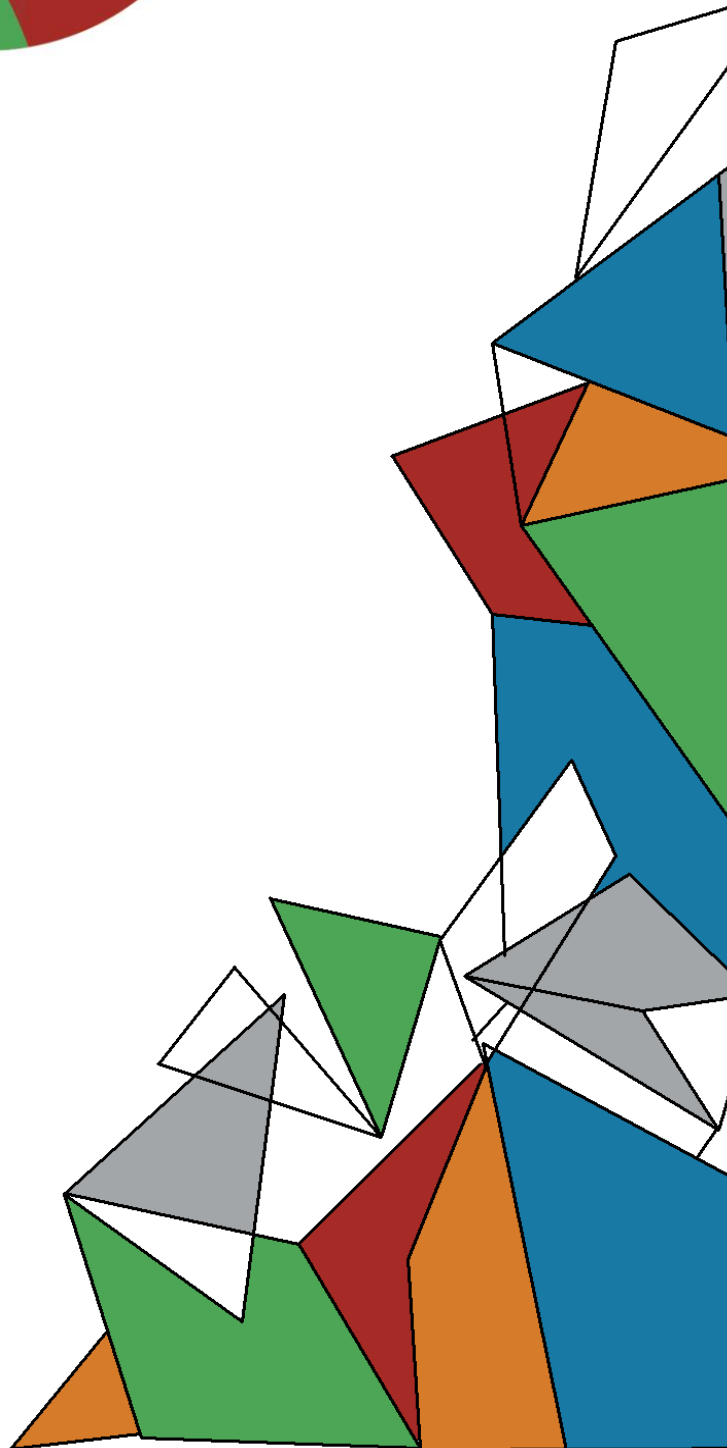




Agenzija Sedqa
Yearly Statistical Report
January to December 2024

March 2025



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Data analysis, design, and editing.

Foundation for Social Welfare Services, Malta
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Introduction

This report provides statistical information regarding Agenzija Sedqa, which falls under the Foundation for Social Welfare Services (FSWS). This report provides global data on an agency level followed by data for each service under the agency. The data includes, but is not limited to, the number of: cases worked with, individuals worked with, referrals, new and re-contact cases, and cases closed. Data regarding new and re-contact cases is also stratified by key socio-demographic variables in order to look at trends. All the information provided in this report gives an indication of service users attending the various services and some information about service performance. For this report, the term 'service users' refers to persons using the service from intake or referral until case closure. Service descriptions along with definitions regarding key terms used within this report (e.g., cases worked with) can be found in the appendix. For further information regarding the aims and activities of the services, please refer to the website: fsws.gov.mt.

The data contained in this report is based on information submitted by the services to the FSWS Research Team in mid-January 2025. Where applicable, the report provides data on an individual service user level (i.e., number of individuals) as well as on multiple service users attending multiple times level (i.e., number of cases). It is important to note that the same individuals may stop and start attending a given service multiple times in the reporting period and/or may be attending one or more services concurrently within the reporting period (i.e., have multiple cases recorded). To demonstrate the difference, consider Person A, who started and stopped attending a service twice in the same year, making it equivalent to 2 cases, but 1 individual worked with. Summing the number of individuals worked with across services will over-estimate the actual number of different persons since individuals can attend several units at the same time. With the online data collection system, we are now able to identify and report the true number of individual service users across the entire agency. Also, because of rounding, the sum of the percentages within the report may be smaller/greater than 100%.

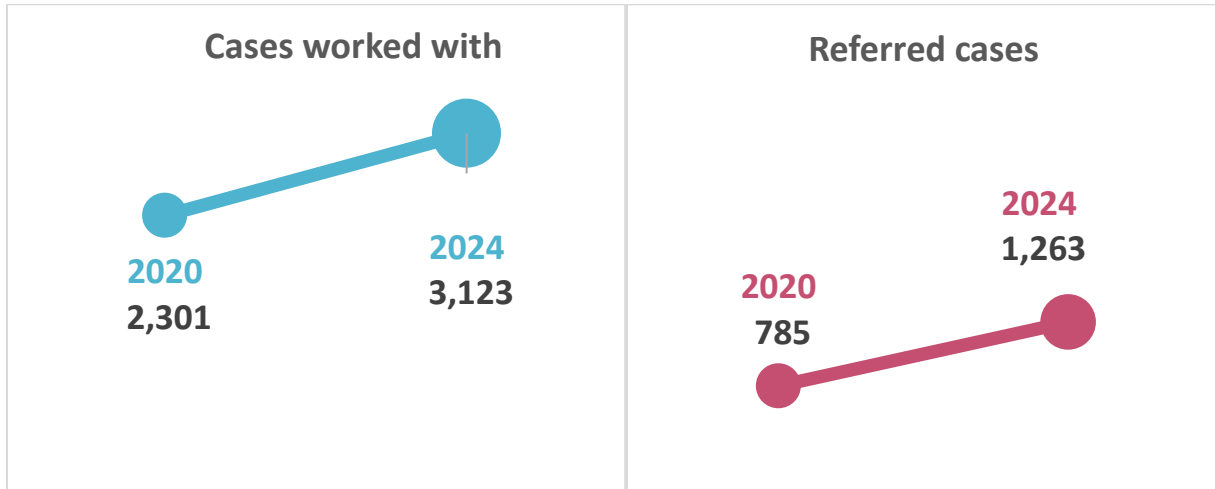
Over time, there can be changes in what, how and when data is collected (e.g., with the introduction of the new data collection system). Relevant information about aspects which may have impacted the data and influence trends can be found as footnotes throughout the report.

This report would not have been possible without the kind assistance of each worker who provided and keyed the data.

The data contained in this report is subject to revision and modification, as and when the relevant information becomes available.

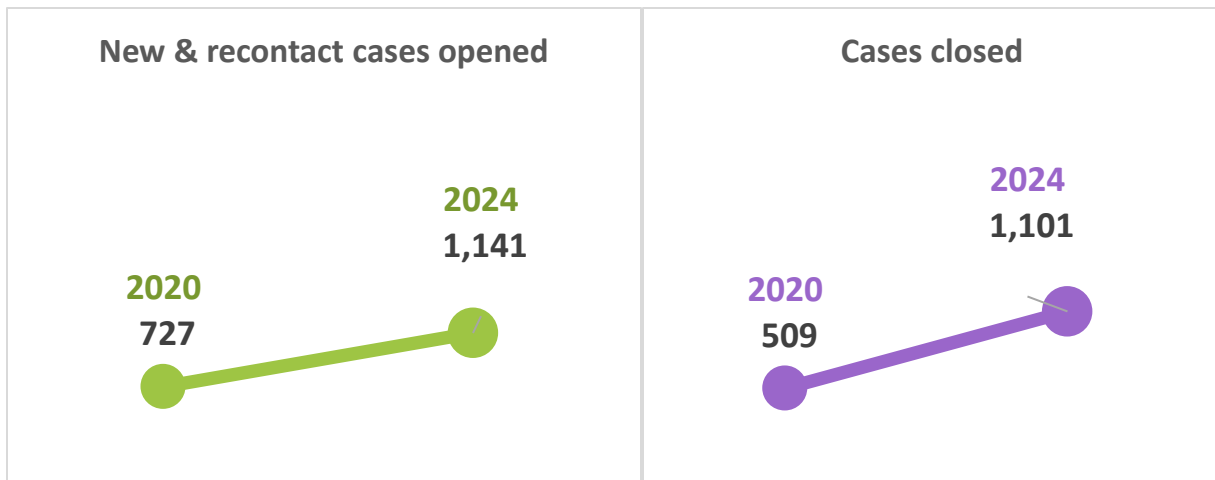
Executive summary

5-year comparison of case activity between 2020 and 2024:



36% increase

61% increase



57% increase

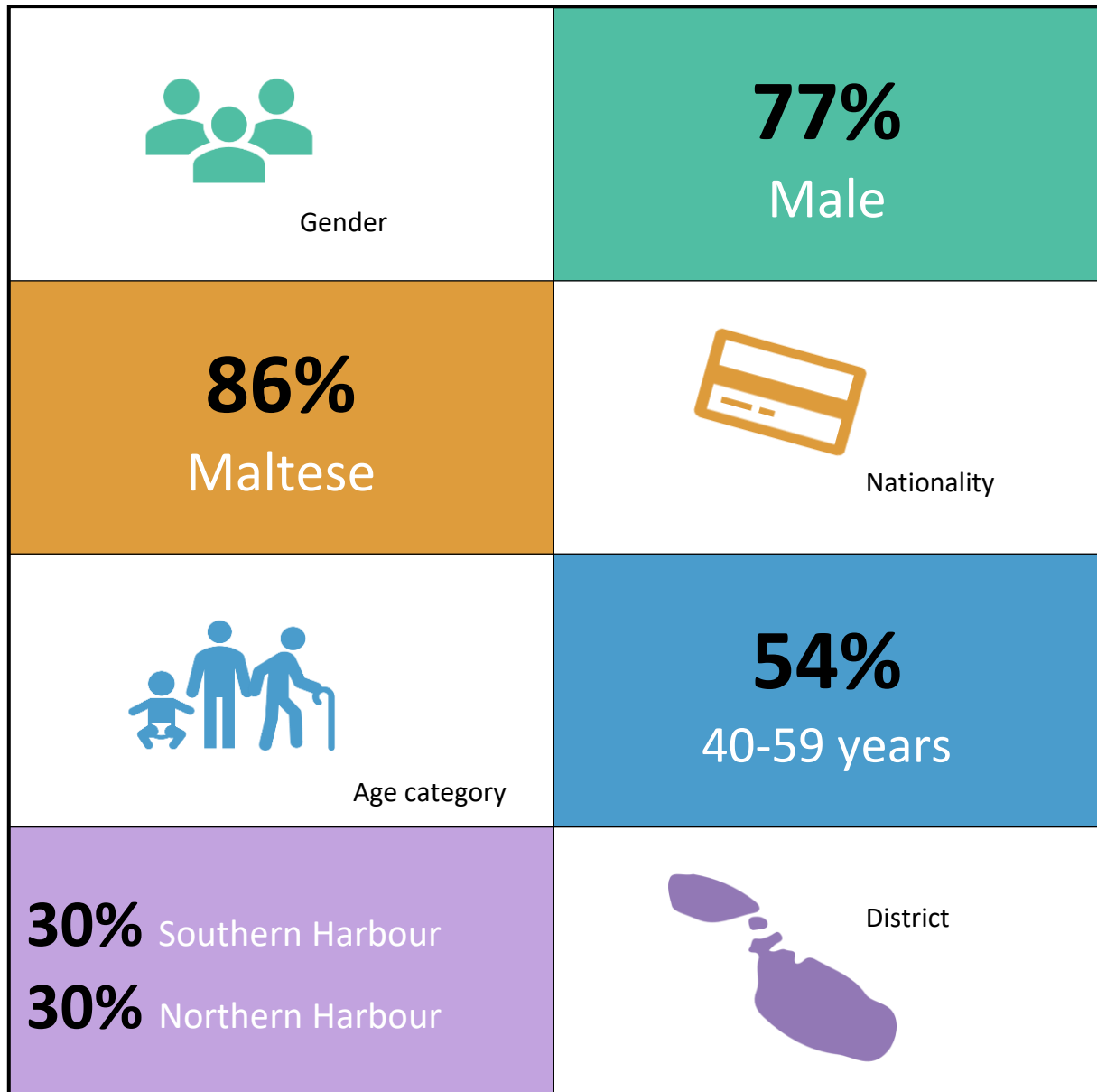
116% increase

Note: data on the number of cases in 2020 and 2024 is presented to display changes over a complete five-year period.

Cases worked with Jan- Dec 2024:

3,123

Out of the 3,123 cases worked with between Jan-Dec 2024:



Agency level data

This section provides information on an Agency level.

Case activity

A new online data collection system and reporting format began being introduced in 2020 with further services being added along the years. Information on when the online data collection systems were implemented within the services can be found within the respective service's section. Also, in 2023, the portfolio of the Agency changed whereby the Psychological Services (which previously formed part of Aгенzija Sedqa) moved to the Agency for Community and Therapeutic Services. As a result of this move, all data prior to 2023 within Sedqa was revised to now exclude the past data from Psychological Services as well. As a result, past data up to 2022 reported will not match the past data reported in past Sedqa reports.

Total number of cases and individuals worked with at Sedqa by year.

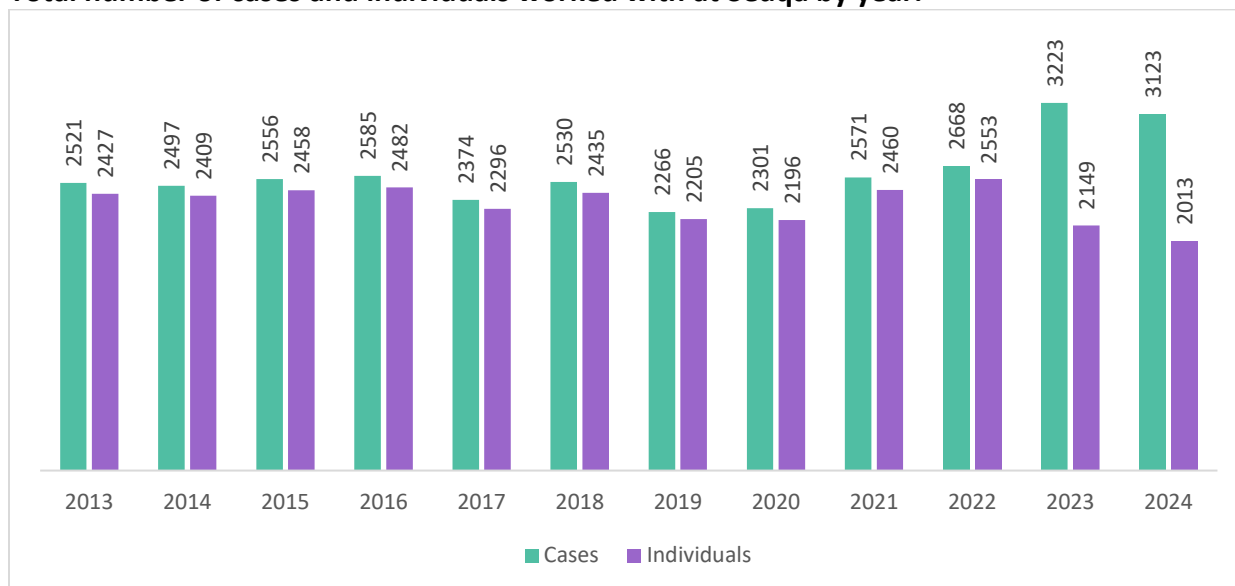


Figure 1: The figure above provides the number of cases worked with and the number of individuals worked with. To demonstrate the difference, consider Person A, who started and stopped attending a service twice in the same year, making it equivalent to 2 cases, but 1 individual worked with. Summing the number of individuals worked with across services will over-estimate the actual number of different persons since individuals can attend several units at the same time. Therefore, the number of individuals across multiple units can only provide an approximation of the number of individuals overall and the figures provided are therefore higher than the real figures. As of 2023, the number of individuals is the true number of individuals across the entire Agency as duplicate cases are identified and excluded through their identifying number. Prior to 2023 the number of individuals on an Agency level was a sum of the individuals reported by each service and was thus only an approximation. In 2024, 3123 cases and 2013 individuals were worked with compared to 3223 and 2149 respectively in 2023.

Case activity: Jan-Dec 2024

Service	Cases worked with	Individuals worked with	Waiting list end Dec 2024
Addictions Community Service	1036	976	45
Substance Misuse Out-patient Unit	1633	1595	0
Substance Misuse In-patient Unit	313	238	0
Komunita' Santa Marija Addiction Residential Rehabilitation Programme	141	125	0
Total	3123	-	45

Service	Additional information
Primary Prevention Team	A total of 3,974 sessions which consisted of approximately 4,154 hours, with approximately 20,681 participants. A further 175 other activities (e.g., media, outreach, exhibitions etc) were also conducted.
Courts	186 Drug Offenders Rehabilitation Board (DORB) cases worked with, and 26 Psychotherapy Service cases worked with.
Social Work at Substance Misuse Out-patient Unit	247 cases and 247 individuals worked with.

Figure 2: The figures above summarise the number of cases and individuals worked with reported on a service level. The total number of individuals is only provided if the true number of individuals across services cannot be extracted.

Percentage difference in the number of cases worked with at Sedqa in the current year compared to the previous year.

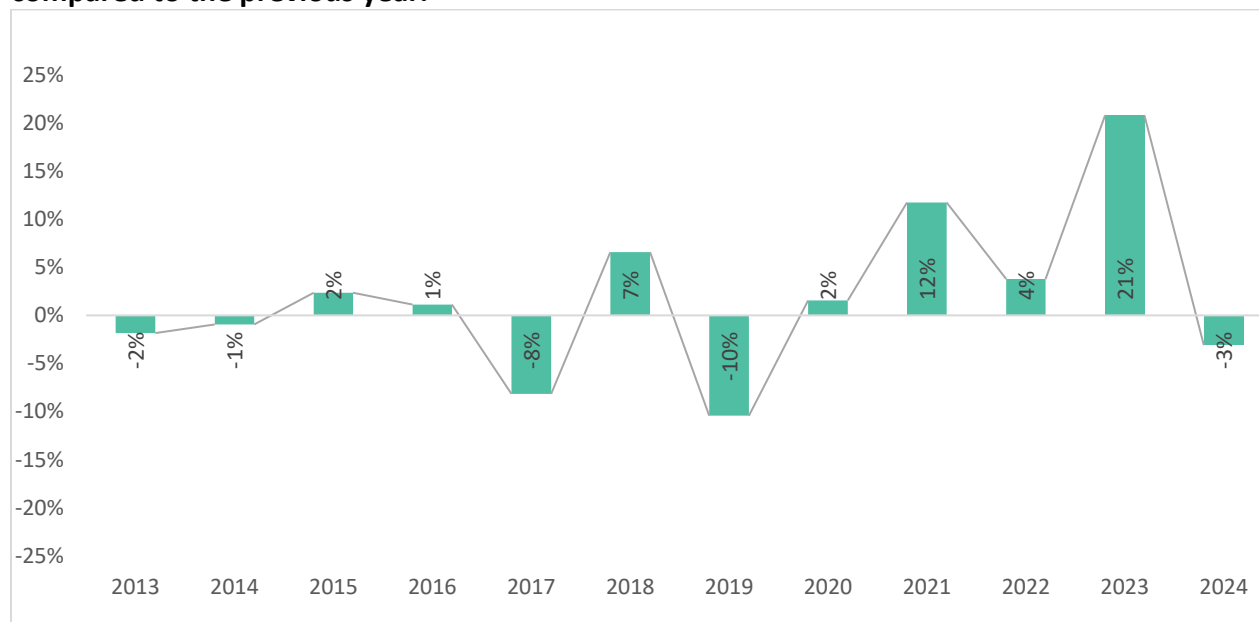


Figure 3: The percentage difference for the number of cases worked with between the reported year and the year before is seen in the figure above. For instance, the number of cases worked with increased by 4% in 2022 over 2021. The introduction of new services, the discontinuation of existing services, the expansion or contraction of the personnel base, increased public awareness of services, changes in the demand for services (such as the implementation of new legislation or removal of a policy) or changes in procedure (e.g., data collection methods) may impact differences observed between the years.

Number of new, re-contact, known and intake cases worked with by year

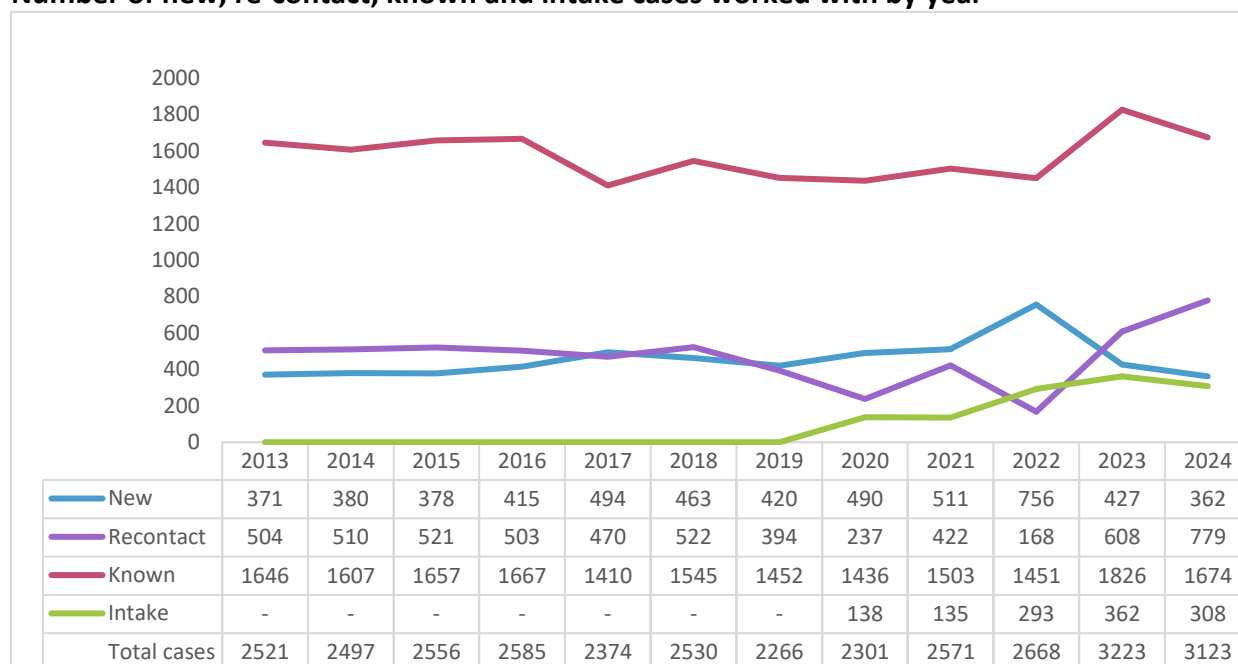


Figure 4: The cases worked with each year can be a new case, recontact case, known case or an intake case (a case starting and ending the year on intake). Further definitions can be found in the glossary. For the above graph, intake data was not available between 2013 and 2019, and began to be reported in 2020 due to the implementation of an online data collection system. Also, as of 2023, the number of new cases is the number of new cases across the entire Agency/Directorate. Prior to 2023 the number of new cases on an Agency/Directorate level was a sum of the new cases reported by each service.

Number of referred cases, new & re-contact cases opened, and cases closed at Sedqa by year

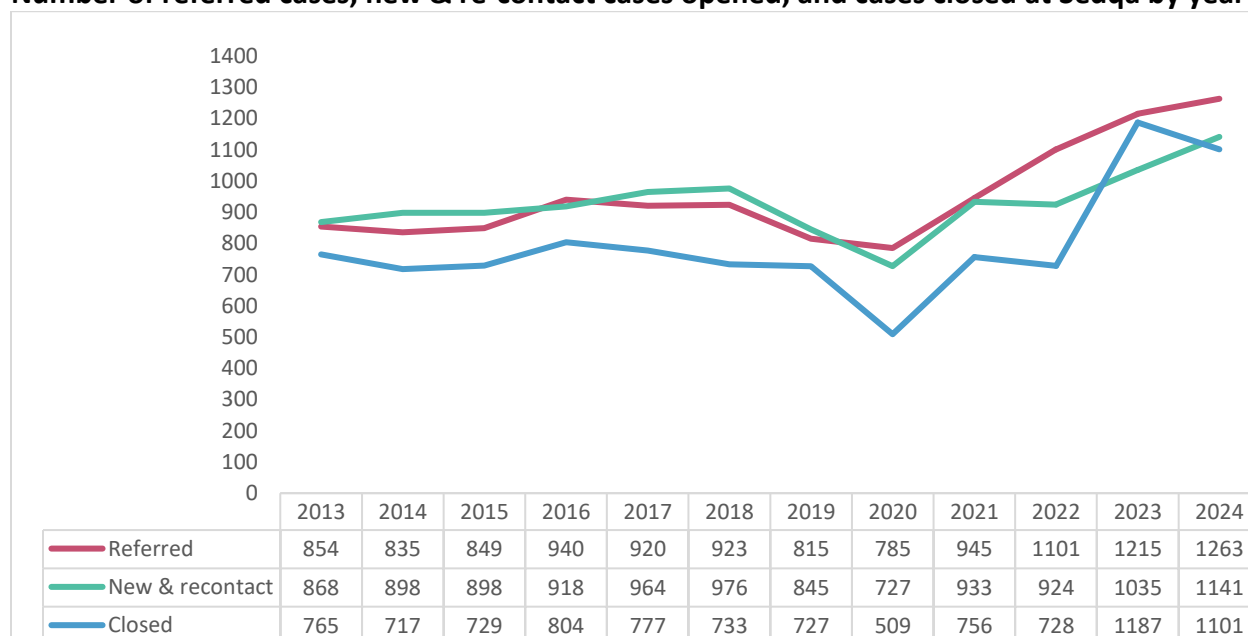


Figure 5: Cases may be referred, opened, or closed throughout the year (definitions can be found in the glossary). Opened cases include both new and recontact cases (see figure 4 for breakdown of new & recontact cases). In 2024, 1263 cases were referred, 1141 new & recontact cases opened, and 1101 cases closed.

Details regarding cases worked with at Sedqa January – December 2024

A total of **3,123** cases were worked with between January and December 2024.

Sedqa: Cases worked with Jan-Dec 2024 by gender (no. & %)

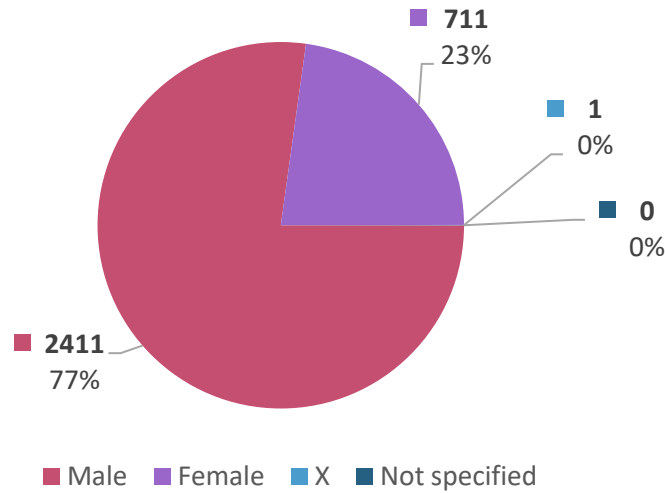


Figure 6: The figure above classifies the gender of the service user. Gender is collected at referral or first contact, but it can be updated throughout the lifetime of the case as required. The gender is collected either through formal documentation and/or the pronouns the person utilised when referring to themselves. In 2024, the highest percentage of cases worked with were male (77%).

Sedqa: Cases worked with Jan-Dec 2024 by age category (no. & %)

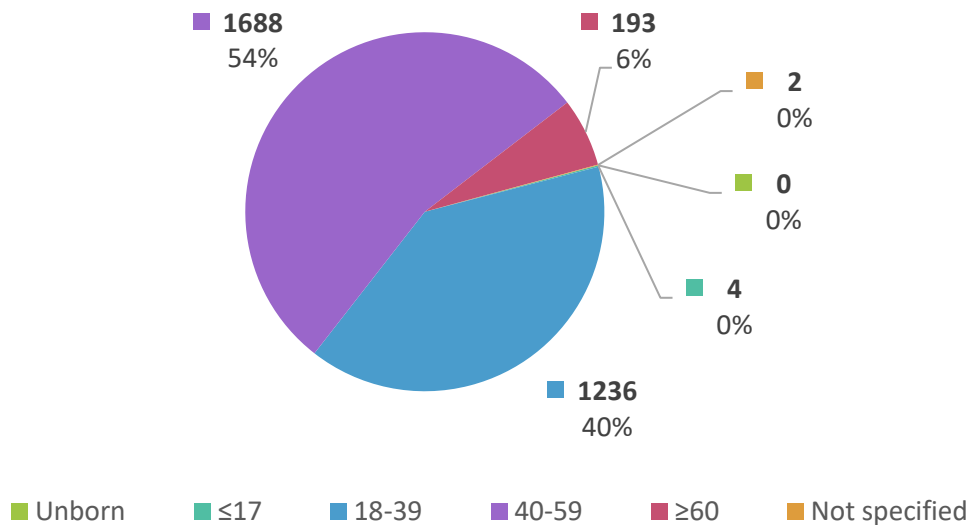


Figure 7: The figure above classifies the age of the service user in the reporting year based on the specified date of birth. In 2024, the highest percentage of cases worked with were ages 40 to 59 (54%).

Sedqa: Cases worked with Jan-Dec 2024 by nationality (no. & %)

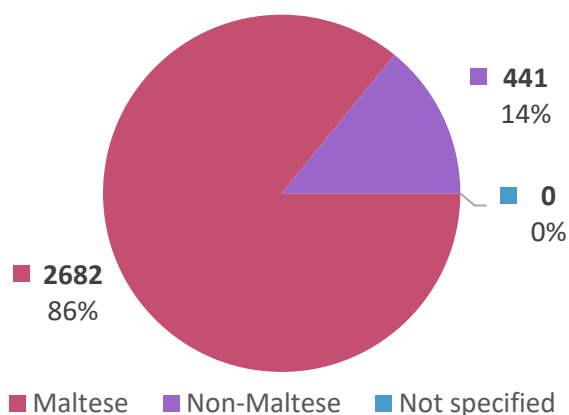


Figure 8: The figure above classifies the nationality as reported by the service user within the reporting year or based on an identity card/document. In 2024, 86% of the cases worked with were Maltese while non-Maltese made up 14% of cases.

Sedqa: Cases worked with Jan-Dec 2024 by primary problem/addiction

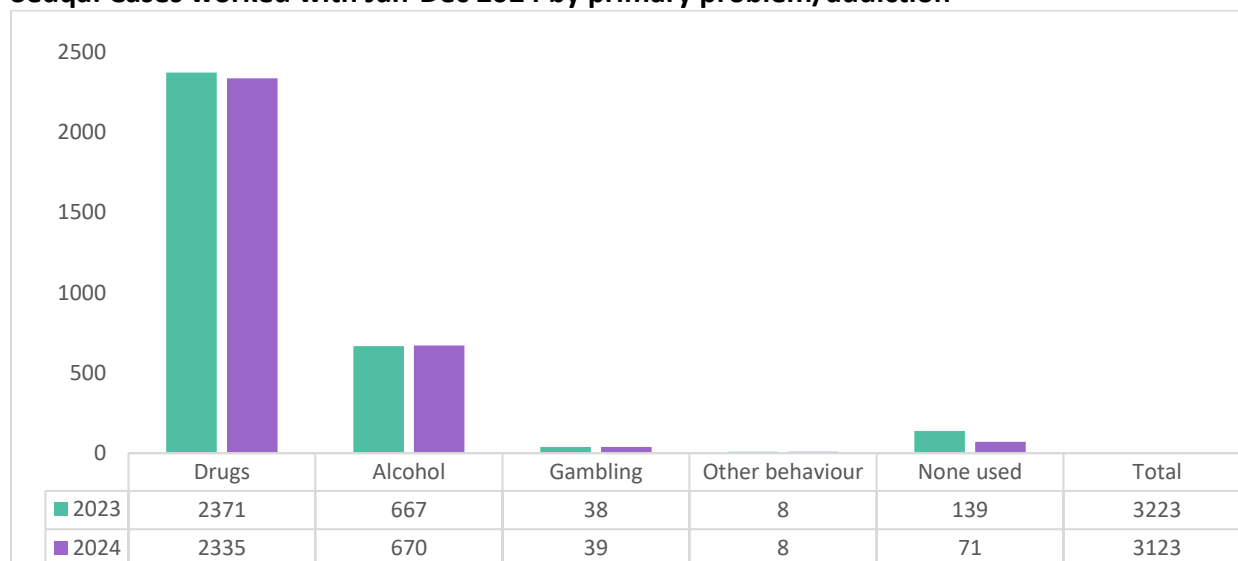
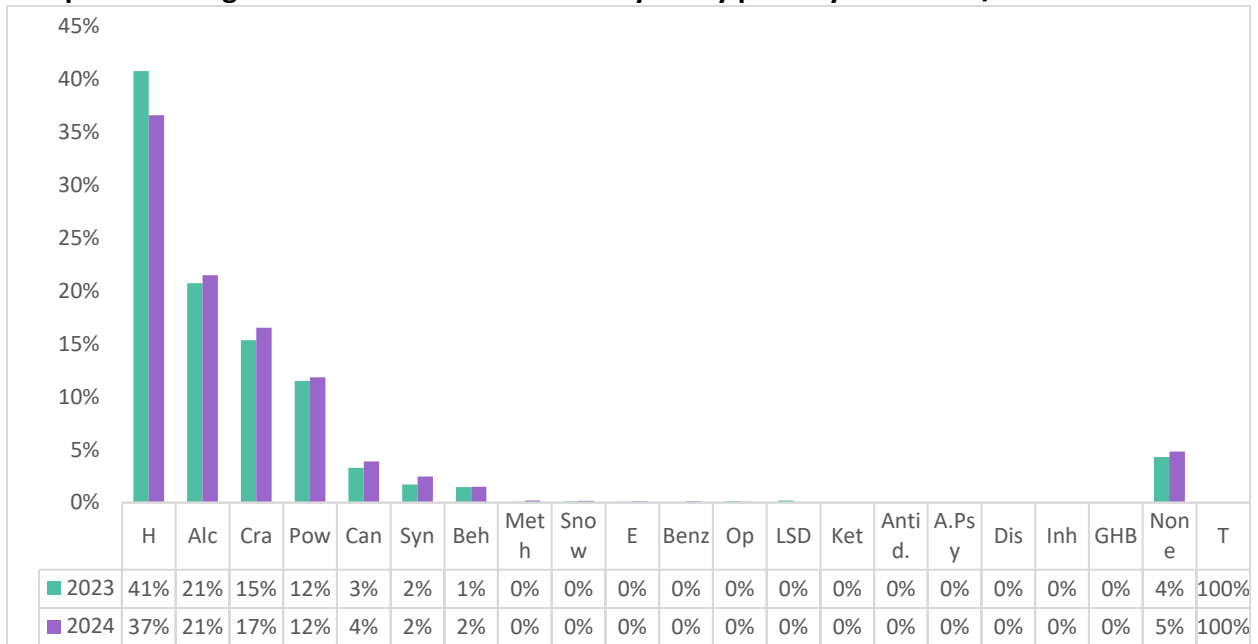


Figure 9: The primary problem/addiction stated by service users when the First Contact Sheet was filled out is recorded in the online data collection system, and it is the problem/addiction experienced in the previous 12 months. The term “none reported” describes service users who did not report having a problem/addiction in the previous 12 months, such as those who have been in a 12-month rehabilitation programme, those who previously participated in a Centre of Residential Restorative Services (CoRRS) programme, or significant others who come to the service for support but do not have a primary problem themselves to report. In 2024, the highest number of cases opened reported having a primary problem consisting of drugs (2335) which amounted to 75% of cases.

Sedqa: Percentage of cases worked with in the year by primary substance/addiction



Graph Key: H = Heroin; Alc = Alcohol; Cra = Cocaine (crack); Pow =Cocaine (powder); Can = Cannabis; Syn = Synthetic cannabis; Beh = Gambling/other behaviour; Meth = Methamphetamines; Snow = Snowballing; E = Ecstasy; Benz = Benzodiazepines; Op = Other Opioids; LSD = Hallucinogens/LSD; Ket = Ketamine; Antid.= Antidepressant medication; A.Psy = Antipsychotic medication; Dis = Distalgesics; Inh = Inhalants; GHB = GHB; None = None used; T = Total.

Figure 10: The primary substance/addiction stated by service users when the First Contact Sheet was filled out is recorded in the online data collection system, and it is the primary substance/addiction utilised in the previous 12 months. The term “none reported” describes service users who did not report using a substance/addiction in the previous 12 months, such as those who have been in a 12-month rehabilitation programme, those who previously participated in a CoRRS programme, or significant others who come to the service for support but do not have a primary substance themselves to report. For example, the majority of cases worked with in 2024 reported using heroin in the last 12 months prior to referral (37% of cases worked with).

Sedqa: Cases worked with Jan-Dec 2024 by district of residence (no. & %)

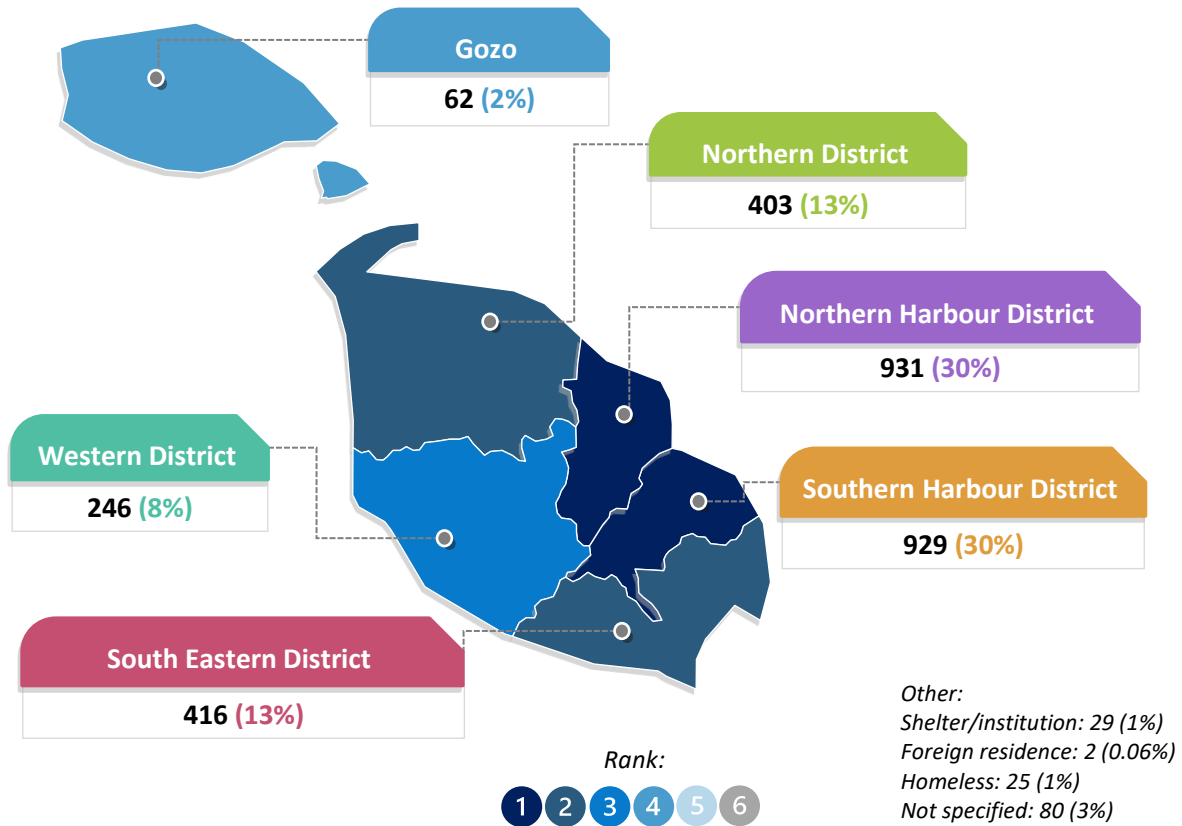


Figure 11: The figure above classifies the district of residence as reported by the service user within the reporting year. Some service users reside within “shelter/institution” (e.g., residential homes, centre of residential restorative services, or shelters). Some service users are in Malta temporarily and so normally have a foreign residence whilst others are homeless and do not have a fixed residence. Shelter/institution, foreign residence and homeless are reported as separate categories to avoid biasing the data on district. The Southern Harbour District (30%) and the Northern Harbour District (30%) had the highest percentage of cases worked with in 2024.

Details regarding new and re-contact cases opened

For comparing yearly trends, instead of using cases worked with, which would include any cases carried over from one year to the next, we use the number of new & recontact cases opened because it excludes the carried over cases and gives us an indication of incidence data.

A total of **1,141** cases were opened between January and December 2024.

Percentage of new & re-contact cases opened at Sedqa by gender and year

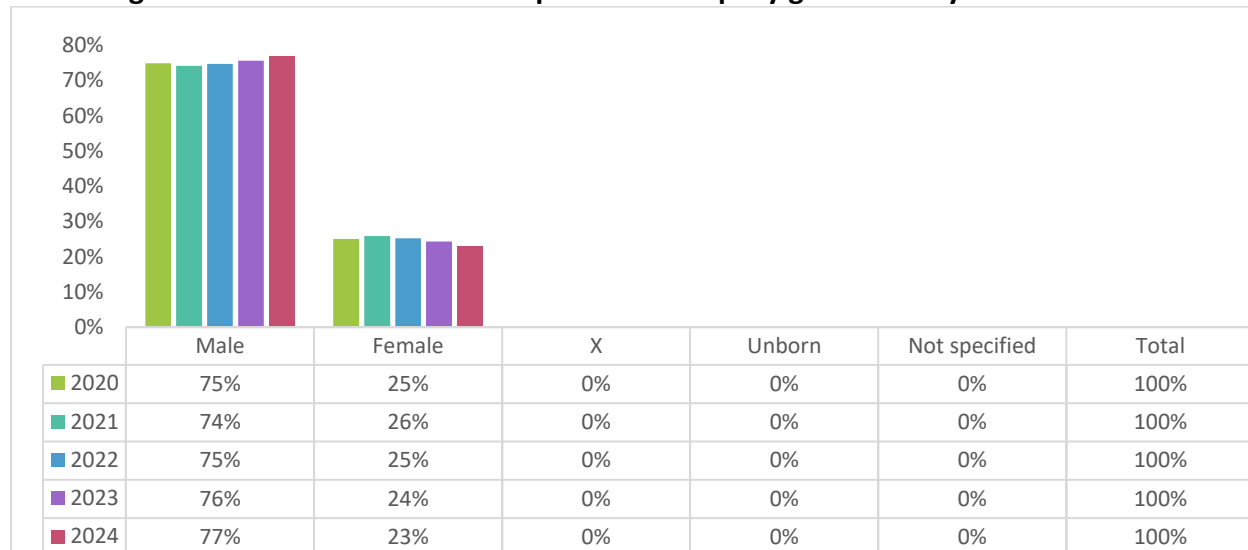
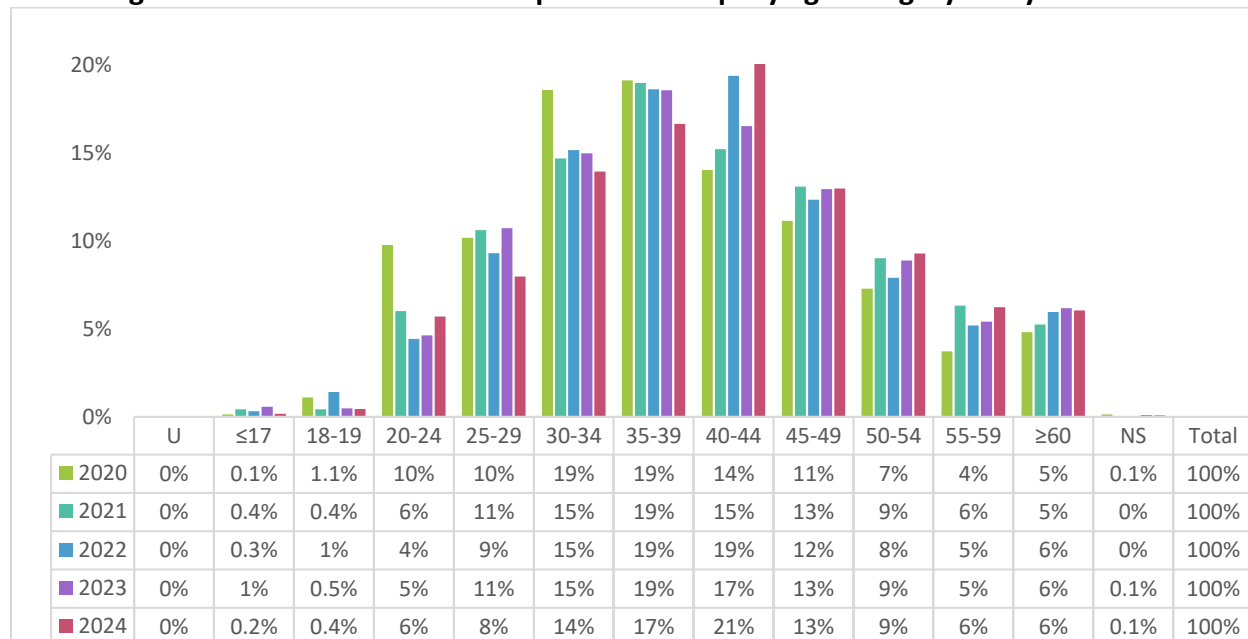


Figure 12: The figure above classifies the gender of the service user whose case was opened in the reported period. Gender is collected at referral or first contact, but it can be updated throughout the lifetime of the case as required. The gender is collected either through formal documentation and/or the pronouns the person utilised when referring to themselves. In 2024, the highest percentage of cases opened were male (77%).

Percentage of new & re-contact cases opened at Sedqa by age category and year



Graph Key: U = Unborn; NS = Not Specified.

Figure 13: The figure above classifies the age of the service user in the reporting year based on the specified date of birth. Only data for new & re-contact cases opened in the reported period are provided. In 2024, the highest percentage of cases opened were ages 40 to 44 (21%).

Percentage of new & re-contact cases opened at Sedqa by nationality and year

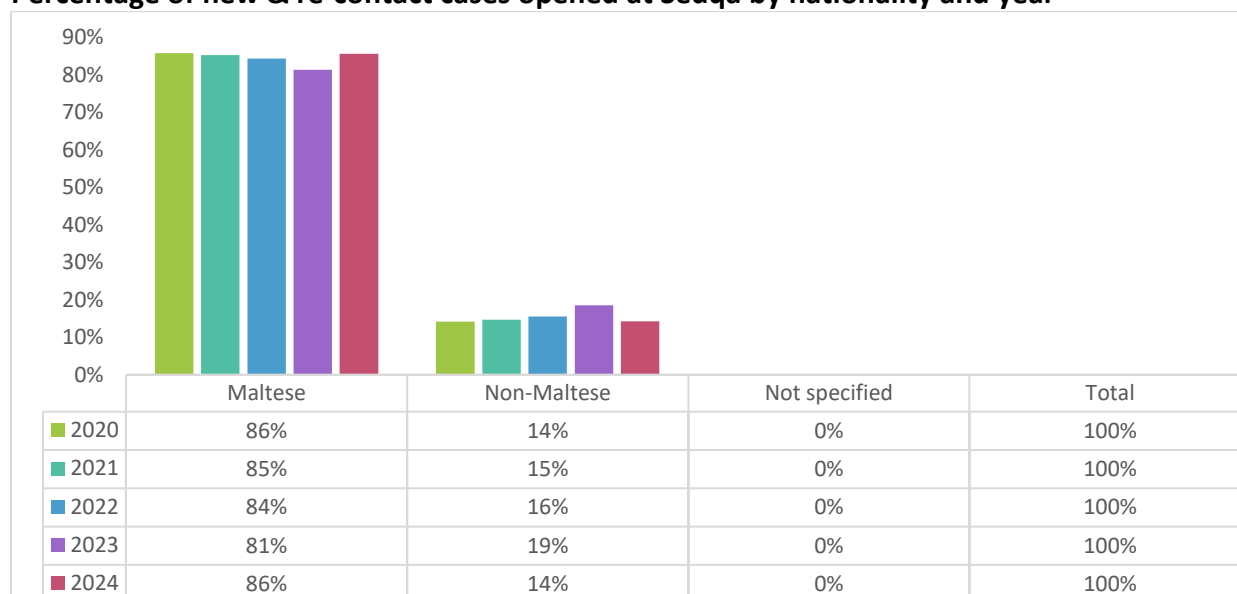
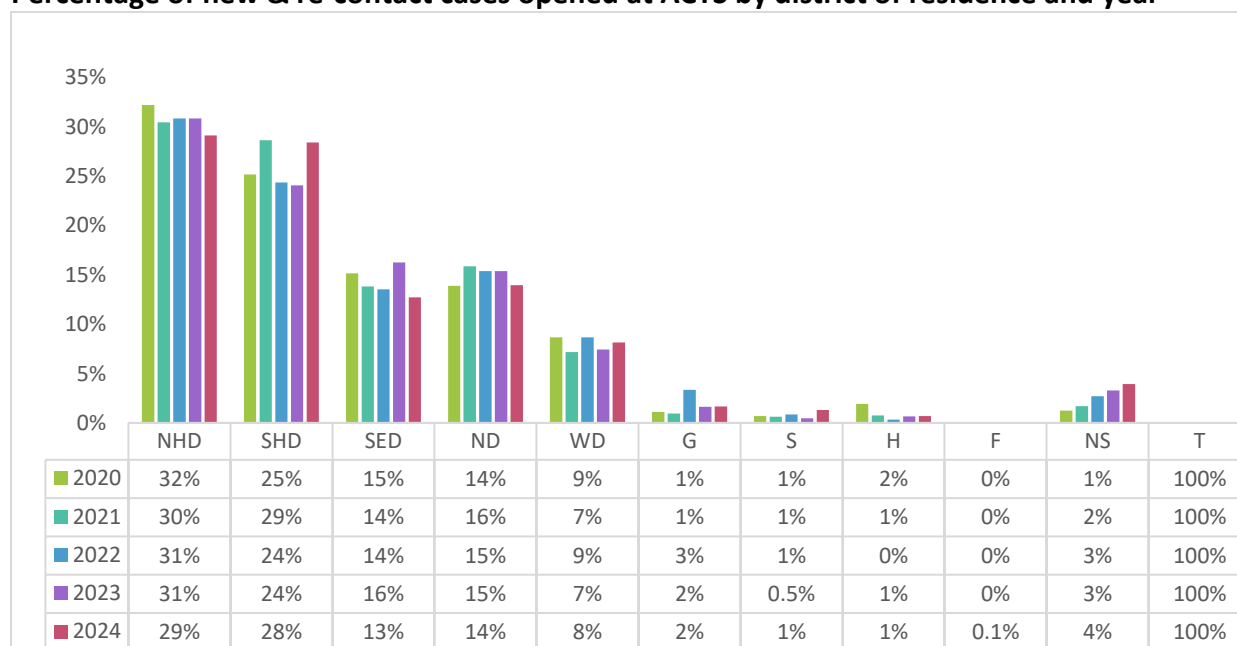


Figure 14: The figure above classifies the nationality as reported by the service user within the reporting year or based on an identity card/document. Only data for new & re-contact cases opened in the reported period are provided. In 2024, 86% of the cases worked with were Maltese while non-Maltese made up 14% of cases.

Percentage of new & re-contact cases opened at ACTS by district of residence and year



Graph Key: SHD = Southern Harbour District; NHD = Northern Harbour District; SED = Southern Eastern District; ND = Northern District; WD = Western District; G = Gozo; S = Shelter/Institution; H = Homeless; F = Foreign Residence; NS = Not Specified; T = Total.

Figure 15: The figure above classifies the district of residence as reported by the service user within the reporting year. Some service users reside within "shelter/institution" (e.g., residential homes, centre of residential restorative services, or shelters). Some service users are in Malta temporarily and so normally have a foreign residence whilst others are homeless and do not have a fixed residence. Shelter/institution, foreign residence and homeless are reported as separate categories to avoid biasing the data on district. Only data for new & re-contact cases opened in the reported period are provided. The Northern Harbour District (29%) had the highest percentage of cases opened in 2024.

Number of interventions conducted by Sedqa service and year

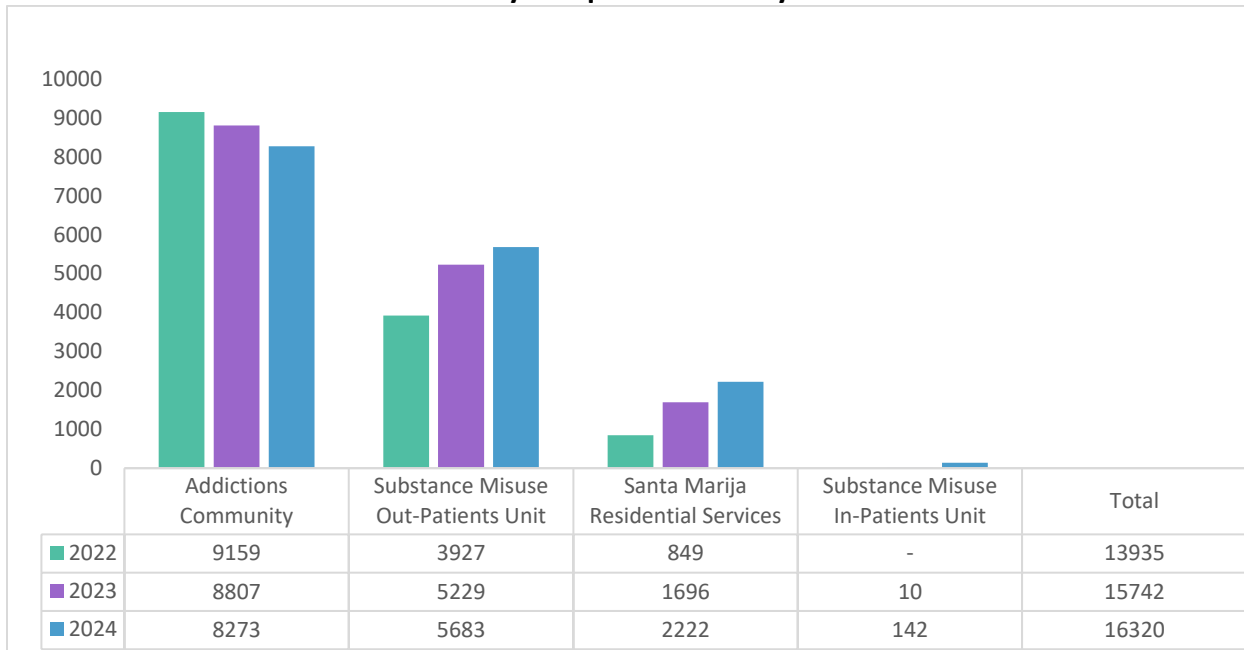


Figure 16: The figure above only provides the number of interventions that have been recorded within the online data collection system as completed or conducted. Interventions are actions taken with, or on behalf of, the service user with the goal to empower and help the person e.g., psychotherapy, assessments, or case conferences.

Service level data

Each service under the Agency is discussed in the section that follows. Information is provided regarding case activity followed by demographic information for cases worked with and for new & recontact cases opened.

Primary Prevention (PPV)

The Prevention Service provides diverse programmes for different cohorts of the general population. These programmes are provided within the primary sector (primary educational settings), secondary & post-secondary sector (secondary and post-secondary educational settings), community sector (community settings) and the work sector (workplace settings). Ad hoc sessions are usually delivered within secondary and post-secondary educational settings. Further information can be found on www.fsws.gov.mt.

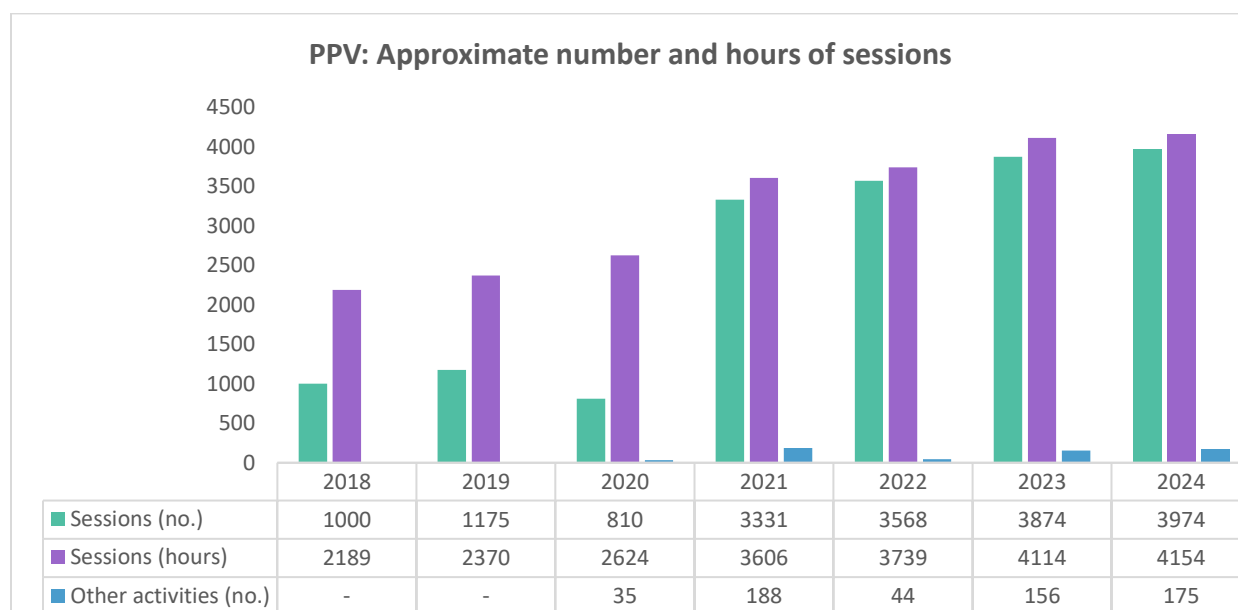


Figure 17: Prevention Services conducts programmes which can consist of multiple sessions consisting of various topics e.g., safe programme (see text below). Prior to 2021, sessions were recorded as interventions. Interventions referred to talks, sessions and programmes and multiple sessions were recorded as one intervention. In 2021 there was a change in reporting methods whereby all sessions began to be reported rather than the number of interventions. This likely accounted for most of the changes observed. The figure above provides the number of sessions held, the hours spent on these sessions and number of other activities conducted (see figure 18 for breakdown of activities).

A total of **757** programmes were provided between January and December 2024. One programme can consist of multiple sessions. For example, TFAL 3 programme generally provides 6 sessions, TFAL 5 Programme provides 5 sessions, Summer School Programme provides 4 sessions, Learning Centres Programme can provide 3 to 5 sessions, and Teen Outside the Box Programme provides 3 sessions.

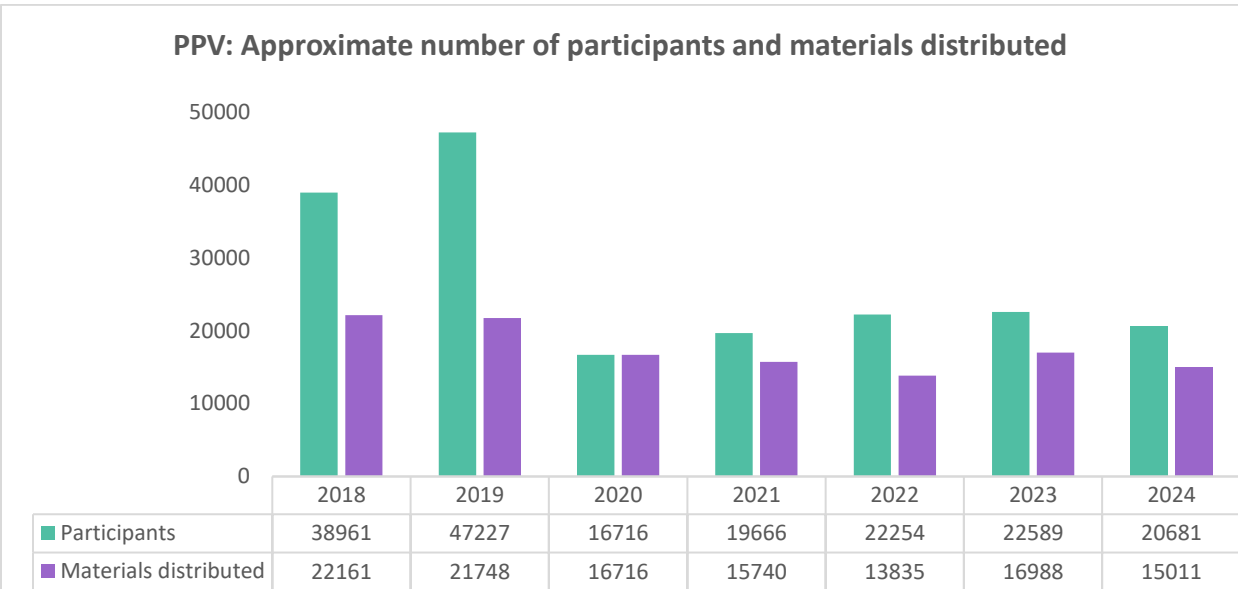


Figure 18: When sessions are conducted, the service records the number of persons (i.e., participants) who attended the various sessions as well as the number of materials (such as booklets and leaflets) distributed. However, the number of participants excludes participants reached through audio-visual recorded sessions since this cannot be quantified.

**PPV: Approximate number of sessions and programmes, hours of sessions, participants and materials distributed by prevention sector
January – December 2024**

	Number of sessions	Number of programmes	Hours of sessions	Number of participants	Number of materials distributed
Primary sector	2,876	540	2,975	9,970	9,620
Secondary & post-secondary (& ad-hoc sessions)	784	217	794	5,879	4,475
Community sector	118	-	189	2,062	234
Work sector	196	-	196	2,770	682
Total	3,974	757	4,154	20,681	15,011

Figure 19: The figure above breaks down the information by sectors or settings (find information regarding sectors on page 18).

PPV: Number of other activities conducted within the year

	2021	2022	2023	2024
Media interventions	16	32	29	36
Production of recordings of session/programmes	4	0	0	0
Outreach activities	5	11	9	12
Reaching parents through the school	162	-	-	-
Exhibitions	1	1	118	127
Total	188	44	156	175

Figure 20: The figure above describes the other activities conducted. In 2023 there was an increase in exhibitions provided by SAFE programme and within post-secondary or tertiary settings.

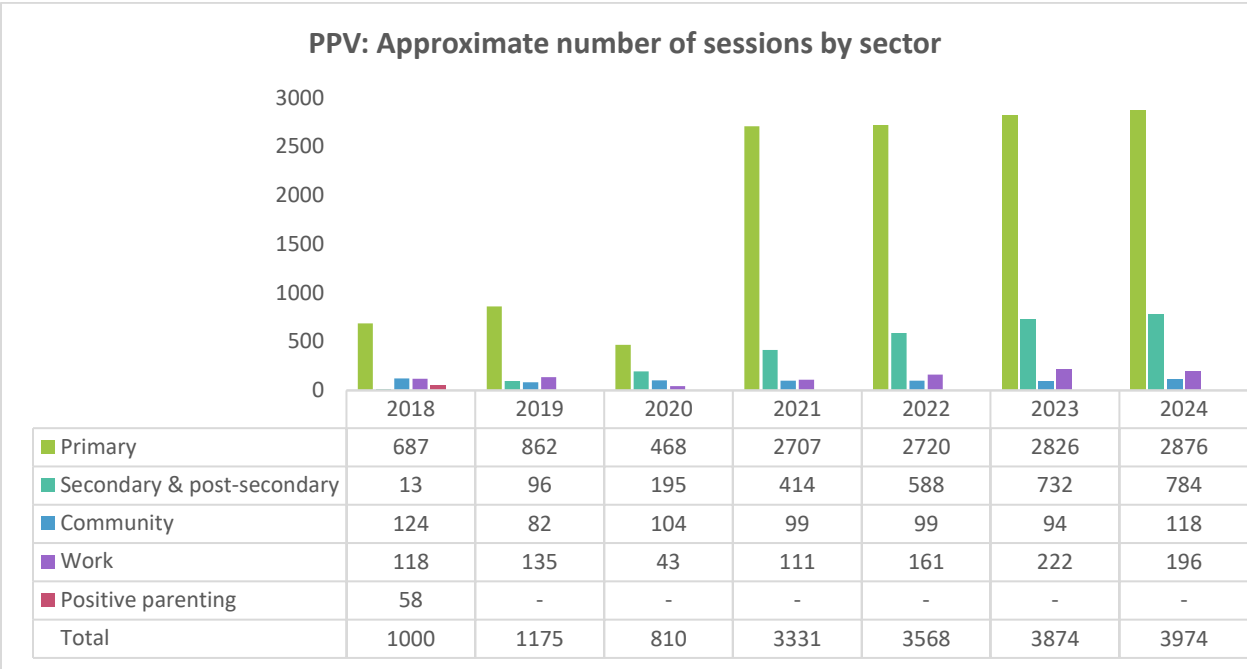


Figure 21: The figure above breaks down the sessions by sectors or settings (find information regarding sectors on page 18). The changes observed in 2021 were most likely because prior to 2021, sessions were recorded as interventions. Interventions referred to talks, sessions and programmes and multiple sessions were recorded as one intervention. In 2021 there was a change in reporting methods whereby all sessions began to be reported rather than the number of interventions. Also, in 2019, the positive parenting sector began to be handled by another service in the FSWS.

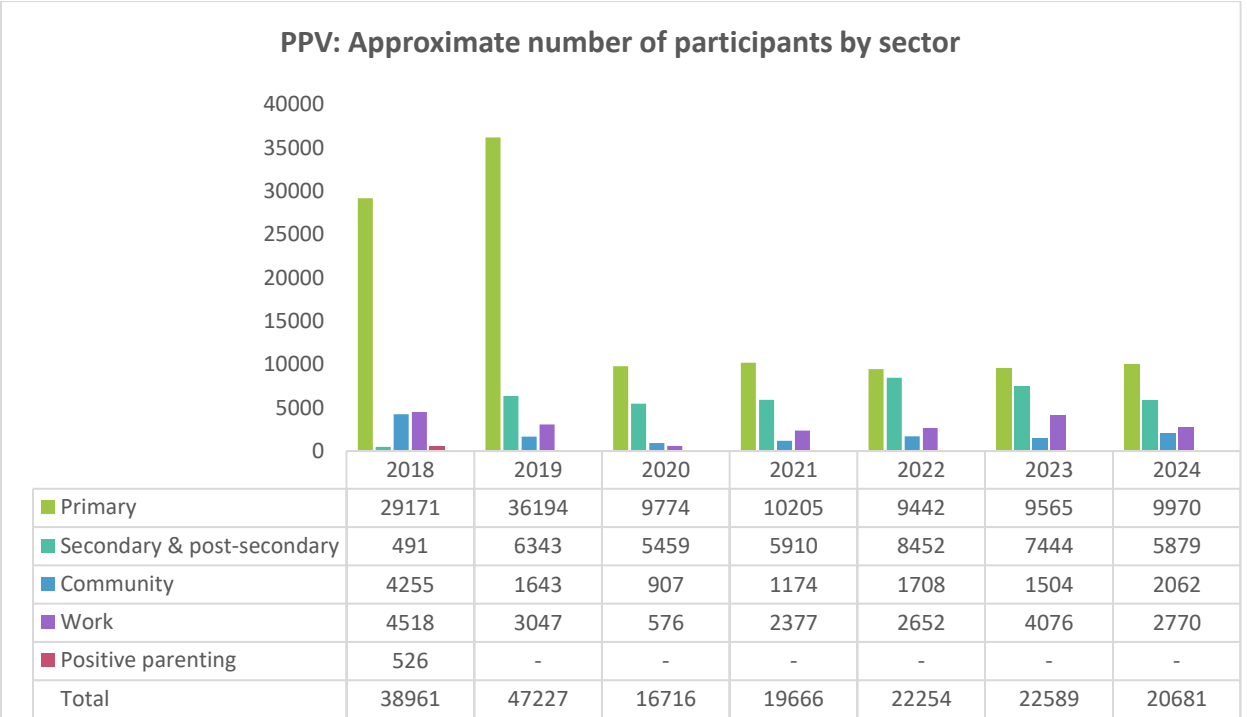


Figure 22: The figure above breaks down the information by sectors or settings (find information regarding sectors on page 18). In 2020, the method of reporting the number of participants changed to report on a programme level instead of a session level. For example, a class of 30 students would now be counted once for 1 programme instead of 30 x 6 sessions within the 1 programme.

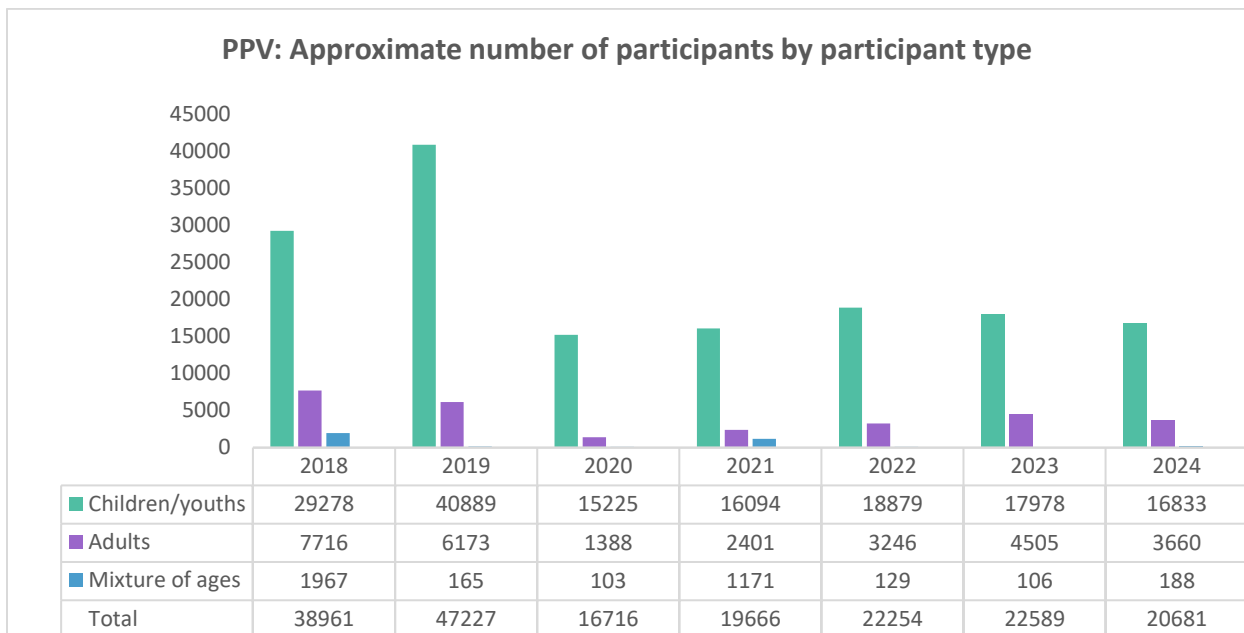


Figure 23: The figure above breaks down the participant by age category. Sessions can target specific age categories e.g., talks provided only to children/youth, or they can target a wide audience with a mixture of ages (e.g., a public talk for families).

PPV: Approximate number of sessions co-ordinated and delivered on request by programme topic							
	2018	2019	2020	2021	2022	2023	2024
TFAL 3 programme	616	720	272	1302	1494	1526	1485
TFAL 5 programme	-	107	161	1235	934	1103	1354
Teen outside the box	-	-	-	339	488	601	635
SAFE sessions	117	134	43	111	161	222	196
Post-secondary interventions	-	3	195	35	78	108	127
Community sessions	-	196	104	99	99	94	118
Summer school sessions	65	15	35	197	288	192	34
Learning support centres	-	-	-	13	26	21	20
Secondary Ad-hoc sessions	-	-	-	-	-	7	5
Positive parenting	82	0	-	-	-	-	-
Self-development related	81	-	-	-	-	-	-
Addictions related	22	-	-	-	-	-	-
Healthy living related	6	-	-	-	-	-	-
Prevention service awareness related	4	-	-	-	-	-	-
Bullying related	4	-	-	-	-	-	-
Parenting skills	1	-	-	-	-	-	-
Peer leadership	1	-	-	-	-	-	-
Other	1	0	0	0	0	0	0
Total	1000	1175	810	3331	3568	3874	3974

Figure 24: The service provides a range of topics discussed or addressed during the sessions, and these topics can include ad-hoc topics requested by the entity with whom the session is occurring. Some topics may be discontinued in the reporting period while others (e.g., summer school sessions) only occur during specific months of the year.

Addictions Community Service (ACT)

Case activity

A new online data collection system and reporting format were introduced in 2020. Sedqa amalgamated the Alcohol and Gambling Community Services (AGCT) and the Drug Community Services (DCT) into one Addictions Community Service in 2020. A change in data collection in 2020 as well means that data from 2011 to 2019 is incomparable to data from 2020 onwards. Therefore, the data for 2011 up to 2019 can be found in the past Sedqa reports whilst the 2023 report only provides the data from 2020 onwards.

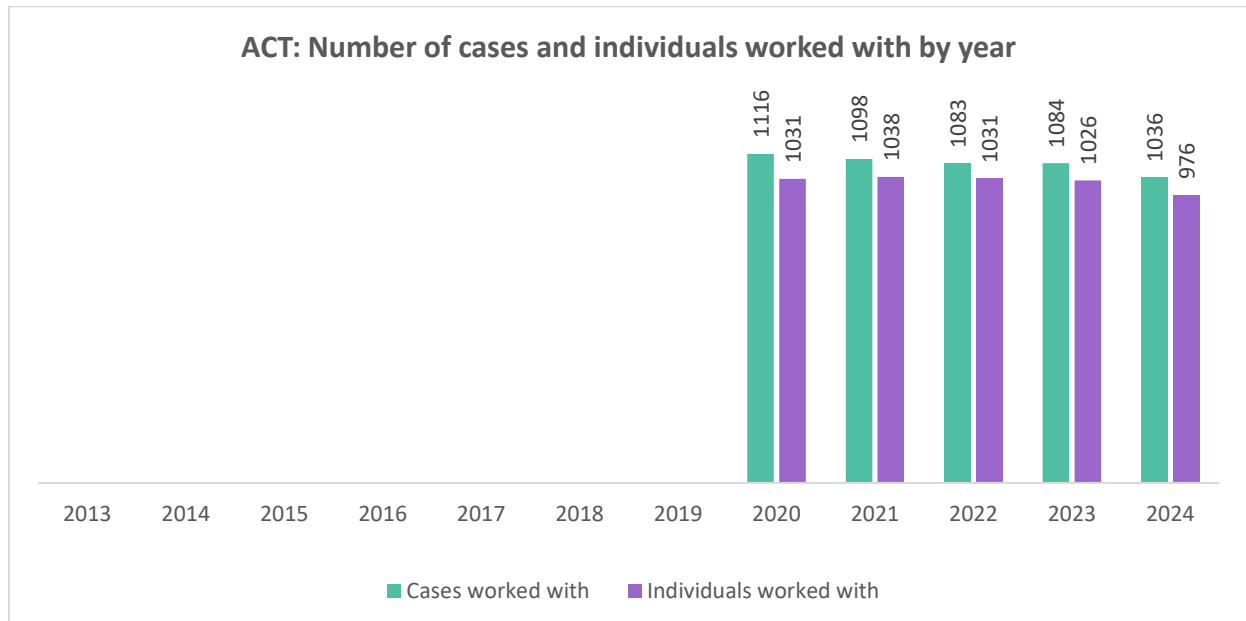


Figure 25: The figure above provides the number of cases worked with and the number of individuals worked with. To demonstrate the difference, consider Person A, who started and stopped attending a service twice in the same year, making it equivalent to 2 cases, but 1 individual worked with. In 2024, 1036 cases and 976 individuals were worked with compared to 1084 and 1026 respectively in 2023.

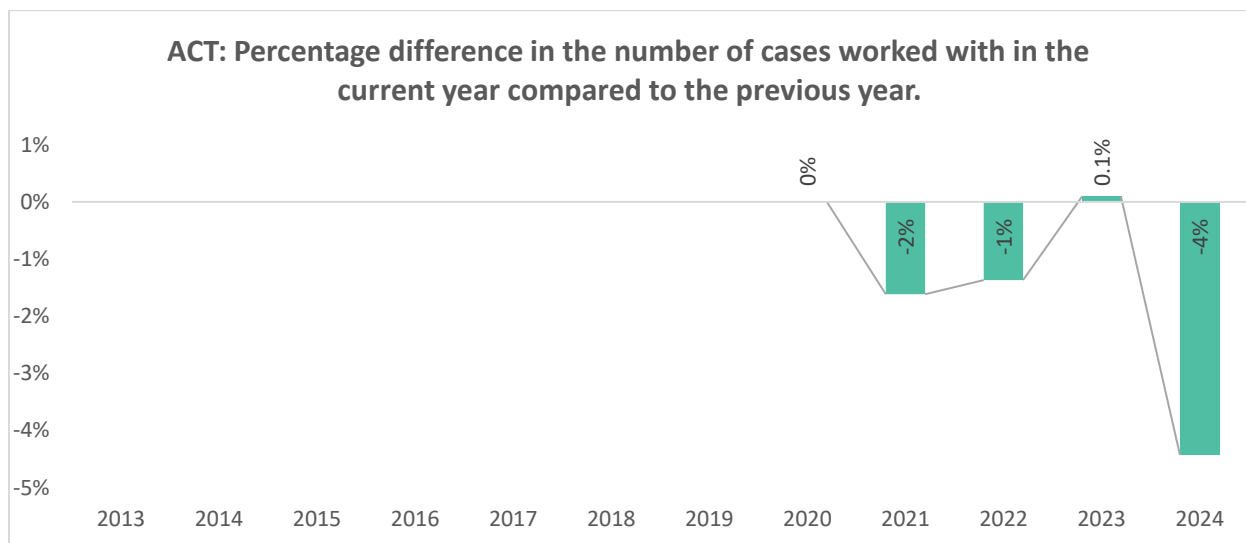


Figure 26: The percentage difference for the number of cases worked with between the reported year and the year before is seen in the figure above. For instance, the number of cases worked with decreased by 1% in 2022 over 2021. The expansion or contraction of the personnel base, increased public awareness of services, or changes in the demand for services (such as the implementation of new legislation or removal of a policy) or changes in procedure (e.g., data collection methods) may impact differences observed between the years.

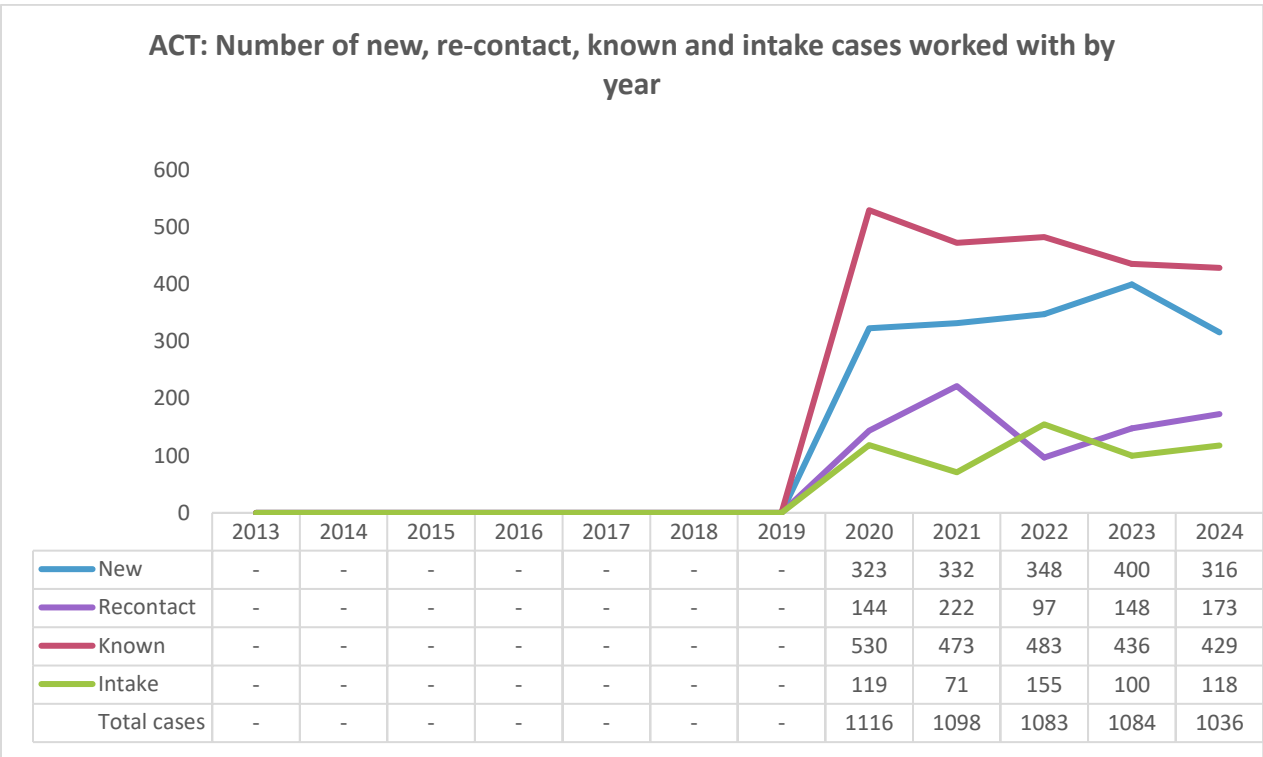


Figure 27: The cases worked with each year can be a new case, recontact case, known case or an intake case (a case starting and ending the year on intake). Further definitions can be found in the glossary.

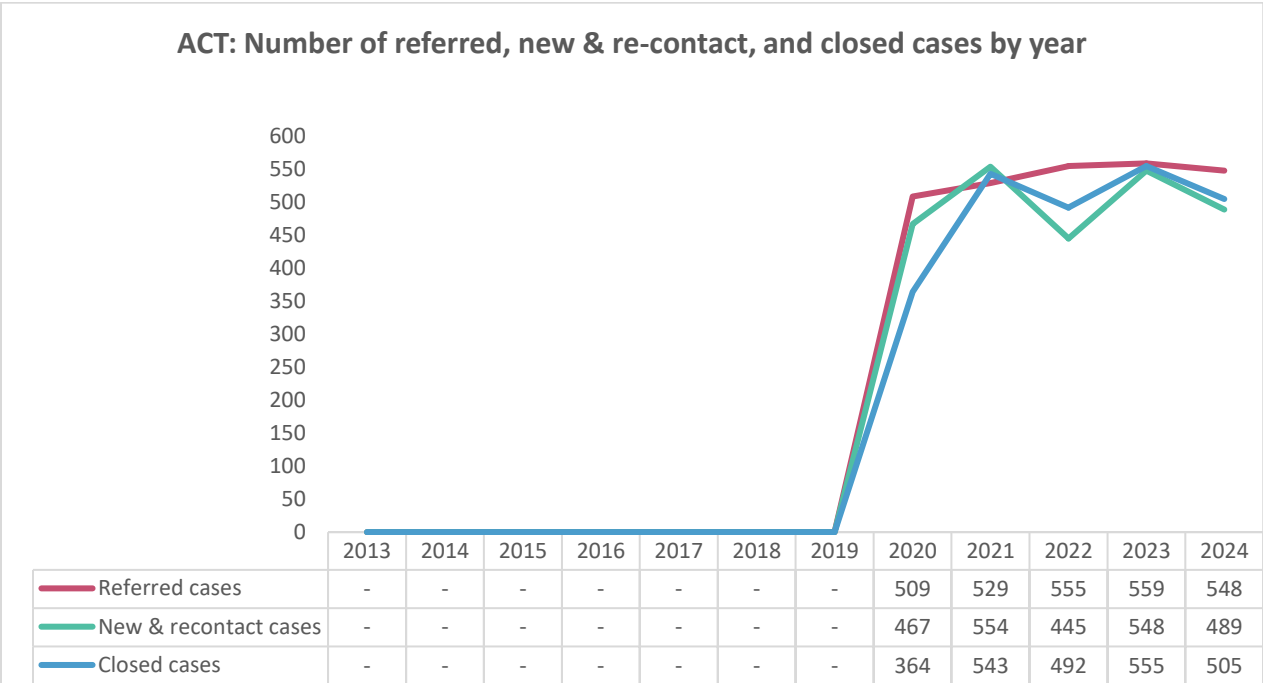


Figure 28: Cases may be referred, opened, or closed throughout the year (definitions can be found in the glossary). Opened cases include both new and recontact cases (see figure 27 for breakdown of new & recontact cases). In 2024, 548 cases were referred, 489 new & recontact cases opened, and 505 cases closed.

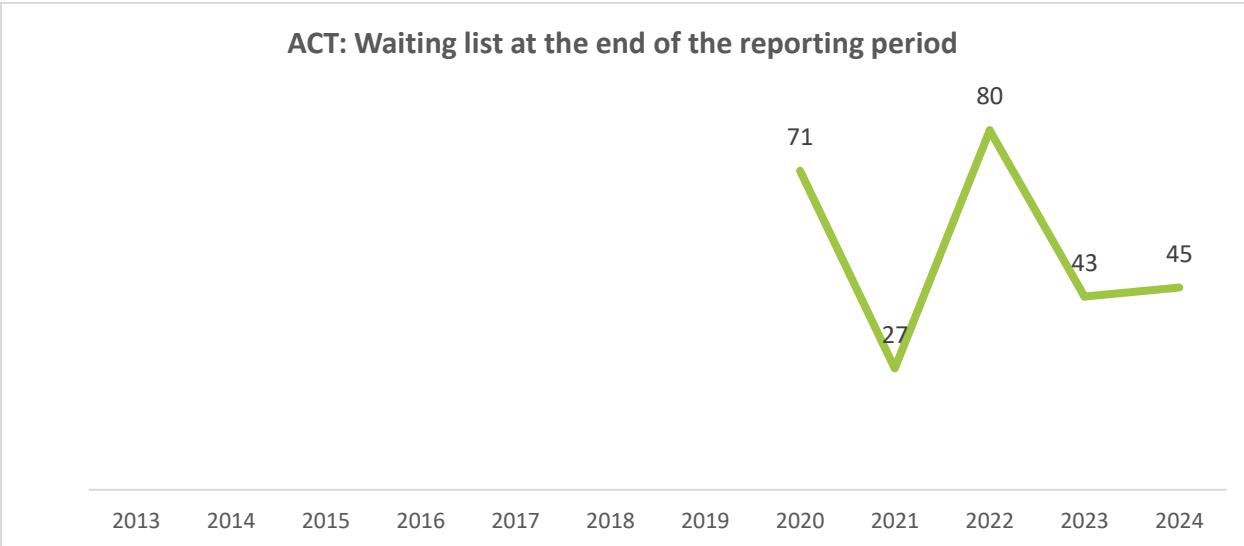


Figure 29: The figure above only reports cases that are still on the waiting list at the end of the reporting period. The waiting list provides the number of service users who have been assessed and determined to be at low risk, do not have any immediate needs, and/or are awaiting the next available appointment/programme. Such cases are still monitored and provided services but at a lower intensity than an active case.

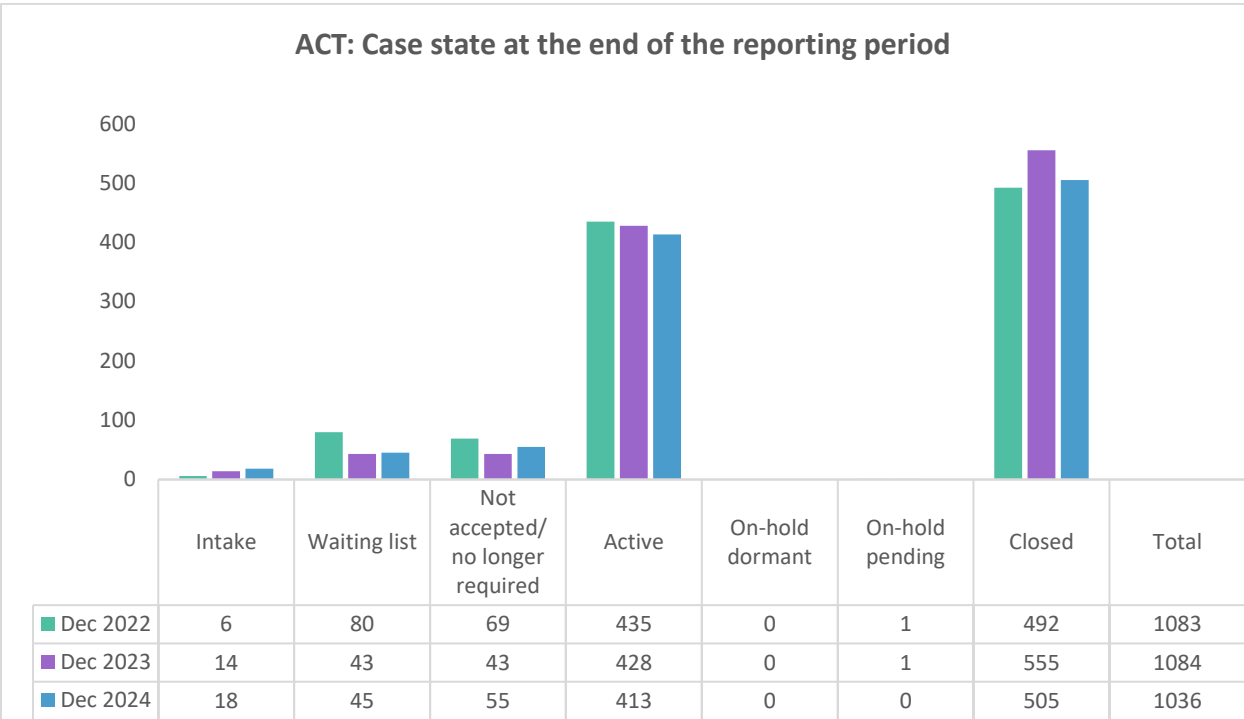


Figure 30: Cases will be handled throughout the year by placing them on intake, adding them to the waiting list, opening them, or closing them (definitions can be found in the glossary). The case state at the end of the reporting year is shown in the figure above. By the end of December 2024, 40% (413) of the cases worked with were still active. The waiting list provides the number of service users who have been assessed and determined to be at low risk, do not have any immediate needs, and/or are awaiting the next available appointment/programme. Such cases are still monitored and provided services but at a lower intensity than an active case.

Details regarding cases worked with January – December 2024

A total of **1,036** cases were worked with between January and December 2024.

ACT: Cases worked with Jan-Dec 2024 by gender (no. & %)

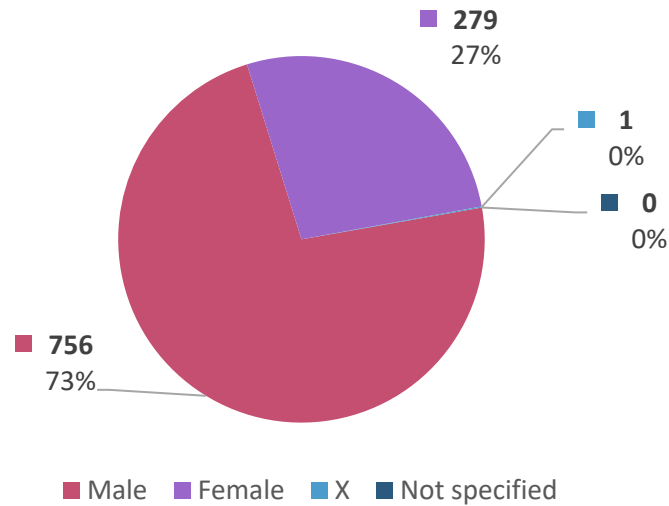


Figure 31: The figure above classifies the gender of the service user. Gender is collected at referral or first contact, but it can be updated throughout the lifetime of the case as required. The gender is collected either through formal documentation and/or the pronouns the person utilised when referring to themselves. In 2024, the highest percentage of cases worked with were male (73%).

ACT: Cases worked with Jan-Dec 2024 by age category (no. & %)

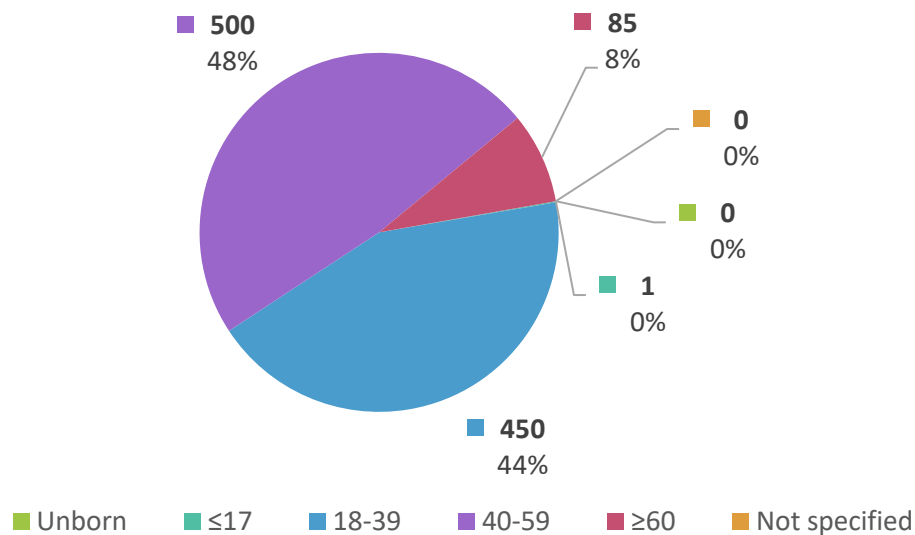


Figure 32: The figure above classifies the age of the service user in the reporting year based on the specified date of birth. In 2024, the highest percentage of cases worked with were ages 40 to 59 (48%).

ACT: Cases worked with Jan-Dec 2024 by nationality (no. & %)

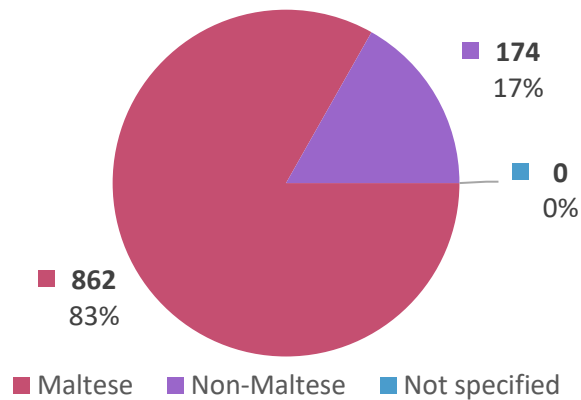
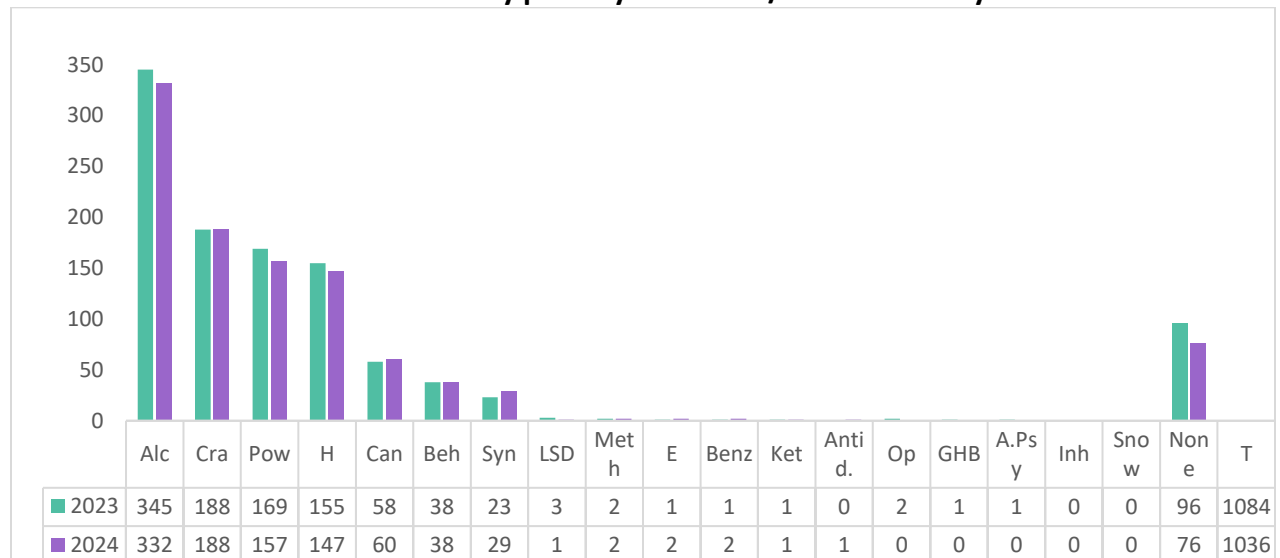


Figure 33: The figure above classifies the nationality as reported by the service user within the reporting year or based on an identity card/document. In 2024, 83% of the cases worked with were Maltese while non-Maltese made up 17% of cases.

ACT: Number of cases worked with by primary substance/addiction and year



Graph Key: Alc = Alcohol; Cra = Cocaine (crack); Pow =Cocaine (powder); H = Heroin; Can = Cannabis; Beh = Gambling/other behaviour; Syn = Synthetic cannabis; LSD = Hallucinogens/LSD; Meth = Methamphetamines; E = Ecstasy; Benz = Benzodiazepines; Ket = Ketamine; Antid.= Antidepressant medication; Op = Other Opioids; GHB = GHB; A.Psy = Antipsychotic medication; Inh = Inhalants; Snow = Snowballing; None = None used; T = Total.

Figure 34: The primary substance/addiction stated by service users when the First Contact Sheet was filled out is recorded in the online data collection system, and it is the primary substance/addiction utilised in the previous 12 months. The term “none reported” describes service users who did not report using a substance/addiction in the previous 12 months, such as those who have been in a 12-month rehabilitation programme, those who previously participated in a CoRRS programme, or significant others who come to the service for support but do not have a primary substance themselves to report. For example, the majority of cases worked with in 2023 reported using Alcohol in the last 12 months (345 cases).

ACT: Cases worked with Jan-Dec 2024 by district of residence (no. & %)

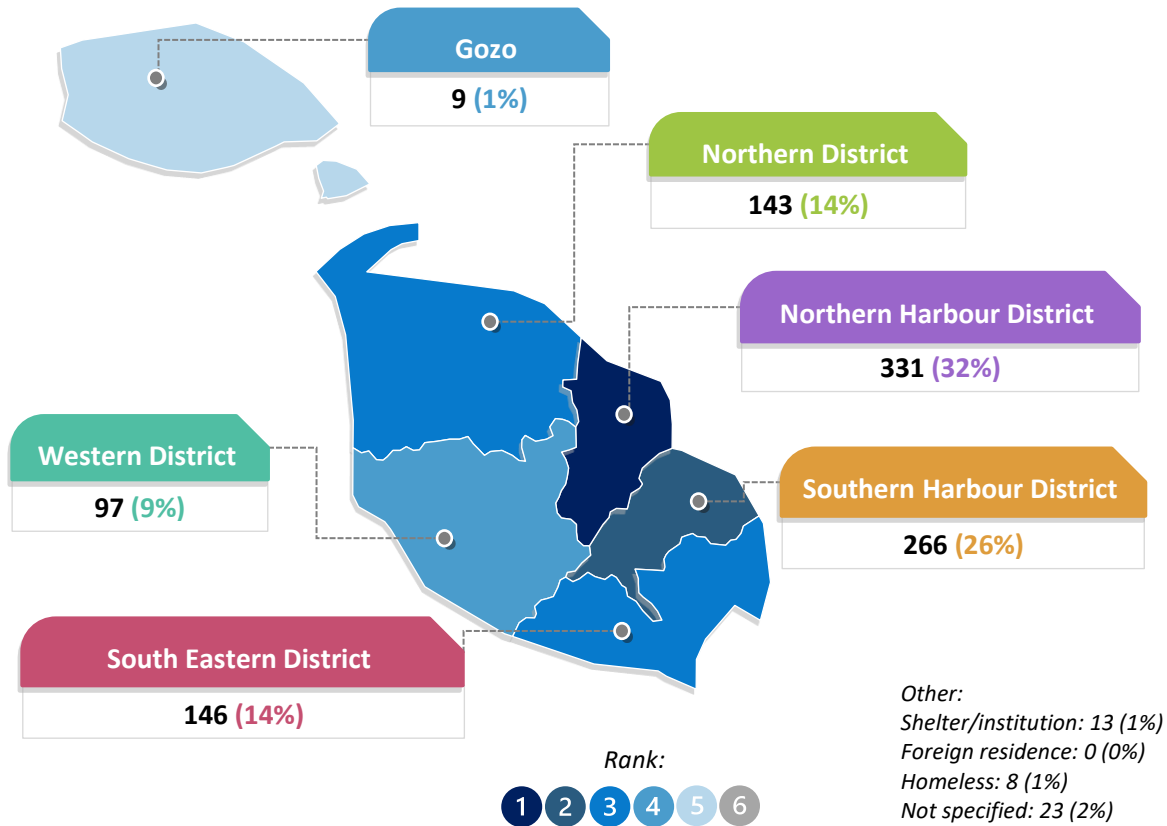


Figure 35: The figure above classifies the district of residence as reported by the service user within the reporting year. Some service users reside within “shelter/institution” (e.g., residential homes, centre of residential restorative services, or shelters). Some service users are in Malta temporarily and so normally have a foreign residence whilst others are homeless and do not have a fixed residence. Shelter/institution, foreign residence and homeless are reported as separate categories to avoid biasing the data on district. The Northern Harbour District (32%) had the highest percentage of cases worked with in 2024.

Details regarding new and re-contact cases opened

For comparing yearly trends, instead of using cases worked with, which would include any cases carried over from one year to the next, we use the number of new & recontact cases opened because it excludes the carried over cases and gives us an indication of incidence data.

A total of **489** cases were opened between January and December 2024.

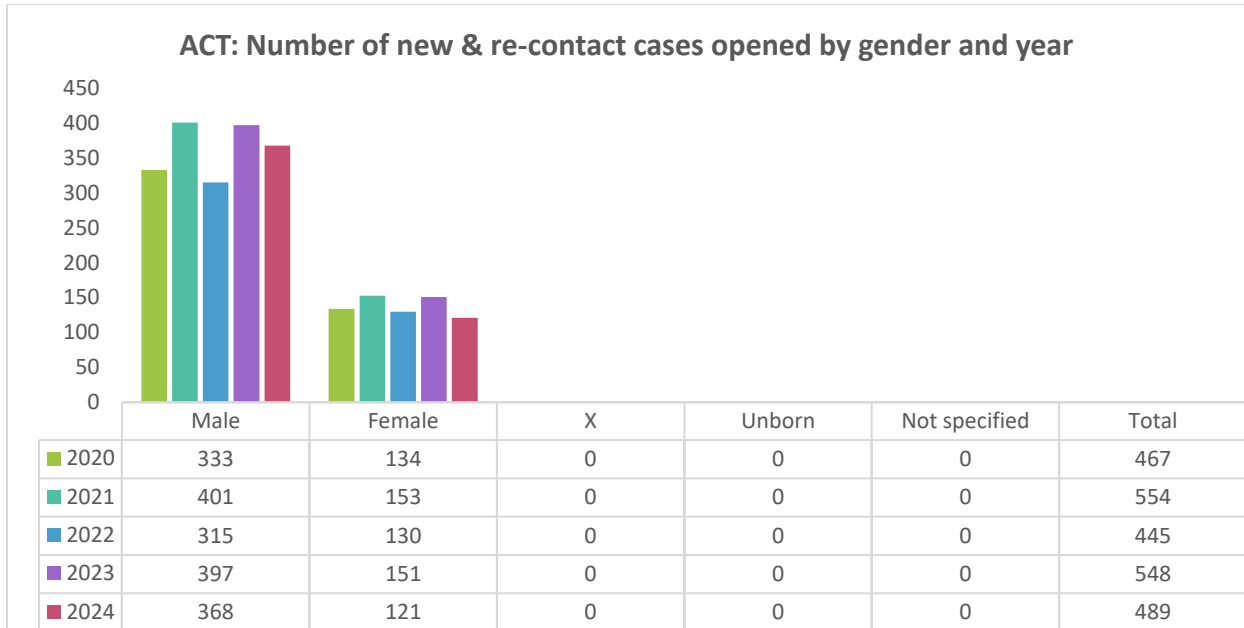
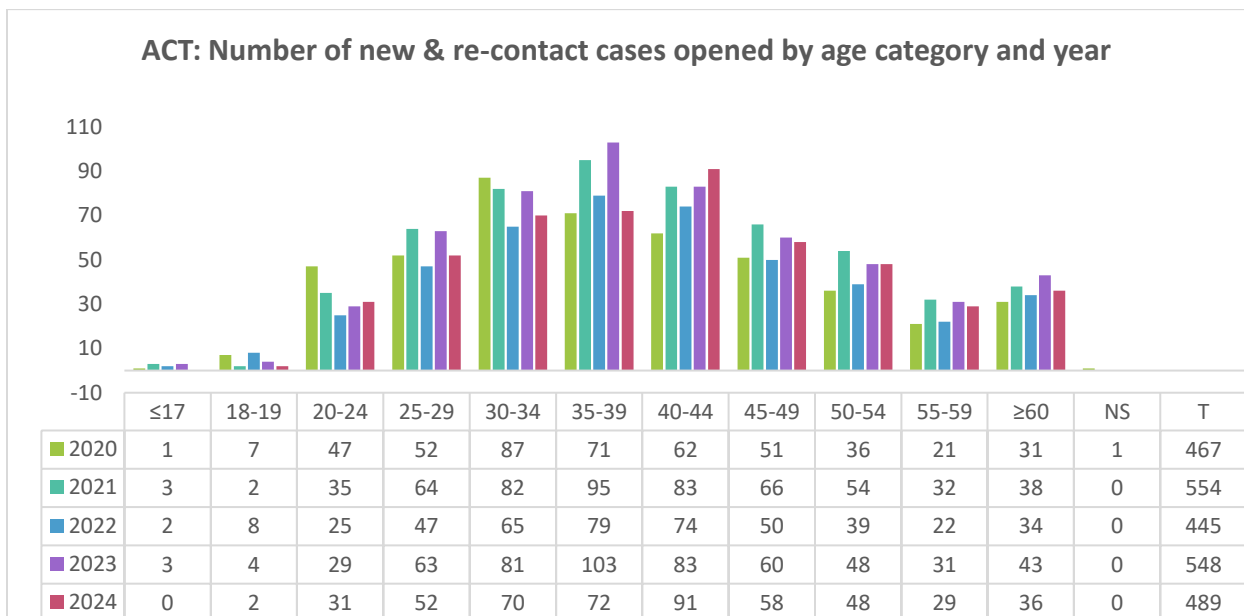


Figure 36: The figure above classifies the gender of the service user whose case was opened in the reported period. Gender is collected at referral or first contact, but it can be updated throughout the lifetime of the case as required. The gender is collected either through formal documentation and/or the pronouns the person utilised when referring to themselves. In 2024, the highest number of cases opened were male (368).



Graph Key: NS = Not Specified; T = Total.

Figure 37: The figure above classifies the age of the service user in the reporting year based on the specified date of birth. Only data for new & re-contact cases opened in the reported period are provided. In 2024, the highest number of cases opened were ages 40 to 44 (91).

ACT: Number of new & re-contact cases opened by gender and age January – December 2024						
	Male	Female	X	Unborn	Not specified	Total
≤17	0	0	0	-	0	0
18-19	1	1	0	-	0	2
20-24	24	7	0	-	0	31
25-29	47	5	0	-	0	52
30-34	52	18	0	-	0	70
35-39	52	20	0	-	0	72
40-44	74	17	0	-	0	91
45-49	39	19	0	-	0	58
50-54	34	14	0	-	0	48
55-59	22	7	0	-	0	29
≥60	23	13	0	-	0	36
Not specified	0	0	0	-	0	0
Total	368	121	0	-	0	489

Figure 38: The figure above classifies the age and gender of the service user in the reporting year based on the specified date of birth and gender. Only data for new & re-contact cases opened in the reported period are provided.

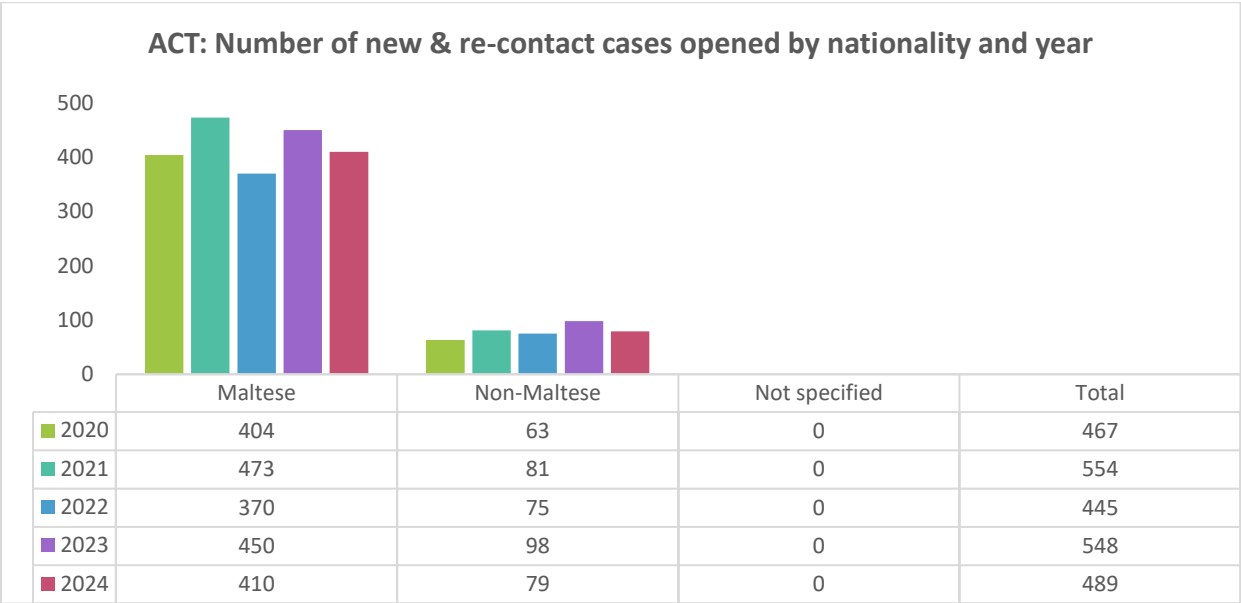
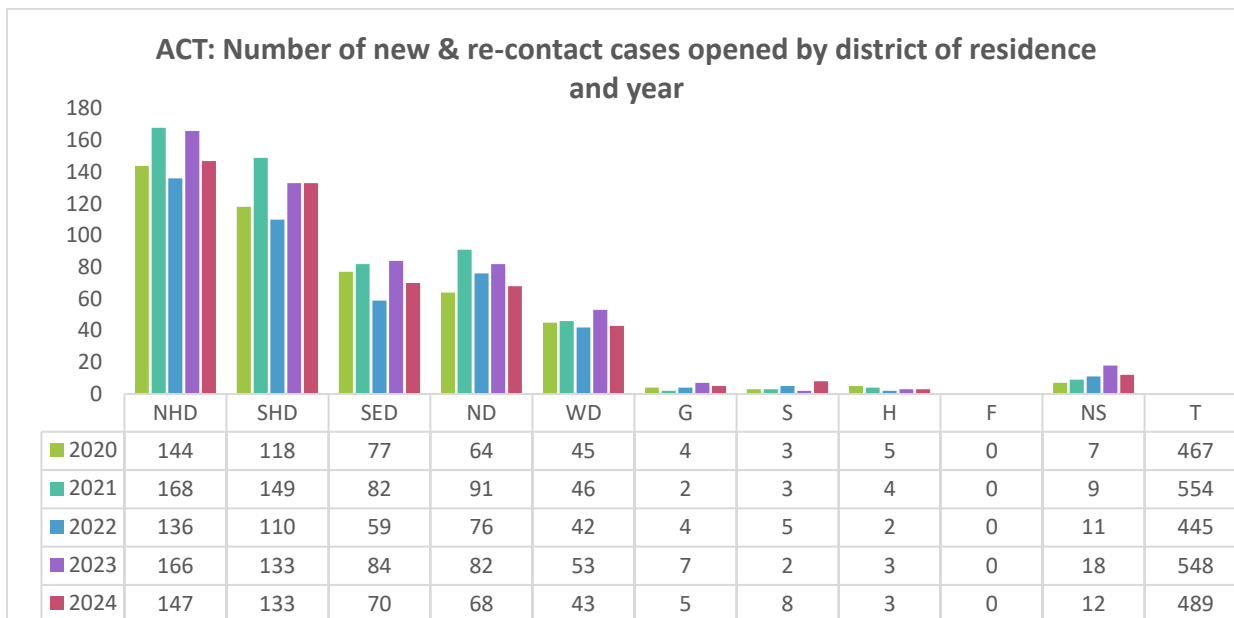


Figure 39: The figure above classifies the nationality as reported by the service user within the reporting year or based on an identity card/document. Only data for new & re-contact cases opened in the reported period are provided. In 2024, 410 cases opened were Maltese while 79 cases were non-Maltese.



Graph Key: SHD = Southern Harbour District; NHD = Northern Harbour District; SED = Southern Eastern District; ND = Northern District; WD = Western District; G = Gozo; S = Shelter/Institution; H = Homeless; F = Foreign Residence; NS = Not Specified; T = Total.

Figure 40: The figure above classifies the district of residence as reported by the service user within the reporting year. Some service users reside within “shelter/institution” (e.g., residential homes, centre of residential restorative services, or shelters). Some service users are in Malta temporarily and so normally have a foreign residence whilst others are homeless and do not have a fixed residence. Shelter/institution, foreign residence and homeless are reported as separate categories to avoid biasing the data on district. Only data for new & re-contact cases opened in the reported period are provided. The Northern Harbour District (147) had the highest number of cases opened in 2024.

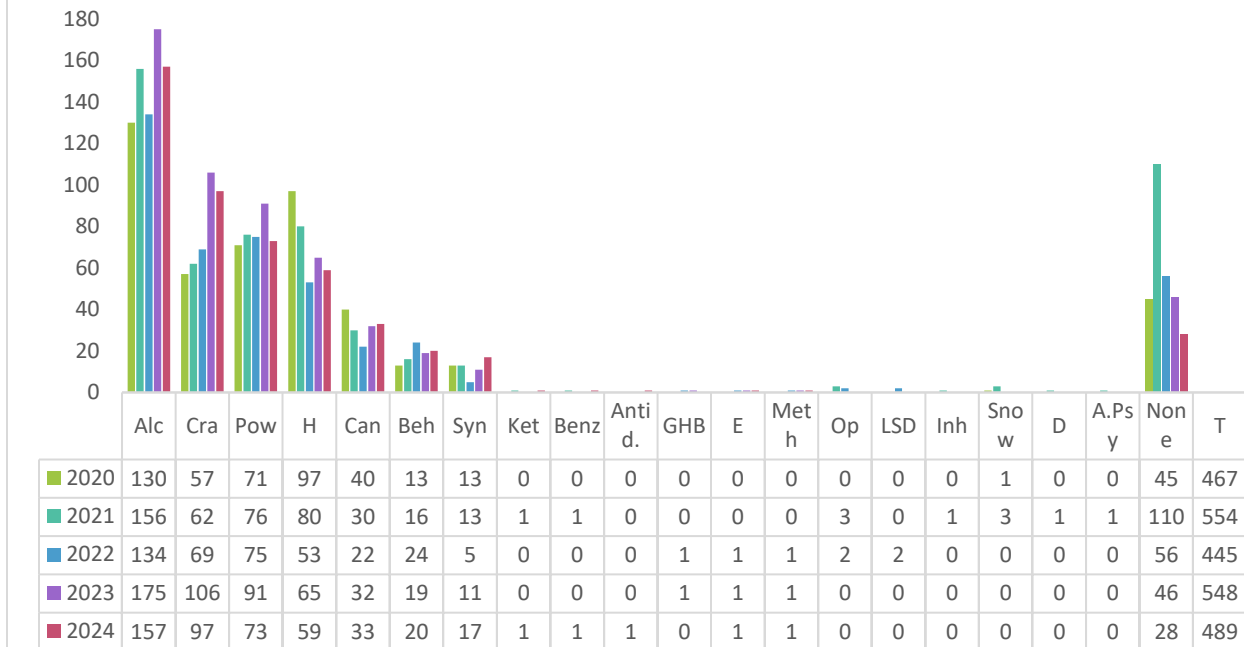
ACT: Total number of new & re-contact cases opened by primary problem and secondary problem reported

January – December 2024

		Primary problem reported					
		Drugs	Alcohol	Gambling	Other behaviour	None reported	Total
Secondary problem reported	Drugs	129	41	0	0	0	170
	Alcohol	18	-	1	0	0	19
	Gambling	1	0	-	0	0	1
	Other behaviour	0	0	0	-	0	0
	None reported	140	116	16	3	24	299
	Total	288	157	17	3	24	489

Figure 41: The primary and secondary problem/addiction stated by service users when the First Contact Sheet was filled out is recorded in the online data collection system, and it is the problem/addiction experienced in the previous 12 months. The term “none reported” describes service users who did not report having a problem/addiction in the previous 12 months, such as those who have been in a 12-month rehabilitation programme, those who previously participated in a CoRRS programme, or significant others who come to the service for support but do not have a primary problem themselves to report. In 2024, the highest number of cases opened reported had a primary problem and secondary problems consisting of drugs (129 cases).

ACT: Number of new & re-contact cases opened by specified primary substance/addiction and year



Graph Key: Alc = Alcohol; Cra = Cocaine (crack); Pow =Cocaine (powder); H = Heroin; Can = Cannabis; Beh = Gambling/other behaviour; Syn = Synthetic cannabis; Ket = Ketamine; Benz = Benzodiazepines; Antid.= Antidepressant medication; GHB = GHB; E = Ecstasy; Meth = Methamphetamines;Op = Other Opioids; LSD = Hallucinogens/LSD; Inh = Inhalants; Snow = Snowballing; D = Diet pills; A.Psy = Antipsychotic medication; None = None used; T = Total.

Figure 42: The primary substance/addiction stated by service users when the First Contact Sheet was filled out is recorded in the online data collection system, and it is the primary substance/addiction utilised in the previous 12 months. The term “none reported” describes service users who did not report using a substance/addiction in the previous 12 months, such as those who have been in a 12-month rehabilitation programme, those who previously participated in a CoRRS programme, or significant others who come to the service for support but do not have a primary substance themselves to report. For example, the majority of cases opened in 2022 reported using Alcohol in the last 12 months (134 cases).

ACT: Total number of new & re-contact cases opened by specified primary problem reported and secondary problem reported

January – December 2024

		Primary substance/addiction reported													
		Alcohol	Cocaine (crack)	Cocaine (powder)	Heroin	Cannabis	Gambling/other behaviours	Synthetic cannabis	Antidepressants	Benzodiazepines	Ecstasy	Ketamine	Methamphetamines	None reported	Total
Secondary substance/addiction reported	Cocaine (powder)	29	6	0	9	7	0	3	1	1	0	1	0	0	57
	Heroin	2	30	6	0	0	0	0	0	0	0	0	0	0	38
	Cocaine (crack)	4	0	1	27	0	0	1	0	0	0	0	0	0	33
	Cannabis	4	9	11	4	0	0	4	0	0	0	0	0	0	32
	Alcohol	0	6	11	0	1	1	0	0	0	0	0	0	0	19
	Synthetic cannabis	2	2	0	0	0	0	0	0	0	0	0	0	0	4
	Benzodiazepines	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	Ecstasy	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	Gambling/other behaviours	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	Inhalants	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	Mephedrone	0	0	0	0	0	0	0	0	0	0	0	1	0	1
	Other opiates	0	0	0	1	0	0	0	0	0	0	0	0	0	1
	Snowballing	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	None reported	116	43	41	18	24	19	9	0	0	1	0	0	28	299
	Total	157	97	73	59	33	20	17	1	1	1	1	1	28	489

Figure 43: The primary & secondary substance/addiction stated by service users when the First Contact Sheet was filled out is recorded in the online data collection system, and it is the substance/addiction utilised in the previous 12 months. The term “none reported” describes service users who did not report using a substance/addiction in the previous 12 months, such as those who have been in a 12-month rehabilitation programme, those who previously participated in a CoRRS programme, or significant others who come to the service for support but do not have a primary substance themselves to report. In 2024, the majority of cases opened reported only having a primary problem of Alcohol (116 cases).

Court Services

Case activity

The service consists of the Drug Offenders Rehabilitation Board (DORB) and the Psychotherapy Service.

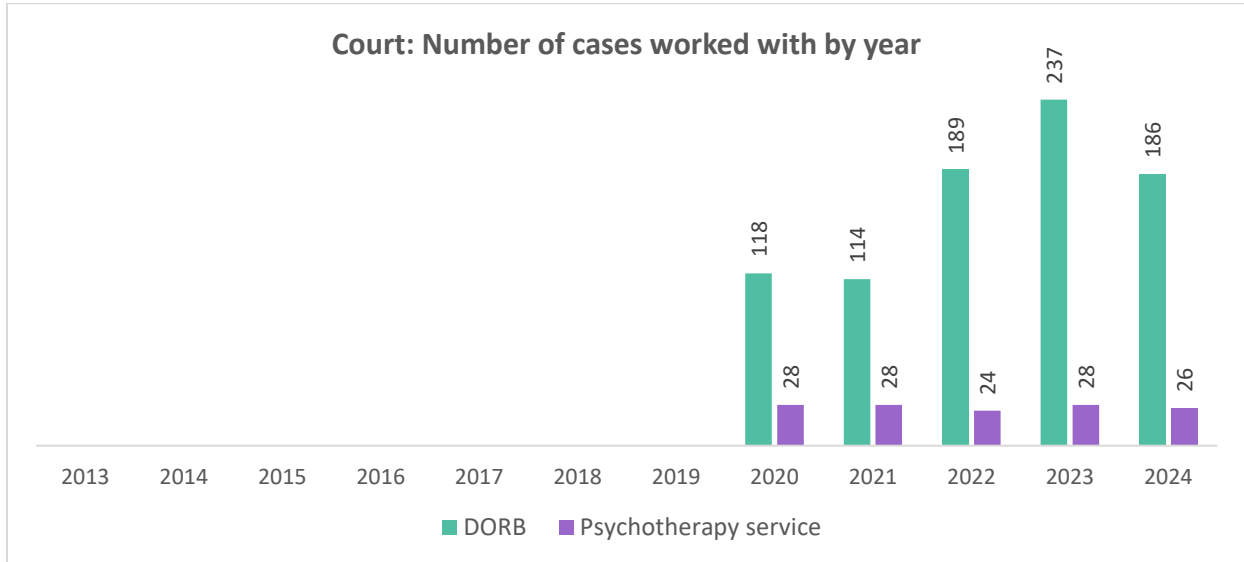


Figure 44: Cases will be handled throughout the year by either opening the case (i.e., active), or closing it (definitions can be found in the glossary). In the figure above, the total number of cases worked with is provided by service provided. For example, between January and December 2024, 186 cases were worked with by DORB and 26 cases were worked with within the psychotherapy service.

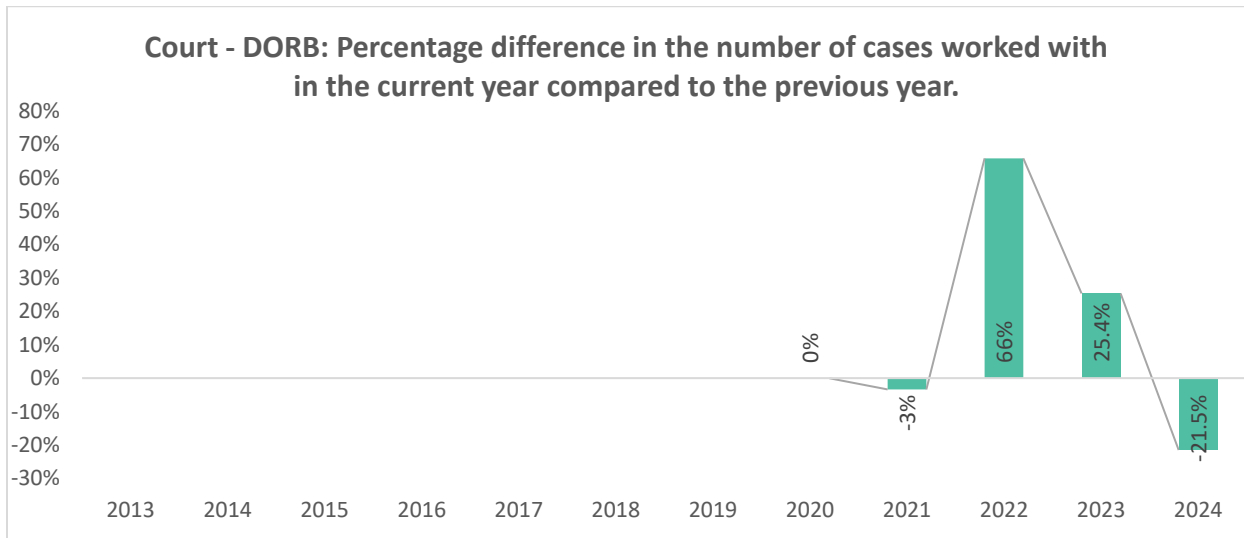


Figure 45: The percentage difference for the number of cases worked with between the reported year and the year before is seen in the figure above. For instance, the number of cases worked with increased by 66% in 2022 over 2021. The expansion or contraction of the personnel base, increased public awareness of services, or changes in the demand for services (such as the implementation of new legislation or removal of a policy) or changes in procedure (e.g., data collection methods) may impact differences observed between the years.

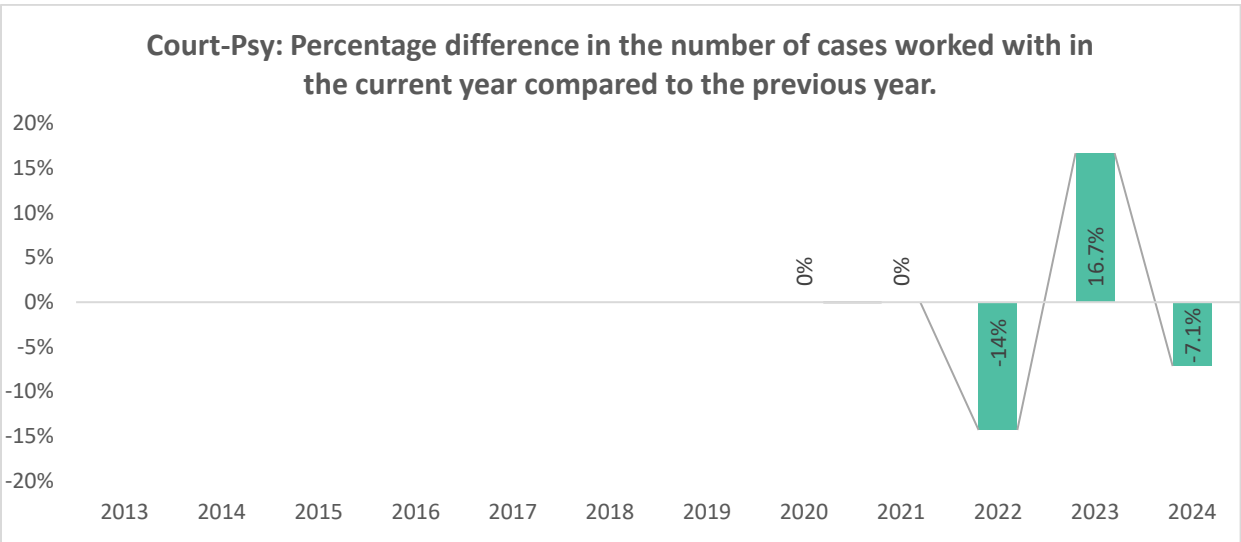


Figure 46: The percentage difference for the number of cases worked with between the reported year and the year before is seen in the figure above. For instance, the number of cases worked with decreased by 14% in 2022 over 2021. The expansion or contraction of the personnel base, increased public awareness of services, or changes in the demand for services (such as the implementation of new legislation or removal of a policy) or changes in procedure (e.g., data collection methods) may impact differences observed between the years.

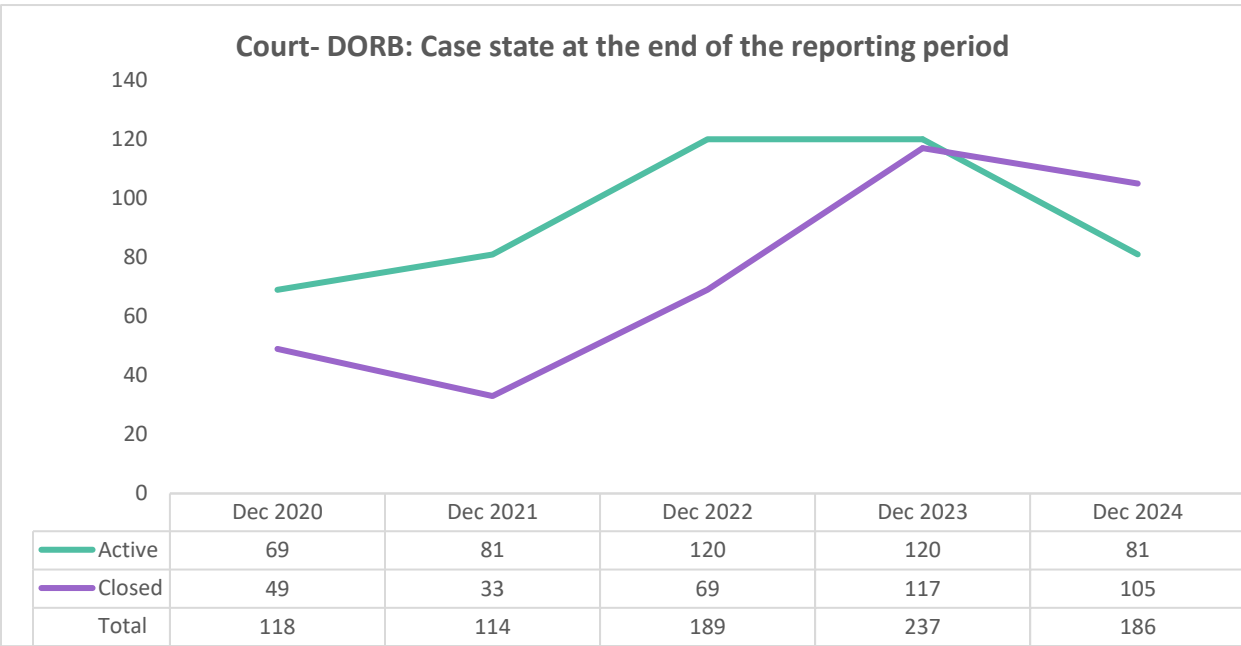


Figure 47: Cases will be handled throughout the year by opening them or closing them (definitions can be found in the glossary). The case state at the end of the reporting year is shown in the figure above. By the end of December 2024, 44% (81) of the cases worked with were still active.

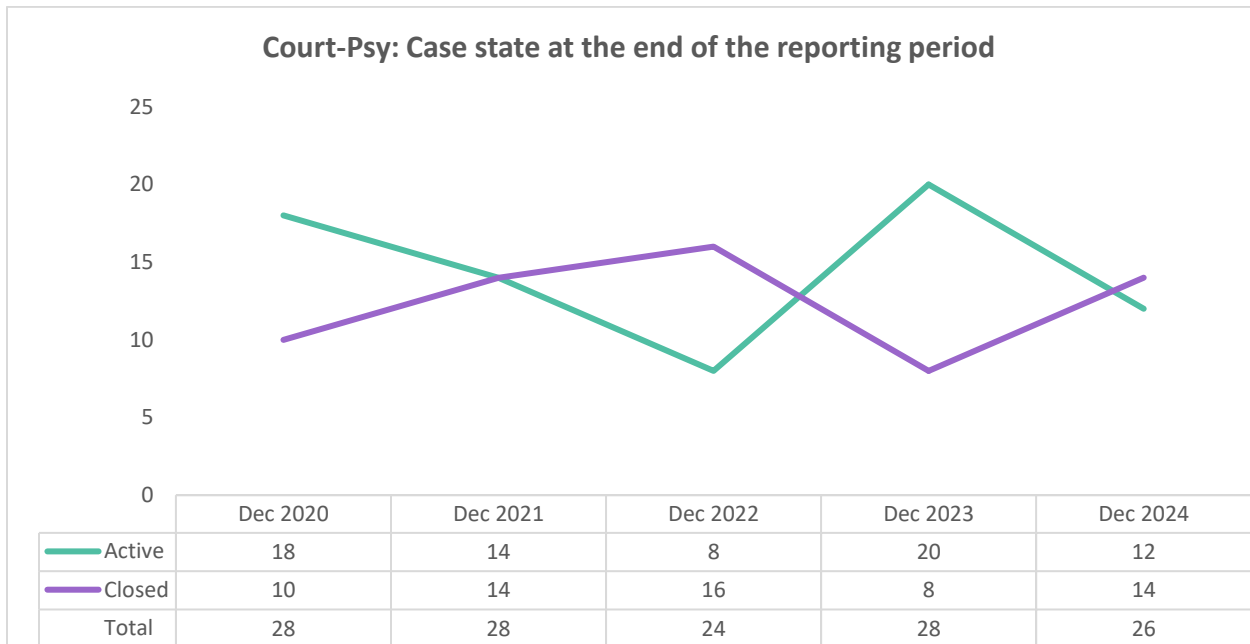


Figure 48: Cases will be handled throughout the year by opening them or closing them (definitions can be found in the glossary). The case state at the end of the reporting year is shown in the figure above. By the end of December 2024, 46% (12) of the cases worked with were still active.

Details regarding cases worked with January – December 2024

Drug Offenders Rehabilitation Board (DORB)

A total of **186** cases were worked with between January and December 2024.

Court-DORB: Cases worked with Jan-Dec 2024 by gender (no. & %)

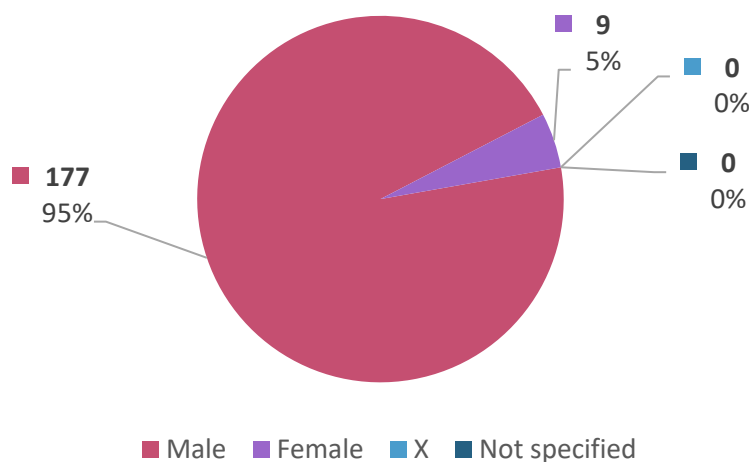


Figure 49: The figure above classifies the gender of the service user. Gender is collected at referral or first contact, but it can be updated throughout the lifetime of the case as required. The gender is collected either through formal documentation and/or the pronouns the person utilised when referring to themselves. In 2024, the highest percentage of cases worked with were male (95%).

Court-DORB: Cases worked with Jan-Dec 2024 by age category (no. & %)

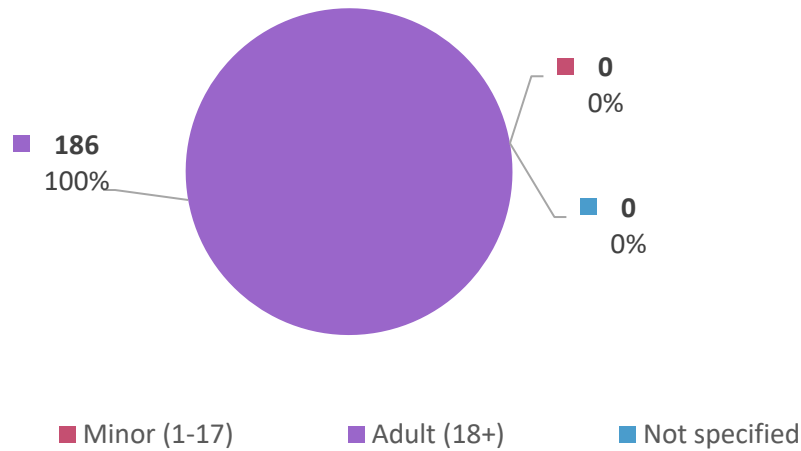


Figure 50: The figure above classifies the age category of the service user in the reporting year based on the provided date of birth. All cases worked with in 2024, were adults ages 18 or over.

Court-DORB: Cases worked with Jan-Dec 2024 by nationality (no. & %)

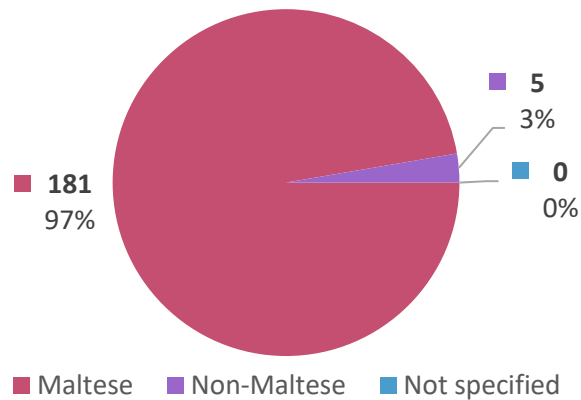


Figure 51: The figure above classifies the nationality as reported by the service user within the reporting year or based on an identity card/document. In 2024, 97% of the cases worked with were Maltese while non-Maltese made up 3% of cases.

Psychotherapy Service.

A total of **26** cases were worked with between January and December 2024.

Court-Psy: Cases worked with Jan-Dec 2024 by gender (no. & %)

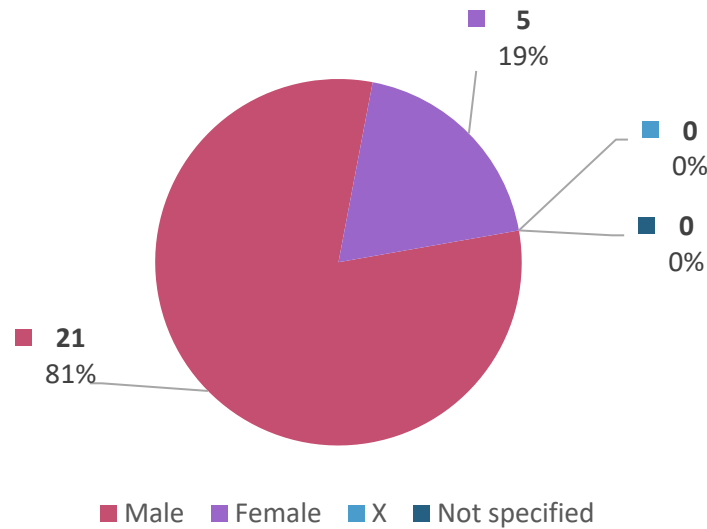


Figure 52: The figure above classifies the gender of the service user. Gender is collected at referral or first contact, but it can be updated throughout the lifetime of the case as required. The gender is collected either through formal documentation and/or the pronouns the person utilised when referring to themselves. In 2024, the highest percentage of cases worked with were male (81%).

Court-Psy: Cases worked with Jan-Dec 2024 by age category (no. & %)

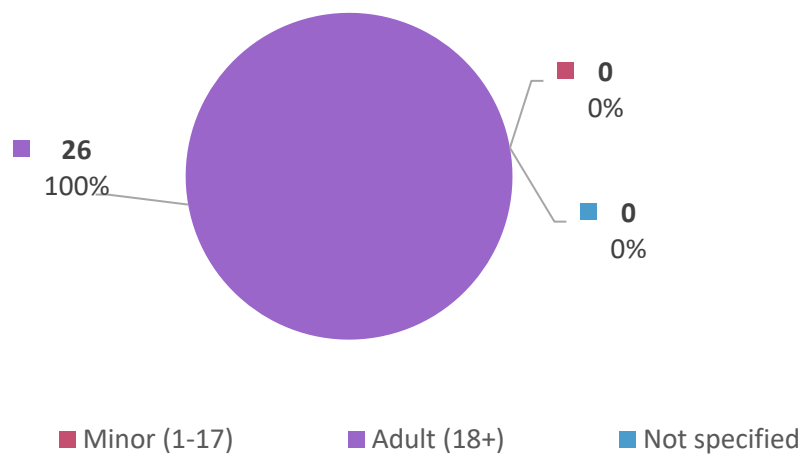


Figure 53: The figure above classifies the age category of the service user in the reporting year based on the provided date of birth. All cases worked with in 2024, were adults ages 18 or over.

Court-Psy: Cases worked with Jan-Dec 2024 by nationality (no. & %)

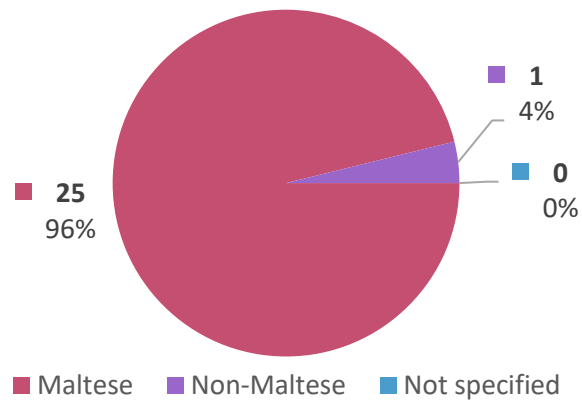


Figure 54: The figure above classifies the nationality as reported by the service user within the reporting year or based on an identity card/document. In 2024, 96% of the cases worked with were Maltese while non-Maltese made up 4% of cases.

Substance Misuse Out-Patient Unit (SMOPU)

Case activity

A new online data collection system and reporting format were introduced in 2021.

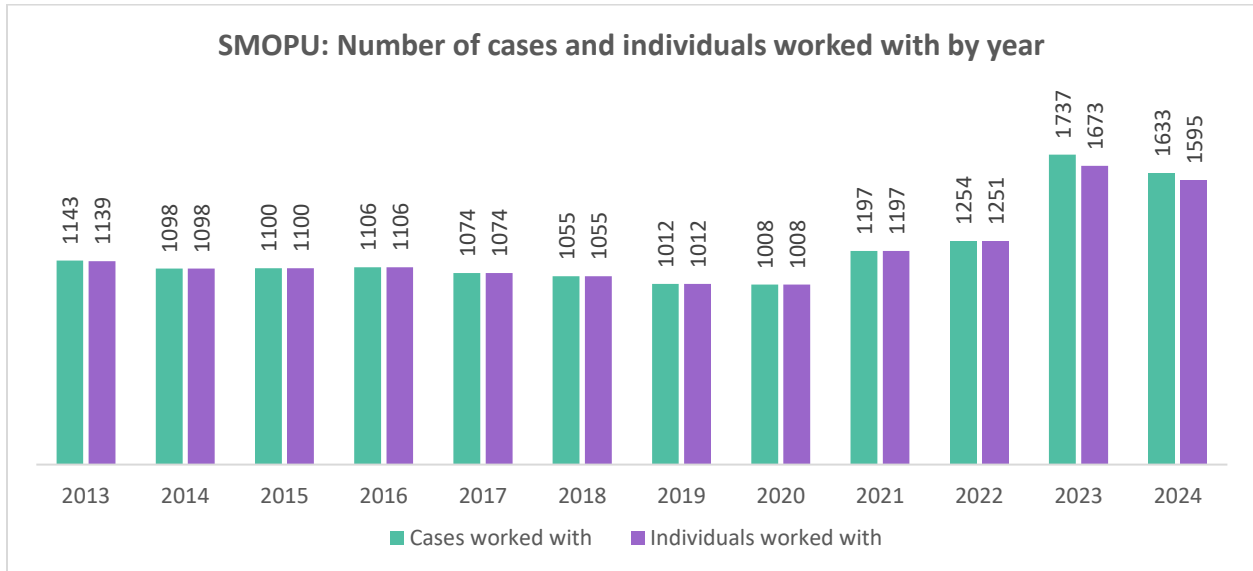


Figure 55: The figure above provides the number of cases worked with and the number of individuals worked with. To demonstrate the difference, consider Person A, who started and stopped attending a service twice in the same year, making it equivalent to 2 cases, but 1 individual worked with. In 2024, 1633 cases and 1595 individuals were worked with compared to 1737 and 1673 respectively in 2023.

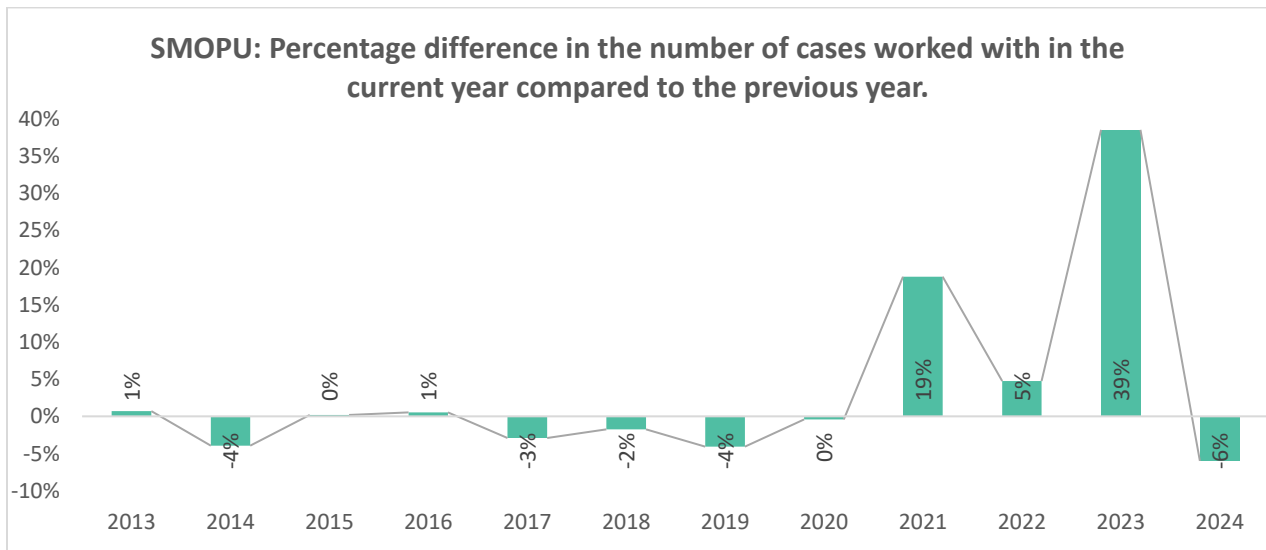


Figure 56: The percentage difference for the number of cases worked with between the reported year and the year before is seen in the figure above. For instance, the number of cases worked with increased by 5% in 2022 over 2021. The expansion or contraction of the personnel base, increased public awareness of services, or changes in the demand for services (such as the implementation of new legislation or removal of a policy) or changes in procedure (e.g., data collection methods) may impact differences observed between the years.

SMOPU: Number of new, re-contact, known and intake cases worked with by year

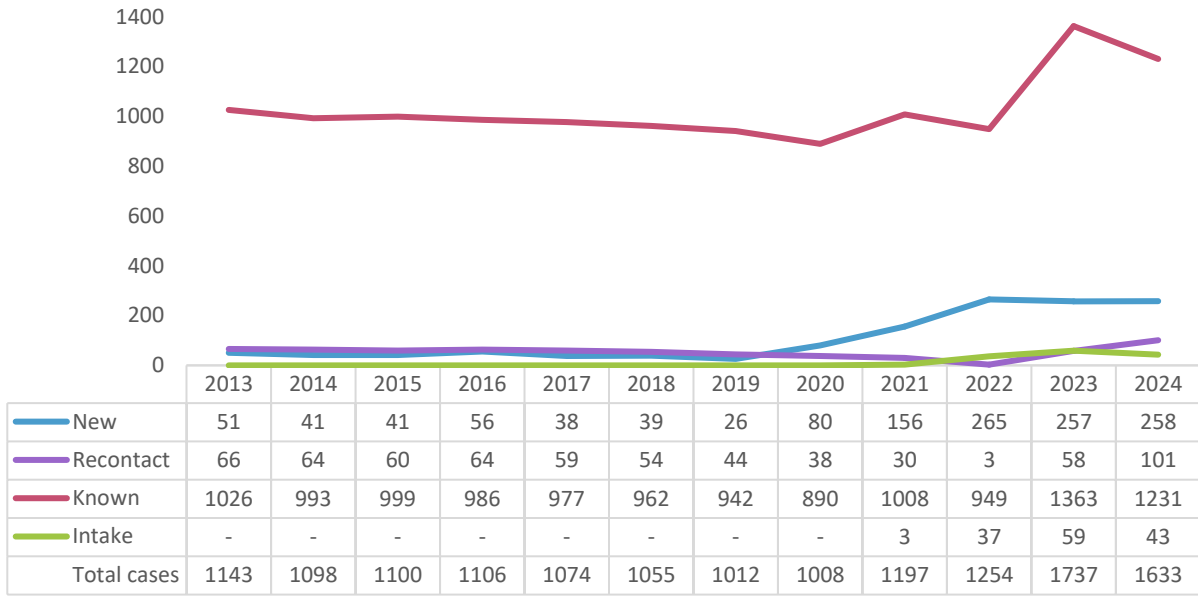


Figure 57: The cases worked with each year can be a new case, recontact case, known case or an intake case (a case starting and ending the year on intake). Further definitions can be found in the glossary. For the above graph, intake began to be reported in 2021 due to the implementation of an online data collection system.

SMOPU: Number of referred, new & re-contact, and closed cases by year

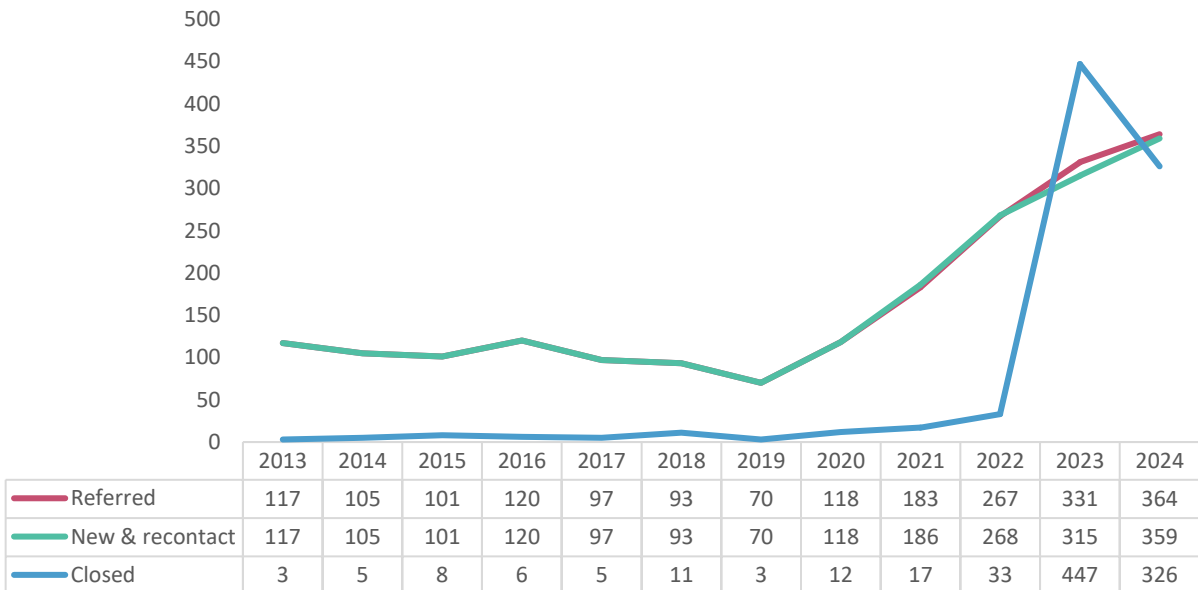


Figure 58: Cases may be referred, opened, or closed throughout the year (definitions can be found in the glossary). Opened cases include both new and recontact cases (see figure 57 for breakdown of new & recontact cases). In 2024, 364 cases were referred, 359 new & recontact cases opened, and 326 cases closed. The higher number in cases closed in 2023 were because of an administrative exercise conducted in 2023 in order to close ghost cases.

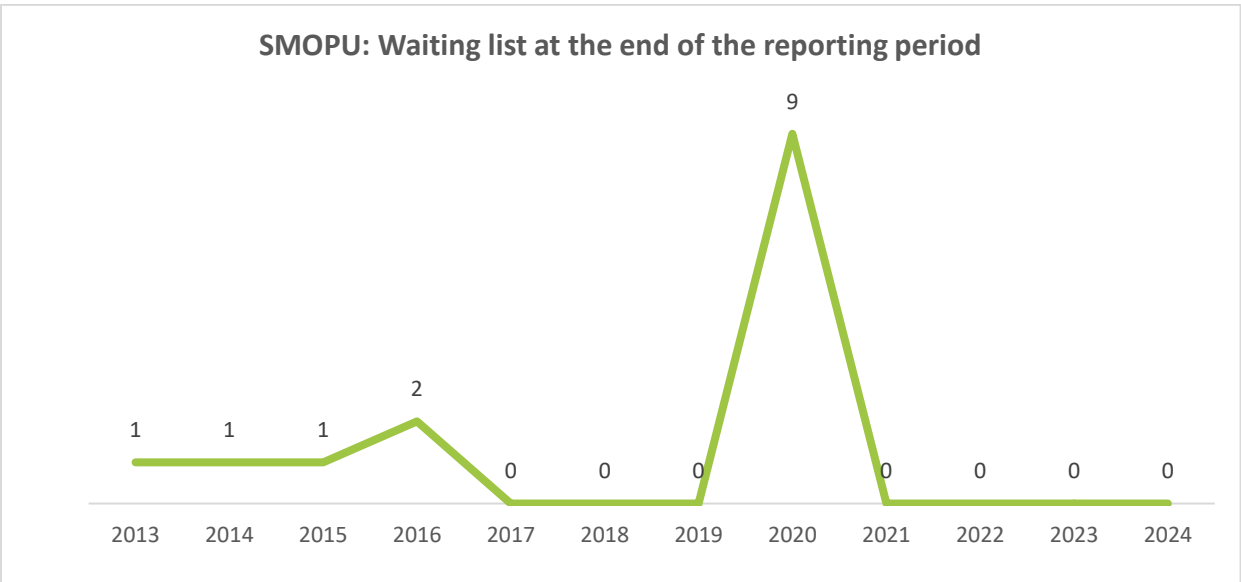


Figure 59: The figure above only reports cases that are still on the waiting list at the end of the reporting period. The waiting list provides the number of service users who have been assessed and determined to be at low risk, do not have any immediate needs, and/or are awaiting the next available appointment/programme. Such cases are still monitored and provided services but at a lower intensity than an active case.

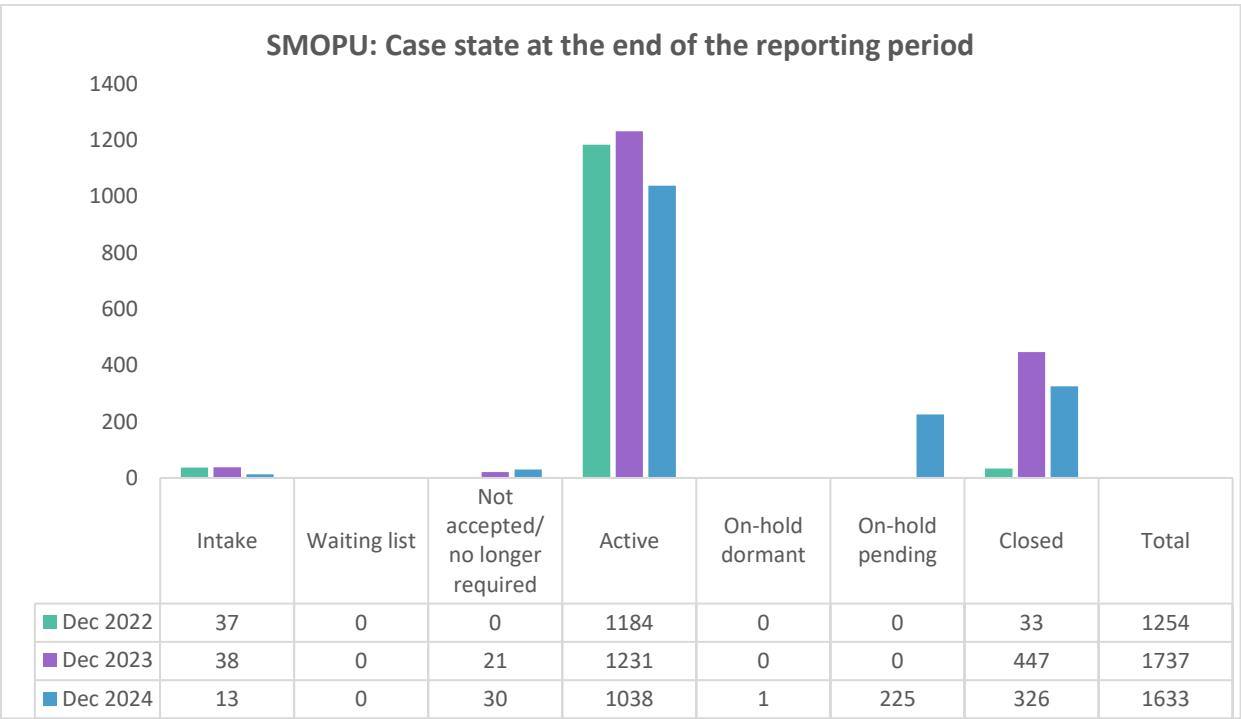


Figure 60: Cases will be handled throughout the year by placing them on intake, adding them to the waiting list, opening them, or closing them (definitions can be found in the glossary). The case state at the end of the reporting year is shown in the figure above. By the end of December 2024, 64% (1038) of the cases worked with were still active. The waiting list provides the number of service users who have been assessed and determined to be at low risk, do not have any immediate needs, and/or are awaiting the next available appointment/programme. Such cases are still monitored and provided services but at a lower intensity than an active case.

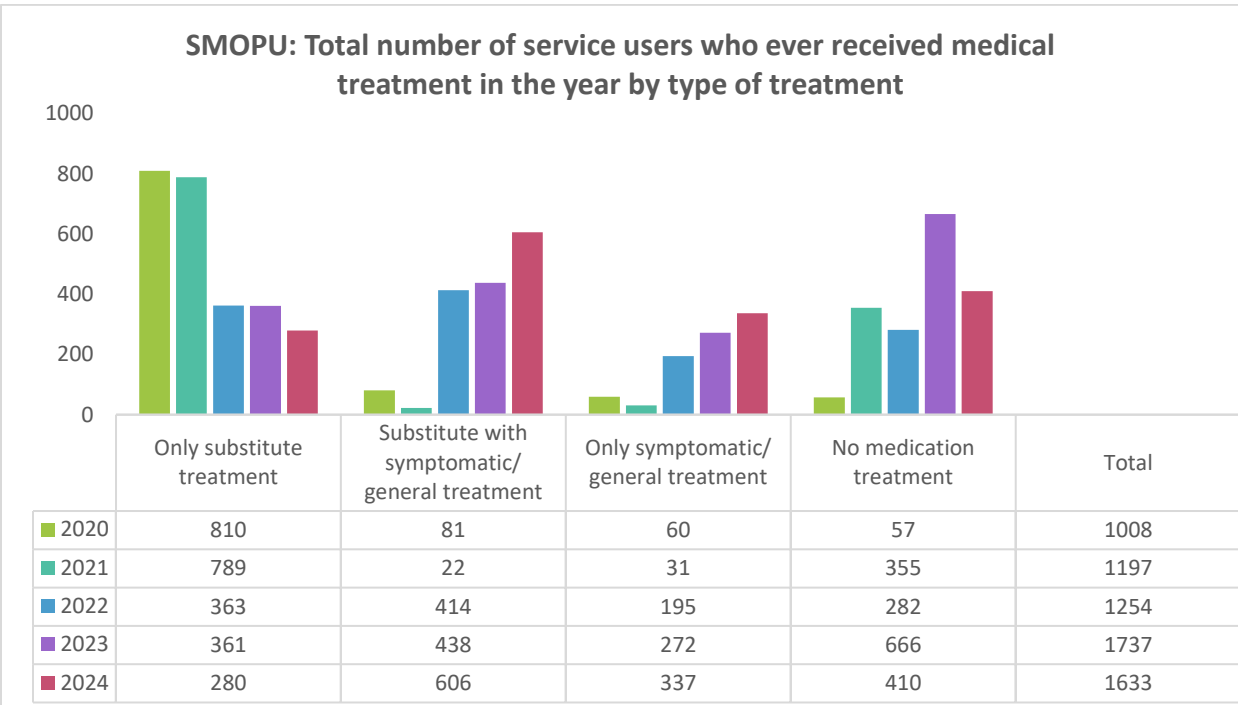


Figure 61: While a case is worked with, a service users may be provided medical treatments consisting of substitution treatment (generally prescribed opioid agonists), symptomatic (to ease the symptoms without addressing the basic cause) or a mixture of both. As of 2022, general medication that was prescribed by doctors at SMOPU started to be recorded in the CMS and has been grouped with symptomatic treatment (since symptomatic and general treatment could not be distinguished). Other service users may not receive any medication (i.e., no medication treatment) but the majority of these cases are termed ‘ghost cases’. These are cases where although the case may be registered as active or on intake, the case is actually inactive since the person may not have had contact with the service for a set period of time (e.g., cannot be reached to schedule a new appointment). As a result, the case may remain open for some time without any intervention and will be waiting to be administratively closed as per service policy.

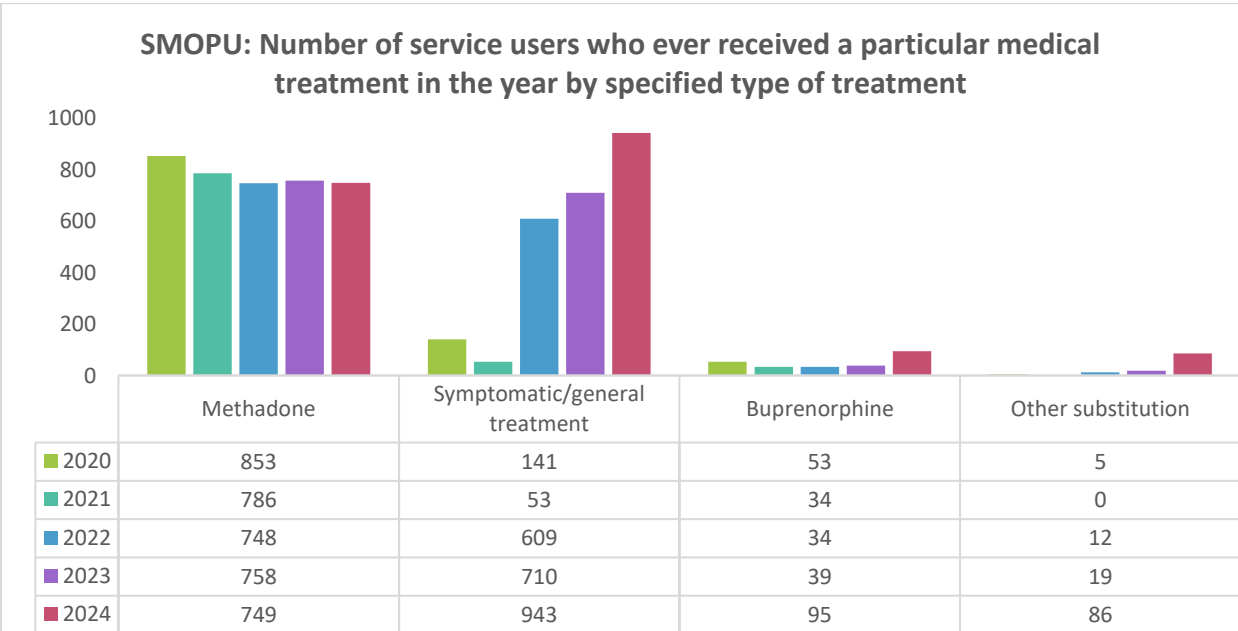


Figure 62: While a case is worked with, a service users may be provided substitution treatments consisting of methadone, buprenorphine, other types of substitution (e.g., naltrexone), symptomatic treatment or general prescribed medication. The data cannot be summed across the various forms of treatment because service users may receive more than one type whilst in treatment. For example, (a) out of 1254 cases worked with in 2022, 748 received methadone; (b) out of 1254 cases worked with, 609 received symptomatic or general treatment; (c) out of 1254 cases worked with, 34 received buprenorphine; and (d) out of 1254 cases worked with, 12 received other substitution treatment.

Details regarding cases worked with January – December 2024

A total of **1,633** cases were worked with between January and December 2024.

SMOPU: Cases worked with Jan-Dec 2024 by gender (no. & %)

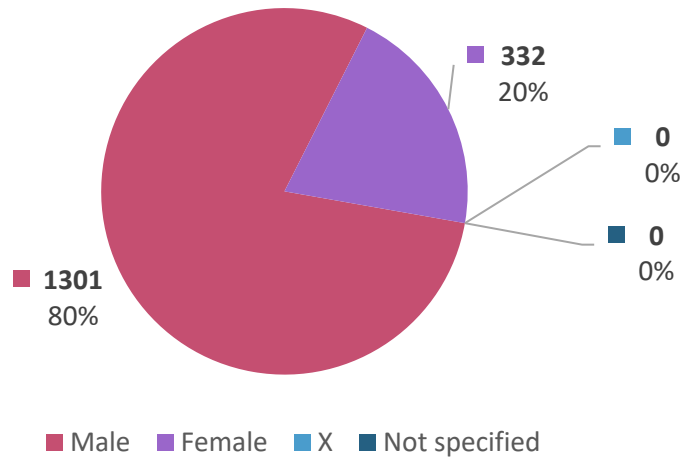


Figure 63: The figure above classifies the gender of the service user. Gender is collected at referral or first contact, but it can be updated throughout the lifetime of the case as required. The gender is collected either through formal documentation and/or the pronouns the person utilised when referring to themselves. In 2024, the highest percentage of cases worked with were male (80%).

SMOPU: Cases worked with Jan-Dec 2024 by age category (no. & %)

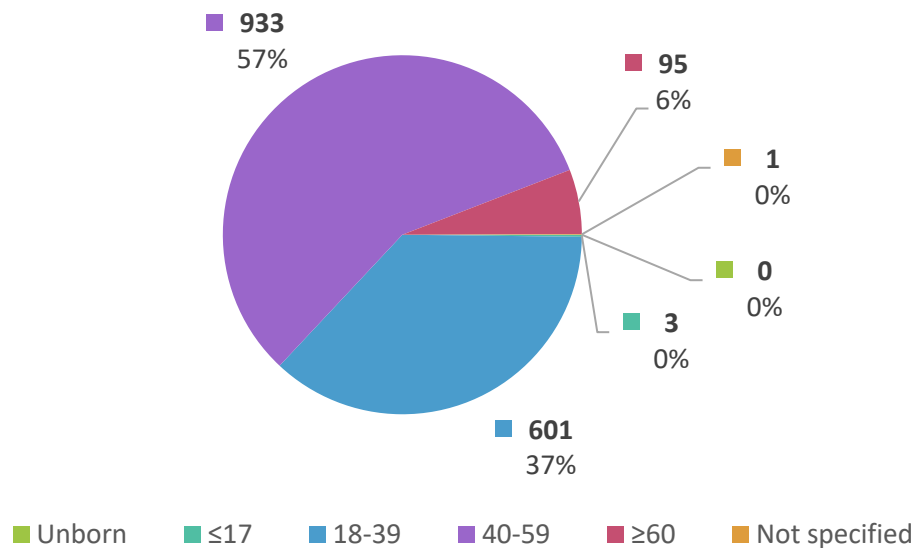


Figure 64: The figure above classifies the age of the service user in the reporting year based on the specified date of birth. In 2024, the highest percentage of cases worked with were ages 40 to 59 (57%).

SMOPU: Cases worked with Jan-Dec 2024 by nationality (no. & %)

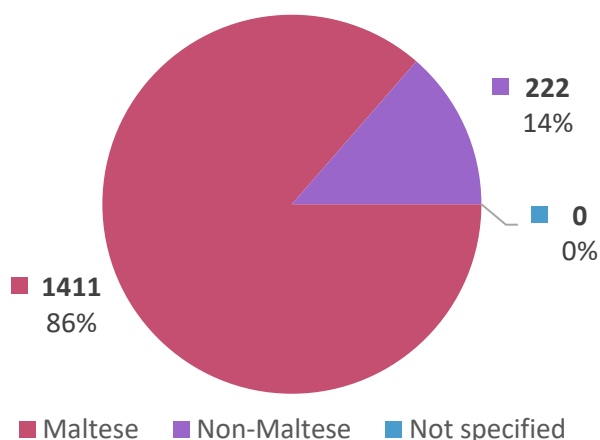
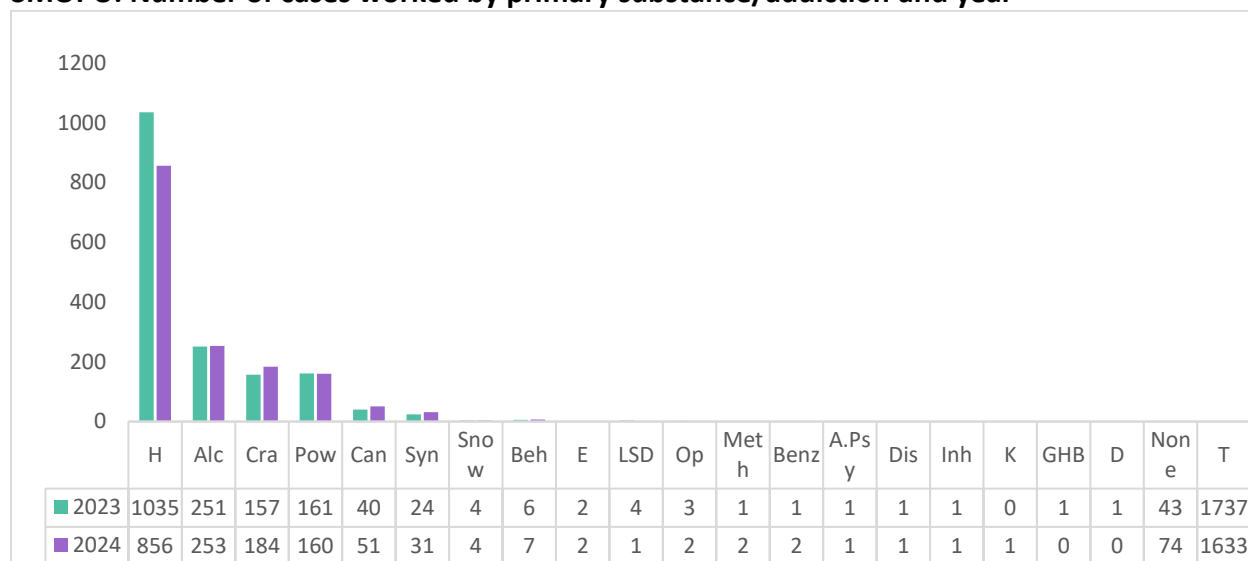


Figure 65: The figure above classifies the nationality as reported by the service user within the reporting year or based on an identity card/document. In 2024, 86% of the cases worked with were Maltese while non-Maltese made up 14% of cases.

SMOPU: Number of cases worked by primary substance/addiction and year



Graph Key: Alc = Alcohol; Pow = Cocaine (powder); Cra = Cocaine (crack); H = Heroin; Can = Cannabis; Syn = Synthetic cannabis; GHB = GHB; Op = Other Opioids; E = Ecstasy; LSD = Hallucinogens/LSD; Meth = Methamphetamines; Benz = Benzodiazepines; Inh = Inhalants; K = Ketamines; D = Diet pills; Dis = Distalgesics; Snow = Snowballing; A.Psy = Antipsychotic medication; Beh = Gambling/other behaviour; None = None used; T = Total.

Figure 66: The primary substance/addiction stated by service users when the First Contact Sheet was filled out is recorded in the online data collection system, and it is the primary substance/addiction utilised in the previous 12 months. The term “none reported” describes service users who did not report using a substance/addiction in the previous 12 months, such as those who have been in a 12-month rehabilitation programme, those who previously participated in a CoRRS programme, or significant others who come to the service for support but do not have a primary substance themselves to report. For example, the majority of cases worked with in 2023 reported using heroin in the last 12 months (1035 cases).

SMOPU: Cases worked with Jan-Dec 2024 by district of residence (no. & %)

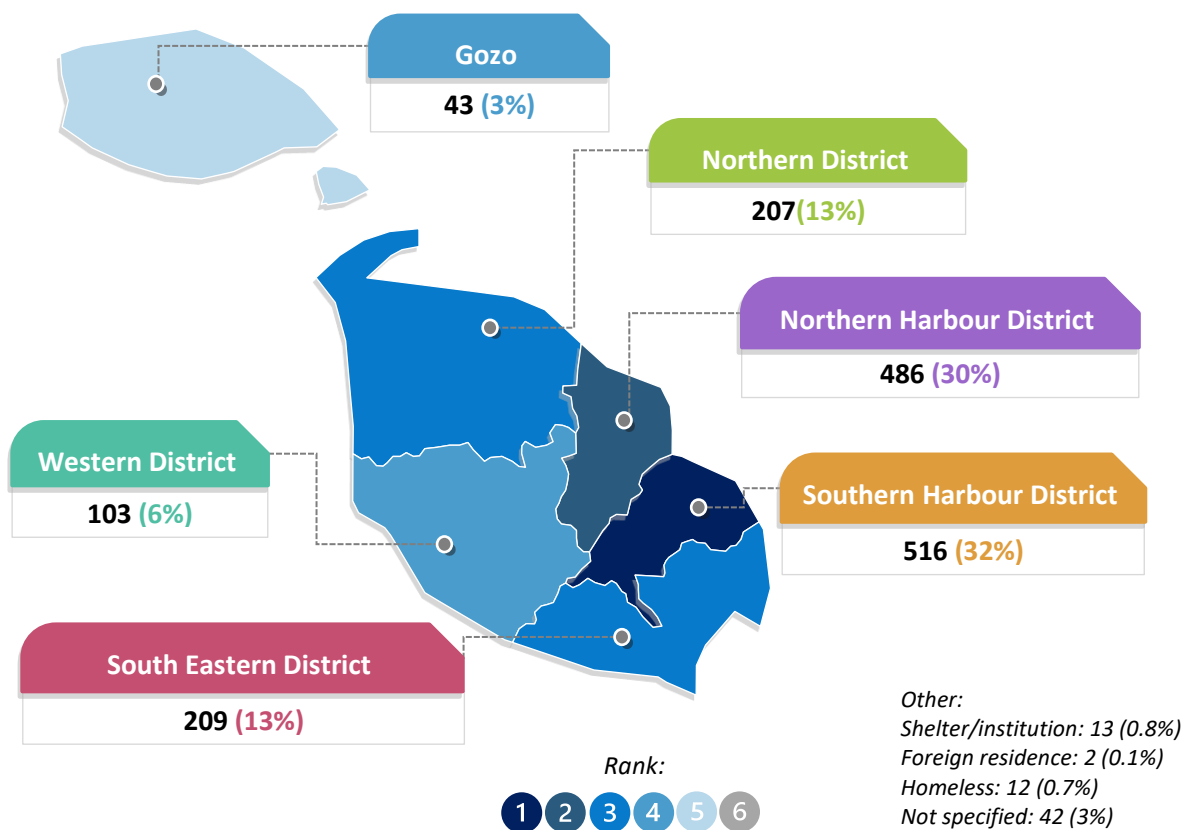


Figure 67: The figure above classifies the district of residence as reported by the service user within the reporting year. Some service users reside within “shelter/institution” (e.g., residential homes, centre of residential restorative services, or shelters). Some service users are in Malta temporarily and so normally have a foreign residence whilst others are homeless and do not have a fixed residence. Shelter/institution, foreign residence and homeless are reported as separate categories to avoid biasing the data on district. The Southern Harbour District (32%) had the highest percentage of cases worked with in 2024.

Details regarding new and re-contact cases opened

For comparing yearly trends, instead of using cases worked with, which would include any cases carried over from one year to the next, we use the number of new & recontact cases opened because it excludes the carried over cases and gives us an indication of incidence data.

A total of **359** cases were opened between January and December 2024.

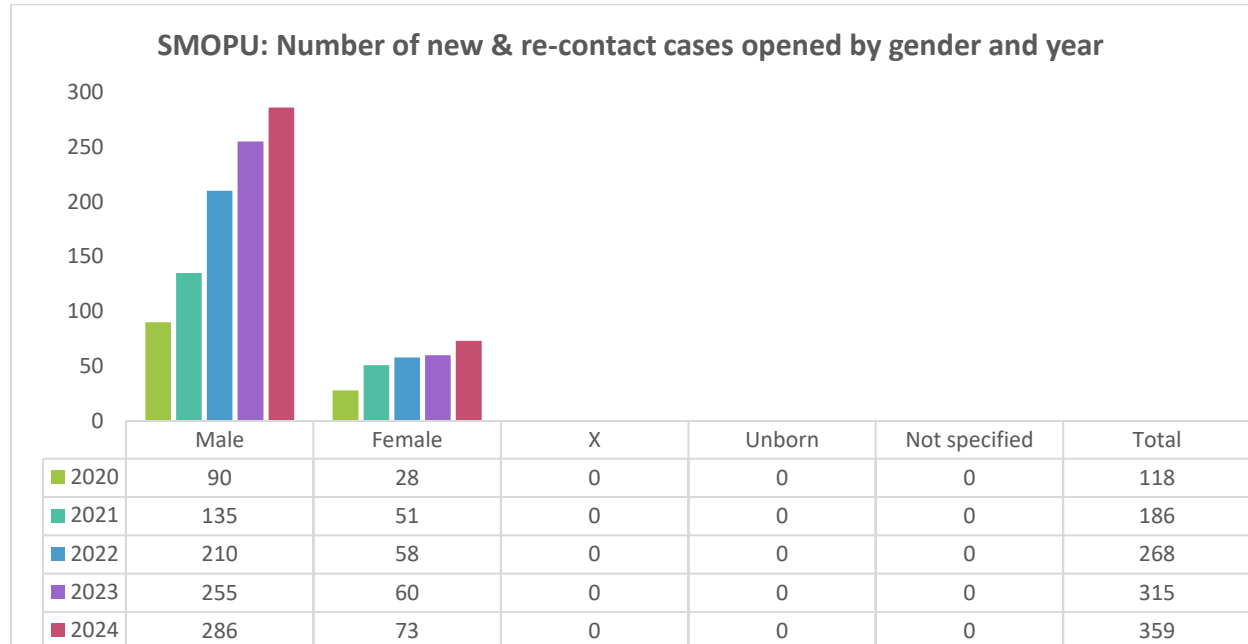
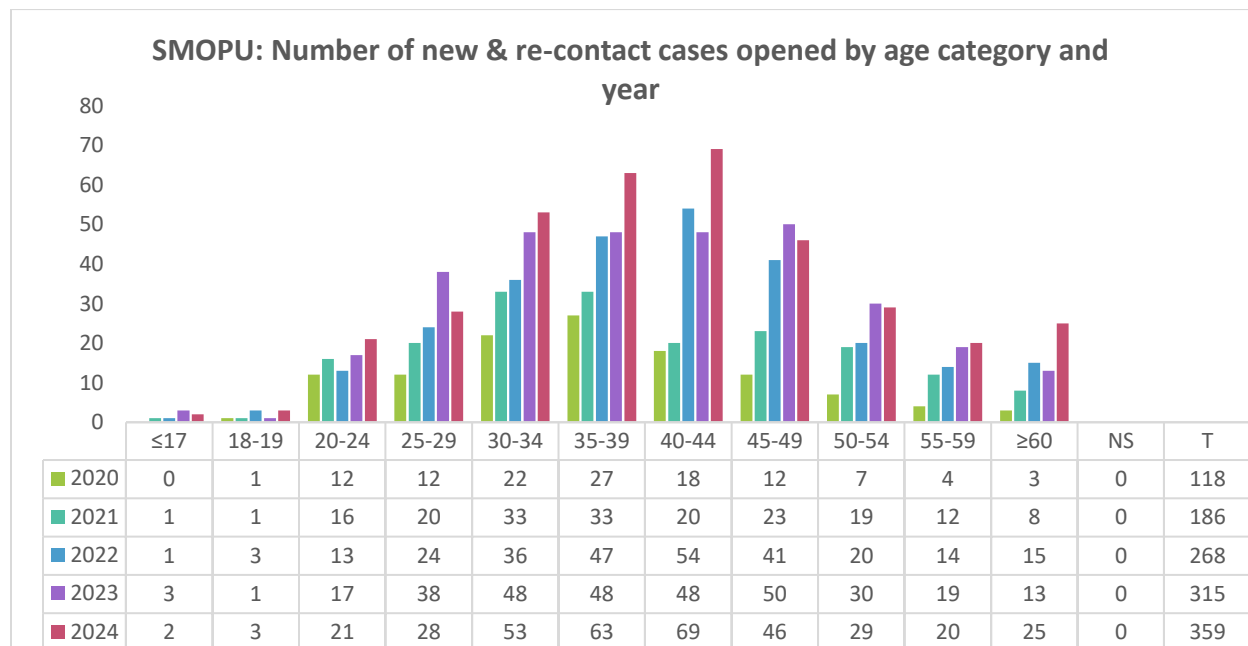


Figure 68: The figure above classifies the gender of the service user whose case was opened in the reported period. Gender is collected at referral or first contact, but it can be updated throughout the lifetime of the case as required. The gender is collected either through formal documentation and/or the pronouns the person utilised when referring to themselves. In 2024, the highest number of cases opened were male (286).



Graph Key: NS = Not Specified; T = Total.

Figure 69: The figure above classifies the age of the service user in the reporting year based on the specified date of birth. Only data for new & re-contact cases opened in the reported period are provided. In 2024, the highest number of cases opened were ages 40 to 44 (69).

SMOPU: Number of new & re-contact cases opened by age category and gender January – December 2024						
	Male	Female	X	Unborn	Not specified	Total
≤17	1	1	0	-	0	2
18-19	1	2	0	-	0	3
20-24	15	6	0	-	0	21
25-29	25	3	0	-	0	28
30-34	38	15	0	-	0	53
35-39	46	17	0	-	0	63
40-44	58	11	0	-	0	69
45-49	37	9	0	-	0	46
50-54	24	5	0	-	0	29
55-59	19	1	0	-	0	20
≥60	22	3	0	-	0	25
Not specified	0	0	0	-	0	0
Total	286	73	0	-	0	359

Figure 70: The figure above classifies the age and gender of the service user in the reporting year based on the specified date of birth and gender. Only data for new & re-contact cases opened in the reported period are provided.

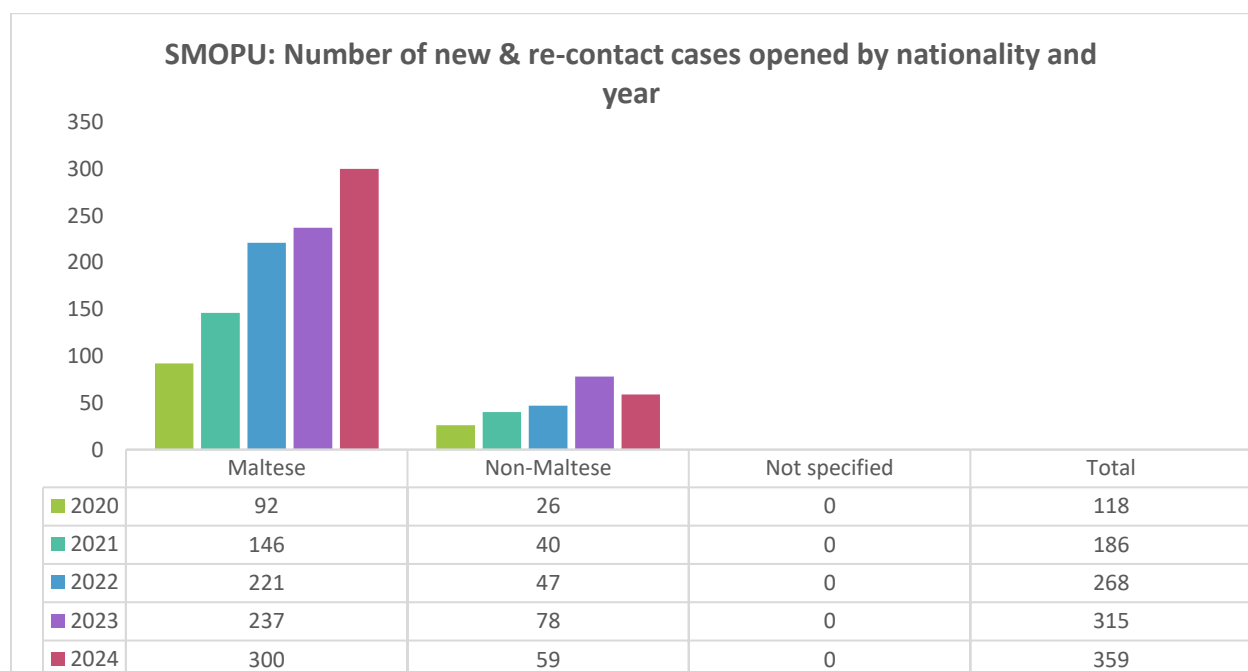
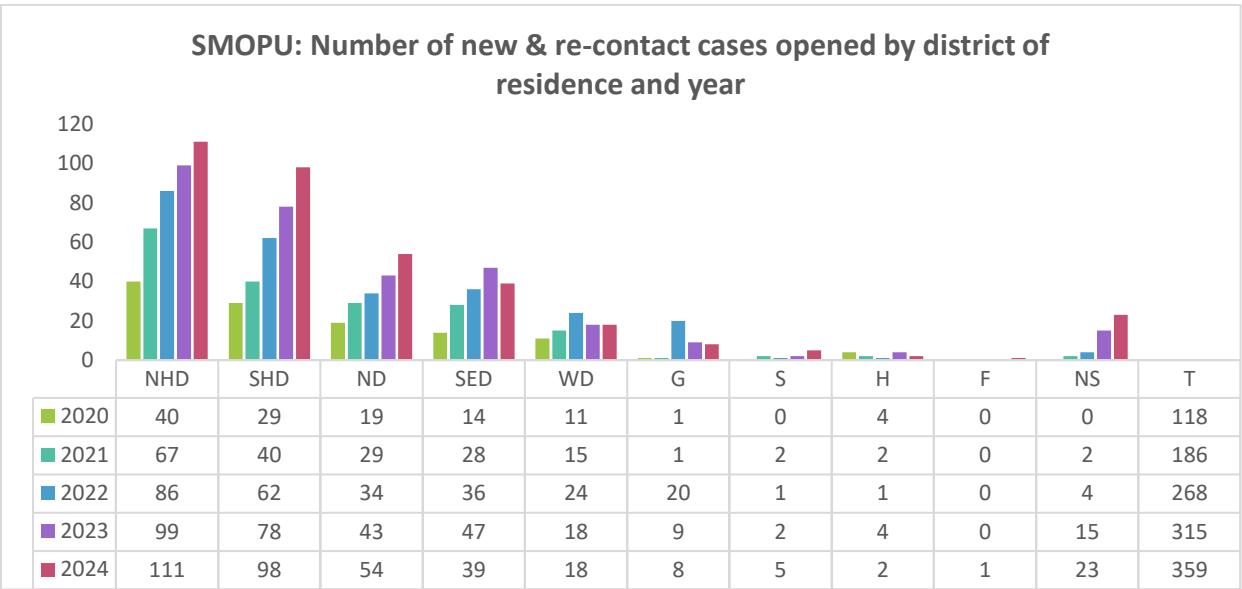
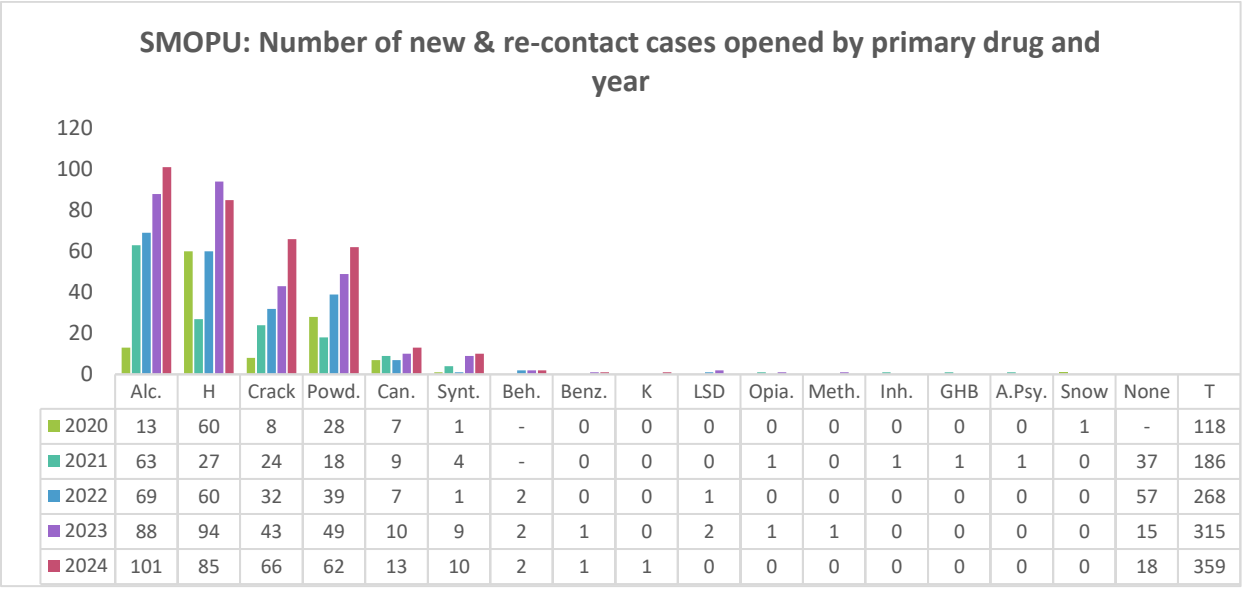


Figure 71: The figure above classifies the nationality as reported by the service user within the reporting year or based on an identity card/document. Only data for new & re-contact cases opened in the reported period are provided. In 2024, 300 cases opened were Maltese while 59 cases were non-Maltese.



Graph Key: SHD = Southern Harbour District; NHD = Northern Harbour District; SED = Southern Eastern District; ND = Northern District; WD = Western District; G = Gozo; S = Shelter/Institution; H = Homeless; F = Foreign Residence; NS = Not Specified; T = Total.

Figure 72: The figure above classifies the district of residence as reported by the service user within the reporting year. Some service users reside within “shelter/institution” (e.g., residential homes, centre of residential restorative services, or shelters). Some service users are in Malta temporarily and so normally have a foreign residence whilst others are homeless and do not have a fixed residence. Shelter/institution, foreign residence and homeless are reported as separate categories to avoid biasing the data on district. Only data for new & re-contact cases opened in the reported period are provided. The Northern Harbour District (111) had the highest number of cases opened in 2024.



Graph Key: Alc. = Alcohol; H = Heroin; Crack = Cocaine (crack); Powd. = Cocaine (powder); Can. = Cannabis; Synt. = Synthetic cannabis; Beh. = Gambling/other behaviour; Benz. = Benzodiazepines; K = Ketamine; LSD = Hallucinogens/LSD; Opia. = Other Opioids; Meth = Methamphetamines; Inh. = Inhalants; GHB = GHB; A.Psy. = Antipsychotics; Snow = Snowballing; None = None reported; T = Total.

Figure 73: The primary substance/addiction stated by service users when the First Contact Sheet was filled out is recorded in the online data collection system, and it is the primary substance/addiction utilised in the previous 12 months. The term “none reported” describes service users who did not report using a substance/addiction in the previous 12 months, such as those who have been in a 12-month rehabilitation programme, those who previously participated in a CoRRS programme, or significant others who come to the service for support but do not have a primary substance themselves to report. For example, the majority of cases opened in 2024 reported using alcohol in the last 12 months (101 cases).

**SMOPU: Total number of new & re-contact cases opened by primary drug reported and secondary drug reported
January – December 2024**

		Primary drug reported										
		Alcohol	Heroin	Cocaine (crack)	Cocaine (powder)	Cannabis	Synthetic cannabis	Gambling/other behavioural	Benzodiazepines	Ketamine	None reported	Total
Secondary drug reported	Cocaine (powder)	15	7	4	-	0	2	0	0	1	0	29
	Cannabis	3	6	11	7	-	1	0	0	0	0	28
	Cocaine (crack)	1	23	-	1	1	0	0	0	0	0	26
	Heroin	2	-	19	4	0	0	0	0	0	0	25
	Alcohol	-	0	1	12	1	0	0	0	0	0	14
	Ecstasy	0	0	1	2	0	0	0	0	0	0	3
	Synthetic cannabis	0	1	0	0	1	-	0	0	0	0	2
	Gambling/other behavioural	0	0	0	0	1	0	0	0	0	0	1
	Other opiates	0	1	0	0	0	0	0	0	0	0	1
	None reported	80	47	30	36	9	7	2	1	0	18	230
Total	101	85	66	62	13	10	2	1	1	18	359	

Figure 74: The primary & secondary substance/addiction stated by service users when the First Contact Sheet was filled out is recorded in the online data collection system, and it is the substance/addiction utilised in the previous 12 months. The term “none reported” describes service users who did not report using a substance/addiction in the previous 12 months, such as those who have been in a 12-month rehabilitation programme, those who previously participated in a CoRRS programme, or significant others who come to the service for support but do not have a primary substance themselves to report. In 2024, the majority of cases opened reported only having a primary problem of Alcohol (80 cases).

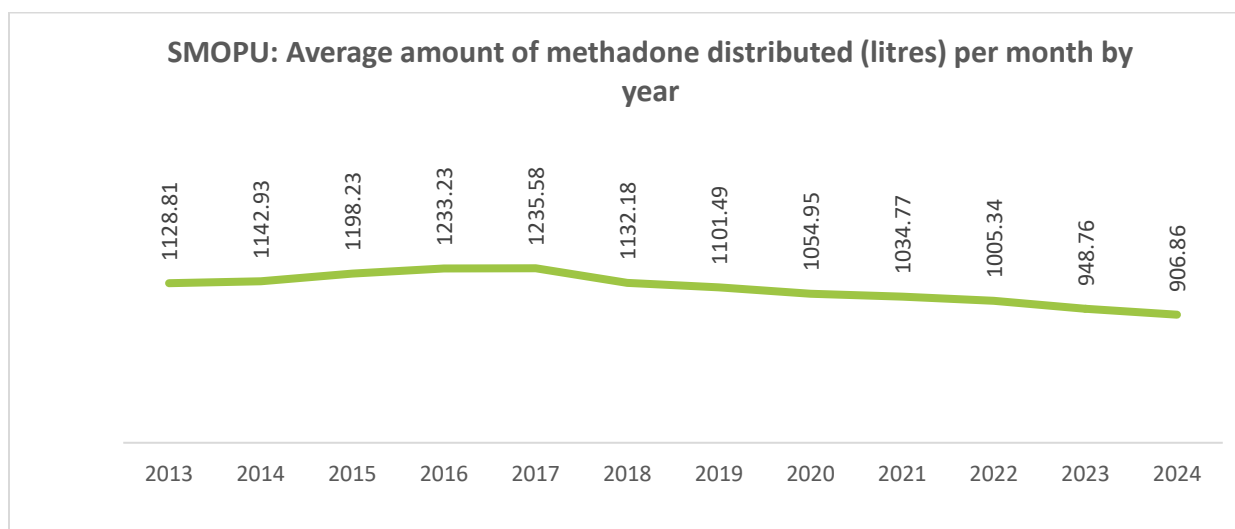


Figure 75: SMOPU records the amount of methadone distributed and the number of persons who received methadone per months and thus the figure above provides the average amount of methadone (in litres) distributed in the reported year. For example, 1005.34 litres of methadone were distributed per month in 2022.

Substance Misuse Out-Patient Unit Social Work Unit (SMOPU SW)

Case activity

A new online data collection system and reporting format were introduced in 2023. As a result, the data from 2011 to 2022 is incomparable to data from 2023 onwards. Therefore, the data for 2011 up to 2022 can be found in the past Sedqa reports whilst the 2023 report only provides the data from 2023 onwards.

The Social work unit forms part of SMOPU and the data reported within this service section is already reported for all SMOPU. This section filters the cases worked with by social workers.

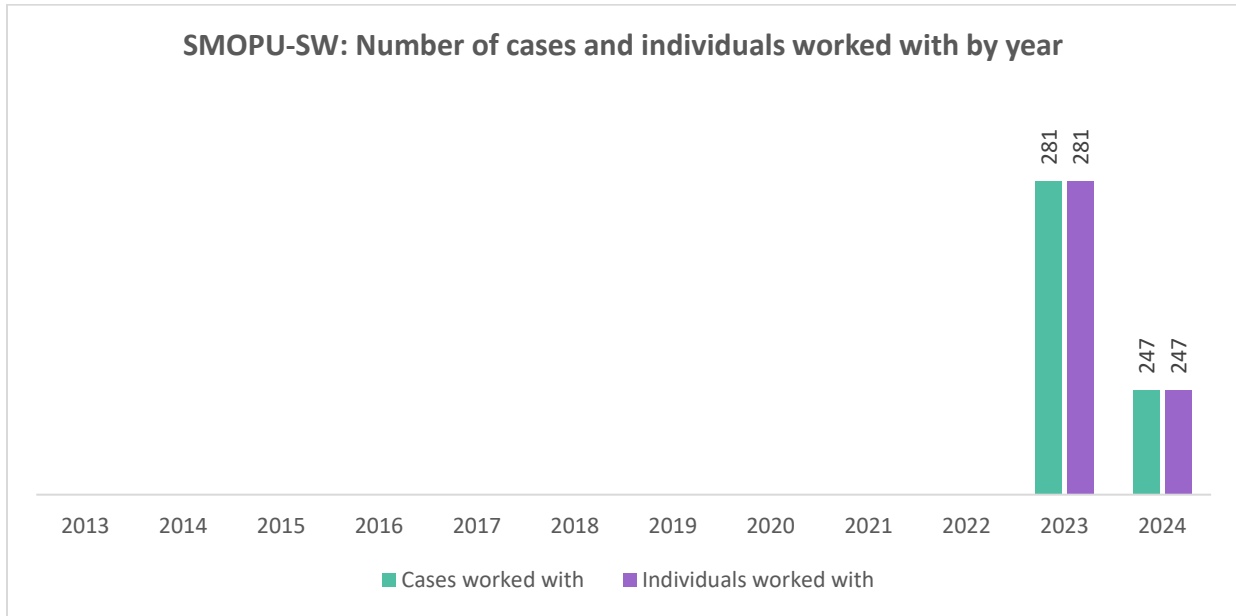


Figure 76: The figure above provides the number of cases worked with and the number of individuals worked with. To demonstrate the difference, consider Person A, who started and stopped attending a service twice in the same year, making it equivalent to 2 cases, but 1 individual worked with. In 2024, 247 cases and 247 individuals were worked with compared to 281 and 281 respectively in 2023.

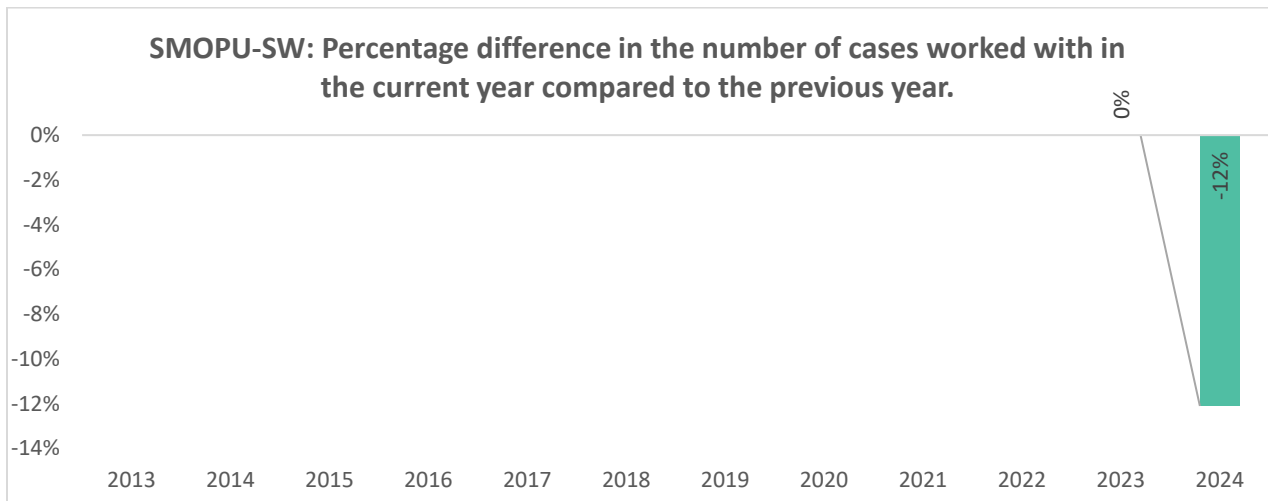


Figure 77: The percentage difference for the number of cases worked with between the reported year and the year before is seen in the figure above. For instance, the number of cases worked with increased by 5% in 2022 over 2021. The expansion or contraction of the personnel base, increased public awareness of services, or changes in the demand for services (such as the implementation of new legislation or removal of a policy) or changes in procedure (e.g., data collection methods) may impact differences observed between the years.

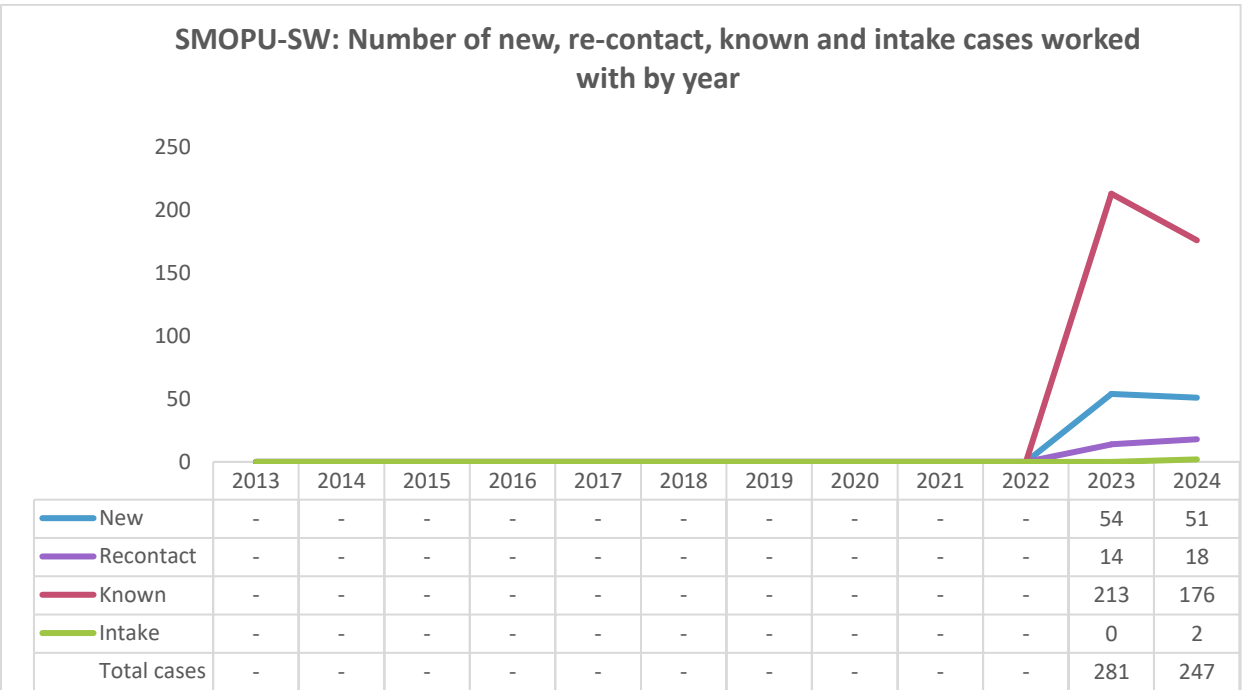


Figure 78: The cases worked with each year can be a new case, recontact case, known case or an intake case (a case starting and ending the year on intake). Further definitions can be found in the glossary.

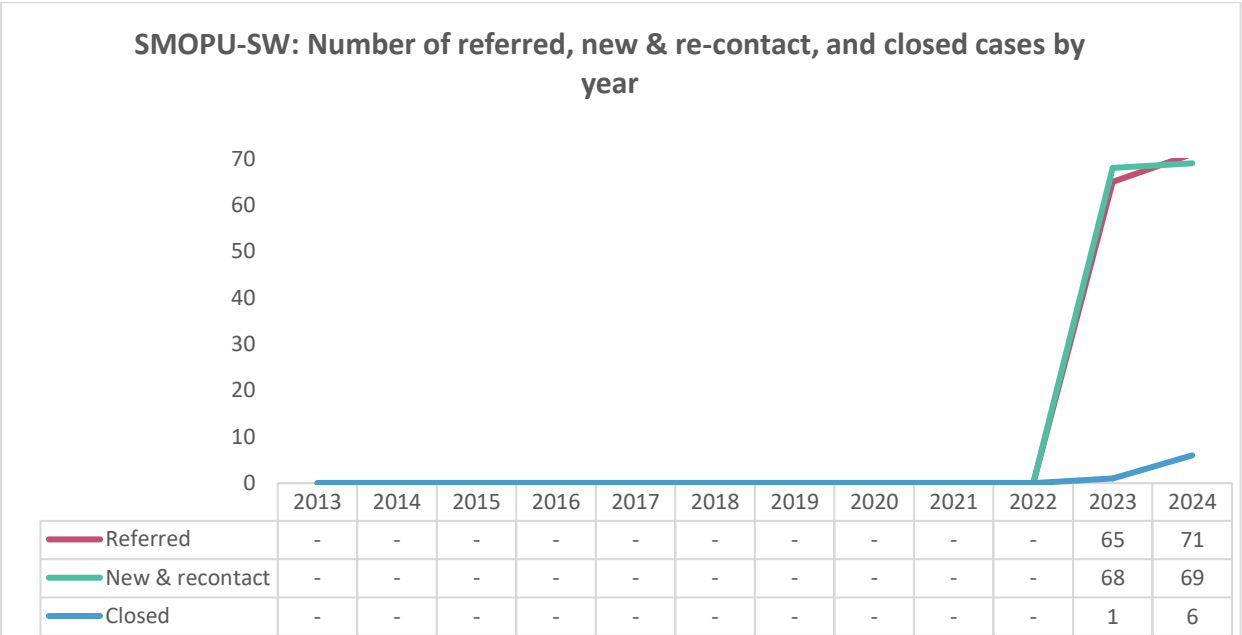


Figure 79: Cases may be referred, opened, or closed throughout the year (definitions can be found in the glossary). Opened cases include both new and recontact cases (see figure 78 for breakdown of new & recontact cases). In 2024, 71 cases were referred, 69 new & recontact cases opened, and 6 case closed.

SMOPU-SW: Case state at the end of the reporting period

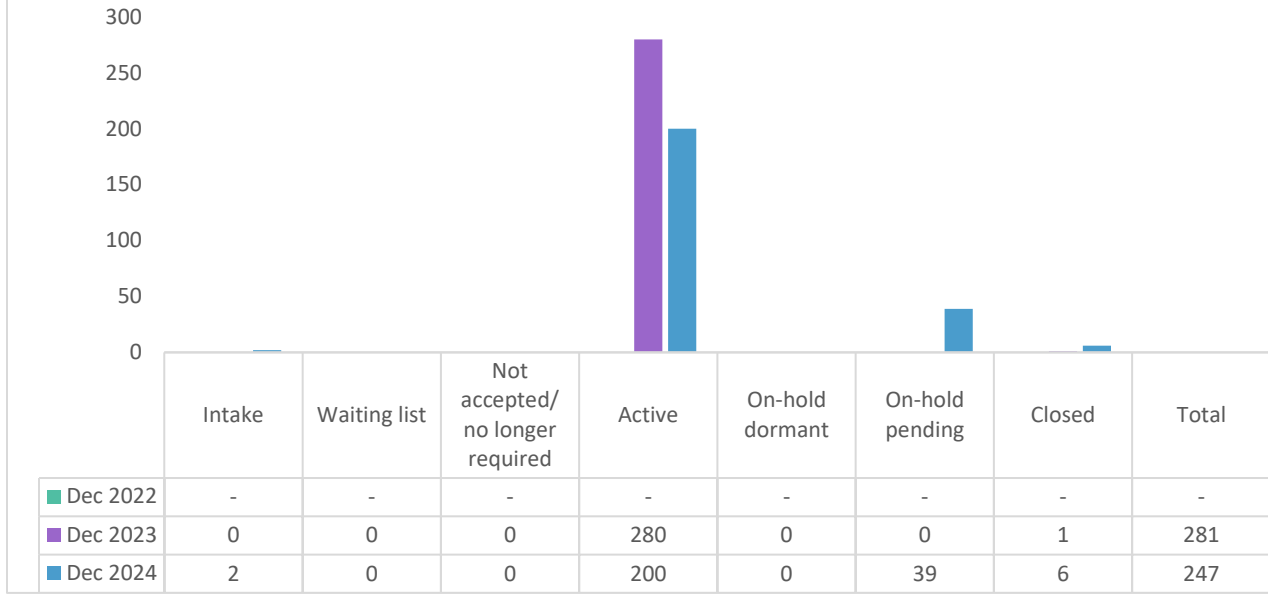


Figure 80: Cases will be handled throughout the year by placing them on intake, adding them to the waiting list, opening them, or closing them (definitions can be found in the glossary). By the end of December 2024, 81% (200) of the cases worked with were still active. The waiting list provides the number of service users who have been assessed and determined to be at low risk, do not have any immediate needs, and/or are awaiting the next available appointment/programme. Such cases are still monitored and provided services but at a lower intensity than an active case.

Details regarding cases worked with January – December 2024

A total of **247** cases were worked with between January and December 2024.

SMOPU-SW: Cases worked with Jan-Dec 2024 by gender (no. & %)

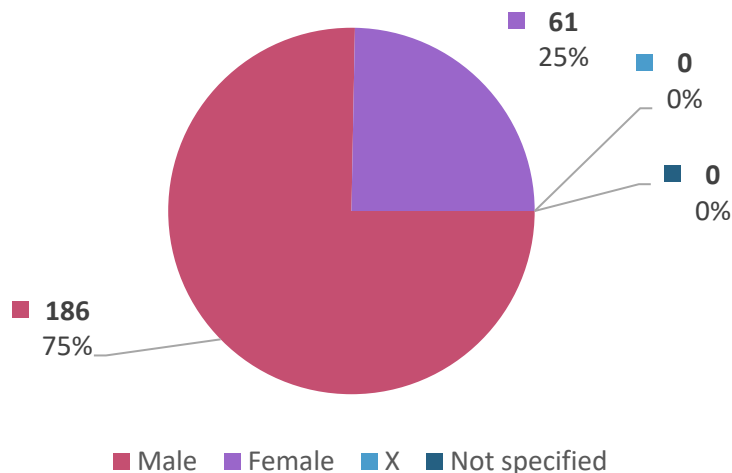


Figure 81: The figure above classifies the gender of the service user. Gender is collected at referral or first contact, but it can be updated throughout the lifetime of the case as required. The gender is collected either through formal documentation and/or the pronouns the person utilised when referring to themselves. In 2024, the highest percentage of cases worked with were male (75%).

SMOPU-SW: Cases worked with Jan-Dec 2024 by age category (no. & %)

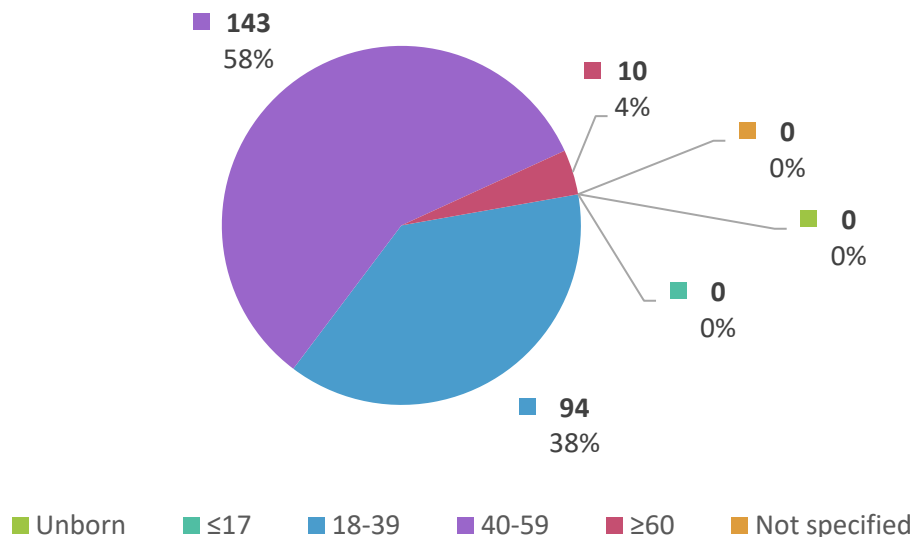


Figure 82: The figure above classifies the age of the service user in the reporting year based on the specified date of birth. In 2024, the highest percentage of cases worked with were ages 40 to 59 (58%).

SMOPU-SW: Cases worked with Jan-Dec 2024 by nationality (no. & %)

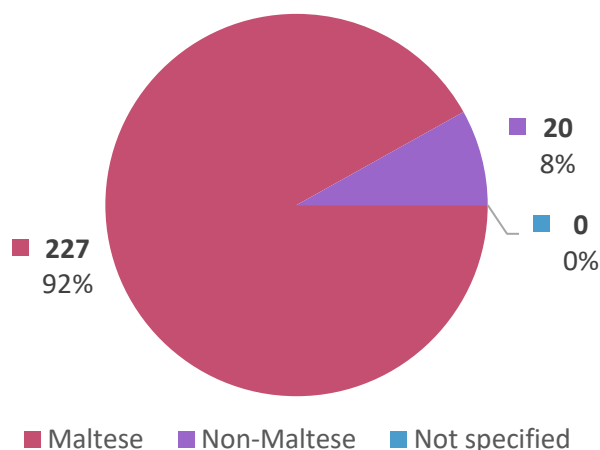


Figure 83: The figure above classifies the nationality as reported by the service user within the reporting year or based on an identity card/document. In 2024, 92% of the cases worked with were Maltese while non-Maltese made up 8% of cases.

SMOPU-SW: Cases worked with Jan-Dec 2024 by district of residence (no. & %)

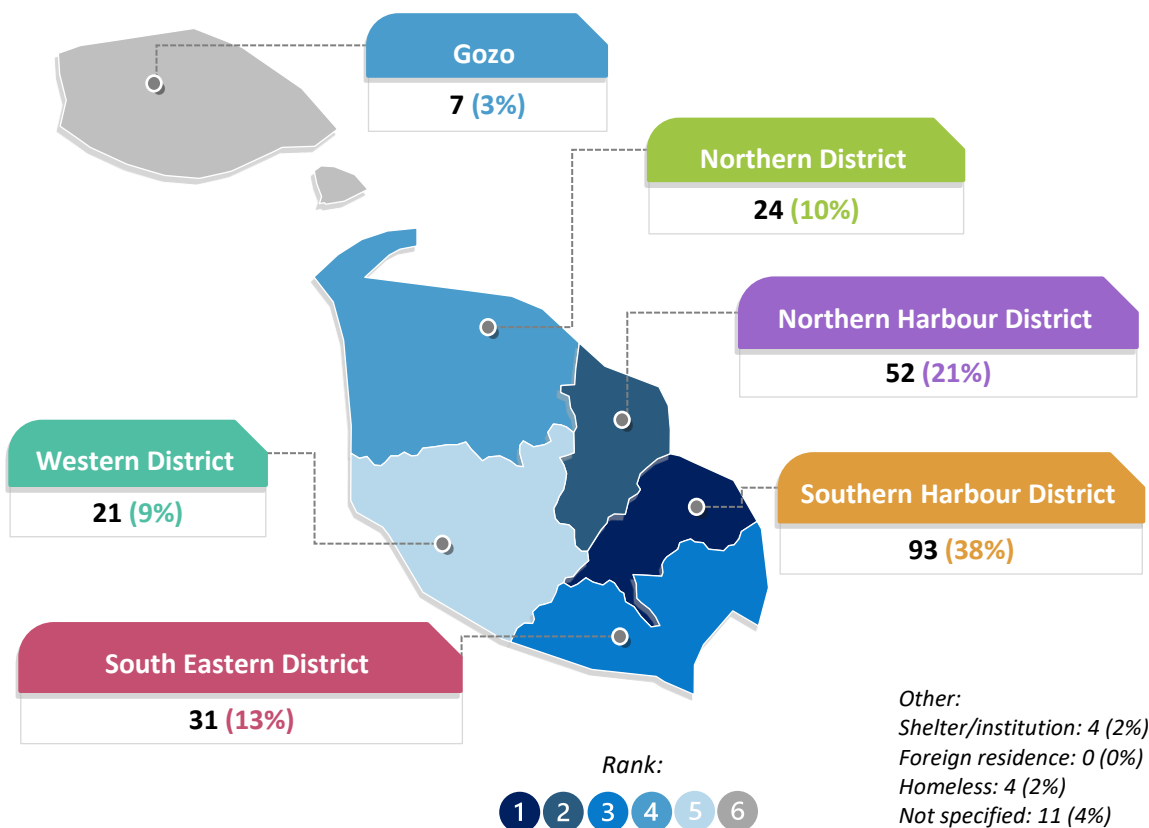


Figure 84: The figure above classifies the district of residence as reported by the service user within the reporting year. Some service users reside within “shelter/institution” (e.g., residential homes, centre of residential restorative services, or shelters). Some service users are in Malta temporarily and so normally have a foreign residence whilst others are homeless and do not have a fixed residence. Shelter/institution, foreign residence and homeless are reported as separate categories to avoid biasing the data on district. The Southern Harbour District (38%) had the highest percentage of cases worked with in 2024.

SMOPU-SW: Number of cases worked with Jan-Dec 2024 by primary drug

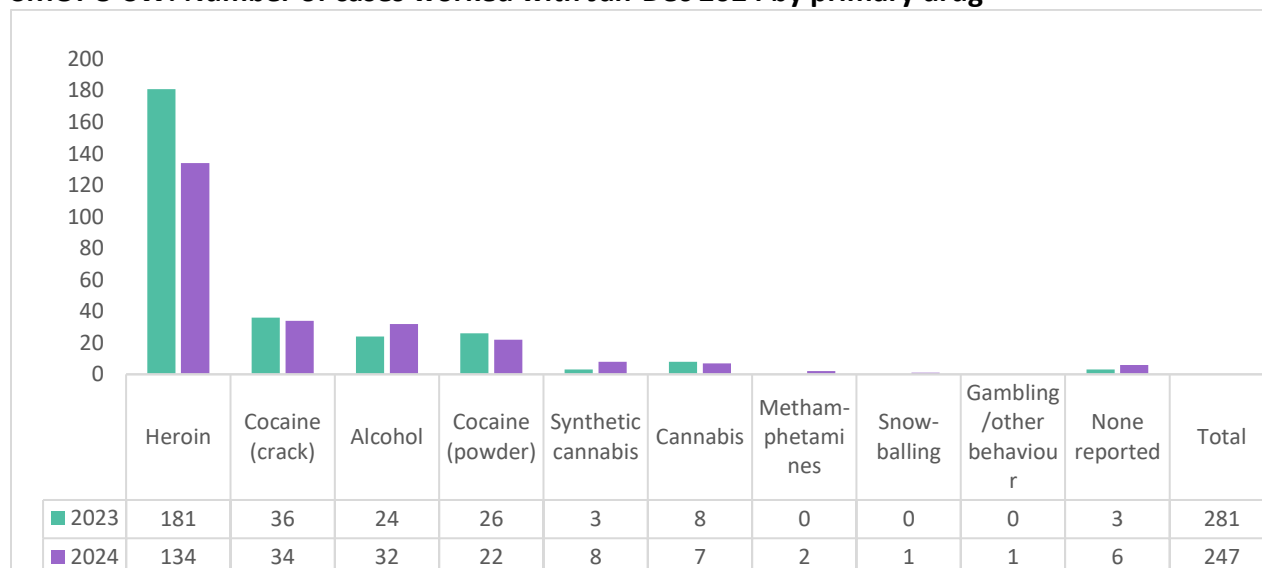


Figure 85: The primary substance/addiction stated by service users when the First Contact Sheet was filled out is recorded in the online data collection system, and it is the primary substance/addiction utilised in the previous 12 months. The term “none reported” describes service users who did not report using a substance/addiction in the previous 12 months, such as those who have been in a 12-month rehabilitation programme, those who previously participated in a CoRRS programme, or significant others who come to the service for support but do not have a primary substance themselves to report. For example, the majority of cases worked with in 2023 reported using heroin in the last 12 months (181).

Details regarding new and re-contact cases opened

For comparing yearly trends, instead of using cases worked with, which would include any cases carried over from one year to the next, we use the number of new & recontact cases opened because it excludes the carried over cases and gives us an indication of incidence data.

A total of **69** cases were opened between January and December 2024.

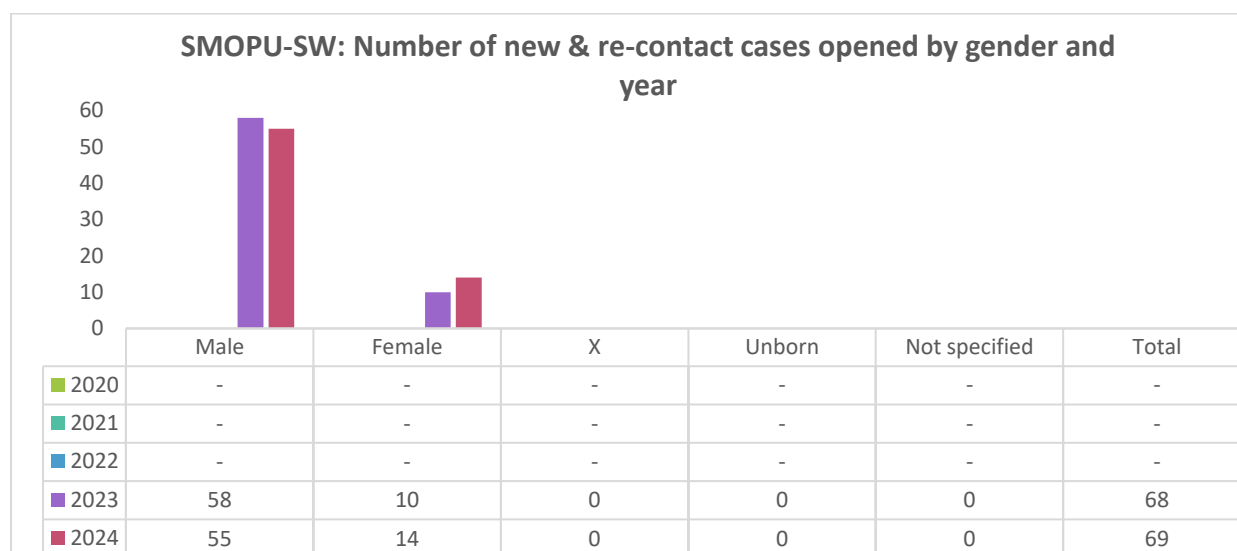
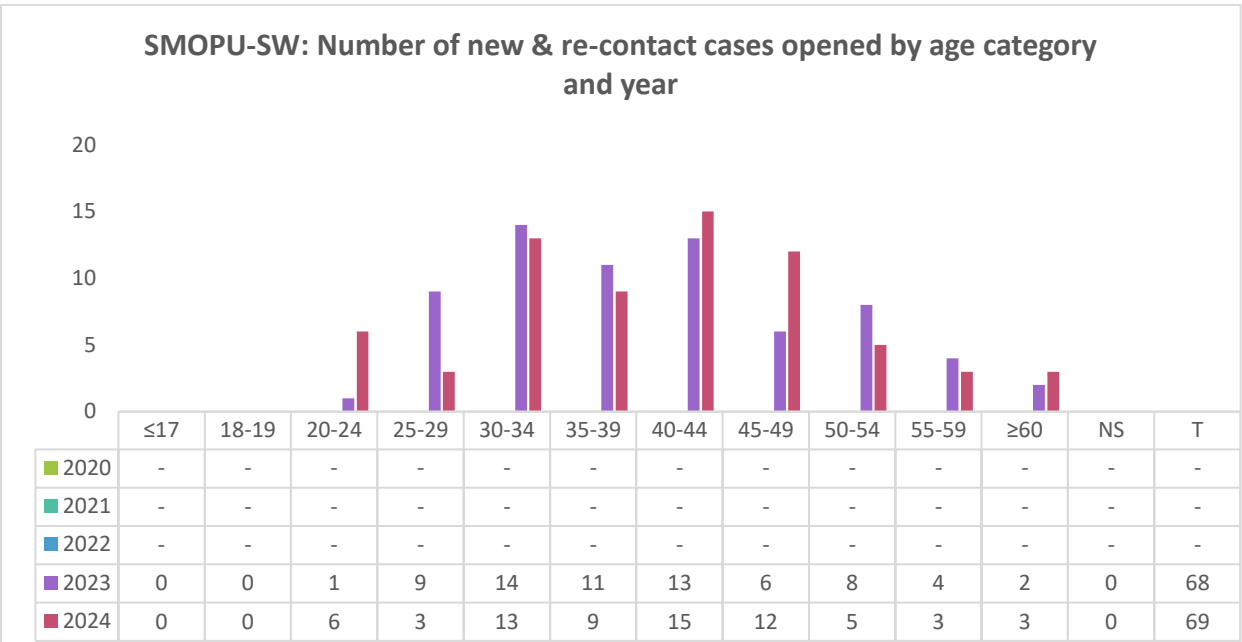


Figure 86: The figure above classifies the gender of the service user whose case was opened in the reported period. Gender is collected at referral or first contact, but it can be updated throughout the lifetime of the case as required. The gender is collected either through formal documentation and/or the pronouns the person utilised when referring to themselves. In 2024, the highest number of cases opened were male (55).



Graph Key: NS = Not Specified; T = Total.

Figure 87: The figure above classifies the age of the service user in the reporting year based on the specified date of birth. Only data for new & re-contact cases opened in the reported period are provided. In 2024, the highest number of cases opened were ages 40 to 44 (15).

**SMOPU-SW: Number of new & re-contact cases opened by age category and gender
January – December 2024**

	Male	Female	X	Unborn	Not specified	Total
≤17	0	0	0	-	0	0
18-19	0	0	0	-	0	0
20-24	3	3	0	-	0	6
25-29	2	1	0	-	0	3
30-34	8	5	0	-	0	13
35-39	9	0	0	-	0	9
40-44	13	2	0	-	0	15
45-49	9	3	0	-	0	12
50-54	5	0	0	-	0	5
55-59	3	0	0	-	0	3
≥60	3	0	0	-	0	3
Not specified	0	0	0	-	0	0
Total	55	14	0	-	0	69

Figure 88: The figure above classifies the age and gender of the service user in the reporting year based on the specified date of birth and gender. Only data for new & re-contact cases opened in the reported period are provided.

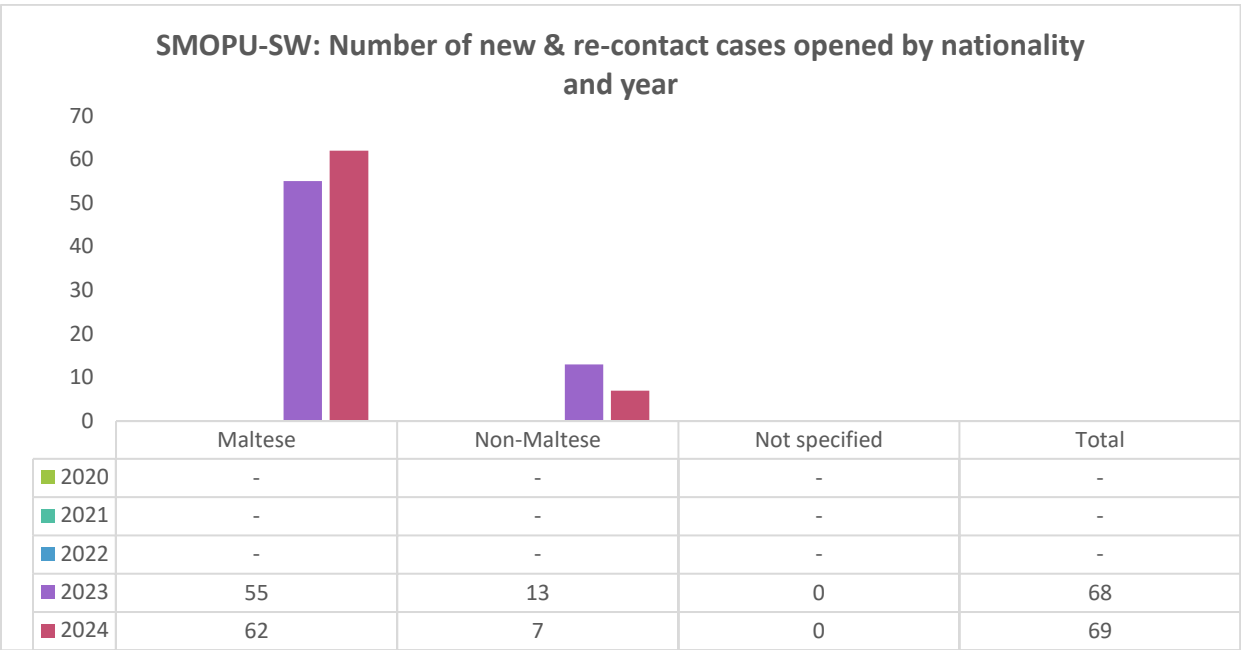
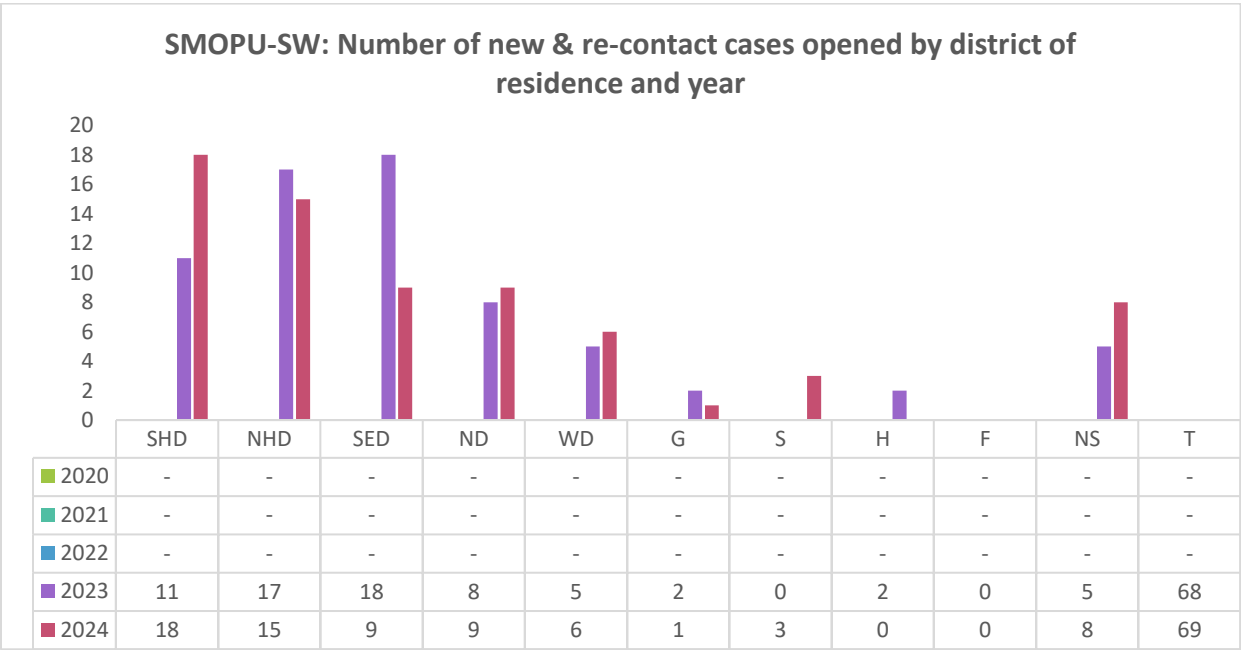


Figure 89: The figure above classifies the nationality as reported by the service user within the reporting year or based on an identity card/document. Only data for new & re-contact cases opened in the reported period are provided. In 2024, 62 cases opened were Maltese while 7 cases were non-Maltese.



Graph Key: SHD = Southern Harbour District; NHD = Northern Harbour District; SED = Southern Eastern District; ND = Northern District; WD = Western District; G = Gozo; S = Shelter/Institution; H = Homeless; F = Foreign Residence; NS = Not Specified; T = Total.

Figure 90: The figure above classifies the district of residence as reported by the service user within the reporting year. Some service users reside within “shelter/institution” (e.g., residential homes, centre of residential restorative services, or shelters). Some service users are in Malta temporarily and so normally have a foreign residence whilst others are homeless and do not have a fixed residence. Shelter/institution, foreign residence and homeless are reported as separate categories to avoid biasing the data on district. Only data for new & re-contact cases opened in the reported period are provided. The Southern Harbour District (18) had the highest number of cases opened in 2024.

Substance Misuse In-Patient Unit (SMIPU)

Case activity

A new online data collection system and reporting format were introduced in 2020. Due to the COVID-19 pandemic, between 14/03/2020 and 18/05/2020 the unit stopped providing substance misuse in-patient services and functioned as a homelessness shelter to a further 41 cases.

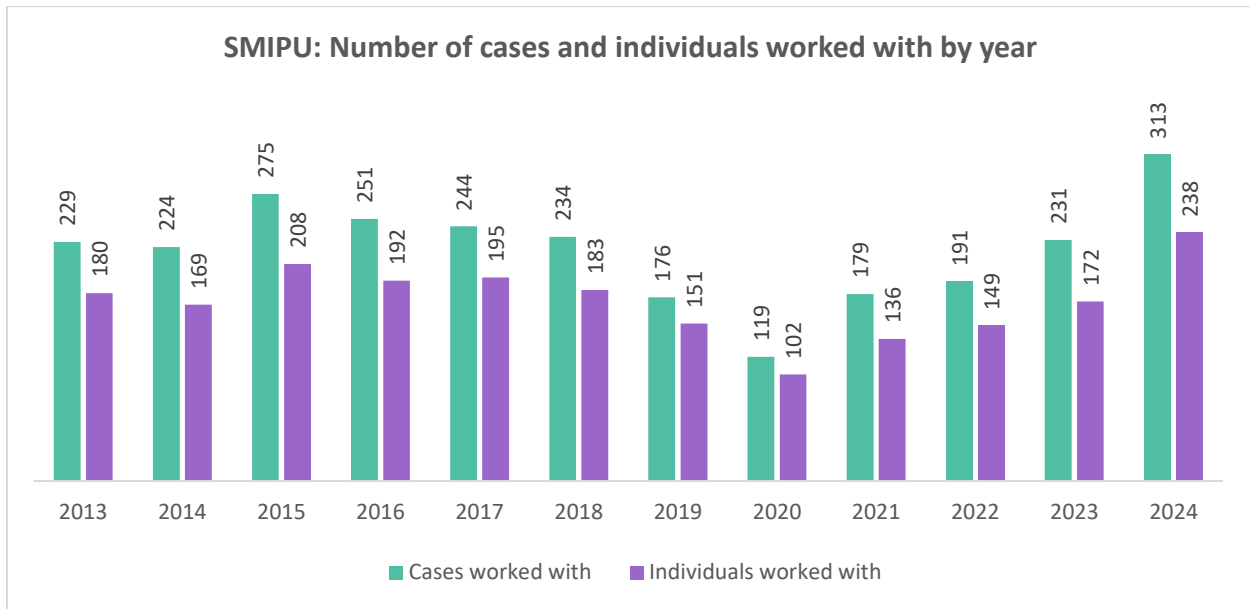


Figure 91: The figure above provides the number of cases worked with and the number of individuals worked with. To demonstrate the difference, consider Person A, who started and stopped attending a service twice in the same year, making it equivalent to 2 cases, but 1 individual worked with. In 2024, 313 cases and 238 individuals were worked with compared to 231 and 172 respectively in 2023.

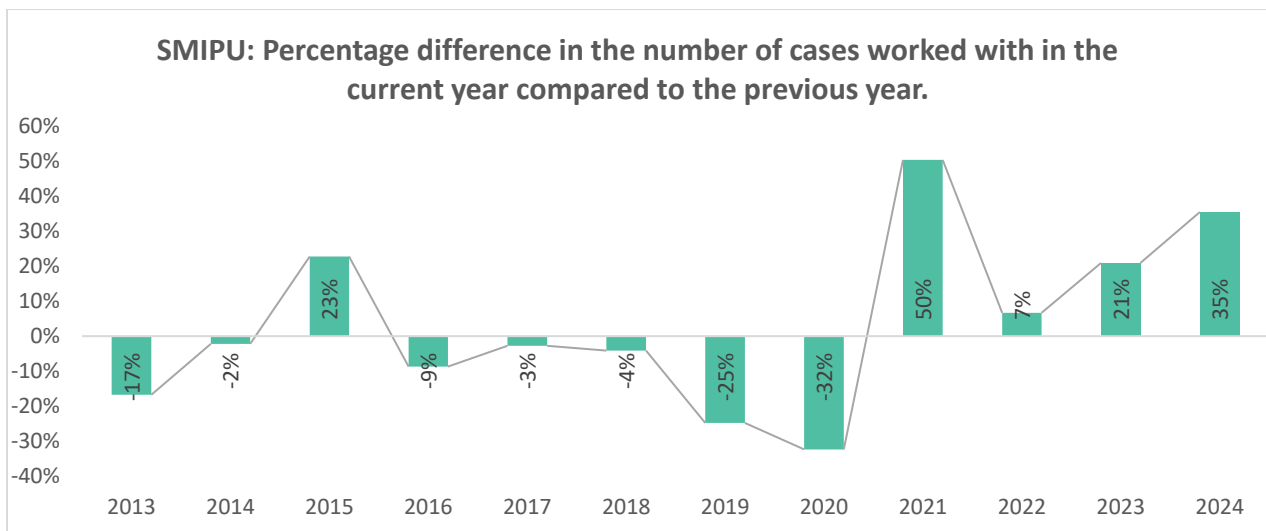


Figure 92: The percentage difference for the number of cases worked with between the reported year and the year before is seen in the figure above. For instance, the number of cases worked with increased by 7% in 2022 over 2021. The expansion or contraction of the personnel base, increased public awareness of services, or changes in the demand for services (such as the implementation of new legislation or removal of a policy) or changes in procedure (e.g., data collection methods) may impact differences observed between the years.

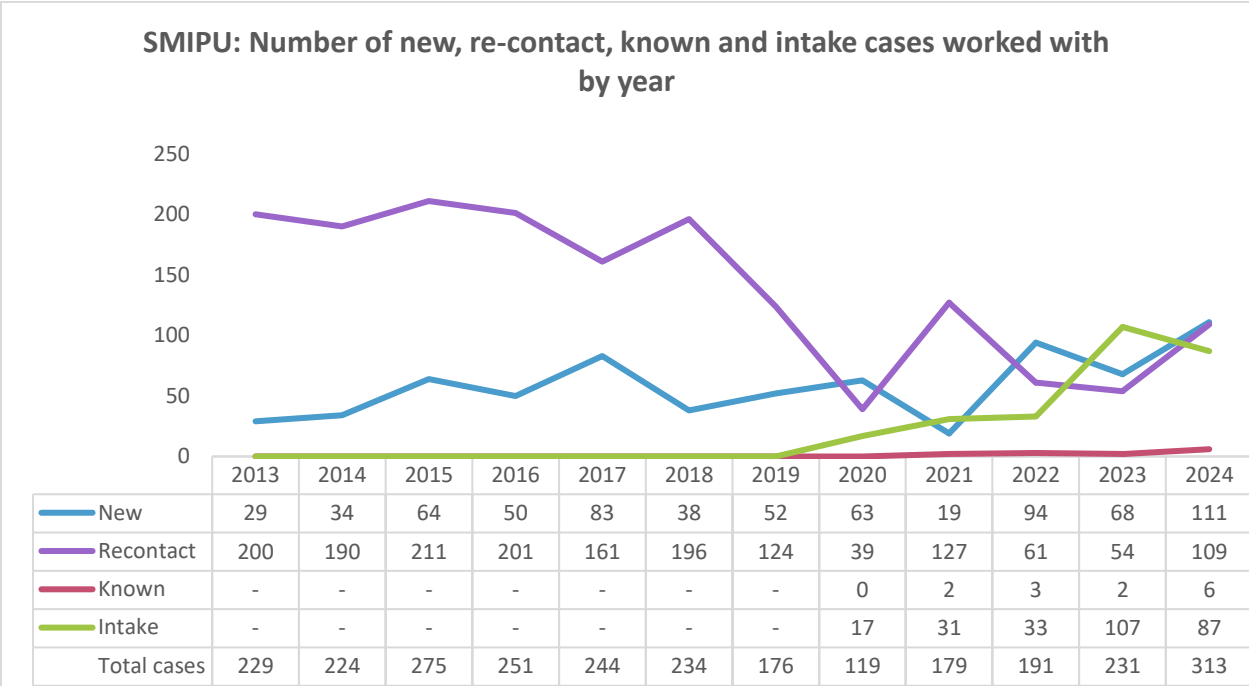


Figure 93: The cases worked with each year can be a new case, recontact case, known case or an intake case (a case starting and ending the year on intake). Further definitions can be found in the glossary. For the above graph, known cases and intake began to be reported in 2020 due to the implementation of an online data collection system and changes service provision.

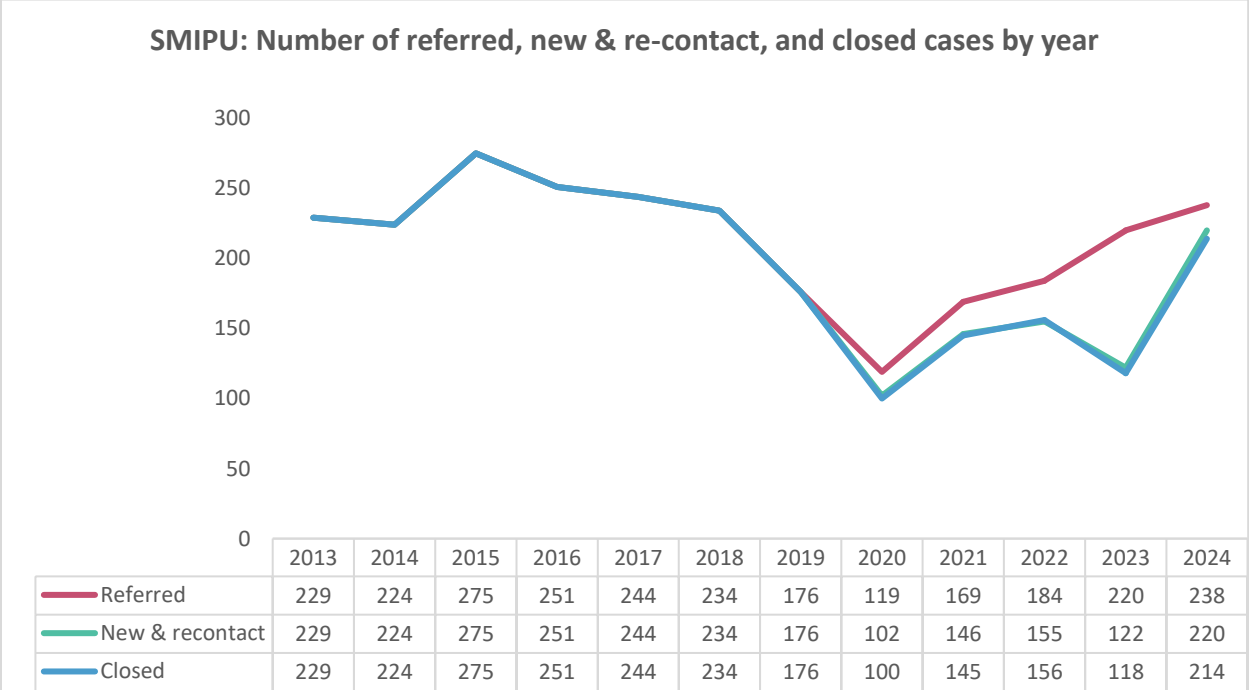


Figure 94: Cases may be referred, opened, or closed throughout the year (definitions can be found in the glossary). Opened cases include both new and recontact cases (see figure 93 for breakdown of new & recontact cases). In 2024, 238 cases were referred, 220 new & recontact cases opened, and 214 cases closed.

SMIPU: Waiting list at the end of the reporting period

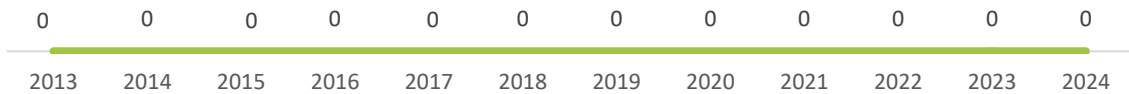


Figure 95: The figure above only reports cases that are still on the waiting list at the end of the reporting period. The waiting list provides the number of service users who have been assessed and determined to be at low risk, do not have any immediate needs, and/or are awaiting the next available appointment/programme. Such cases are still monitored and provided services but at a lower intensity than an active case.

SMIPU: Case state at the end of the reporting period

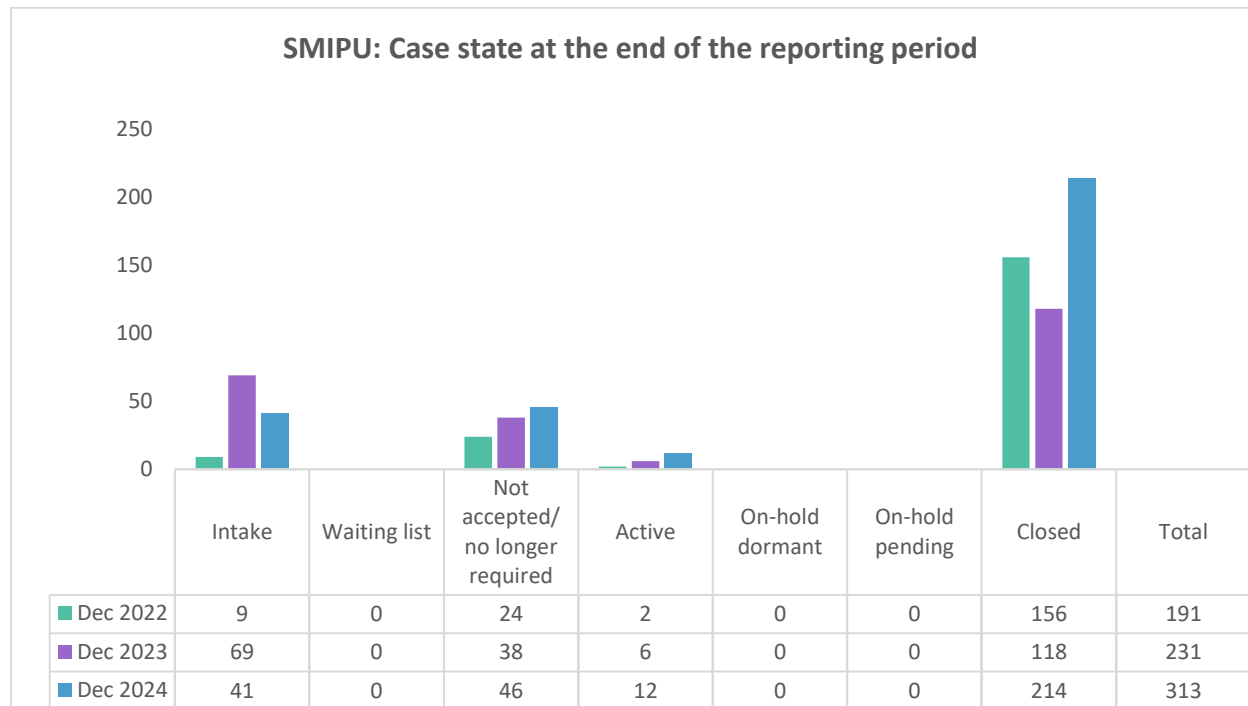


Figure 96: Cases will be handled throughout the year by placing them on intake, adding them to the waiting list, opening them, or closing them (definitions can be found in the glossary). The case state at the end of the reporting year is shown in the figure above. By the end of December 2024, 4% (12) of the cases worked with were still active. The waiting list provides the number of service users who have been assessed and determined to be at low risk, do not have any immediate needs, and/or are awaiting the next available appointment/programme. Such cases are still monitored and provided services but at a lower intensity than an active case.

SMIPU: Days and nights stayed by service users who attended SMIPU – Total number and average

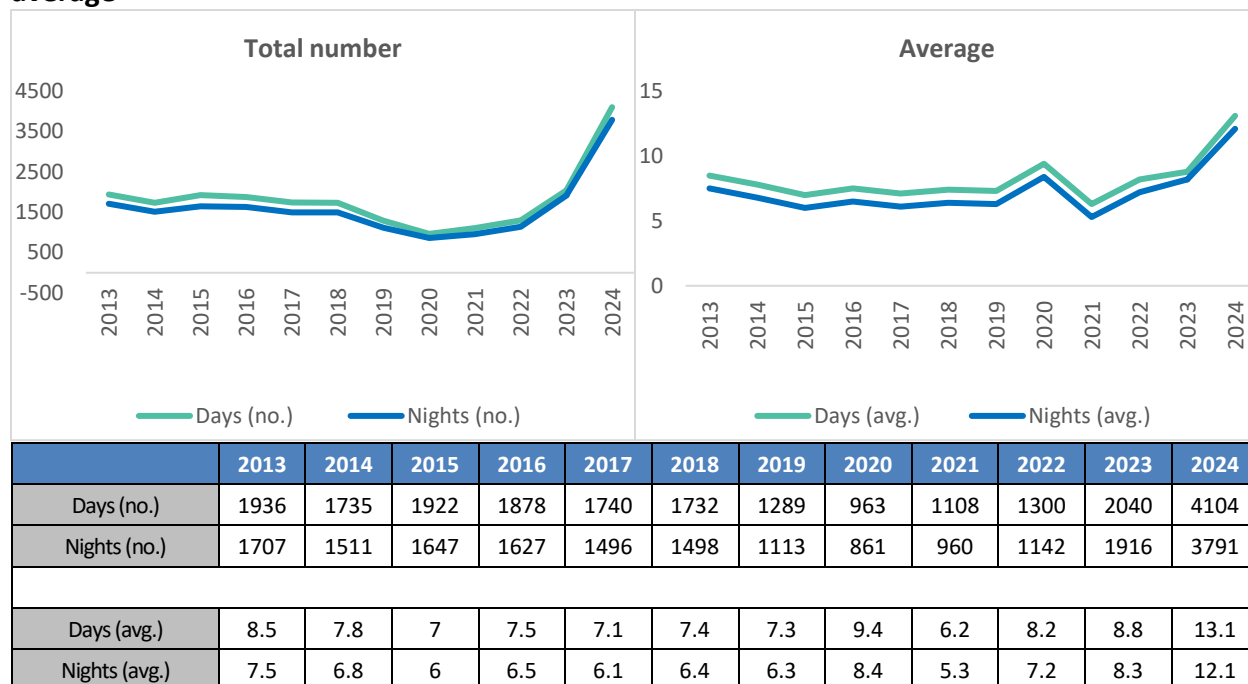


Figure 97: The figure above provides the total number of days and nights the service users attended in the reporting year as well as the average per service user's stay. With the change in data collection system in 2021, as of 2021 the time the case is opened and closed is reported rather than actual bed nights slept in the residence.

Details regarding cases worked with January – December 2024

A total of 313 cases were worked with between January and December 2024.

SMIPU: Cases worked with Jan-Dec 2024 by gender (no. & %)

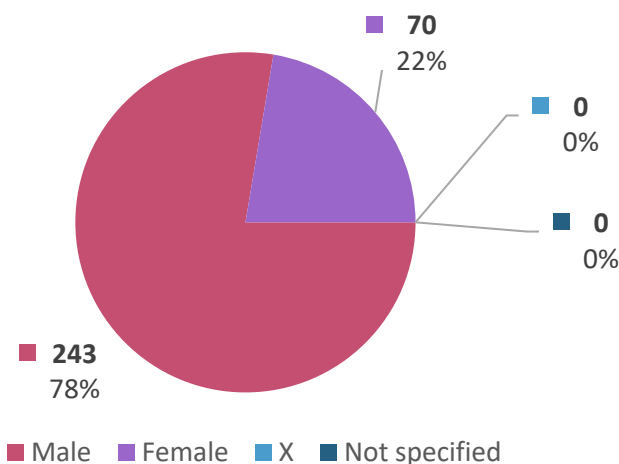


Figure 98: The figure above classifies the gender of the service user. Gender is collected at referral or first contact, but it can be updated throughout the lifetime of the case as required. The gender is collected either through formal documentation and/or the pronouns the person utilised when referring to themselves. In 2024, the highest percentage of cases worked with were male (78%).

SMIPU: Cases worked with Jan-Dec 2024 by age category (no. & %)

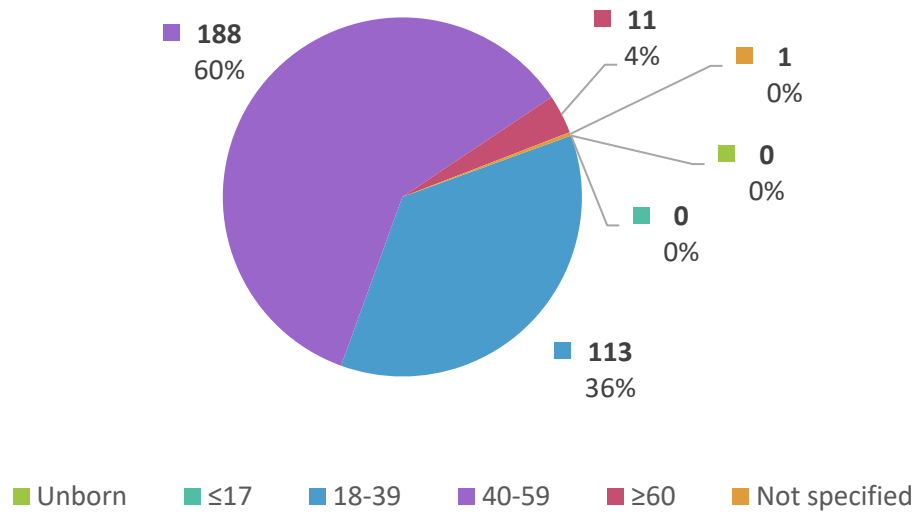


Figure 99: The figure above classifies the age of the service user in the reporting year based on the specified date of birth. In 2024, the highest percentage of cases worked with were ages 40 to 59 (60%).

SMIPU: Cases worked with Jan-Dec 2024 by nationality (no. & %)

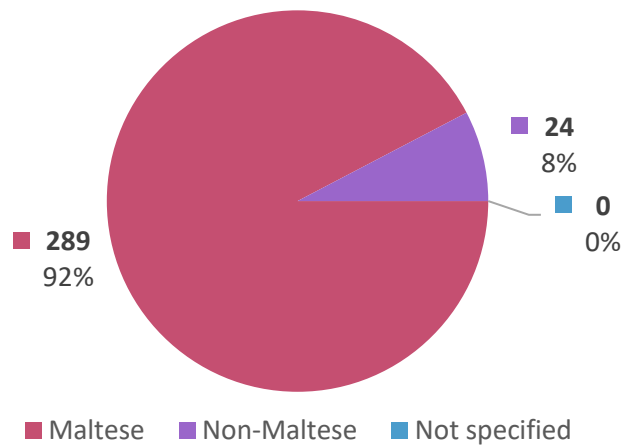


Figure 100: The figure above classifies the nationality as reported by the service user within the reporting year or based on an identity card/document. In 2024, 92% of the cases worked with were Maltese while non-Maltese made up 8% of cases.

SMIPU: Number of cases worked with by primary substance/addiction and year

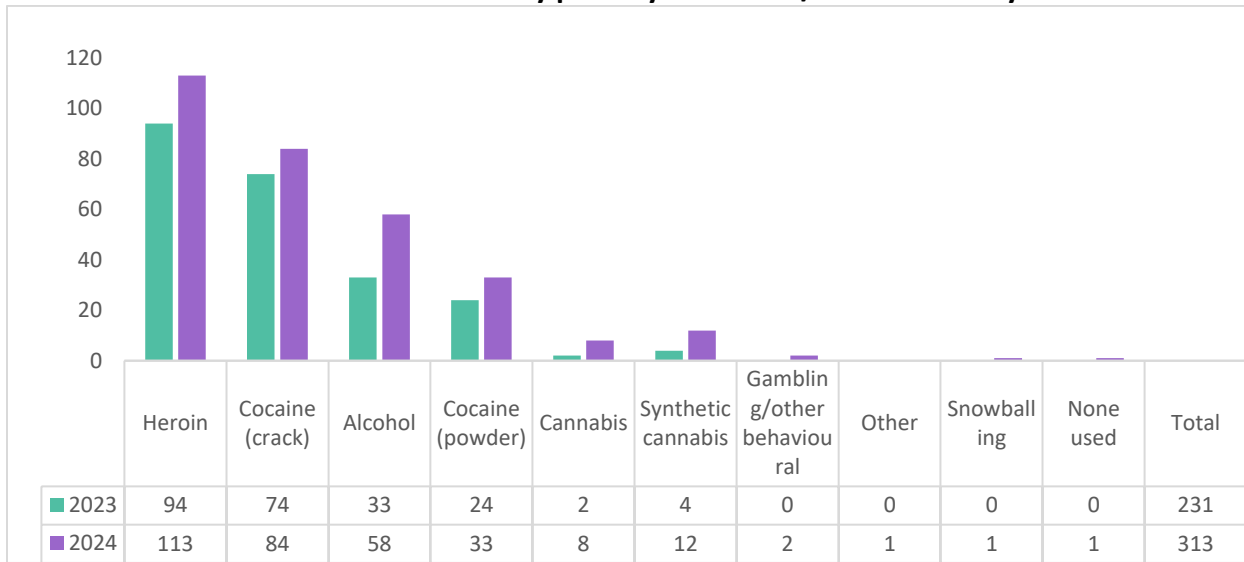


Figure 101: The primary substance/addiction stated by service users when the First Contact Sheet was filled out is recorded in the online data collection system, and it is the primary substance/addiction utilised in the previous 12 months. The term “none reported” describes service users who did not report using a substance/addiction in the previous 12 months, such as those who have been in a 12-month rehabilitation programme, those who previously participated in a CoRRS programme, or significant others who come to the service for support but do not have a primary substance themselves to report. For example, the majority of cases worked with in 2023 reported using Heroin in the last 12 months (94 cases).

SMIPU: Cases worked with Jan-Dec 2024 by district of residence (no. & %)

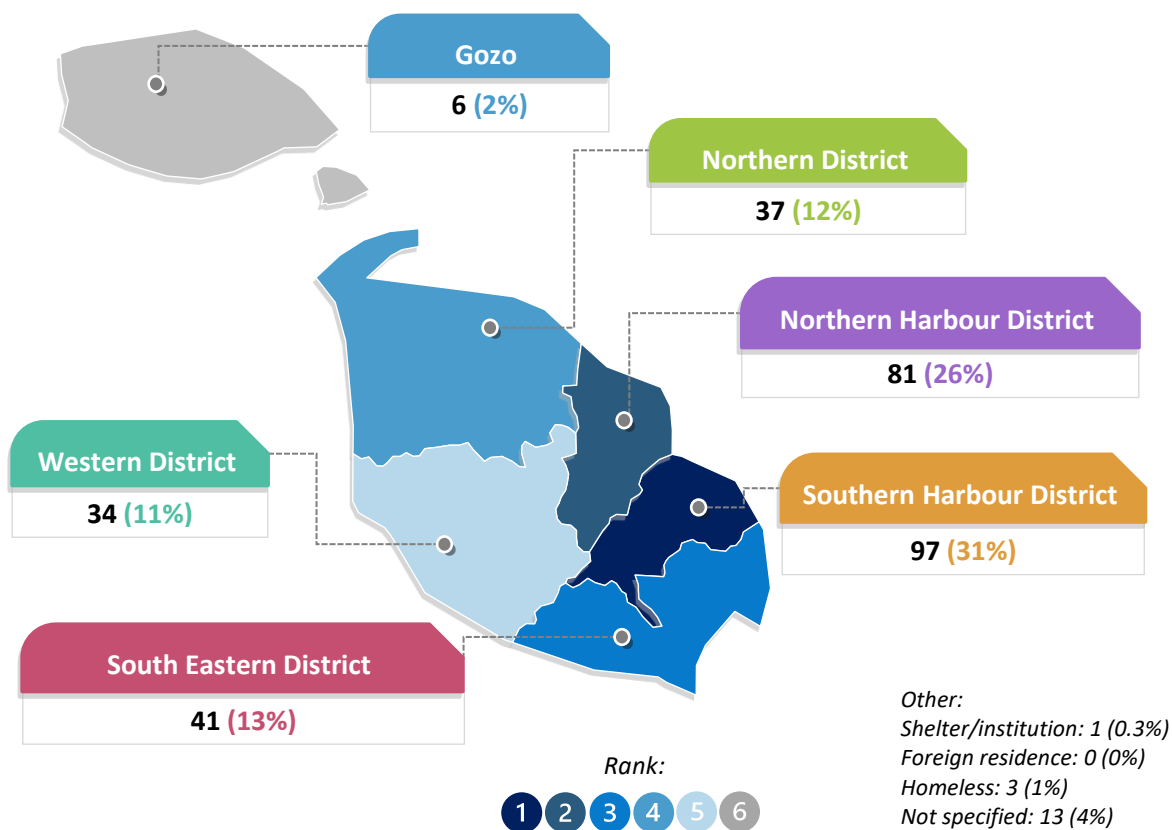


Figure 102: The figure above classifies the district of residence as reported by the service user within the reporting year. Some service users reside within “shelter/institution” (e.g., residential homes, centre of residential restorative services, or shelters). Some service users are in Malta temporarily and so normally have a foreign residence whilst others are homeless and do not have a fixed residence. Shelter/institution, foreign residence and homeless are reported as separate categories to avoid biasing the data on district. The Southern Harbour District (31%) had the highest percentage of cases worked with in 2024.

Details regarding new and re-contact cases opened

For comparing yearly trends, instead of using cases worked with, which would include any cases carried over from one year to the next, we use the number of new & recontact cases opened because it excludes the carried over cases and gives us an indication of incidence data.

A total of **220** cases were opened between January and December 2024.

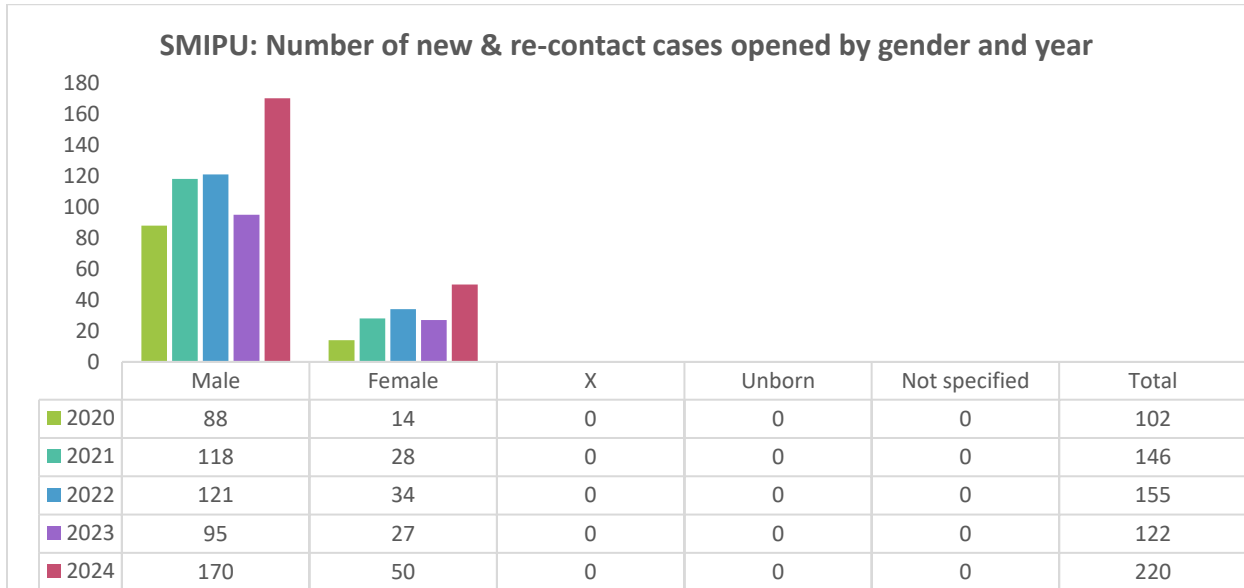
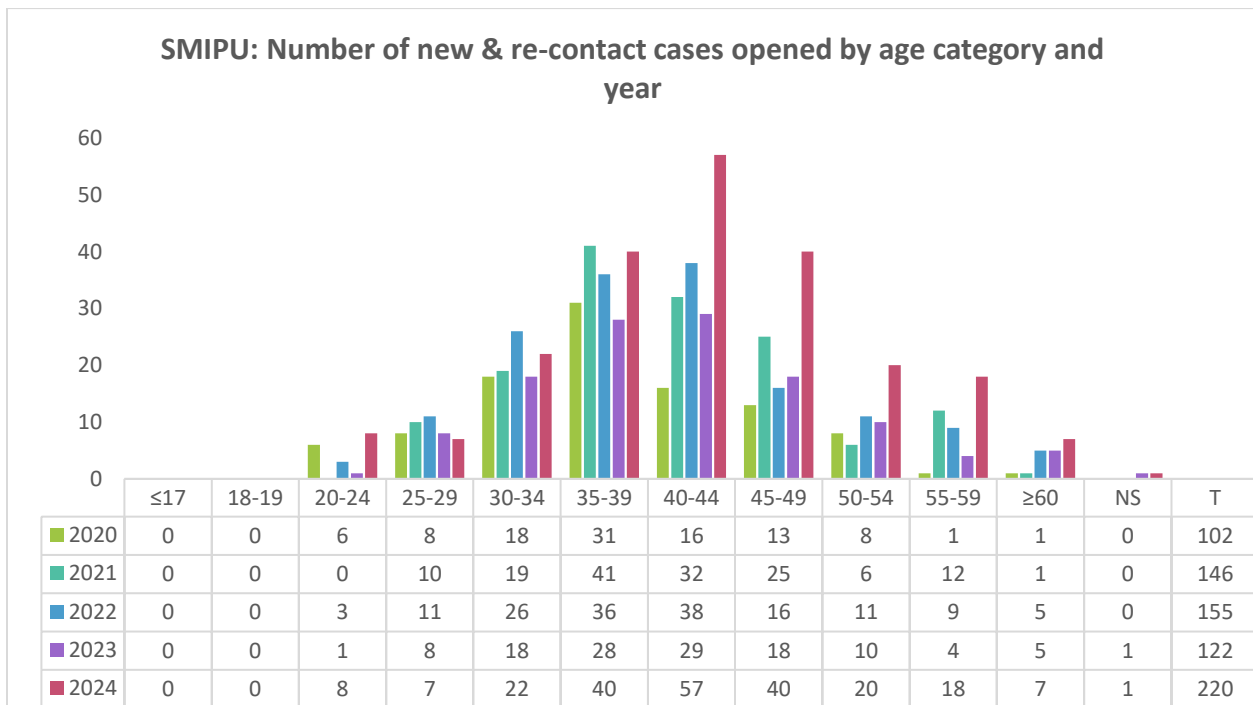


Figure 103: The figure above classifies the gender of the service user whose case was opened in the reported period. Gender is collected at referral or first contact, but it can be updated throughout the lifetime of the case as required. The gender is collected either through formal documentation and/or the pronouns the person utilised when referring to themselves. In 2024, the highest number of cases opened were male (170).



Graph Key: NS = Not Specified; T = Total.

Figure 104: The figure above classifies the age of the service user in the reporting year based on the specified date of birth. Only data for new & re-contact cases opened in the reported period are provided. In 2024, the highest number of cases opened were ages 40 to 44 (57).

**SMIPU: Number of new & re-contact cases opened by age category and gender
January – December 2024**

	Male	Female	X	Unborn	Not specified	Total
≤17	0	0	0	-	0	0
18-19	0	0	0	-	0	0
20-24	8	0	0	-	0	8
25-29	6	1	0	-	0	7
30-34	19	3	0	-	0	22
35-39	31	9	0	-	0	40
40-44	44	13	0	-	0	57
45-49	28	12	0	-	0	40
50-54	15	5	0	-	0	20
55-59	15	3	0	-	0	18
≥60	3	4	0	-	0	7
Not specified	1	0	0	-	0	1
Total	170	50	0	-	0	220

Figure 105: The figure above classifies the age and gender of the service user in the reporting year based on the specified date of birth and gender. Only data for new & re-contact cases opened in the reported period are provided.

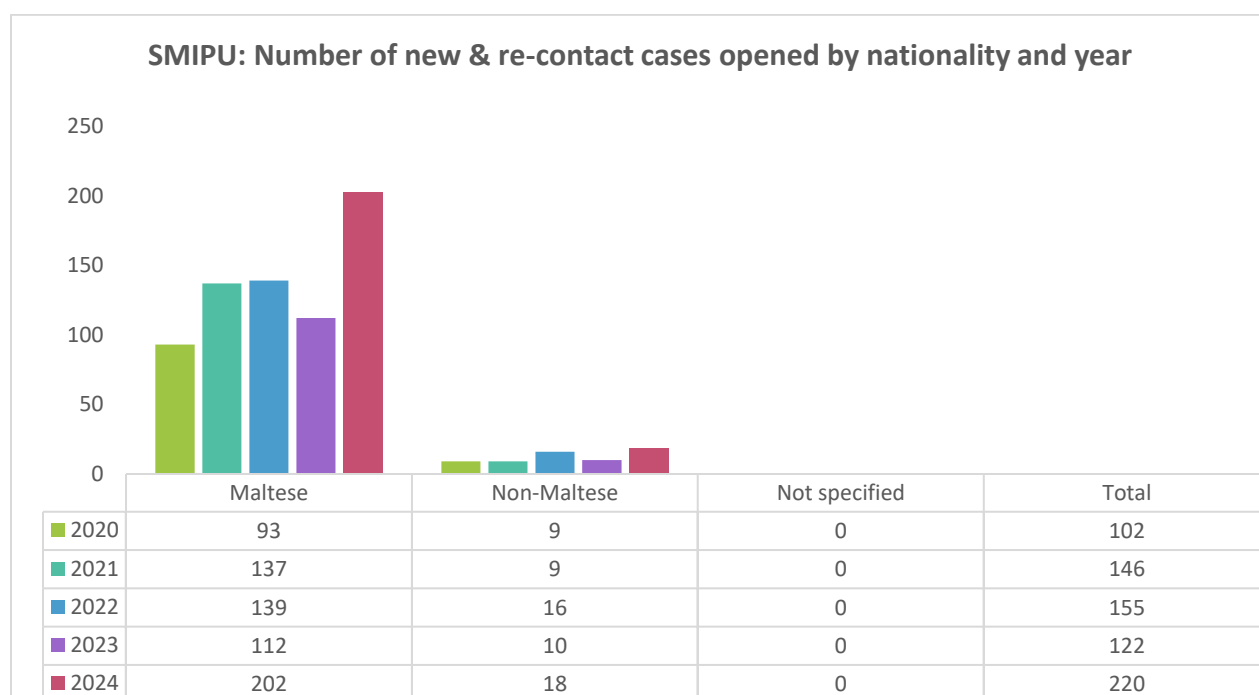
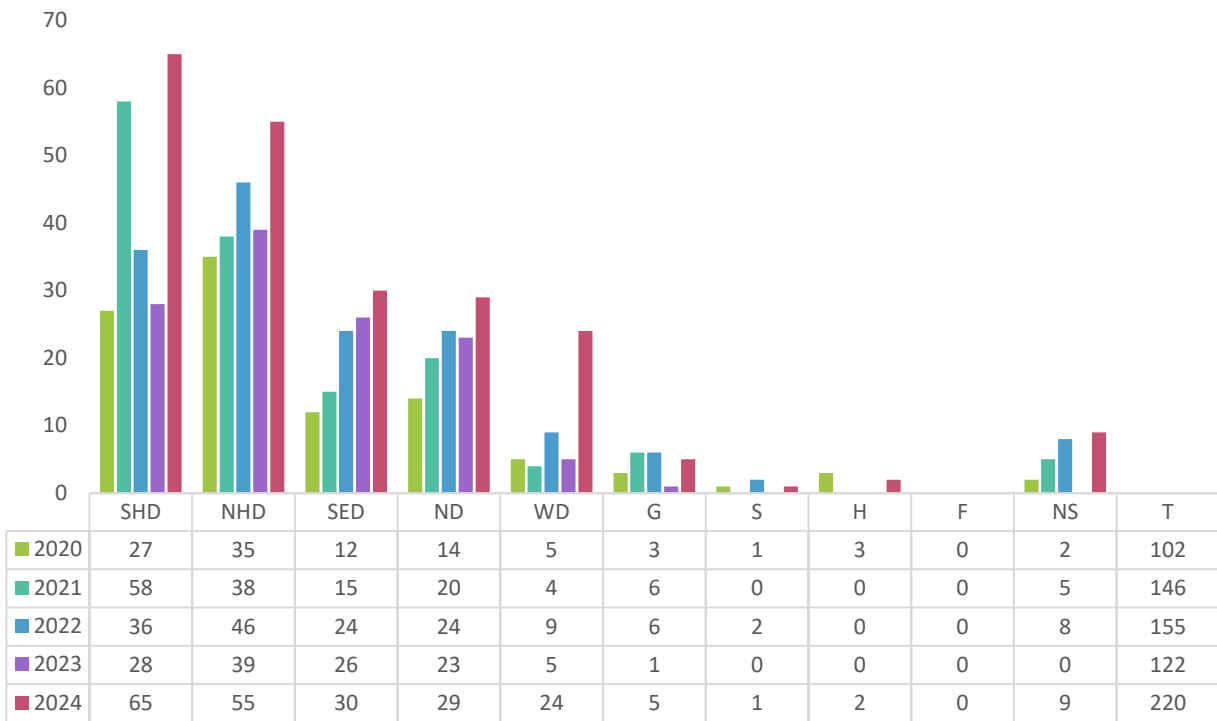


Figure 106: The figure above classifies the nationality as reported by the service user within the reporting year or based on an identity card/document. Only data for new & re-contact cases opened in the reported period are provided. In 2024, 202 cases opened were Maltese while 18 cases were non-Maltese.

SMIPU: Number of new & re-contact cases opened by district of residence and year



Graph Key: SHD = Southern Harbour District; NHD = Northern Harbour District; SED = Southern Eastern District; ND = Northern District; WD = Western District; G = Gozo; S = Shelter/Institution; H = Homeless; F = Foreign Residence; NS = Not Specified; T = Total.

Figure 107: The figure above classifies the district of residence as reported by the service user within the reporting year. Some service users reside within “shelter/institution” (e.g., residential homes, centre of residential restorative services, or shelters). Some service users are in Malta temporarily and so normally have a foreign residence whilst others are homeless and do not have a fixed residence. Shelter/institution, foreign residence and homeless are reported as separate categories to avoid biasing the data on district. Only data for new & re-contact cases opened in the reported period are provided. The Southern Harbour District (65) had the highest number of cases opened in 2024.

Komunita' Santa Marija Addiction Residential Rehabilitation Programme

Case activity

Prior to 2020 there were 3 rehabilitation centres (Kommunita Santa Marija, Assessment & Stabilisation Unit and Zerniq). In 2020, these were discontinued, and one residential rehabilitation centre was formed. A new online data collection system and reporting format were introduced in 2020. As a result, the data from 2011 to 2019 is incomparable to data from 2020 onwards. Therefore, the data for 2011 up to 2019 can be found in the past Sedqa reports whilst the 2023 report only provides the data from 2020 onwards.

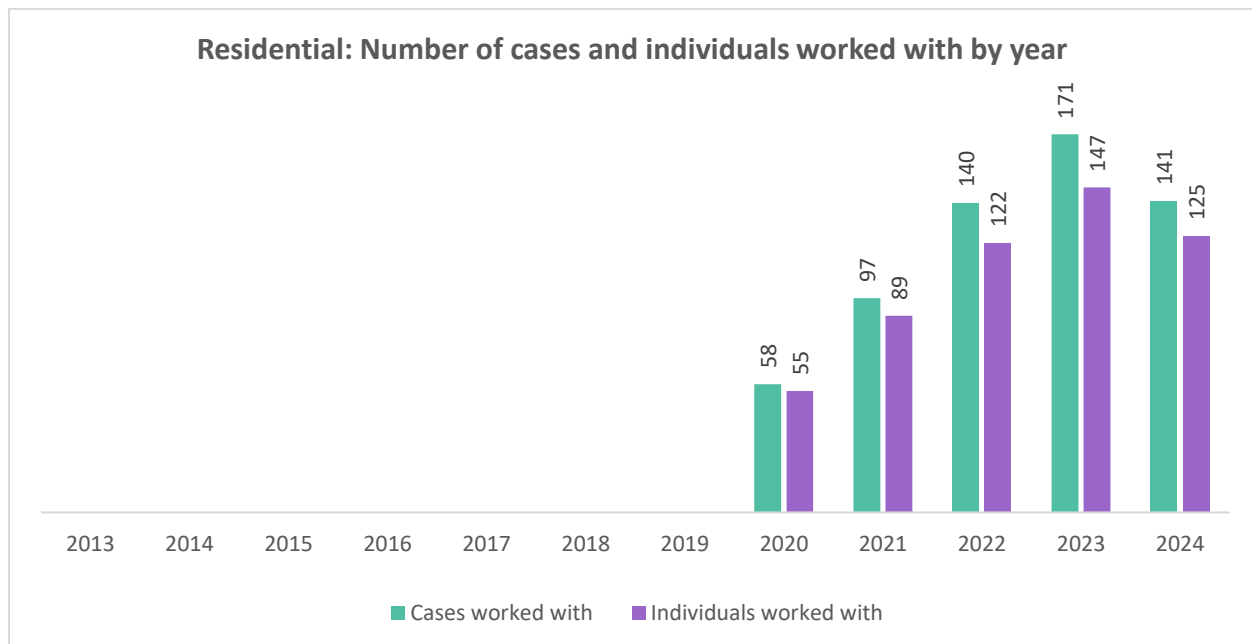


Figure 108: The figure above provides the number of cases worked with and the number of individuals worked with. To demonstrate the difference, consider Person A, who started and stopped attending a service twice in the same year, making it equivalent to 2 cases, but 1 individual worked with. In 2024, 141 cases and 125 individuals were worked with compared to 171 and 147 respectively in 2023.

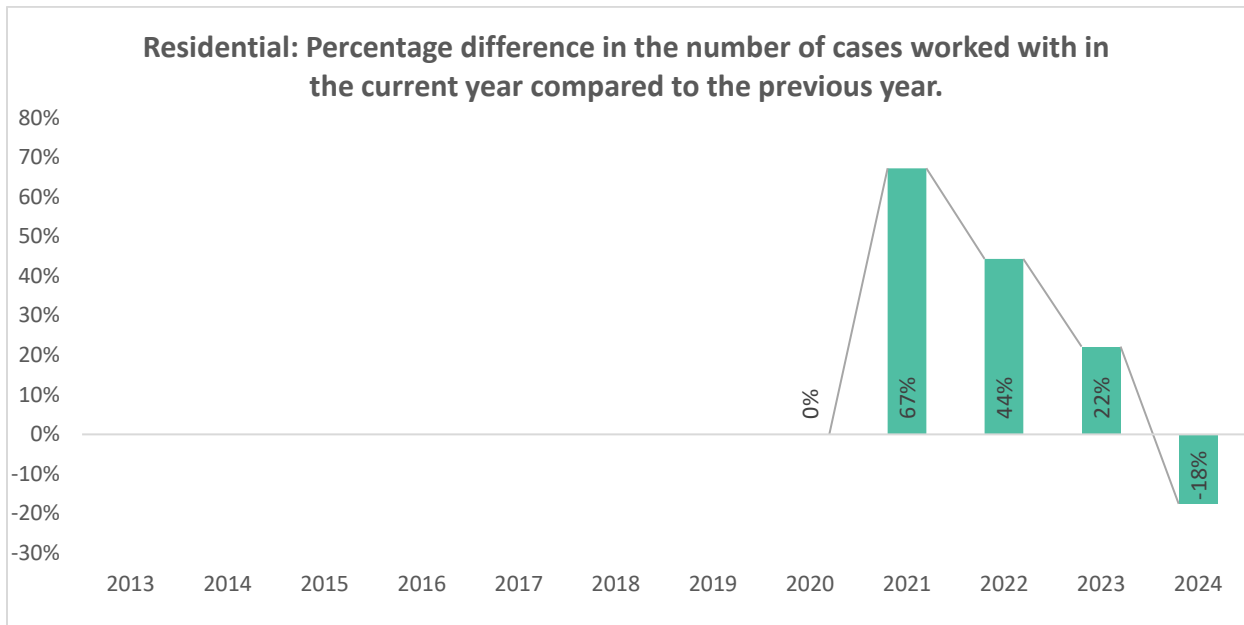


Figure 109: The percentage difference for the number of cases worked with between the reported year and the year before is seen in the figure above. For instance, the number of cases worked with increased by 44% in 2022 over 2021. The expansion or contraction of the personnel base, increased public awareness of services, or changes in the demand for services (such as the implementation of new legislation or removal of a policy) or changes in procedure (e.g., data collection methods) may impact differences observed between the years.

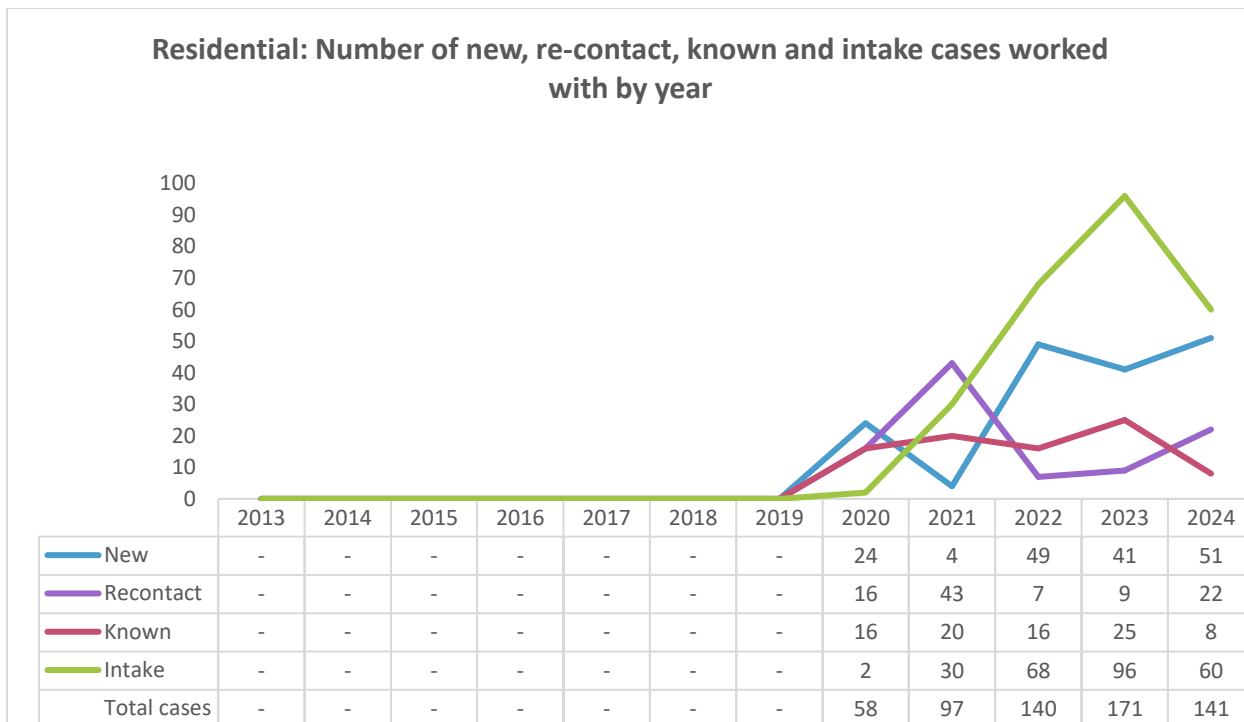


Figure 110: The cases worked with each year can be a new case, recontact case, known case or an intake case (a case starting and ending the year on intake). Further definitions can be found in the glossary.

Residential: Number of referred, new & re-contact, and closed cases by year

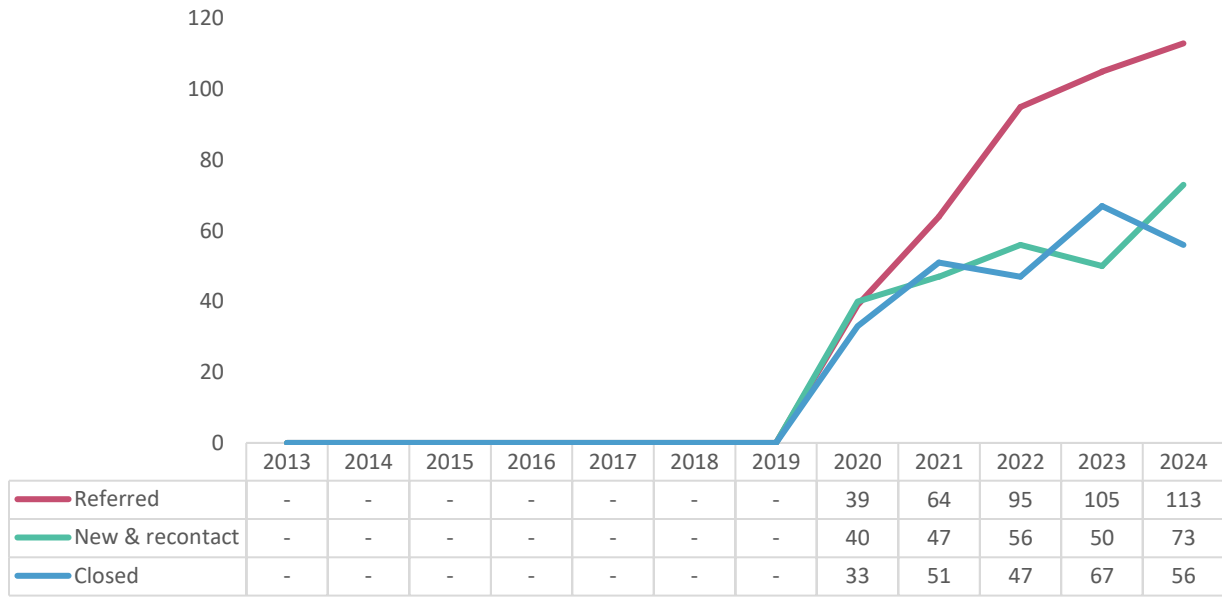


Figure 111: Cases may be referred, opened, or closed throughout the year (definitions can be found in the glossary). Opened cases include both new and recontact cases (see figure 110 for breakdown of new & recontact cases). In 2024, 113 cases were referred, 73 new & recontact cases opened, and 56 cases closed.

Residential: Waiting list at the end of the reporting period



Figure 112: The figure above only reports cases that are still on the waiting list at the end of the reporting period. The waiting list provides the number of service users who have been assessed and determined to be at low risk, do not have any immediate needs, and/or are awaiting the next available appointment/programme. Such cases are still monitored and provided services but at a lower intensity than an active case.

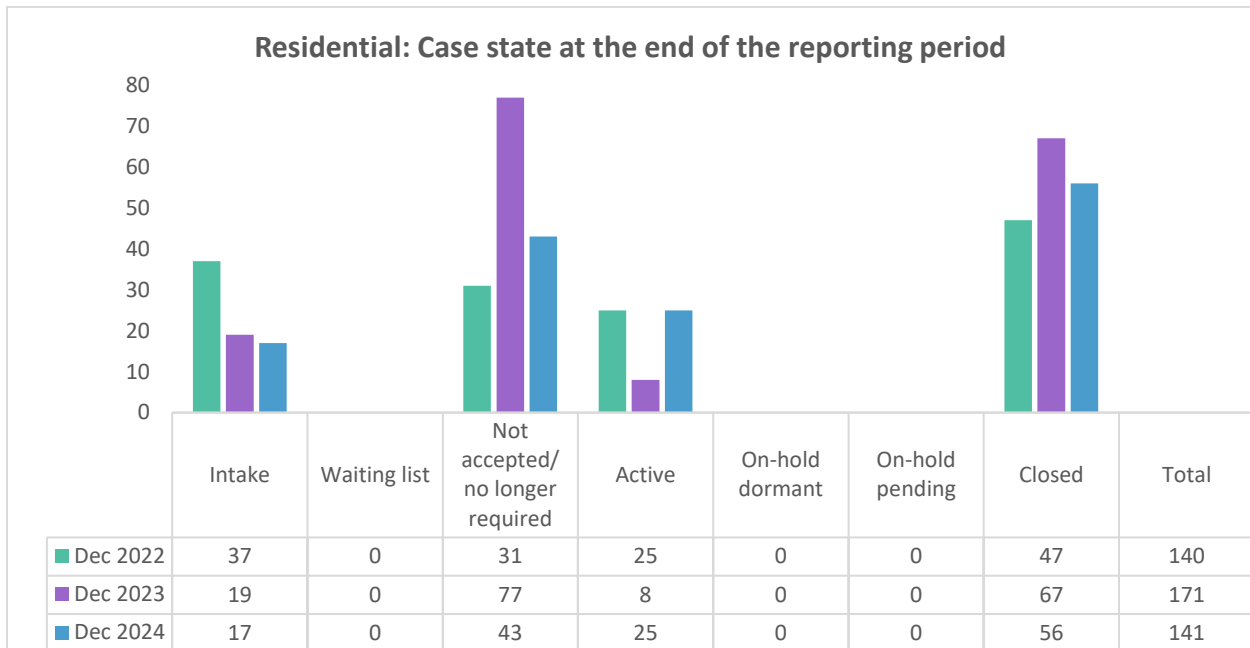


Figure 113: Cases will be handled throughout the year by placing them on intake, adding them to the waiting list, opening them, or closing them (definitions can be found in the glossary). The case state at the end of the reporting year is shown in the figure above. By the end of December 2024, 18% (25) of the cases worked with were still active. The waiting list provides the number of service users who have been assessed and determined to be at low risk, do not have any immediate needs, and/or are awaiting the next available appointment/programme. Such cases are still monitored and provided services but at a lower intensity than an active case.

Residential: Days and nights stayed by service users who attended Residential – Total number and average

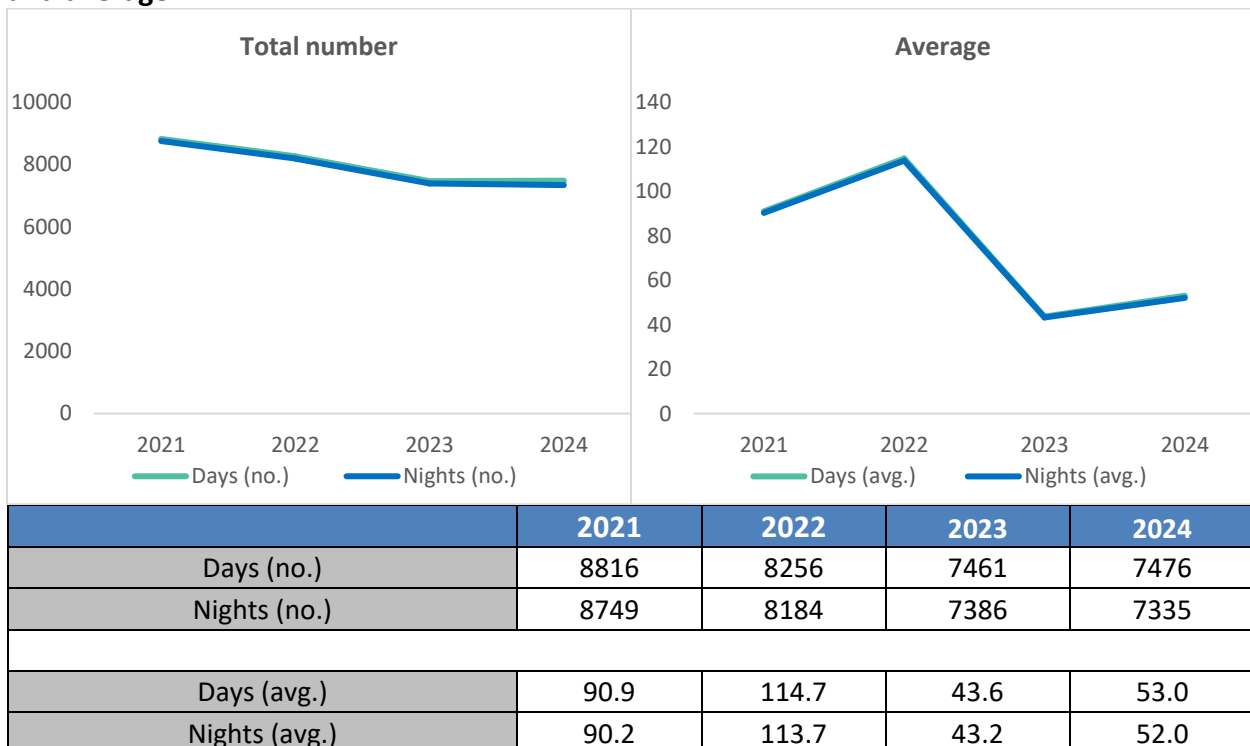


Figure 114: The figure above provides the total number of days and nights the service users attended in the reporting year as well as the average per service user's stay. With the change in data collection system in 2021, as of 2021 the time the case is opened and closed is reported rather than actual bed nights slept in the residence.

Details regarding cases worked with January – December 2024

A total of **141** cases were worked with between January and December 2024.

Residential: Cases worked with Jan-Dec 2024 by gender (no. & %)

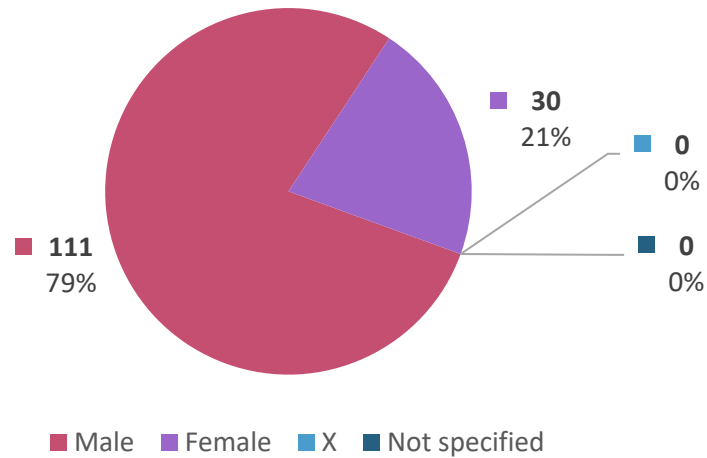


Figure 115: The figure above classifies the gender of the service user. Gender is collected at referral or first contact, but it can be updated throughout the lifetime of the case as required. The gender is collected either through formal documentation and/or the pronouns the person utilised when referring to themselves. In 2024, the highest percentage of cases worked with were male (79%).

Residential: Cases worked with Jan-Dec 2024 by age category (no. & %)

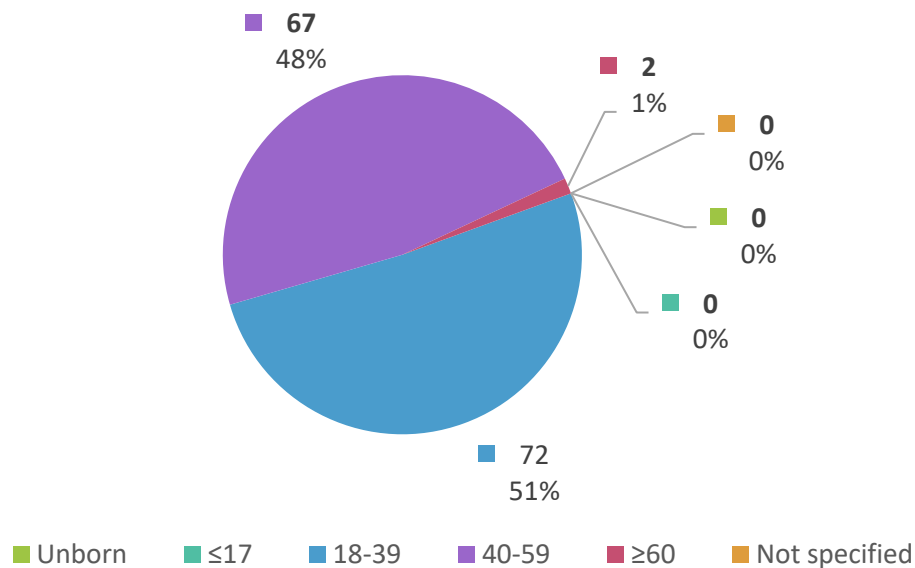


Figure 116: The figure above classifies the age of the service user in the reporting year based on the specified date of birth. In 2024, the highest percentage of cases worked with were ages 18 to 39 (51%).

Residential: Cases worked with Jan-Dec 2024 by nationality (no. & %)

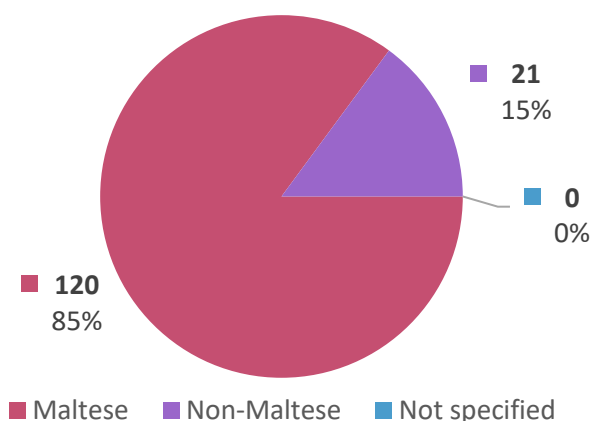


Figure 117: The figure above classifies the nationality as reported by the service user within the reporting year or based on an identity card/document. In 2024, 85% of the cases worked with were Maltese while non-Maltese made up 15% of cases.

Residential: Number of cases worked with by primary substance/addiction and year

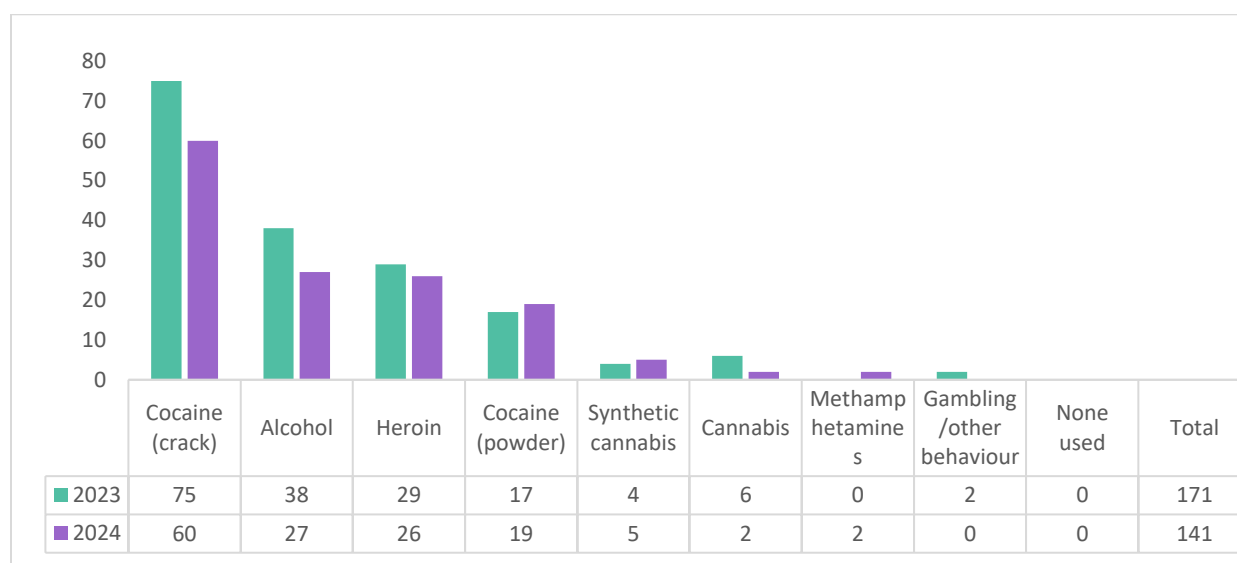


Figure 118: The primary substance/addiction stated by service users when the First Contact Sheet was filled out is recorded in the online data collection system, and it is the primary substance/addiction utilised in the previous 12 months. The term “none reported” describes service users who did not report using a substance/addiction in the previous 12 months, such as those who have been in a 12-month rehabilitation programme, those who previously participated in a CoRRS programme, or significant others who come to the service for support but do not have a primary substance themselves to report. For example, the majority of cases worked with in 2023 reported using crack cocaine in the last 12 months (75 cases).

Residential: Cases worked with Jan-Dec 2024 by district of residence (no. & %)

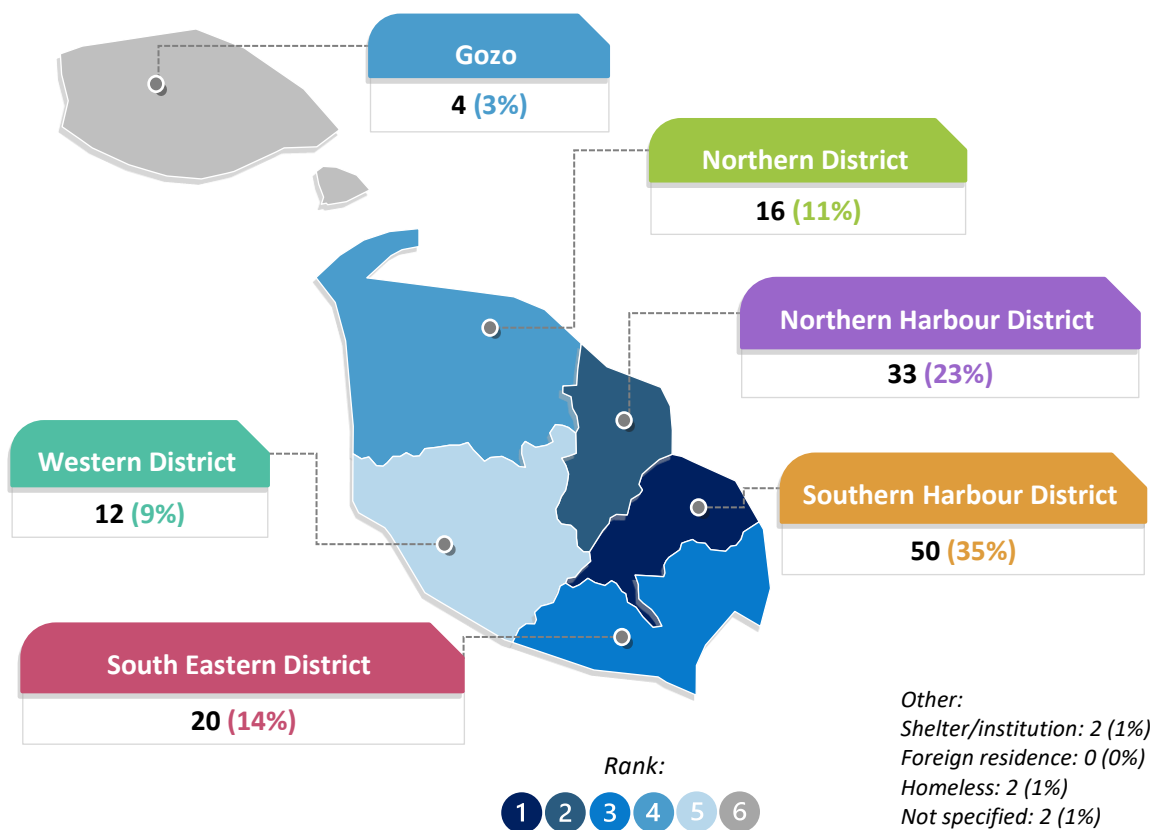


Figure 119: The figure above classifies the district of residence as reported by the service user within the reporting year. Some service users reside within “shelter/institution” (e.g., residential homes, centre of residential restorative services, or shelters). Some service users are in Malta temporarily and so normally have a foreign residence whilst others are homeless and do not have a fixed residence. Shelter/institution, foreign residence and homeless are reported as separate categories to avoid biasing the data on district. The Southern Harbour District (35%) had the highest percentage of cases worked with In 2024.

Details regarding new and re-contact cases opened

For comparing yearly trends, instead of using cases worked with, which would include any cases carried over from one year to the next, we use the number of new & recontact cases opened because it excludes the carried over cases and gives us an indication of incidence data.

A total of **73** cases were opened between January and December 2024.

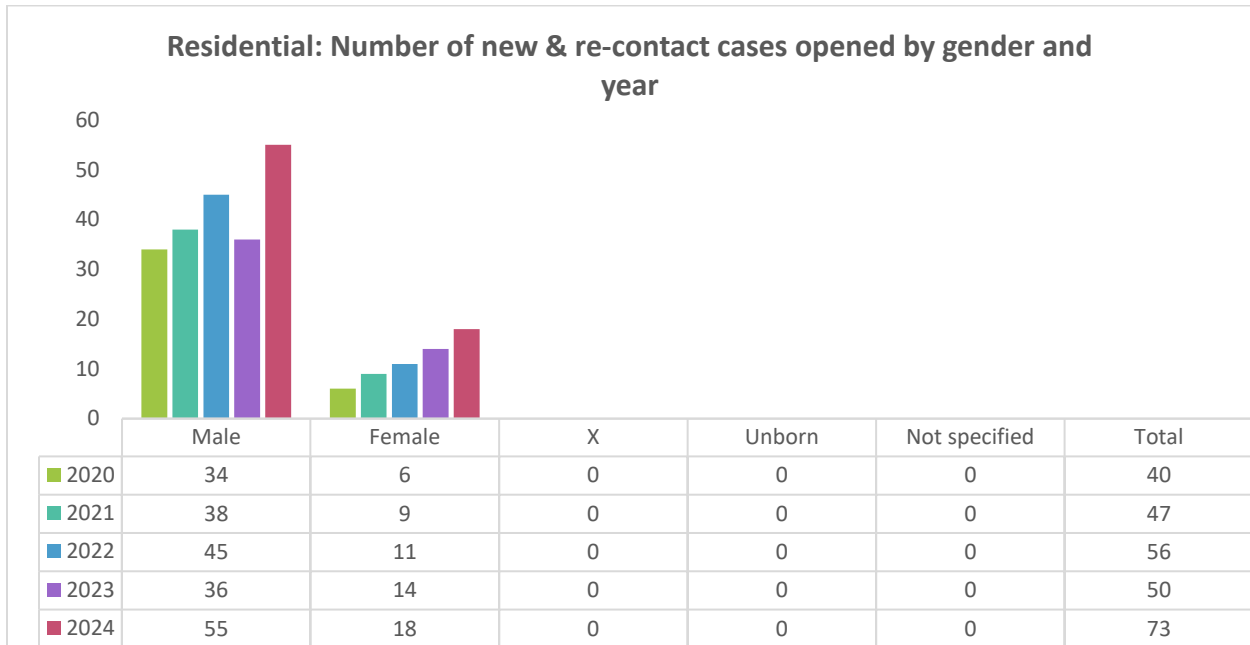
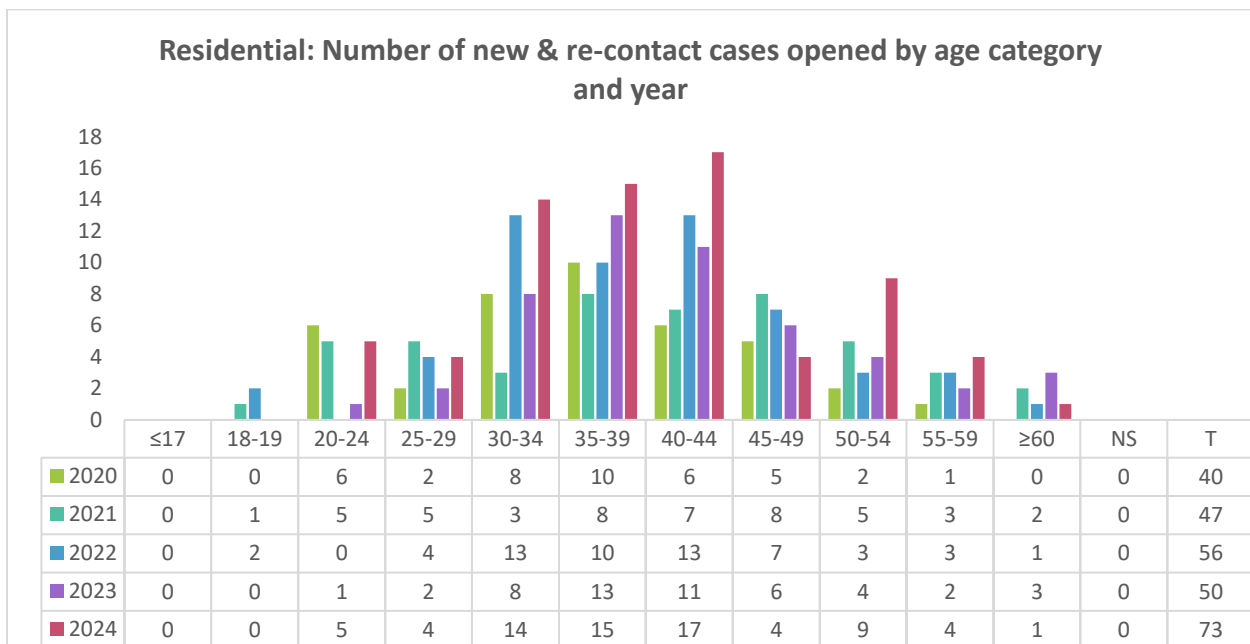


Figure 120: The figure above classifies the gender of the service user whose case was opened in the reported period. Gender is collected at referral or first contact, but it can be updated throughout the lifetime of the case as required. The gender is collected either through formal documentation and/or the pronouns the person utilised when referring to themselves. In 2024, the highest number of cases opened were male (55).



Graph Key: NS = Not Specified; T = Total.

Figure 121: The figure above classifies the age of the service user in the reporting year based on the specified date of birth. Only data for new & re-contact cases opened in the reported period are provided. In 2024, the highest number of cases opened were ages 40 to 44 (17).

Residential: Number of new & re-contact cases opened by age category and gender January – December 2024						
	Male	Female	X	Unborn	Not specified	Total
≤17	0	0	0	-	0	0
18-19	0	0	0	-	0	0
20-24	2	3	0	-	0	5
25-29	4	0	0	-	0	4
30-34	13	1	0	-	0	14
35-39	12	3	0	-	0	15
40-44	14	3	0	-	0	17
45-49	2	2	0	-	0	4
50-54	7	2	0	-	0	9
55-59	1	3	0	-	0	4
>60	0	1	0	-	0	1
Not specified	0	0	0	-	0	0
Total	55	18	0	-	0	73

Figure 122: The figure above classifies the age and gender of the service user in the reporting year based on the specified date of birth and gender. Only data for new & re-contact cases opened in the reported period are provided.

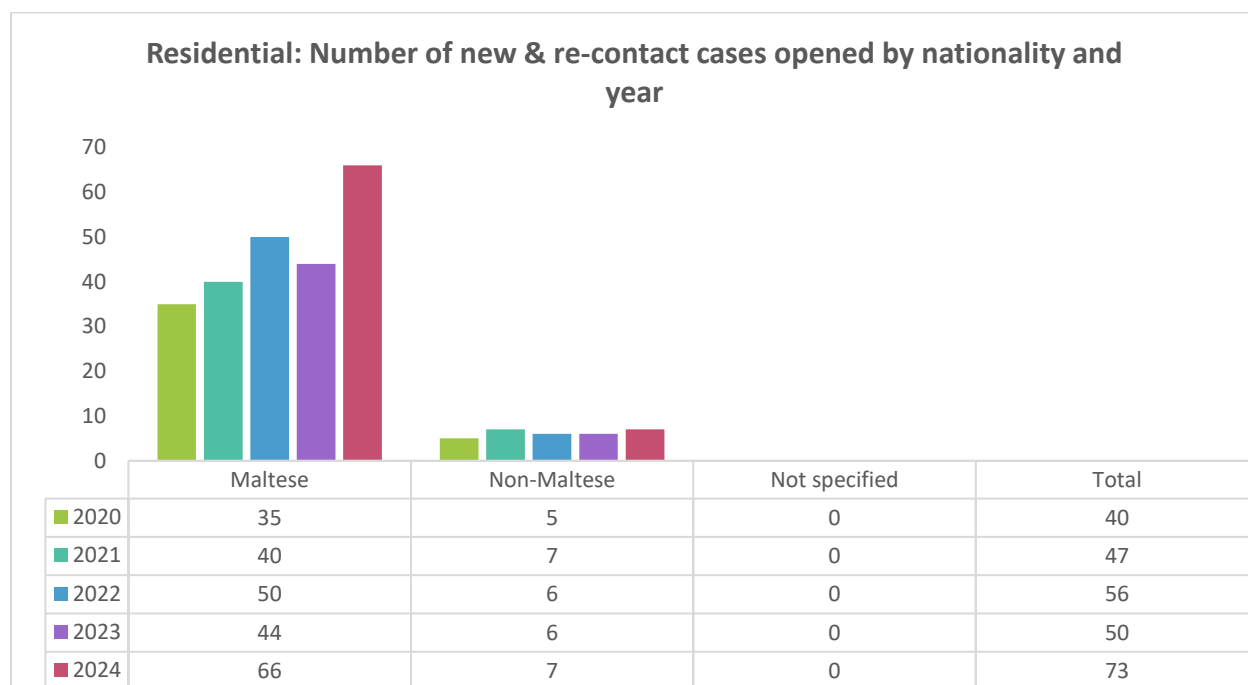
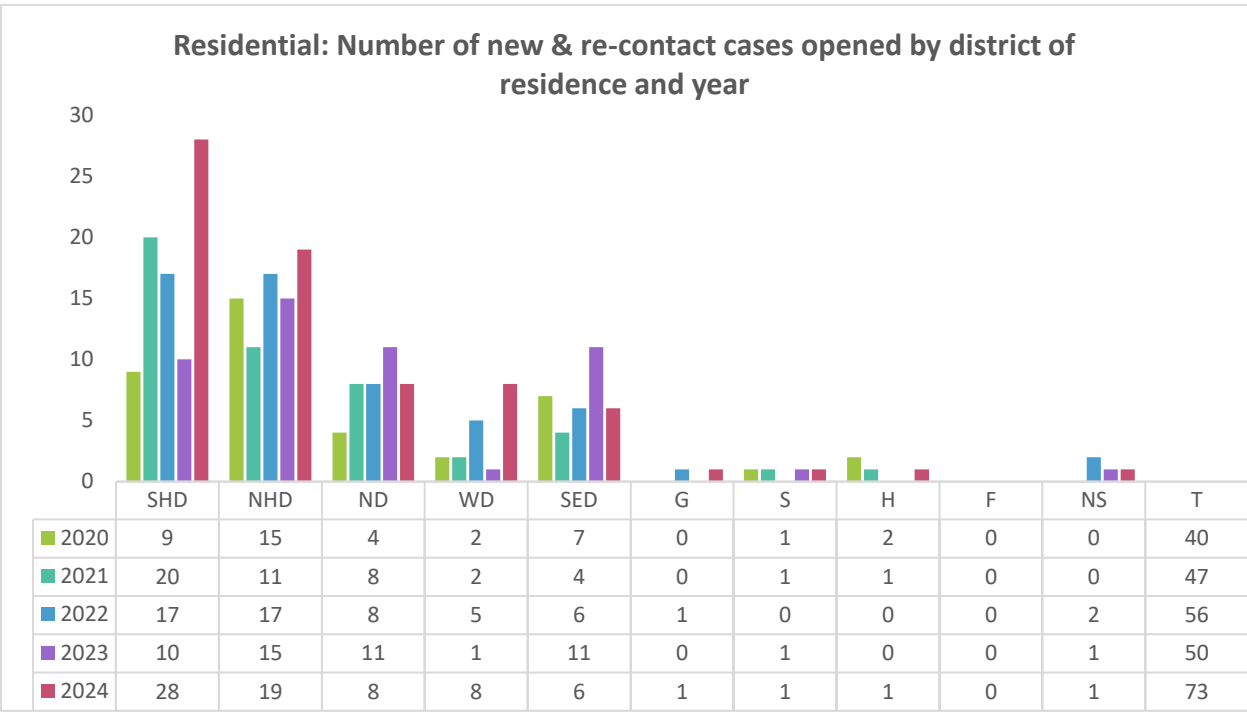


Figure 123: The figure above classifies the nationality as reported by the service user within the reporting year or based on an identity card/document. Only data for new & re-contact cases opened in the reported period are provided. In 2024, 66 cases opened were Maltese while 7 cases were non-Maltese.



Graph Key: SHD = Southern Harbour District; NHD = Northern Harbour District; SED = Southern Eastern District; ND = Northern District; WD = Western District; G = Gozo; S = Shelter/Institution; H = Homeless; F = Foreign Residence; NS = Not Specified; T = Total.

Figure 124: The figure above classifies the district of residence as reported by the service user within the reporting year. Some service users reside within “shelter/institution” (e.g., residential homes, centre of residential restorative services, or shelters). Some service users are in Malta temporarily and so normally have a foreign residence whilst others are homeless and do not have a fixed residence. Shelter/institution, foreign residence and homeless are reported as separate categories to avoid biasing the data on district. Only data for new & re-contact cases opened in the reported period are provided. The Southern Harbour District (28) had the highest number of cases opened in 2024.

Appendix

Service descriptions

Service	Description
Primary Prevention	The aim of service is to provide members of society with information about substances and to provide training programmes on topics such as healthy living, appreciation of one's abilities and self-determination.
Addictions Community Service	The aim of the service is to provide information, advice, outreach work, assessment, and aftercare, at the community level, to service users and their families struggling with addictions-related issues.
Court Services	The service involves assessing cases held at the drugs tribunal court, as well as social work and psychological interventions with persons attending.
Substance Misuse Out-Patients Unit	The aim of the service is to assess drug users, provide medical treatment and social and psychological support.
Substance Misuse Out-Patients Unit – Social Work	This service falls within the Substance Misuse Out-Patients Unit and provides specific social work interventions by social workers located within the Substance Misuse Out-Patients Unit.
Substance Misuse In-Patients Unit	The service aims to assist individuals to come off drugs in a safe and controlled residential environment and prepare them for subsequent stages of rehabilitation.
Komunita' Santa Marija Addiction Residential Rehabilitation Programme	In 2019, the various residential rehabilitation programmes concerning substance abuse were combined to form one unit. These programmes consisted of what was previously known as the Assessment and Stabilisation Unit (ASU), Komunità Santa Marija (KSM), and the Alcohol Rehabilitation Programme (Zerniq). The programme offers a therapeutic structure with emphasis on living as part of a community for 14 months. This time is divided into three phases which aim to accompany the resident from the initial stages of physical, mental, and emotional recovery to reintegration into society.

Glossary of terms

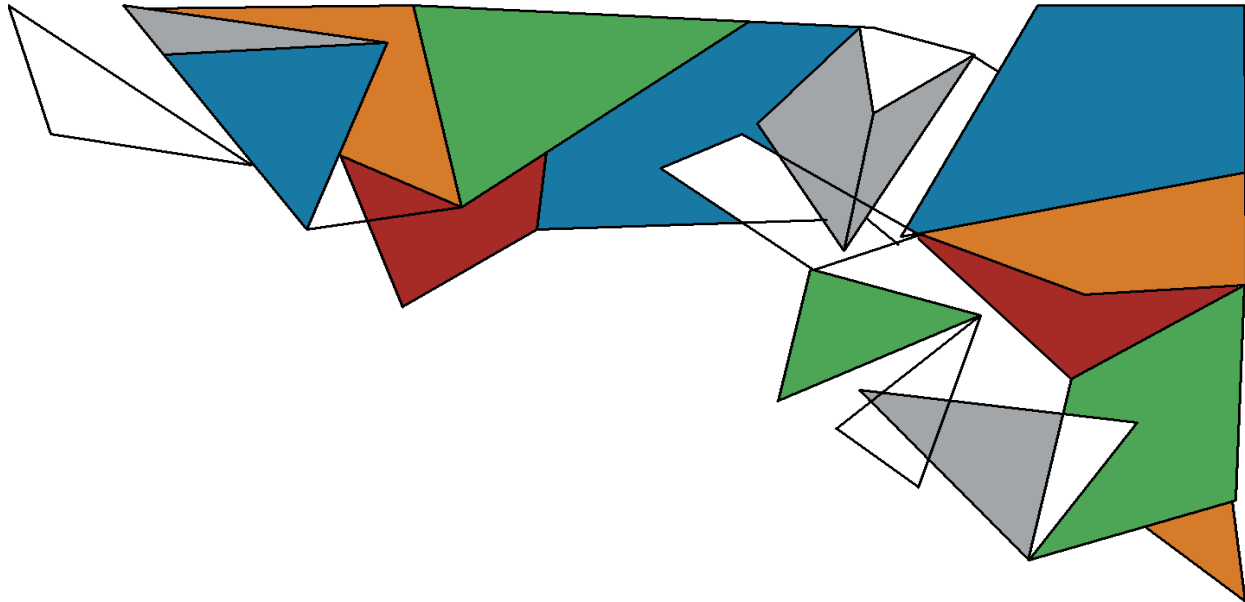
Variable	Definition
Cases worked with	The total number of service user cases that were new, re-contact or known in the reporting year and intake cases still on intake at the end of the reporting period. This does not indicate the number of individuals as some individuals could attend the service more than once in the same reporting year. For example, 1 individual may have re-contacted the service 3 times in the same year and would account for 3 cases worked with in the same year.
Individuals worked with	The total number of individual service users whose case was new, re-contact or known at least once in the year and intake cases still on intake at the end of the reporting period. This excludes cases re-opened in the same year for the same person.
New case	A case that was opened or activated for the first time ever within the reporting year and that was never previously worked with.
Re-contact case	A case that was worked with and closed in the past and has been re-activated or re-opened within the current reporting year.
Known case	Cases that were activated or opened in the previous reporting years and that are still active in the current reporting year. This may also be referred to as cases carried over from previous years.

Intake case	When a case is referred to the service it is placed on intake (intake is the initial state for every case). At this stage information is gathered to address any immediate needs and to determine whether a case will be assigned to a professional, placed on the waiting list, opened, or closed from intake. If a case is not a known case or opened case within the reporting period it remains an intake case.
Waiting list	Intake cases are placed on the waiting list when it is determined that the person would benefit from accessing the service, but the service cannot be provided immediately. This can be due to various factors such as, but not limited to, space limitations, further assessments required or further feedback from the service user is required.
Referred case	When a case was referred to the unit. A referral is when an individual's details have been given to the services by another person or the service users themselves to request assistance. A case may be referred more than once in a year. Some cases may be referred and placed on a waiting list or not taken up because the service was not appropriate for the person's needs.
New & re-contact case	When a case was opened or allocated. This includes new cases (first ever contact with the service) and re-opened cases (cases worked with in the past) and so the same individual may be seen more than once in a year.
Closed case	When a case was closed or terminated. The same case may be closed more than once in a year if the case was re-opened in the same year.
Case state	The state of the case at the end of the reporting period. Cases can be active, closed, intake, on-hold, waiting list or not accepted/no longer required. For example, a case may start the reporting period as a known active case but by the end of the reporting period, the case was closed so the case state is now reported as closed.
Active state	A case state where the case was opened in the year and still open by the end of the reporting period.
Closed state	A case state where the case was opened in the year but closed by the end of the reporting period.
Intake state	A case state where the case was on intake in the year and still on intake by the end of the reporting period.
On-hold state	A case state where the case was opened in the year but put on hold by the end of the reporting period. The reason it is placed on hold can be: <ul style="list-style-type: none"> - Pending: cases where all activity stops pending the action of another service. E.g., the case is pending outcomes from the child protection investigations. - Dormant: cases which must remain active but very little to no work is required. This generally occurs when a case is awaiting uptake by another service.
Waiting list state	A case state where the case was on the waiting list in the year and still on the waiting list by the end of the reporting period.
Not accepted/no longer required state	A case state where the case was on intake or the waiting list in the year but closed by the end of the reporting period. Such cases are usually closed because an assessment during intake resulted in the service not being appropriate, the alleged issues were not confirmed, the service user no longer requests the service, or the service user refused to attend.
Global/family cases	Service users' cases may be grouped under a global/family case, particularly when the service works with families. A global/family case may consist of: <ul style="list-style-type: none"> - 1 service user case: One individual who attends in the year on their own without any other family member, or - 2 or more service users' cases: Several individuals identified as part of the same family attending in the year.
Ghost cases	These are cases where although the case may be registered as active or on intake, the case is actually inactive since the person may not have had contact with the service for a set period of time (no longer actually being worked with). As a result, the case may remain open for some time without any

	intervention or activities and will skew the actual number of service users worked with. As a result, administrators of the data will conduct exercises to identify these cases and close them administratively as per individuals service policy.
Gender	Gender is reported as male, female, X, unborn or not specified. "X" means a gender that is not exclusively male nor female. Unborn refers to service users still existing in the mother's womb.
Primary problem	Service users often present a complexity of issues. The primary issue is the only, main, or first issue recorded as identified by the service user or the professional.
Not specified	A variable that cannot be specified since the information is not available or the service user was unwilling to provide the information.
Other	Treatment, issue or location not elsewhere specified.
Primary sector	This sector is where the prevention activities provided are predominantly within primary school services e.g., primary schools.
Secondary sector	This sector is where the prevention activities provided are predominantly within the secondary school services e.g., secondary schools.
Community sector	This sector is where the prevention activities provided are predominantly within community setting e.g., sports centre.
Work sector	This sector is where the prevention activities provided are predominantly within private companies with employees.

Maltese districts

District	Towns
Northern Harbour District	Birkirkara, Gzira, Hamrun, Msida, Pembroke, Pieta, Qormi, San Giljan, San Gwann, Santa Venera, Sliema, Swieqi, Ta Xbiex.
Southern Harbour District	Birgu, Bormla, Fgura, Floriana, Isla, Kalkara, Luqa, Marsa, Paola, Santa Lucija, Tarxien, Valletta, Xaghjra, Zabbar.
South Eastern District	Birzebbugia, Ghaxaq, Gudja, Kirkop, Marsaskala, Marsaxlokk, Mqabba, Qrendi, Safi, Zejtun, Zurrieq.
Western District	Attard, Balzan, Dingli, Iklin, Lija, Mdina, Mtarfa, Rabat, Siggiewi, Zebbug.
Northern District	Gharghur, Mellieha, Mgarr, Mosta, Naxxar, San Pawl il Bahar.
Gozo and Comino	Rabat, Fontana, Ghajnsielem, Gharb, Ghasri, Kercem, Munxar, Nadur, Qala, San Lawrenz, Sannat, Xaghra, Xewkija, Zebbug, Comino.
Homeless	Not residing within any residence.
Shelter/institution	Resides in a residential home (e.g., elderly home), shelter (e.g., Ghabex or YMCA), Centre of Residential Restorative Services (CoRRS) or medical facility (e.g., Mount Carmel Hospital).
Foreign residence	Resides in a foreign country and is in Malta for a short stay.



FSWS Research Team

Vision Statement

Research that educates, inspires, and informs quality responses to improve the wellbeing of children, families, and communities.

Mission Statement

To contribute to a knowledge base that informs responses to social needs through high quality research.



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