs stemming from dynamic technological improvements.

Apart from the much needed revamping of the head office's networking system, other ICT related projects reached fruition during this period, including, *inter alia*, the completion of an ICT lab at Santa Marija intended to facilitate the undertaking of specialist ICT related training for both staff and clients alike, the procurement and installation of licensed operating system and automated office software, and an overhaul of power surge protection systems throughout the Agency, particularly and most notably at the Agency's head office in Santa Venera. The effective closure of ICT related infra-structural works at *sedqa*'s Lija premises (housing the Care Services' Psychological Services and the Family and Alcohol Community Teams) and at the Substance Misuse Out-patients Unit (SMOPU) are prioritised for the extant operational period with the aim that the first phase of a long-term plan to ascertain inter-connectivity between the Agency's head office and its myriad satellite units will be finalised by the end of 2003. This will not only create a more efficacious means of communication – in line with Ministry for Social Policy directives for the development of a corporate ICT infrastructure, it is central to the process of ensuring that the Agency's myriad satellite units are effectively incorporated within a broader, corporate framework. It is also the authors' contention that the considerable capital investment undertaken over the two-year period under evaluation will contribute extensively to service development, and in the long-run could prove pivotal in building more cost-effective operations.



Given the complex pathways in this area, the Agency must secure the on-going evolution of its ICT infrastructure. The adoption of a multi-pronged and resolute strategic approach is imperative in this regard. It is also crucial that the PSDD's ICT strategy addresses and facilitates inter-departmental communication within the Agency. Our main challenges here are (a) to ensure that the Agency's plans in this regard move in tandem with the Ministry for Social Policy's invigorating ICT vision and (b) to devise a more concerted and coherent in-house ICT action plan, which is based primarily on the targeting of realisable goals.

Administration and Personnel: Carving Future Pathways

Over this two-year period the Agency undertook a concerted attempt to rationalise the resources and tasks related to administration and personnel functions. In 2001, human resource development, previously under the remit of the Policy and Service Development Division, was amalgamated with the already existing administrative duties. Eventually, the Administration and Personnel Division was set up. All functions became fully operative during the first week in May 2001. This Division, which is directly answerable to the Manager – Corporate Services, has a Division Co-ordinator to manage the day-to-day issues and is constituted of four other full time members of staff together with three part-timers.

The long-term objectives of the Administration and Personnel Division include human resource management, developing and implementing staff performance management systems,

facilitating clear pathways for staff development and identifying relevant training requirements, ensuring optimal human resource allocation and providing staff with the necessary support to facilitate their personal and professional development. Moreover, the Division is also responsible for enhancing staff welfare, the over-seeing of an ongoing and efficacious procurement and supplies system, managing the head office's reception area, maintaining the general infrastructure of the Agency, implementing recruitment procedures, and in liaison with the Employment and Training Corporation, developing an Employee Handbook and formulating and up-keeping job descriptions in collaboration with the respective managers. This Division also aims at enhancing and communicating staff development through various ways, including the issue of a Newsletter – *Making It Happen*. Other related operations include cleaning services and the management of the Agency's Motor Vehicle Policy and Health Insurance Policy.



Regular appointments on a one-to-one basis, with staff within the Division, as well as formal and informal team meetings were some of the initial tasks that took place during the first days after the Administration and Personnel Division was newly constituted. This was indispensable to obtain information about the day-to-day duties carried out by the former Administration Support Team to ensure a smooth integration of the human resources practices. These meetings facilitated communication and team cohesion. Although throughout these months this Division was faced with several periods of internal restructuring, in general, staff maintained a

marked degree of motivation in the process of meeting these challenges especially when being entrusted with further responsibilities. One of the main challenges in this regard was to overcome difficulties arising from the resignation of the Division's hitherto Human Resources Officer. The fact that the replacement was filled internally hastened the integration process with the other relatively more stabilised functions.

Throughout this two-year period the Agency's training needs analysis exercise was also reviewed in an attempt to consolidate the previous year's three-year plan with regard to staff-development initiatives. These efforts were aimed at incorporating the previously demarcated training requirements while concurrently taking into account present and possibly future human resources needs.

The personnel function has also been instrumental for the successful achievement of the various milestones within the Division. In this regard, closer liaison has been established with all Divisions within the Agency on staff issues and personnel matters. It must also be noted that the Staff Relations Committee also took a leading role in this regard. The strong collaboration maintained with the finance department, particularly, where the payroll function is concerned, has managed to increase the efficiency and pro-activity of both the personnel and the payroll functions. The rationalisation of the Division's procurements and supplies operations has been another equally important milestone during this two-year period, yielding considerable savings on the purchasing of consumables while ensuring optimal response to Agency-wide needs.

During 2003 the Division is forecasting the introduction of new HR initiatives, such as the staff suggestion scheme proposed by management following last year's employee satisfaction survey. These new initiatives will be buttressed by an attempt at rationalising existent procedures to ascertain effective use of staff resources. These two hardworking years have now laid the foundations for future challenges. This could not have been possible without the continuous zeal and commitment of all staff within the Division and management support, especially in uphill circumstances.

Conclusion

This report highlights positive developments in various aspects. It is hoped that the substantial groundwork being laid in this instance will provide the foundation for the consolidation and development of the myriad functions within both the PSDD and the Administration and Personnel Division's remit. Certainly, the achievements so far could not have been realised without grass-roots support and commitment.

Undoubtedly, the projects addressed during these two years provided a strong test to both Divisions' capacity for strategic and purposeful planning. Further challenges, however, are still present. On the ICT front, for example, we are faced with a series of keystone projects, which if successfully implemented will secure the Agency's ICT infrastructural backbone. Moreover, we are anticipating that these projects will allow for a more efficacious service delivery, thereby improving how the Agency responds to client needs in the process. In relation to our firmly entrenched research and evaluation and marketing operations we are attempting to re-orient our direction, taking into consideration the importance of eclectic and triangulated research strategies which privilege the diversity of approaches existing in the behavioural sciences. The Risk and Resiliency Study and the more quantitative market research exercise, both commissioned to external parties over this two-year period epitomise this aspect, and certainly provide pathways for profound changes in the direction of Agency services and prevention programmes.

The Agency's central priority in the Administration and Personnel Division for the forthcoming years will be to consolidate what has been achieved so far and to address critical issues, which if overcome will certainly assist the Division and its staff to flourish. Now that both the personnel and human resources development functions have been streamlined, creating more synergy between related operations shall be a high priority on the agenda of this Division during 2003. The challenges ahead will permit both functions to develop

further in their remit in an attempt to increase internal staff support. Moreover, it shall also be imperative for the Division to bolster its efforts on the procurements and supplies front to ensure a concerted agency-wide cost-effectiveness drive. The enhancement of customer care and reception duties, crucial for the informal marketing of services, will also be high on the Division's agenda for the immediate future.

It is the authors' contention that to ensure that the benefits from such projects are reaped to their fullest extent, we require further inter-agency co-operation. We are also convinced that this requisite is well within the Agency's

reach, particularly given the strong partnerships that have been forged in a number of areas. The necessity now is of course to continue to nurture and build on such successes.

Clearly, 2003 shall be a challenging year for all the members of staff pertaining to the Agency's ancillary service divisions. If one takes into account the standards of performance and service delivery maintained by both divisions throughout 2001 and 2002, it is safe to contend that the challenges ahead will be met with rigor, vitality and commitment – undoubtedly keystone characteristics of both PSDD and Administration and Personnel staff.

Primary Prevention Services

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Background

The work of the Prevention Division aims to avert substance misuse prior to signs or symptoms of problems by working with the educational system, the community, the place of work, and through social marketing. By conducting interventions in these various areas the Division endeavours to reach a wide audience. Education and the provision of information are fundamental in the primary prevention process.

Overview

The two years under consideration can be characterised as “difficult” years within the Primary Prevention Team. The main difficulties relate to the relatively large number of resignations during the period under study and a large cut in the budget allocated to the Team.

Three out of five executives and three out of four part-time programme facilitators resigned, and were subsequently replaced. The implication of this is that the new executives had to pass through a period of acclimatisation to their field of assignment and had to be given support and guidance in this process. This, together with the budget cuts, contributed towards the reduction in the number of projects/programmes delivered. These factors also meant that few new programmes could be initiated.

Despite these difficulties the vast majority of prevention programmes have been retained. There were some positive developments, among them the sponsoring of a prevention executive to read for an MSc in Substance Misuse. Once the executive returns in September 2003 the team will be reinforced. Another positive element was the secondment of three Personal and Social Development (PSD) teachers from the Education Division to work directly within primary and secondary schools.

The addition of these teachers has significantly increased our potential to directly deliver programmes to teachers and students and their experiences have allowed us to augment our pool of ideas.

School-based Programmes

These programmes can perhaps be considered as the most important of the prevention programmes because they are aimed not only at students from Kindergarten to Form V but also their parents and teachers. Most students and their parents are now familiar with many of these programmes. However, it seems that some schools, for various reasons, are still not convinced that prevention is the best way forward.

As mentioned above, in 2001, the Prevention Team was enriched by the expertise provided by three teachers who were seconded to our Agency. This made it possible for *sedqa* personnel to directly deliver programmes to senior classes, as well as the primary classes within primary schools. The teachers' presence within the Team also made it possible to start developing a new programme, to replace the *JeaNS (Jien Nghozz Sahhti)* Programme. In 2002 drafting of lesson plans for lessons in Personal and Social Development (PSD) and Home Economics was initiated. It is hoped that funds will be available to continue phasing in this new approach and phasing out the the *JeaNS* Programme.

Highlights during this period included the organisation for the first time of a Teachers' Convention in Malta, which was attended by 104 participants and a Head Teachers' Seminar in Gozo. In 2000 and 2001, Life Force International (Canada) delivered a highly popular prevention programme in 32 schools. This has become a recurring annual activity. Two new books in Maltese targeting senior students in secondary schools were published in

collaboration with the Education Division.

One very positive aspect has been the development of material to be used with students with special needs. This material was piloted in 2003 and, after being evaluated in future, it is hoped that some of this material will be included in the Secondary Prevention Team's programme.

This team has also embarked on an ambitious project to replace the current material used in the TFAL programme. The philosophy and intended content will remain the same but fresh characters are being introduced which will make the programme more attractive to young students.

Statistical Data for Primary Schools

- □ Delivery of BABES programme to year 3 □ students by **sedqa** personnel reaching □□□ 120 schools and approximately 9000 □□□ students.
- □ Distribution of 40,000 TFAL workbooks.
- □ 130 Zazu appearances on TV, in schools □ and the community.
- □ Skola Sajf was conducted in 27 schools □□ reaching approximately 1400 students.
- □ 47 Parental Skills Courses were held □□□ reaching approximately 1000 parents.



Statistical Data for Secondary Schools

- □ JeaNS booklets were distributed in 80 □□□ schools reaching approximately 8000 □□□ students.
- □ 15 weekend-long, Peer Leadership □□□ Seminars were held reaching approximately 300 senior students attending □□□ secondary school.
- □ 18 full-day Skills-Based Seminars were □□ held in secondary schools reaching □□□ approximately 1000 students.

Social Marketing

Social marketing within **sedqa**'s Prevention Team has the ultimate aim of influencing people's ideas and behaviour so as to prevent them from engaging in substance misuse.

Highlights of the work under this function included the production of a CD. The CD targeting students in secondary schools and young people in the community contains information on drugs and alcohol and takes the form of a quiz. As a sequel, a quiz was organised for students on RTK. A number of new public service announcements (PSAs) were produced during this biennial period including a PSA featuring the popular character Zazu, and another focusing on gambling. These PSAs have been aired on various television stations on a regular basis. Many of the regular programmes have been kept but several have had to be reduced in number because of budgetary considerations.

Statistical Data

- □ Participation in activities to mark □□□ International Day Against Drug Abuse and □□ Illicit Trafficking (June 26), European Day □□ Against Drugs (October 15) and World □□ AIDS Day (December 1).
- □ 326 talks were given reaching □□□ approximately 7000 people.
- □ 30 items, including articles and games, □□ were produced and included in the popular □□ student publications, *Saghtar* and *Taghna t-Tfal*.
- □ Regular daily airing of at least one TV PSA □□ on various local stations.
- □ 2 Basic Courses were held reaching □□□ 20 adults (mainly teachers).
- □ 2 Speaker's Courses were held □□□□ reaching 20 adults.
- □ A series of cartoons were produced □□□ for *The Sunday Times*.
- □ A 2002 calendar was produced using □□□ the cartoons produced for *The Sunday □□□ Times*.
- □ Posters with a preventive message were □□ produced and displayed on local buses.

- □ A yearly planner for the scholastic year □ □ was produced.
- □ 1200 t-shirts were printed and used as □ □ promotional material.
- □ Production of a CD, "Amaze".



Workplace

The Agency's prevention programmes aimed at the workplace fall under the Substance Abuse-Free Employees (S.A.F.E.) Programme. This Programme consists of four phases: an exhibition (phase 1); raising of awareness regarding issues related to alcohol and other drugs through the provision of sessions (phase 2); training for managers to enable them to recognise substance misuse problems among staff and how to refer when necessary (phase 3); and promotion of the introduction of a formal policy on the use of alcohol and other drugs at the workplace (phase 4). The workplace is quite a difficult market to penetrate. Convincing management to release employees to attend prevention programmes is difficult, especially when it results in a loss of production in the short term.

A highlight of this Programme was the organisation of a seminar for shop-stewards whereby information on the S.A.F.E. Programme was given and the formulation of a policy on drug and alcohol prevention in the workplace was discussed.

Statistical Data

- □ 48 Exhibitions in places of work □ □ (phase 1 of S.A.F.E.)
- □ 37 courses for managers and □ □ □ □ supervisory staff (phase 2 of S.A.F.E.)
- □ 31 courses for shop-floor employees □ □ (phase 3 of S.A.F.E.)

Community

Community initiatives consist of projects falling outside the remit of the above-mentioned areas. They include outreaches in the community, work with local councils and NGOs.

Two new initiatives during this period were the publication of a leaflet on safe driving in collaboration with an insurance agency, Gasan and Mamo, and the introduction of informative write-ups for publication in magazines produced and distributed by local councils and parishes.

Statistical Data

- □ 24 contacts were made with local □ □ councils.
- □ 5 *Tahrig Azzjoni Volontarja* (TAV) □ □ □ □ courses were held reaching 65 □ □ □ □ community leaders.
- □ 51 requests for grants to non-□ □ □ □ governmental organisations (NGOs) □ □ were satisfied.
- □ Distribution of prevention □ □ □ □ publications in all health centres □ □ □ □ and local councils was conducted □ □ □ □ on a monthly basis.
- □ 2 seminars were organised for □ □ □ □ members of local councils.
- □ 14 exhibitions were held in Local □ □ □ □ Council foyers.

Challenges and the Way Forward

Indications for the coming years are that the financial budgetary reductions made during the years under consideration will be sustained in the coming years. Among other things, this could result in:

a) □ a change in our target audiences; and

b) □ a change in strategies that could influence our current working partners, our investments (in personnel and other resources) and perhaps our sources of income.

The Prevention Team must meet the challenges ahead with courage, conviction and a will to change.



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Introduction

Drug use patterns and the socio-demographic characteristics among substance misusers approaching **sedqa's** treatment services vary over time. Services need to be adapted so that they can effectively respond to the changes that occur. Our creative response over the biennial period under review made it possible for the Care Services Division to continue to offer professional and holistic interventions whilst simultaneously pushing forward with focused expansion.

Substance Misuse Out-patients Unit

Background and Rationale

The Substance Misuse Out-patients Unit (formerly known as the Detox Unit) aims to engage individuals with a substance misuse problem in low threshold interventions whereby basic medical, social and psychological needs are assessed and the necessary assistance provided.

The team of medical officers attached to the unit provides specialist drug and alcohol treatment, which ensures a provision of high level medical care adapted to the needs of the individual substance misuser. Within this unit, preventive work is also carried out to reduce the possibility of further harm ensuing from substance misuse and associated risk behaviours. Concrete examples include the provision of harm reduction knowledge to patients, the Hepatitis B immunisation project and blood screening, of which pre- and post-test counselling is an integral part.

Current Trends

The number of patients receiving treatment on a daily basis and the number of different individuals attending per month has continued to increase. In 2001 and 2002 the total number of clients was 935 and 929, with 142 and 96 of the patients being new to the service respectively. Other trends in the socio-demographic and drug use characteristics of patients attending this service are outlined in the epidemiological report.

With regard to the Hepatitis B immunisation project, 290 patients have fully completed the immunisation process since June 2000. This involves at least three appointments with the nurse in charge of the project. In all, 539 patients started the immunisation process; 47 will complete the process shortly, whilst 202 patients have not followed through with the process. Although full treatment compliance can never be expected, it is intended that the project will be evaluated in future with the aim of increasing the number of patients who complete the immunisation process.

New Initiatives

In September 2001, the Agency's intake and assessment system for new patients was revised. All new patients now need to be formally assessed by a member of the Drugs Community Team and have a key worker appointed prior to their first appointment at the Substance Misuse Out-patients Unit (SMOPU). This decision was made following extensive discussions on how services could be improved and how to best engage the individual substance misuser and their significant others in other services provided by **sedqa** to complement the medical treatment that they are currently receiving. Another reason for this change was the lack of space and availability of human resources to carry out initial assessments at the SMOPU.

Since May 2002, the SMOPU has been able to provide its patients with the services of a part-time psychiatrist. This long awaited service has had a positive impact on service provision for the numerous dually diagnosed patients (patients having a substance misuse disorder and concurring mental health problem) attending this Unit. The psychiatrist also provides **sedqa's** medical officers with consultancy, which has enabled them to better deal with dually diagnosed patients.

Since July 2001, acupuncture treatment has been offered to patients. Initially this service was provided by a Chinese acupuncturist but is now being provided by a qualified Maltese national, thereby resolving the language and cultural barriers that were being experienced. This is a very popular service, one which, according to the patients who attend regularly, decreases their cravings and provides them with a short break from what is at times a rather chaotic and stressful lifestyle. In combination with medical and psychosocial interventions, acupuncture is thought to assist patients in proceeding towards a more stable and drug-free lifestyle.

Unfortunately, due to a violent incident at the end of 2001 it was considered necessary to station a police officer at the Unit. This was not an easy decision since patients feel uncomfortable about the presence of a police officer on the premises, but it was necessary to ensure staff welfare and safety. Had this (in)security issue not been addressed, the quality of care is likely to have suffered due to the increasing fear and tension among staff.

Since August of 2002 the psycho-social services have been given more emphasis by the posting of a social worker and a nurse/addiction counsellor at the SMOPU.

Challenges

Although in 2002 the premises were extended considerably, the number of patients attending daily is still too high to be managed adequately and safely. Given that the number of new patients starting to attend the services is greater than the number who cease attending within any given year, the number of patients will continue to increase gradually. The optimal solution would be to use the premises for consultancy purposes and for initial

treatment stabilisation. Thereafter, the treatment ought to be continued at a primary care level, with the possibility of consultancy with the specialist medical team. SMOPU's patients repeatedly indicate that they would prefer to be treated at a primary care level during the Client Satisfaction Study that is conducted annually by the Agency.

The prevention of Hepatitis C transmission is another challenge faced by the services. 44.33% of all SMOPU clients who were tested in 2002 for Hepatitis C tested positive. The adverse consequences of Hepatitis C include a reduction in the quality of life, a decrease in productivity of the affected individual and substantial health care costs. National health care costs may be substantial in 20 to 30 years time due to this viral infection and its consequences if adequate prevention efforts are not implemented. Since immunisation against this infectious disease is not yet available, considerable effort needs to be directed towards preventing its transmission. In an effort to avoid accidental needle stick injuries and reduce the transmission of infectious diseases, the Agency launched a safe syringe disposal programme in 2002.



Substance Misuse In-patients Unit

Background and Rationale

The aim of the Substance Misuse In-patients Unit, which offers its services from Dar Impenn, is to provide a safe and humane detoxification process to individuals with drug and/or alcohol problems. This Unit offers a 24-hour, specialist service with the constant presence of a nurse and care worker, and a medical officer on call at all times. During their stay at the Unit, patients

also benefit from the support provided by other members of the multidisciplinary team, including social workers and psychologists. Subjective and objective withdrawal symptoms are monitored closely and treatment given accordingly. Patients benefit from a highly individualised treatment plan, which is devised on the basis of the patient's addiction, physical and psychological status, and the extent of the support thought to be available from significant others following detoxification. During this programme importance is also given to enhancing personal health by providing information and advice on how to reduce health risks associated with drug and alcohol abuse, such as, infection with blood borne viruses. For many individuals, Dar Impenn is a stepping-stone to further treatment, either in the community or in a residential rehabilitation programme.

In addition to detoxification, this unit provides assistance to pregnant drug users. Many users place themselves and/or their unborn child at risk of medical complications due to their, at times, chaotic lifestyle.

Current Trends and Accomplishments

The number of admissions to the Unit has increased over the previous two-year period when compared with 1999 and 2000. There were 170 admissions in 2001 and 177 in 2002 with a completion rate of approximately 88%. In 2001 and 2002, 14.2% and 14.5% of all patients at the Unit underwent alcohol detoxification respectively.

In 2001, the Austerian type of Naltrexone detoxification started to be used for opiate detoxification in certain cases. This method results in a faster administration of Naltrexone, an opiate antagonist. It does, however, require a longer and deeper sedation to combat the more pronounced side effects of Naltrexone that occur when it is administered more rapidly. This method is at present mainly used: (a) for patients who, for various reasons, such as work commitments, are unable to stay at the unit for the length of time that a regular Naltrexone detoxification requires; (b) for patients who are extremely fearful of the regular detoxification process; or (c) when this method is medically indicated for other reasons. This method is more demanding on the monitoring and medical skills of the staff but has been embraced by all staff

since it provides them with an opportunity to further develop their professional skills.

Challenges

Although the Unit started to offer methadone stabilisation and induction services in 2001 with the aim of determining the exact therapeutic methadone dosage for the individual, this service has not been frequently used. One reason may be that the majority of patients are gainfully employed and, therefore, find it difficult to stay away from work for the two to three days required. Another reason may be that the prospective patient's significant others are unaware of the drug problem, which makes the patient's absence from home difficult to explain. Nevertheless, more effort needs to be made in encouraging individuals to use the service both to increase the quality of medical care provided and to utilise the professional skills of the nursing staff at the Unit in a more cost effective and efficient manner.

Drugs Community Team

Background

Since September 2001, this Team has been responsible for the intake and initial assessment of all individuals seeking help for a drug-related problem. Only following the intake and brief assessment procedure can a client access other services provided by the Agency.

Apart from this new role, the Team has retained its previously established task of offering individual support to drug users and their significant others with the aim of motivating them to commit themselves to major lifestyle changes and assisting them to achieve and maintain abstinence. Another important task is that of providing clients and their significant others with information and knowledge about harm minimisation measures and motivating them: (a) to have their blood screened for infectious diseases; (b) to engage in safer sex practices; and (c) to use clean syringes and employ safer injecting techniques.

Members of this team also assume the key worker function. This means that the client will have one focal person for all their needs throughout the entire treatment process within the Agency. A key worker is appointed at the intake phase and monitors the individual's

treatment progress. This, however, does not mean that the key worker is actively involved in the treatment *per se* or is the main treatment provider at all times, since the client's needs may require other treatment, such as, a residential programme. In cases where other treatment is required, the key worker will take a less active role in relation to the client and assume more of a co-ordinating function but will still make contact with the client as agreed in the individual's care plan or when this need is otherwise indicated.

Whilst the operational base of the Team is still Dar Gubbio, three team members are stationed at the SMOPU whilst two other team members are manning the Agency's office at the Law Courts. The Team members at the Law Courts liaise with the Judiciary and the Probation Services on behalf of the Agency and its clients. This service was established to elicit referrals of first time offenders and to improve treatment outcomes by ensuring that the judiciary, law enforcement services and **sedqa** work towards a common goal, in the interest of clients and society in general.

In collaboration with the medical staff at the Substance Misuse Units, the Drugs Community Team is also responsible for the facilitation and implementation of the Naltrexone programme, New Horizons. The programme is aimed at opiate users who are employed or gainfully occupied and who have sufficient support from their significant others to succeed in a community-based programme. The programme consists of individual and group counselling for the clients and their significant others as well as medication in the form of Naltrexone. Since the programme aims to provide treatment to persons in employment in a community setting, the groups and the majority of the interventions are conducted in the evenings.

Accomplishments

The restructuring of the initial intake and assessment of all new clients within the Drug Services has resulted in a heavier workload for this Team since it has retained previous tasks and assumed new responsibilities that need to be carried out in a professional and timely manner to ensure good service provision.

The Team has developed its assessment skills further by utilising the Europ A.S.I. tool (European version of Addiction Severity Index). This tool was adapted to the Maltese context and made available in Maltese. The Team has also been trained to use the SASSI tool (Substance Abuse Subtle Screening Inventory). The SASSI is available in both an adult and an adolescent version and it is gender specific. Both tools complement each other since the Europ A.S.I. gives an in-depth overview of the individual's substance misuse history/situation and how this affects the various aspects of the individual's life, whilst the SASSI provides an indication of the individuals awareness and motivation to address the problem. The SASSI may also be utilised to screen for risk behaviours and attitudes among not yet dependent individuals, obviously with intent to prevent any further progression of risky behaviour by offering appropriate interventions. Due to the above-mentioned restructuring, the client profile of the Team now encompasses all ages, all types of drug use and various levels of severity.

In 2001 and 2002 interventions were provided to 415 and 535 clients respectively. Whilst in 2001, 230 of the clients were new to the service, in 2002, 237 were new clients. Among the new clients, 102 needed to be referred to the SMOPU for medical interventions.

In total, 3744 and 4579 interventions were carried out in 2001 and 2002 respectively. These figures exclude a high number of information sessions held with prospective clients and their significant others.

Challenges and the Way Forward

In certain instances the Team has recently been forced to implement an unofficial waiting list. This has occurred when both the influx of new cases and the number of known cases requiring social work interventions has been high. Until now an official waiting list has not been introduced, but long term, its introduction may be necessary if the Agency is to continue to guarantee high quality of care and prevent staff overload and burnout without any increase in personnel.

Services that are more sensitive to the needs of female substance misusers need to be developed further in cooperation with other intra- and inter-Agency service providers. Furthermore, the creation of a daytime support group for unemployed clients on Methadone treatment who do not make use of other services on a regular basis is being considered. The aim of this service would be to convey harm minimisation information and motivate these individuals to further treatment.

Family Therapy Services

Background and Rationale

Family Therapy Services are provided by a multi-disciplinary team that provides family assessment, family therapy, couple therapy and support to all **sedqa** clients and their families through a systemic approach, or where other agencies are involved, a multi-systemic approach. The interventions aim to strengthen and teach communication skills to the families of substance abusers since a well functioning family is associated with treatment initiation, treatment completion and relapse prevention.

This Team also co-ordinates the services aimed at children of substance abusers. Children, who live with parents having substance abuse related difficulties are potentially exposed to difficult family situations and to substance abuse, which results in an increased possibility of exposure to abusive situations. Therefore, this service aims to: (a) identify and assess the level of risk of children who are potentially exposed to an abusive environment; (b) assist substance-abusing parents in creating a more safe and healthy environment for their children by increasing their awareness, knowledge, and provision of parental skills; and (c) provide further assessments and therapy for the parents as well as the affected children. This obviously requires a good engagement process since parents naturally feel threatened by the possibility of not being perceived as good enough parents, therefore, much time and effort is dedicated to overcoming these hurdles. In cases where children are deemed to be at risk and the parents remain uncooperative despite attempts of engagement, the Team refer the case in question to the Child Protection Services of Appogg. An inter-agency protocol has been established to

help prevent children from being exposed to risky and/or abusive situations. This service is being facilitated through interventions by a part-time child psychologist, social workers at **sedqa**, and staff from other agencies, as indicated by the case in question.

Achievements

The services aimed at children of substance misusers is currently catering for 57 families. Since the initiation of this service 40 children were referred for assessment/therapy on an individual basis. In 2001 and 2002, 333 and 224 families underwent therapy respectively.

Salient Developments

Two important developments occurred during this biennial period. First, since 2002, the Team has benefited from team supervision facilitated by an external supervisor, in addition to the individual supervision that all Care services staff are entitled and obliged to undergo on a regular basis. Second, one member of staff was given the opportunity to pursue a Masters Degree in Family Therapy in the UK. Her return in 2003 will lead to an enhancement of the therapeutic input of the Team.

Challenges

Far reaching changes in the behaviours and attitudes of substance misusers are best achieved through the parallel treatment of significant others. Without family involvement the individual substance misuser is less likely to make a "full recovery". This is why significant others of individuals undergoing the residential rehabilitation programme at KSM are offered family therapy.

Although the overwhelming majority of significant others are very concerned about their child's, partner's or spouse's addiction-related problems and seek to help the individual in many ways, the majority often resist the much needed and indicated family therapy. Families tend to justify their reluctance by stating that it is the individual who has a problem, not them as a family, whilst others concede that they do have certain problems but that they fear that therapy will make the situation worse by uncovering family issues that they then "have" to address. Making family therapy obligatory could be an option in certain cases but it may affect outcomes negatively and cause ethical dilemmas if

applied in general. Offering structured group support as a stepping stone prior to therapy is also a possibility.

Psychological Services

Background and Rationale

Although the Agency has offered psychological services ever since its establishment, a team of psychologists was formed in 2001 to provide psychological services in a more co-ordinated manner to all units within the Agency's Care Division. This was not possible earlier due to lack of qualified human resources.

The team is responsible for conducting psychological assessments of the Agency's clients following a referral by the client's key worker or other Agency staff. The Team also provides psychotherapy and group-psychotherapy to clients and supervision to Agency staff. Supervision aims to enhance the quality of work output, the personal development of staff and team dynamics.

Due to its intimate knowledge of staff issues and client profiles, this team has an important contribution to make in relation to the development of Agency procedures and policies, especially concerning service development.

Accomplishments

During 2002, 153 new clients were referred to this service whilst 1335 psychotherapy sessions were provided to Agency clients.

Challenges and the Way Forward

Where groups of clients are concerned or where programmes have a residential component it can be difficult to balance the needs of an individual client with those of the other clients. In such circumstances concessions for individual clients cannot be made as it can be for individuals undergoing community-based treatment. In future, this limitation needs to be explored in further detail to ensure that good use is made of the professional resources available without losing vital components that have proven to be successful prior to the establishment of this Team.

In future, the Psychological Services need to become a more integral part of certain

services, although the functions of the team may vary according to the programme context.

The Secondary Prevention Team

Background and Rationale

The secondary prevention programme, STORM, was launched in October 1999. Initially this Programme fell under the remit of the Agency's Prevention Division but was transferred to the Care Services Division in July of 2000 due to clinical reasons.

Although the input of the Team has developed considerably over the past two years, the STORM Programme remained the mainstay of this Team's activity. The STORM Programme aims to provide young persons in schools with information and skills on how to manage present and future problematic situations without resorting to substances or engaging in other risky behaviours. This preventive outreach programme also aims to identify young persons at high risk of misusing substances or those who have already started experimenting with substances.

These outreach sessions consist of group discussions but also provide young persons with the possibility of discussing issues relevant to them on an individual basis. When necessary, the students are offered brief individual sessions and/or may be referred for further assistance within the Agency or to the guidance/counselling unit of their respective school.

The Programme has successfully been conducted in post secondary schools, opportunity centres and other institutions. Since the Programme has started to be implemented with a wider audience the material had to be adapted to cater for students with lower intellectual abilities and poor literacy skills.

New Initiatives

Following the outreach project that was created and implemented in collaboration with HSBC, the Team opted to organise events that would be attractive to young persons. A concert that featured well-known local bands from different genres was organised at Baystreet, Paceville in February 2002. Workshops with a musical theme were also held concurrently. The success

of these events and the experience it provided led to an increase in staff confidence and the Team felt ready to approach the party-scene, in collaboration with workers from the Alcohol and Drugs Community Team.

The Team and other Agency workers were present at all the most prominent and public parties held during summer. Based on these experiences, the Team started working on a policy that would guide and regulate the work conducted for other future outreach events. Following a party attended by the Team in November 2002, a report with the serious shortcomings regarding health promotion and safety measures was produced.



Accomplishments

The number of sessions carried out by the Team increased from 443 in 2001 to 724 in 2002. A process evaluation of the Programme conducted in 2002 indicated that most students agreed or strongly agreed with the statements “I enjoyed the sessions”, “I found the sessions useful”, “I have learnt more about myself” and “I could be open about myself in front of the group”.

The Team has also managed to penetrate a part of commercial youth culture and have gained the respect of promoters and partygoers alike. At times promoters consulted the Team regarding issues related to harm minimisation prior to an event.

Challenges and the Way Forward

Although the Team adapted the STORM Programme to a more vulnerable and academically weaker student cohort by addressing the needs of students at opportunity centres and area secondary schools, more effort

is required in this area. Another avenue could be to target companies with a young workforce.

The greatest challenge is addressing the needs of young persons who drop out of school or have a high absenteeism rate.

This team’s involvement with treatment provision would be beneficial since numerous youngsters are being referred to the Drugs Community and Alcohol Team who, after the intake and assessment process, are found to be non-dependent but at high-risk of substance use disorders due to certain vulnerability factors. At present, this client group is either under or over treated. They are subjected to the framework of traditional addiction treatment, which is not appropriate in relation to their age or presenting problems. These young persons would benefit from age and problem appropriate interventions that would strengthen their protective factors and enhance their skills to resist further risky behaviour.

Komunità Santa Marija

Background and Rationale

Komunita’ Santa Marija (KSM) is a residential drug rehabilitation programme for adults with a long and severe history of drug dependency. The aim of this programme is to provide treatment to individuals who wish to lead a drug-free life and who are willing or need to make far-reaching changes in their way of thinking, behaving and relating to others. The programme is structured in five stages: Merhba, Formazzjoni, Responsibilità, Sfida and Aftercare. The first three phases last one year in all and are fully residential, Sfida is semi-residential and takes five months to complete whilst Aftercare is offered to all clients who have completed the programme successfully. Its aim is to assist these clients in maintaining their achieved abstinence. It is a lengthy programme, since the individuals opting for this form of treatment have complex problems that they have been unable to resolve in other non-residential settings. The Unit provides the individual with a safe and highly structured environment designed to enable behaviour modification through individual and group psychotherapy, work, positive recreational activities and the acquisition of new skills.

By the time a resident has completed the programme they would have been assisted

in resolving past intrapersonal issues, increasing their self awareness so as to prevent relapse and developing positive values that enable them to reintegrate into society. By this stage, clients are expected to have found employment (facilitated by the effective liaison between *sedqa* and ETC), enrolled in further education or be involved in another structured on-going activity.

Current Trends

The number of bed nights for 1999/2000 was 14285 whilst for 2001/2002 it has increased to 19428 (an increase of 36%). The number of residents coming from Corradino Correctional Facility has decreased from 29 in 1999/2000 to 12 in 2001/2002.

Salient Developments

In *sedqa*'s 1999/2000 Biennial Report it was noted that in addition to the general assessment conducted prior to admission to the programme, the resident psychotherapist had begun conducting further psychological assessments, namely the Millon Clinical Multi Axial Inventory III and the Projective Thematic Apperception Test (TAT). A further improvement on this is that there is now a team of three psychotherapists at KSM who administer these tests and conduct weekly one to one sessions with all the residents in the Formazzjoni and Responsibilita' phase and weekly group meetings in the Merhba phase. The assessments help detect issues that need to be addressed during the rehabilitation process. In addition, psychological assessments are important in this setting since it is not uncommon for a substance misuser to have a concurrent mental health problem. A structured programme such as that offered by KSM may exacerbate these problems.

Another important improvement is the introduction of the key worker system, which was outlined previously. This system guarantees that a client will always remain in contact with the same focal person throughout his/her contact with a variety of *sedqa* services. This helps the residents to settle down better at KSM and gives them the possibility of discussing initial problems with the person who has been following their progress.

Family therapy has become an integral part of the residential programme and many residents,

particularly towards the end of their programme, request extra sessions from this, by then, highly appreciated service.

In 2001, more emphasis was given to the content and structure of the re-entry phase (Sfida). The phase was restructured and more human resources were allocated in order to give this significant phase its due importance and to increase the continuity of care. This has undoubtedly increased the quality of treatment outcomes. There were 37 and 31 admissions in 2001 and 2002 respectively with a mean age of 25.3.

Challenges and the Way Forward

The number of females attending KSM remains low and does not reflect the number of females in the drug-using population requiring a residential rehabilitation programme. It is undoubtedly a great challenge not only to create programmes that are more appropriate and sensitive to female needs but also to motivate the females in question to attend such programmes particularly if they have children or other dependents. Female drug users are more likely to have a drug-using partner than their male counterparts. This enables males to seek treatment since they know their children will be cared for whilst females do not have this comfort. Developing programmes that are adequate for women and their children would be a possibility but the challenge would then be to create an environment that would be beneficial for the children in question yet simultaneously allow the mothers sufficient time and space to participate in treatment.

The number of persons under the age of 18 in need of semi-residential treatment for drug use and other behavioural problems is a further challenge. Although this cohort is not very large at present, the problems encountered whilst attempting to provide appropriate treatment in an out-client, community-based setting are numerous and complex. These youngsters often do not have the adequate support needed from their family and do not engage in appropriate leisure activities that will facilitate their success in a community setting. In addition, some of these individuals require habilitation as opposed to rehabilitation. As mentioned in the previous Biennial Report, the treatment facilities available

at KSM are unsuitable for this client group because the programme's rationale is based on the premise of responsibility and decision making from an adult perspective. In addition, it would be inapt to mix young persons with adults, many of who were hard-core drug users and/or criminal offenders. Since this category is presently small in number, treatment is currently being provided on an *ad hoc* basis. In future, a service specifically aimed at young persons needs to be established in collaboration with other welfare agencies to address these complex problems at multiple levels.

Catering for the needs of dually diagnosed clients is another pressing issue. The majority of these clients need and wish to undergo residential rehabilitation programmes but due to the nature of traditional therapeutic communities find it difficult to succeed. These clients require more individual attention and monitoring than is possible to provide at present with the rather low staffing levels. In addition, for a therapeutic community to function there are many rigid rules to adhere to and making allowances for some individuals creates a lot of tension between staff and residents. Furthermore, the often confrontative elements and structures of such a programme may actually worsen the health of dually diagnosed individuals. A programme specifically for this clientele needs to be created. This programme would need to be highly individualised and, therefore, would be quite demanding on resources in the form of staffing levels and input from professionally trained staff.

Salient Developments Applying to Sedqa Care Services in General

In July 2001, the Agency's Helpline service (151) was subject to reorganisation. Previously the Helpline had been manned by one individual during the day and by staff at the Substance Misuse In-patients Unit outside official working hours. Following a restructuring exercise the Service is now being manned by professional staff within Care Services on a roster basis during regular working hours on weekdays and, as previously, by staff at the Substance Misuse In-patients Unit at all other times. This change has resulted in an increase in referrals to the Drug Community Team and the Alcohol Community Team. In 2001 there were 790 registered calls and this increased to 1556 in 2002.

Another important development is the provision of gambling services that began in May 2001. The delivery of these services is a shared responsibility between the Drug and Alcohol Community Teams. This sharing has functioned well so far but may need to be revised should the number of clients increase rapidly. As with other addictions, a compulsive gambler only seeks help when there is a crisis, and in such cases the crisis is always of a financial nature. This makes it difficult to retain clients since they want help with their lack of finances instantly, whilst as an Agency we can only assist with "damage limitation" and more long term approaches to solve debt situations. One such approach would be to stop gambling, something the compulsive gambler is not always ready to do. As regards usury, which is common among this client group, the staff liaise with the usury services provided by Caritas. In 2001 there were 23 clients undergoing treatment due to compulsive gambling. This number increased to 35 in 2002.

Alcohol Services

Since its inception, *sedqa* has directed a great deal of effort into providing help for problem drinkers and their relatives. At present *sedqa* offers its services to drinkers and their families via its Alcohol Community Team and its Alcohol Rehabilitation Service.

The Alcohol Community Team

The Alcohol Community Team (ACT) is made up of a complement of five full-time and two part-time workers. For the past four years this Team has been based in Lija. The responsibilities of this team include assessment of all new clients, counselling of clients and family members, and the provision of aftercare service to clients who have successfully undergone a treatment programme.

The work carried out by the ACT during the biennium under review can best be gauged by looking at a number of activities characteristic of the Service. Trends discernible in the frequency of these activities can give an indication as to whether the Team is performing well. Three performance indicators are examined below.

1. Referrals

During the period under review, the number of referrals to the services rose considerably

compared to previous years from 289 and 300 in 1999 and 2000, to 382 and 355 in 2001 and 2002 respectively, as the figures in Table 1 show.

2. Group Attendances

Group therapy comprises the mainstay of the therapy services on offer to clients and significant others because experience has shown it to be effective and groups are more economic than individual sessions. Table 2 displays the number of individuals attending the group sessions (these figures include both residential and non-residential clients and their significant others).

All groups are facilitated by a professional worker and various groups are conducted for: drinkers

only, female drinkers, drinkers and their families and spouses/partners of drinkers. In February 2002, a new service - child care for children of clients attending the Spouses' Group – was introduced.

3. Individual Sessions

Group work is usually supplemented with individual sessions. During individual sessions, clients are counselled about topics which are deemed too personal for group situations. Assessment of drinking and other problems also takes place during such sessions. As can be seen in Table 3 targets were surpassed by a considerable margin during the period under scrutiny.

Table 1: Targeted and actual number of referrals by year

	Targeted number	Actual number
1999	300	289
2000	300	300
2001	300	382
2002	300	355

Table 2: Targeted and actual number of individuals attending group sessions by year

	Targeted number	Actual number
1999	3500	5023
2000	4000	5110
2001	4500	5223
2002	4500	5717

Table 3: Targeted and actual number of individual sessions conducted by year

	Targeted number	Actual number
1999	1134	1219
2000	1134	1281
2001	1450	1516
2002	1450	1739

The Rehabilitation Service

Clients whose addiction problems are particularly severe, or for whom a community approach has been shown to be insufficient, are advised to join a residential or a day programme at Dar Zerniq.

Dar Zerniq has been offering residential programmes for the past 8 years. It is run by a team consisting of four care-workers and a social worker who has the role of Unit Head. Programmes are of a one year duration. Residential clients are strongly encouraged to work whilst attending the programme. Clients' relatives are expected to participate in the rehabilitation process and are offered psychosocial support.

Table 4 displays the targeted and actual number of admissions for both the day and residential programme by year. As far as the residential programme is concerned, 2002 was an outstandingly good year, reflecting the increased demand for the services in general. During 2002, referrals to the day programme were double that in the previous year, but still fell short of the set target. It should be pointed out that since the day programme and the residential programme draw upon the same physical, spatial and human resources, it is quite difficult to manage to work

with large numbers of clients from both services at the same time within the current set-up.

Challenges

The past two years have seen a record amount of activity by the Alcohol Services, as reflected in the indicators tabled above and the number of individuals in aftercare, which is continually on the increase.

However, to cope better with the increasing demand, the Services require an upgrading of the resources at their disposal. It is now apparent that Dar Zerniq in Floriana, which was the nerve-centre of operations for *sedqa's* Alcohol Services since their inception, and which is currently serving as the base for the rehabilitation services and for some community activities, can no longer cope with the ever-increasing demand for services. Apart from problems of space, there is the added difficulty that rehabilitation programmes are being disrupted because of the need to hold concurrent community work in the same premises. At the same time, some community activities should ideally be held in a place like Floriana, which is easily accessible from all over the Island. One of the challenges that will be faced over the next two years will be finding solutions to these problems within the financial constraints binding the Agency.

Table 4: Targeted and actual number of admissions to the day programme and the residential programme by year

	Targeted number of admissions	Actual number of admissions	Targeted number of admissions	Actual number of admissions
1999	30	16	20	18
2000	20	22	20	26
2001	20	8	20	16
2002	20	16	20	30



Finance Department: Financial Analysis Summary for the Years 2001 & 2002

The Government's commitment towards **sedqa** was once again reconfirmed during the period under review. In fact, the government's recurrent grant for the year 2001 increased by 5.2% over the year 2000 and by 4.9% during 2002 and now stands at Lm850,000 annually.

The Year 2001 reviewed

Staff costs increased by 7% over the year 2000 and now stand at Lm626,000. This now accounts for 77% of **sedqa**'s government recurrent grant. This has remained fairly consistent over the past 3 financial years.

Departmental expenditure increased by 19% over the previous year, and projects and programmes expenditure registered a 42% increase over the year 2000. The latter increase is mainly due to an expenditure of Lm20,000 for the syringe disposal campaign, with funds being channeled to the manufacture and supply of syringe disposal bins. The increase is, however, not entirely attributable to such increases in operations but also to the effect of Value Added Tax refunds being blocked as of 1st January 2001.

The Year 2002 reviewed

2002 proved to be more challenging than

previous financial years. This period was marked by the conclusion of the collective agreement for **sedqa**'s general staff and adjustments being paid in February 2002.

In addition, conclusions in other sectors' collective agreements had a bearing on the Agency's finances, in that **sedqa** had to honour such increases to doctors and nurses. All collective agreement adjustments had been approved by the Ministry of Finance prior to being settled. The total collective agreement adjustments paid out by **sedqa** amounted to just over Lm50,000. This resulted in total staff costs for the year 2002 amounting to Lm729,000, an increase of 16% over the same period last year, and pushed staff costs to 85% of the government's recurrent grant.

The increase in staff costs was, however, partially mitigated by decreases in other areas of operations. Management immediately embarked on a cost-cutting exercise to control the effect the collective agreements could have had on **sedqa**'s finances.

Consequently both projects and programmes expenditure and departmental expenditure were significantly curtailed to ensure effective financial management.

Epidemiological Report: 1994 – 2002

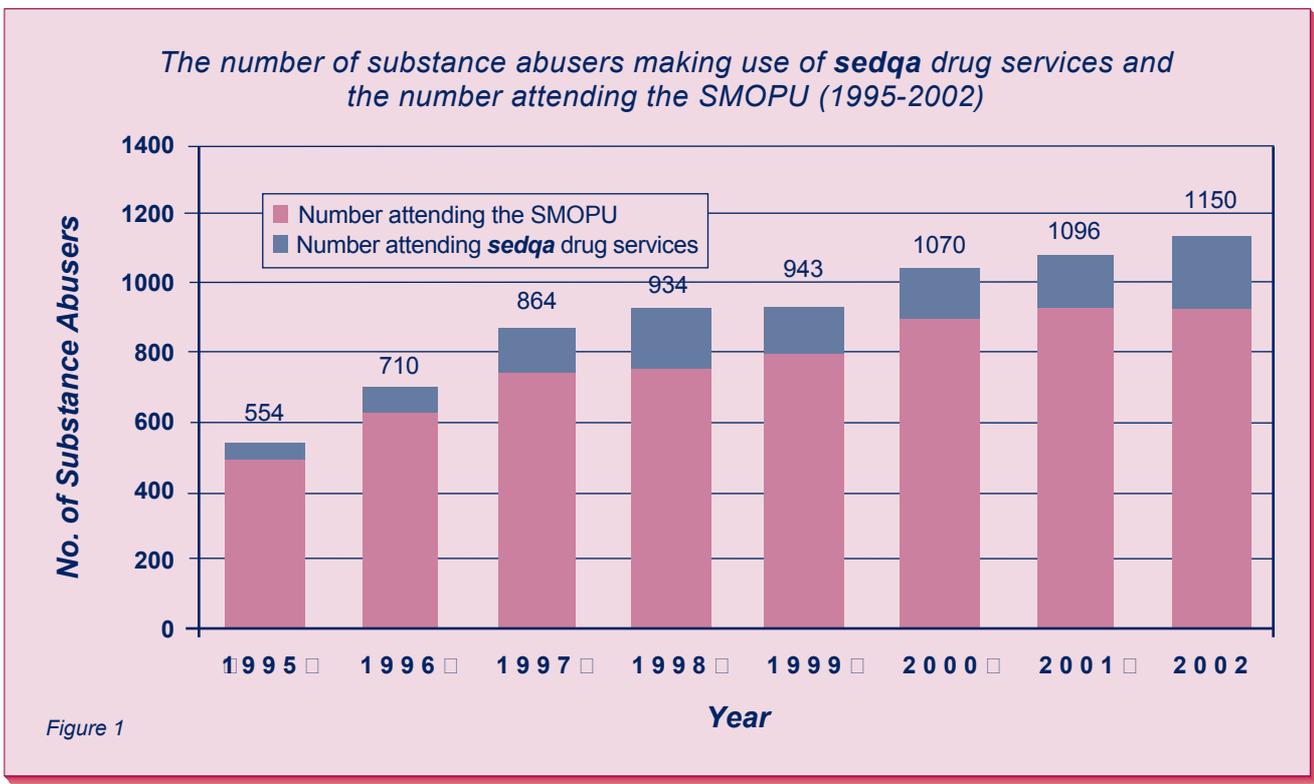
Vivienne Mallia Dip. Soc. Stud.
Division Co-ordinator, Policy and Service Development Division

Since its inception in 1994, **sedqa**, the National Agency Against Drug and Alcohol Abuse, has been engaged in data collection and collation. Treatment demand data from several Agency services provide policy makers with information on which to base their decisions.

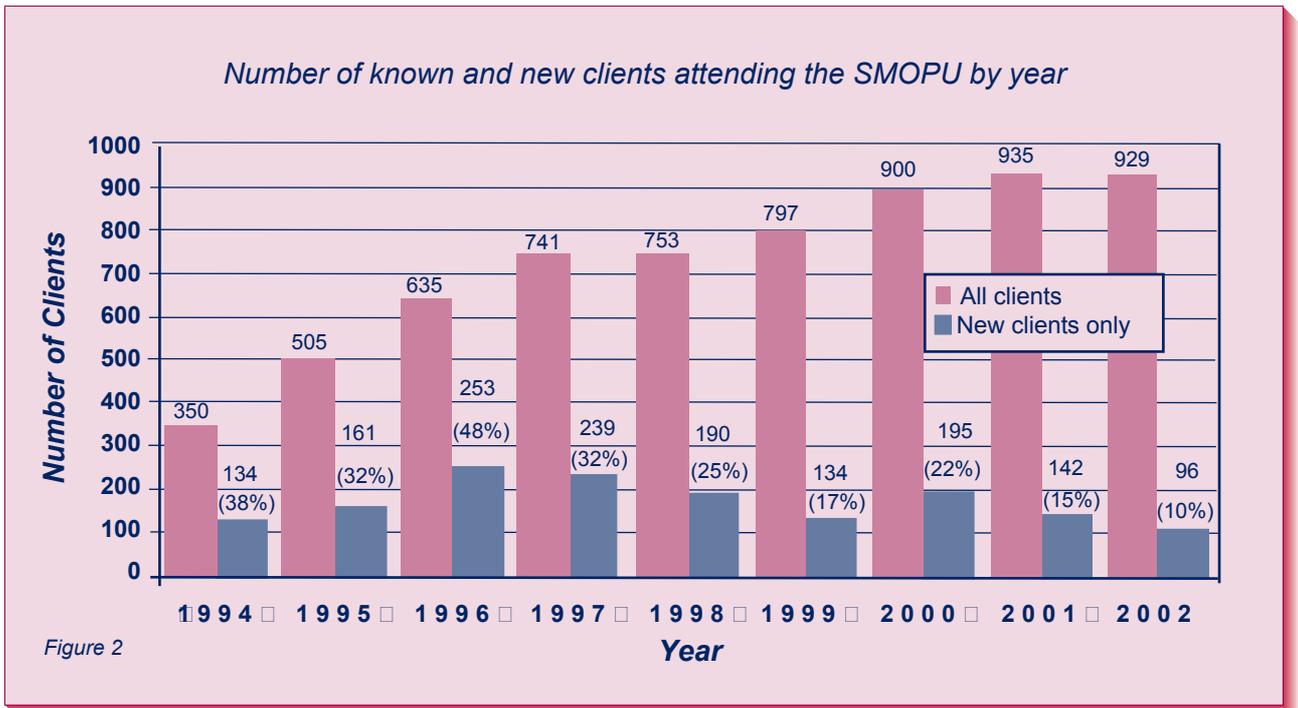
This epidemiological report will provide an indication of drug use trends and socio-demographic characteristics of drug users between 1994 and 2002. It will start by showing the total number of substance abusers using **sedqa** drug services and the number attending the Substance Misuse Out-patients Unit (SMOPU) by year.

The remainder of this report will focus on the treatment demand data collated from substance abusers making use of the SMOPU. This unit caters mainly for heroin users and offers substitution therapy (Methadone), in addition to providing medical, psychiatric and psycho-social interventions on an out-patient basis.

Throughout the recorded period, the number of substance misusers has increased from year to year (see Figure 1). Over the years under consideration, between 80% and 91% of substance misusers seeking support from **sedqa**'s Drug Services were attending services at the SMOPU.

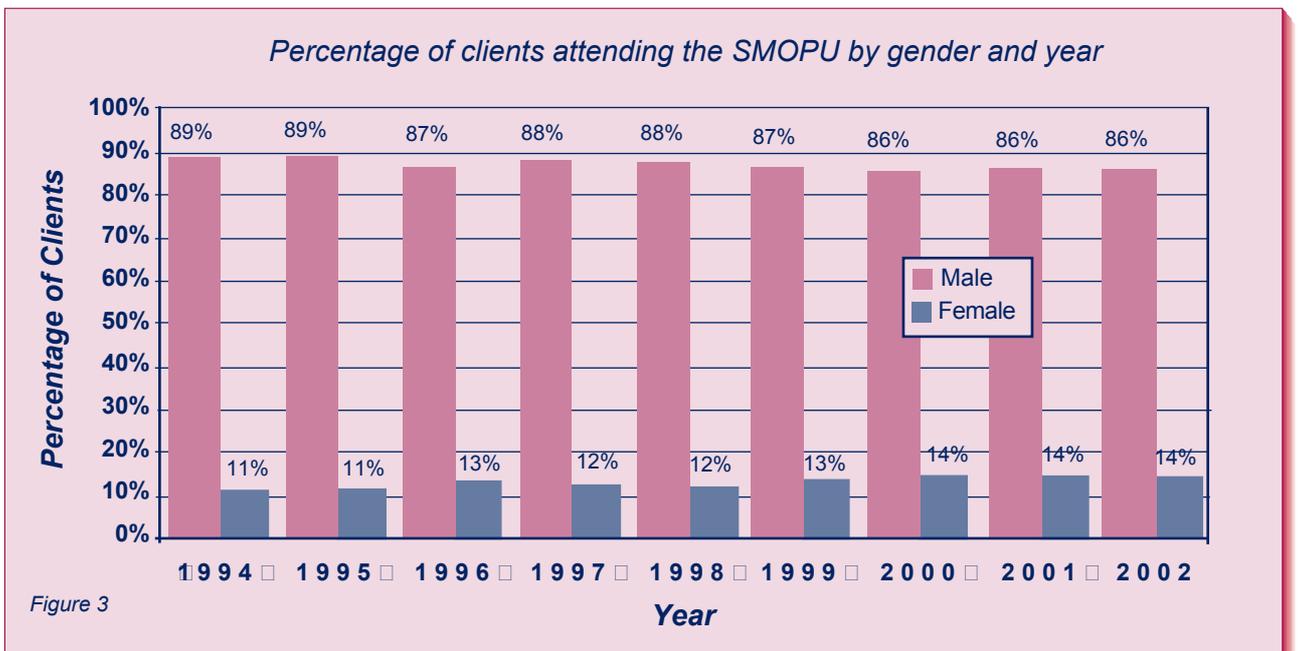


Known and New Clients



The number of new clients making use of the SMOPU increased considerably between 1994 and 1996 from 134 to 253. It declined to 96 in 2002. The total number of clients attending the SMOPU has increased yearly, whilst the percentage of new clients has tended to decrease between 1994 and 2002. This is because many of the clients attending the Unit within a given year will have been retained from previous years.

Gender



Although males are the predominant users of the service at the SMOPU, the percentage of females attending the Unit has risen slightly from 11% in 1994 to 14% in 2000. Since 2000 the figure has remained constant.

Clients by Age

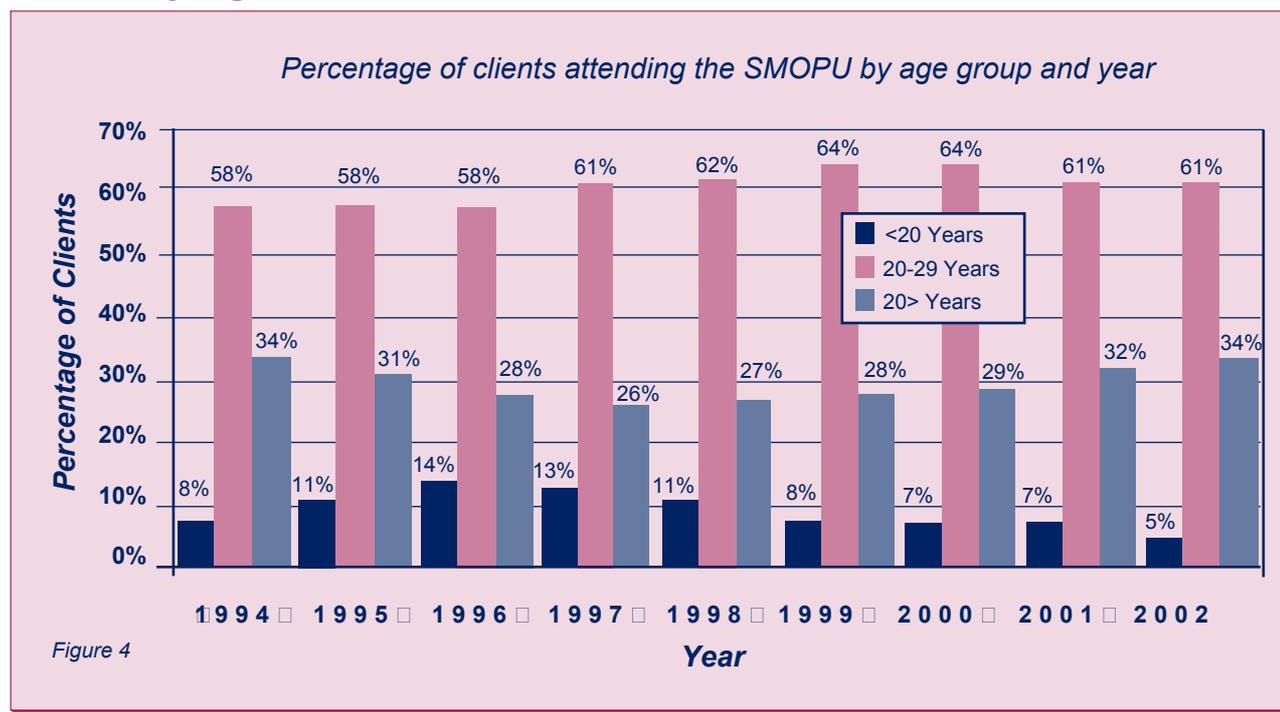


Figure 4 shows that the majority of clients attending the SMOPU are aged between 20 and 29 years, whilst the minority are aged under 20. It is interesting to note that the youngest person seeking treatment during 2002 was 16 years of age whereas the eldest was 65 years of age.

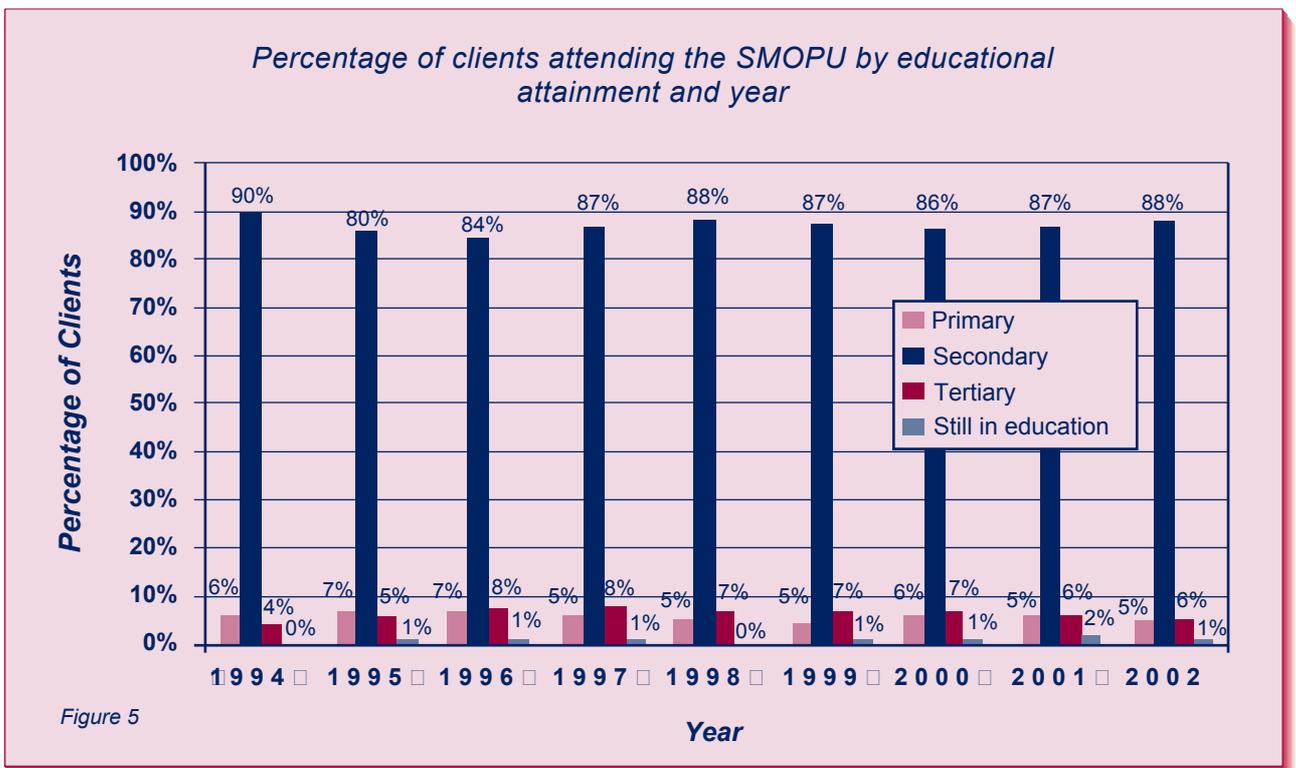
Region

Table 1: Number of substance abusers per 1000 population aged 16 years of age or over by region¹ and year

	1995	1996	1997	1998	1999	2000	2001	2002
Inner Harbour Region	2.69	3.10	3.82	3.91	4.16	4.52	4.93	4.93
Outer Harbour Region	1.39	1.55	1.90	2.16	2.38	2.82	2.84	3.04
South Eastern Region	0.93	1.67	1.85	1.77	1.93	2.01	2.35	2.75
Western Region	0.69	1.33	2.30	2.41	2.38	2.64	2.64	2.28
Northern Region	1.69	2.65	2.44	2.32	2.50	2.84	3.26	3.14
Gozo & Comino	0.13	0.13	0.05	0.13	0.09	0.23	0.32	0.27

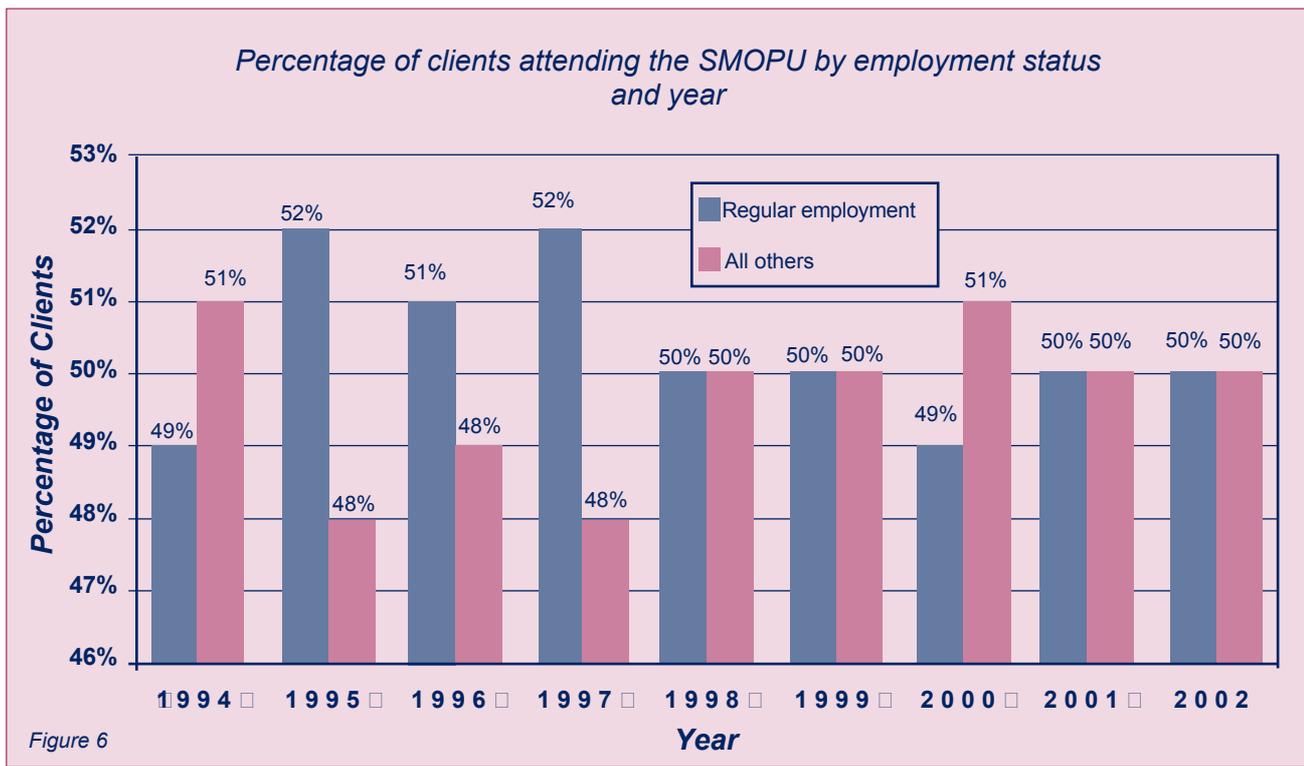
The regions and population aged over 16 years of age were classified according to the 1995 census. It should be borne in mind that the census was conducted in 1995 and the calculated numbers do not take into account any change in the size of the population that has occurred since then. Nevertheless, data show that all regions, excluding Gozo, have recorded an increase in the number of substance abusers making use of the SMOPU from year to year. During the recorded years the Inner Harbour Region had the highest number of substance abusers making use of the SMOPU's services. The Western Region recorded the largest increase in the number of substance abusers over the years. Gozo remained relatively constant throughout the recorded period.

Educational Attainment



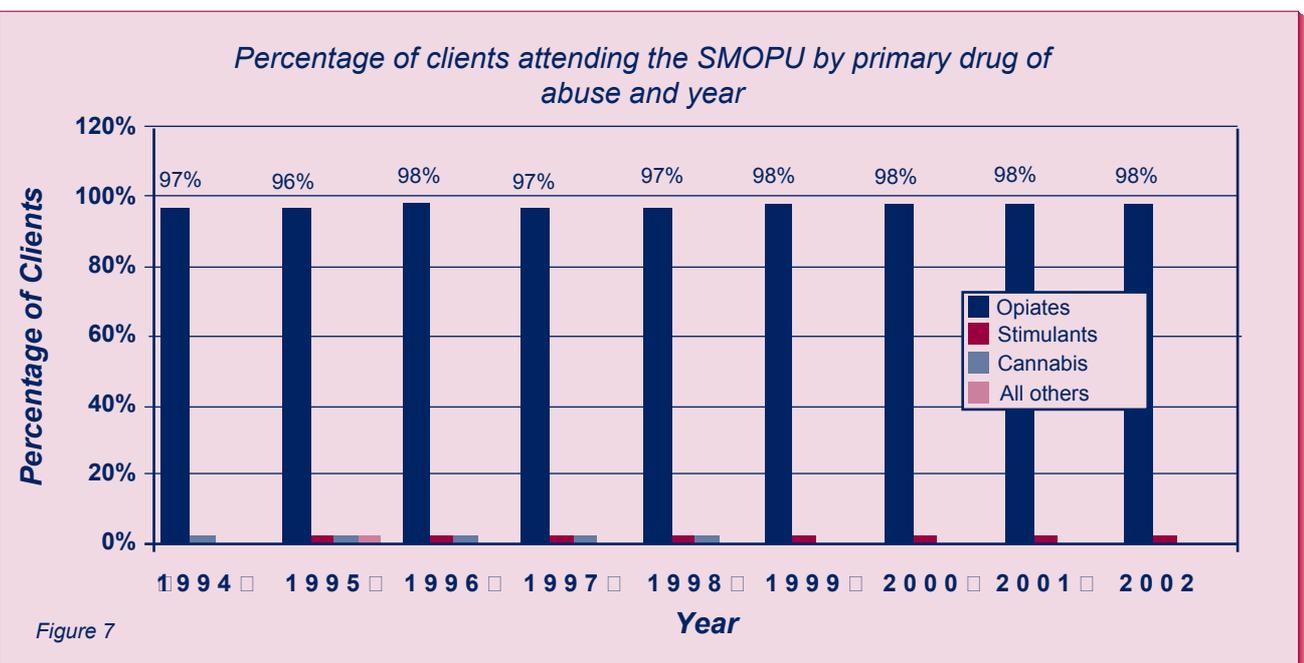
Since school is obligatory till 16 years of age, the majority of clients attending the SMOPU have at least a secondary level of education. Throughout the recorded eight-year period, there have been only small variations in the educational attainment of substance misusers attending the SMOPU.

Employment



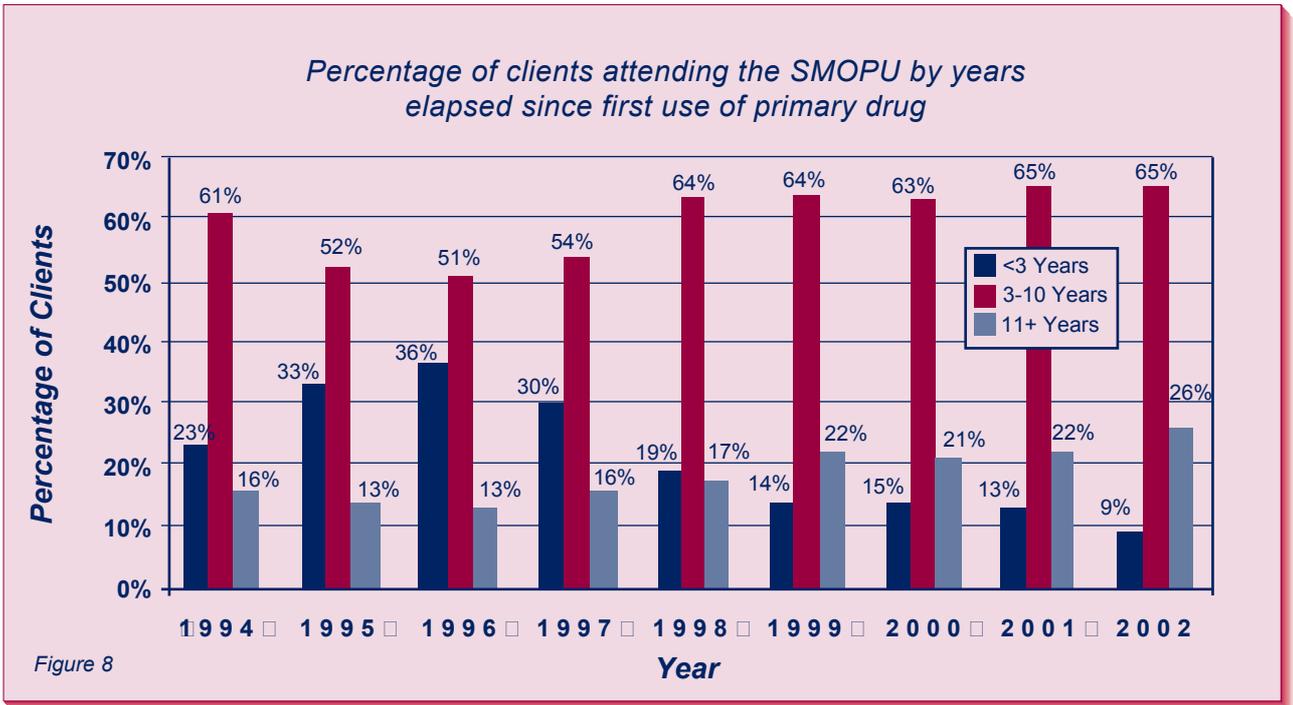
Throughout the period under consideration the percentage of clients who were gainfully employed was relatively stable with approximately half of all clients being in regular employment and half falling under the category of 'all others'. This includes persons who are unemployed as well as housewives, students and retired persons.

Primary Drug of Abuse



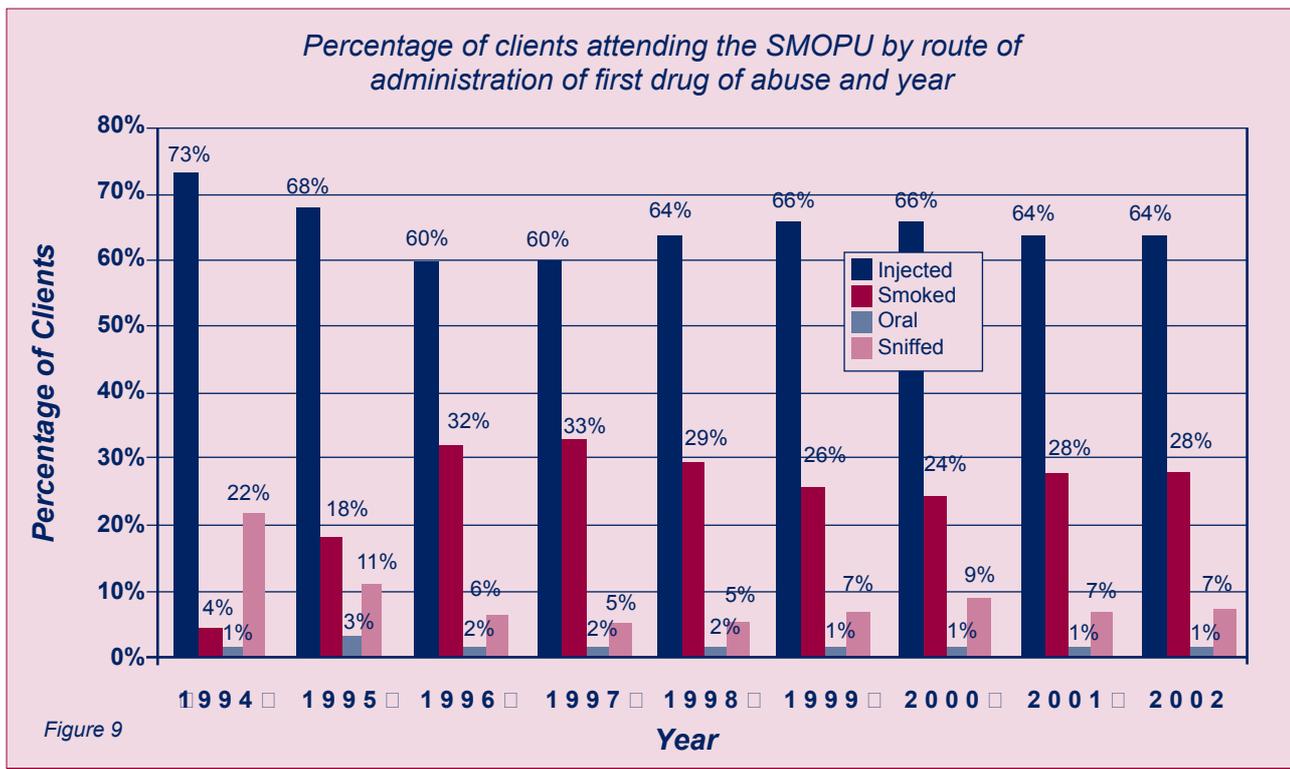
Since the SMOPU provides substitution therapy to heroin abusers, the majority of those attending the Unit use heroin as their main substance of abuse. Others use 'stimulants' which include cocaine and amphetamines, 'cannabis' and 'other drugs' including hallucinogens and benzodiazepines as the main substance of abuse. Worth noting is that most clients are poly-drug users.

Years elapsed since first use of primary drug



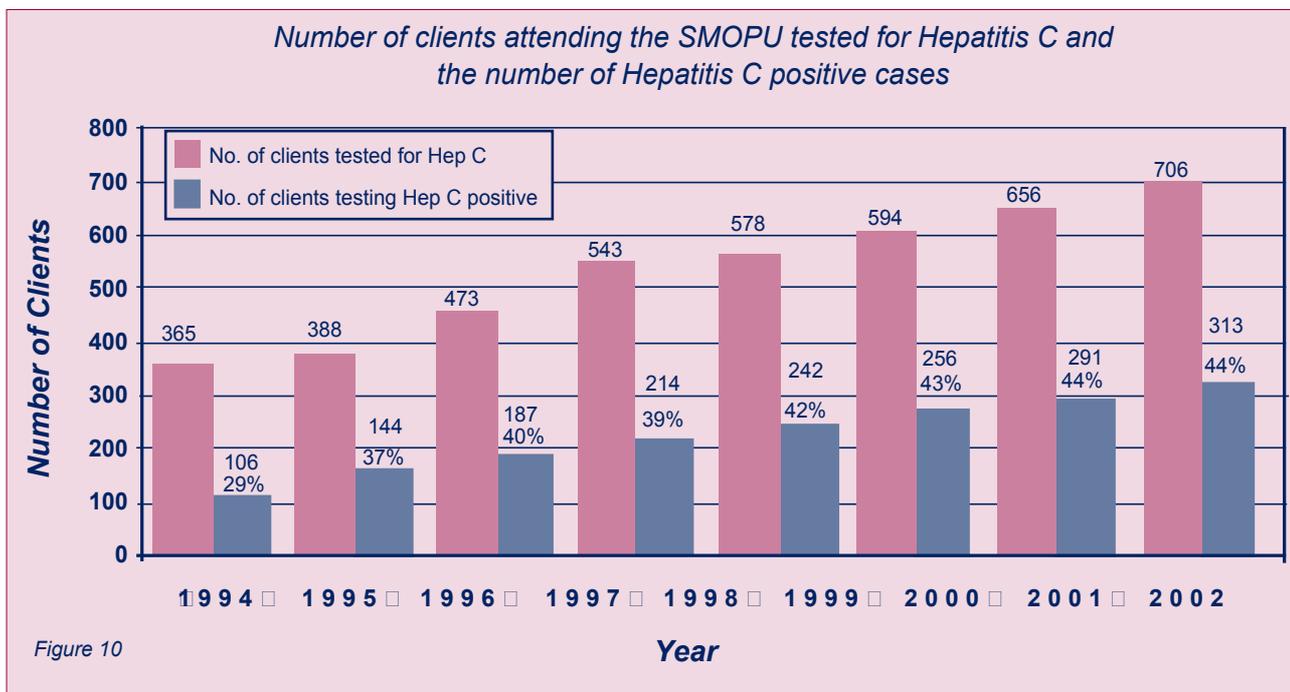
Almost two thirds of the SMOPU's clients have been abusing their main substance of abuse for between 3 and 10 years. These figures suggest that most clients are retained clients, since the number in contact with the service for less than 3 years is declining progressively, whereas those who have been abusing their main substance of abuse for more than 3 years is on the increase.

Route of Administration



A large shift was noticed between 1994 and 1995 in the route of administration of the first drug of abuse from injecting to smoking and sniffing heroin. The reason may be due to the large amount of missing data for this variable in 1994. After 1995, figures were more constant although injecting remained the predominant route of administration.

Hepatitis C



One of the risks of intravenous (injecting) drug use is infection with blood-borne viruses such as Hepatitis C and HIV. Throughout the recorded years, there was an increase in the percentage of clients at the SMOPU being tested for Hepatitis C who tested positive.

Syringe Distribution

Table 2: Number of syringes distributed by health centre and year

	Floriana	Mosta	Qormi	Cospicua	Paola	Gzira	Rabat	Gozo	Total
1994	5834	252	3479	3215	491	8484	0	0	21755
1995	3185	882	6177	2966	1842	20168	0	0	35220
1996	8325	1787	11395	4231	16593	18825	355	0	61511
1997	9317	4132	13191	8344	25171	22673	1197	0	84025
1998	7220	9378	21332	11971	31759	21232	3285	0	106177
1999	12550	20930	13650	16734	49580	23300	8072	0	144816
2000	19100	21729	12037	11050	47420	31271	10018	0	152625
2001	19500	17408	10474	9400	45052	34104	9142	0	145080
2002	35272	19064	15373	15500	59180	39785	9068	0	193242

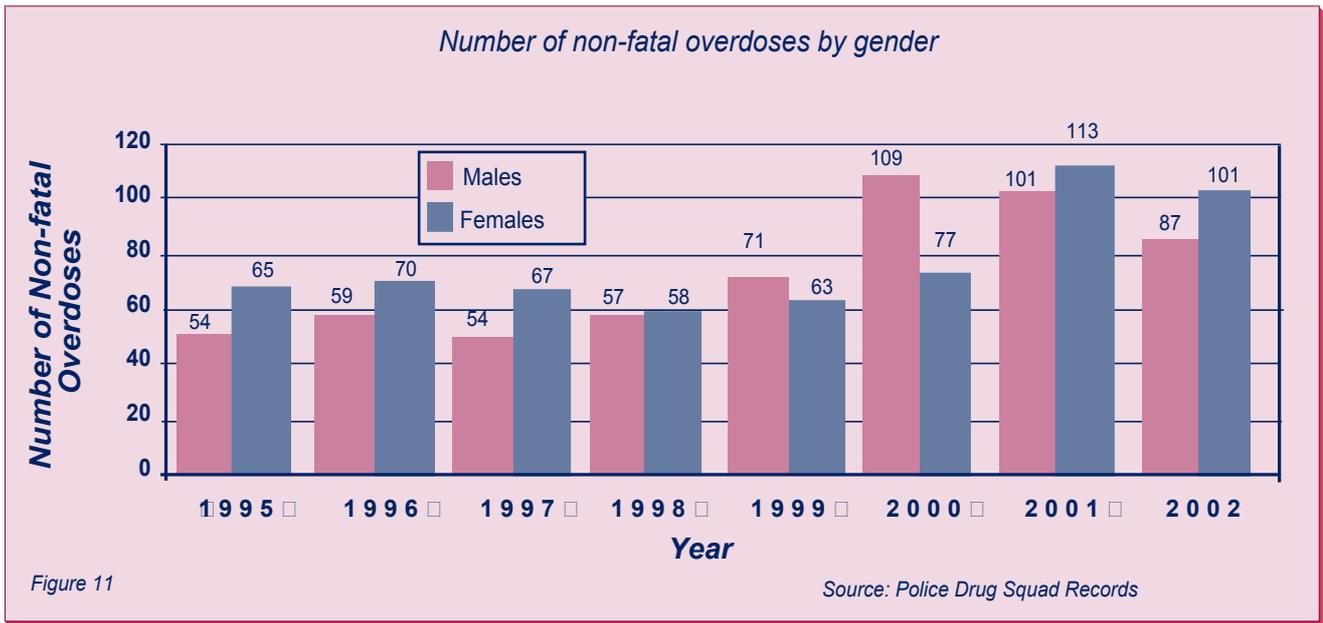
Source: Primary Health Care Administration Office Records

Free syringes are distributed from all health centres to promote harm reduction and reduce the risk of spreading infectious diseases such as Hepatitis and HIV through needle sharing among injecting drug users. The number of syringes distributed to substance abusers escalated rapidly over the recorded period. In some instances, the increase was huge, such as in the case of Paola Health Centre. This has mainly arisen because initially staff at the centre would ask for substance misusers' identification.

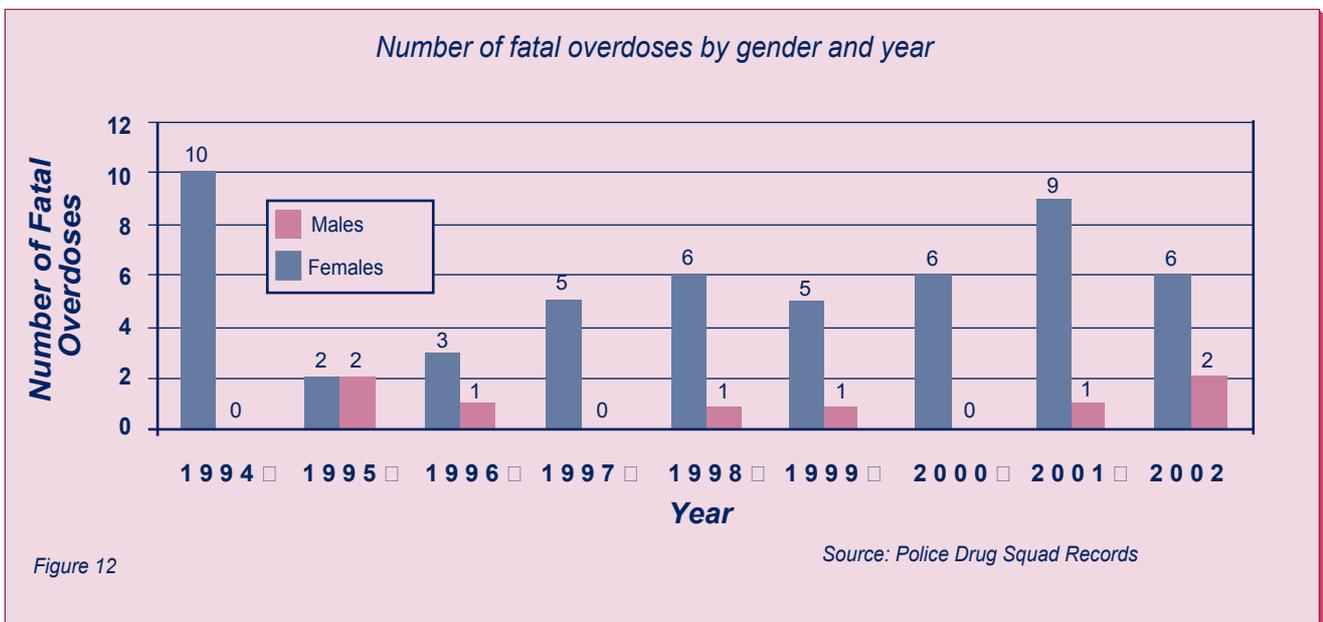
When identification was no longer requested, more persons started making use of this centre. It now distributes the highest number of syringes. Although the total number of syringes distributed has increased greatly over the years (with the exception of 2001), the increase was not equally distributed among all health centres. This shift could be attributed to various factors including *inter alia* the fact that the maximum number of syringes that are allowed to be collected at one time varies by Health Centre.

Non-Fatal Overdoses

The number of non-fatal overdoses admitted to St. Luke's Hospital and reported to the Police Drug Squad increased between 1995 and 2001 and declined in 2002. A large increase was noted among males, with the number of cases doubling between 1995 and 2000. In 2001 and 2002 the incidence of non-fatal overdose was higher among females than males.



The majority of those admitted to hospital with an overdose had allegedly abused psychotropic substances (prescribed medicine). The main cause could be suicidal attempts. The number of persons admitted to hospital for an overdose of illicit substances has increased over the years. These mostly accidental non-fatal overdoses will possibly arise as a result of very high drug purity and lower tolerance to substances following a period of abstinence from substance use.



1994 and 2001 saw the highest number of fatal overdoses from substance misuse. Heroin was predominantly the main substance of misuse for all recorded fatalities between 1994 and 2002, followed by over the counter pills mixed with other substances such as alcohol. The use of ecstasy proved fatal for two persons.

¹ □ Inner Harbour Region – Vittoriosa, Cospicua, Floriana, Gzira, Hamrun, Isla, Kalkara, Marsa, Msida, Paola, Pieta', Santa Lucia, □ Sliema, Ta' Xbiex, Valletta; Outer Harbour Region – Birkirkara, Fgura, Luqa, Pembroke, Qormi, San Giljan, San Gwann, Santa Venera, Swieqi, Tarxien, Xghajra, Zabbar; South Eastern Region – Birzebbugia, Ghaxaq, Gudja, Kirkop, Marsascala, Marsaxlokk, □ Mqabba, Qrendi, Safi, Zejtun, Zurrieq; Western Region – Attard, Balzan, Dingli, Iklin, Lija, Mdina, Rabat, Siggiewi, Zebbug; Northern □ Region – Gharghur, Mellieha, Mgarr, Mosta, Naxxar, San Pawl il-Bahar; Gozo and Comino.

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Foundation for Social Welfare Services
Ministry for Social Policy