

NATIONAL DRUGS POLICY

JANUARY 2008



FOREWORD

It is with great satisfaction that Government is presenting the first National Drugs Policy. The in-depth analysis which led to the formulation of this Policy could not have been possible without extensive consultation with all entities involved in this area. It was for this reason that the draft Policy was presented for public consultation in June 2007, allowing sufficient time for feedback to be received not only from government authorities and service providers, but also from voluntary organisations, the “grassroots”, and to hear the voices which are often unheard. The Policy is indeed a response to the suggestions received, and my sincere thanks go to the numerous individuals and organisations that have contributed in finalising this significant document.

The issue of drug abuse has to be addressed comprehensively through a multi-faceted approach. It is a complex issue and requires a strategic and integrated input from the various sectors involved - the health authorities, the judiciary, the legislature, the enforcement authorities and the voluntary sector, amongst others.

The main objective of the National Drugs Policy is to strengthen the substantial human and financial resources that Government has invested over the years in this area by streamlining and coordinating the practices and services already on offer. I believe that effective coordination between these bodies will lead to coherent and consistent results.

I have no doubt that the many committed and dedicated individuals and organisations working in this field will welcome these measures. After all, all our efforts are directed towards one end: that of providing protection from and help with the ravages of drug abuse in our society. We are committed to take up this challenge and to spearhead its implementation.

Dolores Cristina
Minister for the Family and Social Solidarity

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INTRODUCTION

1.1 Scope of this Policy

This policy streamlines the practices to be adopted by the various bodies, governmental and non-governmental, involved in the provision of services related to drug use. Moreover, this policy is primarily directed towards service providers with a view to (a) improve the quality and, where necessary, increase the provision of drug-related services, and (b) provide for a more co-ordinated mechanism through which the supply and demand for drugs are appropriately reduced as much as possible in the best interest of society.

The Maltese Islands, with a combined landmass of 316 square kilometres and a population of just over 404,962¹ inhabitants, have, over the years, become increasingly sensitive to the negative consequences of illicit drug use as well as the adverse implications arising from the misuse or abuse of prescription and non-prescription medication. Illicit drug use, as well as improper use of medication, not only deprive users of their dignity and personality but are also likely to stifle their ambitions and aspirations. Drug use has various social, health and legal implications both for the users as well as for their family, significant others and society in general.

The Government has, for several years, been constantly investing substantial human and financial resources to address drug use, monitor trends, and understand and harness the new challenges that such a dynamic phenomenon poses. The scope of this policy is to reinforce these efforts by (a) setting the framework that aims to

reduce the supply of and demand for illicit drugs as well as the misuse/abuse of licit substances, (b) regulating the service provision to prevent or curtail such use and, (c) curing the effect of such addiction. For the purpose of this policy, *illicit drug use* refers to those drugs prohibited by Maltese laws, while *misuse and abuse of drugs* refers to the ill-use of legal medication that can be procured through prescription or over the counter. Use of legal medication, commonly referred to as *over the counter prescriptions*, has been regulated over the years to reduce the chances of misuse by the intended client and other third parties. This policy thus reinforces government's attempts to reduce the misuse and abuse of licit medication.

Alcohol, which appears to be the most common-used substance amongst young people and the general population of Malta, shall be addressed in a separate policy. Findings drawn from the prevalence survey (2001) and from the National Health Interview Survey (Pace Asciak et al, 2003) show that alcohol intake in Malta is remarkably high. This trend was confirmed again by the last study conducted on the 18-24 age cohort in 2006. According to the Eurocare Alcohol Policy Network (2003), Malta's average yearly per capita consumption was last estimated at 6.73 litres. This intake is over three times as high as the lowest mortality risk level for populations, which was established as 2.0 litres of absolute alcohol per person per year. The latest Eurobarometer report (March 2007) shows that Malta is among the countries having the highest amount of alcohol intake by the population as a whole.

¹ Census of Population and Housing 2005

1.2 The Drug Situation in Malta

Maltese society is witnessing different trends in illicit drug use as well as in the misuse of prescription and non-prescription medication among people of different ages. Research² shows that cannabis, ecstasy, cocaine and heroin are the most commonly used illicit drugs while psychotropic medication, such as tranquillisers, is the most frequently used prescription drug followed by antidepressants. However, heroin use is a concern for such a small country.

Statistics³ also show that cannabis is the most commonly used illicit drug particularly by young people aged between 18 and 24 years (2006). Various studies⁴ carried out between 1995 and 2007 reflect an upward trend in cannabis use among 15-16 year olds and an increase in use of ecstasy and cocaine though not to the same degree. Most young people appear to try alcohol, tobacco and inhalants before resorting to try other drugs.

As regards problem drug use, data from the treatment population shows that the vast majority of clients in treatment are primarily heroin users who also use cannabis, cocaine and ecstasy. The number of problem drug users defined as persons resorting to daily heroin use, was estimated at 1450, 1597, 1727 and 1606 respectively for the years 2003, 2004, 2005 and 2006. Of these, an average of 1100 persons or an approximate 70% are in treatment. This means that drug users are in touch with treatment services indicating the highly accessible service with little or no waiting time at all.

1.2.1 Trends in Treatment Demand

Trends in treatment demand can only be provided from the Substance Misuse Outpatient Unit (SMOPU), the centralised methadone dispensing service. The relative data, which goes back to 1994, shows that over the last 13 years the number of 'all active clients' has increased three-fold, since in 1994 the number of clients was just below 400 while in 2006 this rose to just over 1200. 85% of clients were in treatment primarily because of their heroin use. Of these 15% were female whereas the majority, 85% were male and the largest group were aged between 20-29 years old.

1.2.2 Fatal Overdoses

Between 1994 and 2006 there were 82 deaths of residents of the Maltese Islands due to drugs typical of abuse, but most may be attributed to opiates. The average age of death in the last twelve years was around 30 years. In 2006 the National Mortality Registry (NMR) reported 7 acute drug related deaths, alternatively a rate of approximately 2 deaths per 100,000 of the population.

1.2.3 Non Fatal Overdoses

Police records show that in 2006 the total number of OD cases was 238 (unique individuals: 231)⁵ compared to 175 cases (unique individuals: 170) in 2005 and 216 cases (unique individuals: 205) in 2004.

Between 2005 and 2006, a 36% increase of OD cases was reported.

² The 2004 and 2005 National Reports on Malta's Drug Situation

³ *Ibid*

⁴ European School Survey Project On Alcohol and Other Drugs (ESPAD) 1995, 1999, 2003 and (unpublished) 2007

⁵ Includes non-residents (tourists/foreigners)

Most ODs in 2006 involved medicinals, particularly psychotropic medication (166 persons: 99 females, 67 males). Whereas in 2006, the numbers of ODs due to medicinals increased only slightly from 2005, those resulting from illicit substances more than doubled (n=65). During 2006, ODs due to illicit drugs comprised 28% of all ODs, compared to 15% in 2004 and 2005 .

Moreover, in 2006, there were more male (n=126) OD cases than females (n=105) compared to 2005 (67 males vs. 103 females). This data shows that the overall reported increase of OD cases is due to a doubling in the numbers of male cases, from 67 in 2005 to 126 in 2006 for non-illicit substances and from 23 in 2005 to 59 in 2006 for illicit substances.

1.2.4 Morbidity

A drug-related infectious disease (DRID) is defined as a disease contracted as a direct or indirect result of using drugs.

As for treatment demand, figures for morbidity that in turn concern drug related infectious diseases are based on injecting drug users who were registered at the Substance Misuse Outpatient Unit (SMOPU). According to the 2004, 2005 and 2006 data obtained from testing for DRIDs at the SMOPU, the percentage for Hepatitis C infections remains stable at around 32% whereas those for Hepatitis B and HIV were very low, around 1%.

In 2005 and 2006, from those tested, no one tested positive for HIV. Similarly, notification data from the

Disease Surveillance Unit shows that the main problem seems to revolve around the high numbers of Hepatitis C cases amongst drug users.

1.2.5 Drug Markets

In 2004, 2005, 2006 and 2007 law enforcement officials secured a total of 308, 314, 228 and 293 seizures respectively. This is double the number reported for the period between 2000 and 2003, a result attributed to an increase in allocation of resources for the apprehension of drug traffickers. As in previous years, the majority of seizures in 2005 for example involved cannabis resin (43.3%, 136 seizures), ecstasy tablets (22.9%, 72 seizures) and heroin (20%, 63 seizures). The remaining volume is taken up in the main by cocaine and amphetamine, which may appear less than the other illicit drugs but which in terms of quantities have increased as cocaine has doubled when compared to previous years while amphetamines have increased ten-fold. The year 2007 registered the largest ever haul of some 9.5 kilos of cocaine as well as the largest number of ecstasy tablets confiscated, some 30,000.

Over the years, drug purity levels for cannabis resin and cocaine base have remained stable overall. However, in 2005 the purity levels for the active ingredient in cannabis grass increased to 8.5%, the highest recorded level since 2001. Inversely, the purity of ecstasy decreased from 33% to 22% making it the lowest recorded level to date. This decline in purity is consistent with MDMA (ecstasy) levels (3,4-methylenedioxy-methamphetamine) found across a number of other European countries.

The market has also seen the introduction of a number of synthetic derivatives such as MCPP and BZP first noted in 2006 and now again in 2007. It is also of note that Khat has also been seized as well for the first time in 2006 and again in 2007.

Drug prices between 2005, 2006 and 2007 have remained relatively stable with, for example, the average price for ecstasy ranging between Eur 5.75 (Lm 2.50) and Eur 11.65 (Lm 5.00) per tablet.

1.3. Malta's National Drugs Policy: its Objectives, Guiding Principles and Targets

Besides having legal provisions that regulate psychotropic and narcotic drug use, Malta has, over the years, adopted various strategies and put in place several structures to address the legal, health and social complexities arising from the use of illicit drugs as well as from the misuse/abuse of prescription and non-prescription medication. However, this is Malta's first National Policy that guides, coordinates and regulates the input of the various government, voluntary and private entities that have for several years committed themselves to reducing illicit drug availability and providing treatment and rehabilitation to users of illicit drugs and misusers/abusers of prescription and non-prescription medication.

1.3.1 Objectives

The objectives of this Policy are to:

- **ensure a high level of security for the general public, by**

- (a) taking action against drug trafficking;
 - (b) preventing production and the diversion of precursors; and
 - (c) intensifying preventive action against drug-related crime through effective co-operation embedded in a joint approach.
- **achieve a high level of health protection, well-being and social cohesion, by reducing and possibly preventing**
 - (a) drug use;
 - (b) drug dependence; and
 - (c) drug related harm to health and society.

1.3.2 Guiding Principles

The development and eventual implementation of this policy are guided by the following principles:

- respect human rights and ethical issues;
- acknowledge and promote cultural and social values;
- adopt a policy cycle by working in synergy on the basis of a plan which prioritises the issues to be addressed and engages the necessary resources to address them with a view to enhance outcomes. *(The diagram in Appendix 1 to this document illustrates the cycle of this policy); and*

- undertake a balanced and interdisciplinary approach so as to promote and secure an effective, concerted and co-ordinated input by all actors involved in initiatives against illicit drug use and misuse/abuse of licit medication.

1.3.3 Policy Targets

This policy aims to:

- co-ordinate and regulate the input of the various Ministries, departments and entities, voluntary and private organisations involved in providing services related to illicit drug use and misuse/abuse of prescription and non-prescription medication;
- provide a framework for professionals and key care workers providing essential drug-related services;
- provide a framework for all educational establishments, youth organisations and professional bodies through which prevention programmes and other related initiatives and activities may be facilitated and promoted;
- enhance the effectiveness of the legal and judicial framework;
- reduce supply of drugs through more effective law enforcement;

- reduce demand for drugs by enhancing existing specific and general prevention, treatment, rehabilitation and social integration programmes as well as by devising new approaches and initiatives that effectively address emerging trends;
- strengthen the evidence base relating to drug use through monitoring, evaluation, research, the collection and dissemination of information and training; and
- consolidate and extend participation in international fora and networking with international bodies.

Government acknowledges the possibility that changing trends and circumstances may necessitate amendments to this policy. In this regard, any recommendations are to be forwarded to Government for due consideration. A new National Coordinating Unit for Drugs and Alcohol within the Ministry responsible for social policy shall oversee the implementation of this policy so as to ensure that the drug situation in Malta is addressed in a co-ordinated and effective manner.

The actions required to implement this policy and the entities responsible for undertaking such actions are defined in this document. In the case of Gozo, the actions to be undertaken by the various Ministries and entities, shall be co-ordinated and implemented by the Ministry for Gozo.

CO-ORDINATION OF THE NATIONAL DRUGS POLICY

In line with the objectives and principles outlined above, Government shall attribute high priority towards strengthening the co-ordination structure so as to ensure the effective involvement of all players coming from the various Ministries, advisory bodies, voluntary and private organisations and all other relevant parties.

This section identifies the relevant institutions and outlines the roles and responsibilities of the different bodies that make up the institutional framework and determine and contribute to the realisation of this policy.

Malta already has a comprehensive co-ordination and collaboration structure with regards to the development and implementation of drug strategies. However, this structure requires the additional element of a new unit to co-ordinate and implement the Drugs Policy in certain respects while in other cases the roles and positions of already existing bodies need to be clarified and/or consolidated.

This Policy has taken into account the following key elements:

Bodies responsible for changes to legislation:

- **Parliament**
- **the Parliamentary Committee for Social Affairs** may, at any time, decide to discuss any drug related issues that may require amendments to existing legislation to be prepared for consideration by Parliament.

Bodies responsible for Policy:

- **Cabinet**
- **Cabinet Committee for Social Affairs.**
- **National Commission on the Abuse of Drugs, Alcohol and Other Dependencies** prepares policy documents and amendments to policy as and when the need arises for consideration by the Ministry responsible for social policy, Cabinet Committee for Social Affairs and Cabinet.

Body responsible for the implementation of policy:

- **the National Coordinating Unit for Drugs and Alcohol** within the Ministry responsible for social policy strengthens cohesion at ministerial level, co-ordinates the activities of all relevant ministries, and increases collaboration among all parties involved in drug-use related services.

Bodies responsible for the delivery of services:

- **Foundation for Social Welfare Services**, Government's main service provider in the sphere of social welfare is responsible for implementing, in collaboration with voluntary organisations, the interventions that are necessary to achieve the social welfare goals of this policy.
- **Foundation for Medical Services**, Government's main service provider in the sphere of medical and health

matters is responsible for implementing the relative interventions that are necessary to achieve the medical and health goals of this policy.

Bodies responsible for reviewing the practice of service provision:

- the **Department for Social Welfare Standards** which is responsible to assess, monitor and regulate all social services provision including the drugs services sector.
- **President's Forum** which brings together all service providers working in the sphere of illicit drug use and misuse/ abuse of licit medication with a view to raise and discuss issues that relate to everyday practice in the realisation of this National Drugs Policy.

(The Table in Appendix 4 to this document provides a breakdown of the Ministries, Departments and entities involved in response to drug use in Malta.)

Actions to Facilitate the Co-ordination of this Policy

Action 1:

The Ministry responsible for social policy shall set up a **National Coordinating Unit for Drugs and Alcohol** that brings together all stakeholders, including service providers, working in the various drug-related settings so as to facilitate the effective implementation of the National Drugs Policy. Such a Unit will:

- (a) implement and monitor the provisions of the National Drugs Policy;

- (b) promote co-ordination and ensure effective co-operation among stakeholders, namely relevant Ministries and Departments, voluntary and private organisations and the President's Forum with a view to achieve and enhance the realisation of the National Drugs Policy; and

- (c) manage the **National Focal Point on Drugs and Drug Addiction** which is responsible for:

- (i) collecting, analysing and distributing data on drug use;
- (ii) evaluating the impact of drug use; and
- (iii) ensuring that drug policy measures are realised at all levels.

Action 2:

The Ministry responsible for justice and home affairs shall set up the **National Law Enforcement Body** with a view to seek to improve co-ordination among the various sectors of enforcement and to develop the efficiency and effectiveness of the individual input of each such sector.

Action 3:

The National Commission on the Abuse of Drugs, Alcohol and other Dependencies, shall through the Director responsible for policy development within the Ministry responsible for social policy, submit policy proposals for the consideration of the Minister responsible for social policy. As and where necessary, these submissions will eventually be forwarded for the consideration of the Cabinet Committee for Social Affairs prior to their being discussed by Cabinet with a view to being adopted as national policy.

LEGAL & JUDICIAL FRAMEWORK

The principal framework of Maltese legislation relating to substance use and abuse consists of the Medical and Kindred Professions Ordinance (Cap. 31 of the Laws of Malta) and the Dangerous Drugs Ordinance (Cap. 101 of the Laws of Malta).

These legal provisions and other subsidiary legislation issued thereunder provide for various aspects relating to drugs, including matters relating to the importation, exportation, manufacture, sale, supply, procurement, possession and use of the specified drugs and establishes the penalties to which a person may be liable if found guilty of an offence.

(A more detailed overview of Malta's existing legal provisions regarding drug use is presented in Appendix 2 to this document.)

Maltese legal provisions concerning the use of drugs have over the years been extensively amended so as to:

- address changing trends and patterns of drug use in Malta;
- reflect the increase in Government's efforts to combat drug trafficking, prevent production and abuse; and
- keep abreast with international developments in the control of substance use and misuse such as UN Conventions, resolutions resulting from United Nations General Assembly Special Session (UNGASS) 1998, as well as those set out in the EU Drug Strategy, 2005-2013.

Besides the principal legal provisions for drug use, Malta has other legislation such as that regulating Customs and Excise as well as money laundering that, along with other issues, address also drug related matters. One such example is *The Prevention of Money Laundering Act* (Cap. 373 of the Laws of Malta) enacted in 1994, which addresses money derived from criminal activity including that related to drug offences.

Also of particular importance is the Probation Act (Cap. 446 of the Laws of Malta) which brings the provisions regulating probation service in line with developments that took place over the years, including the introduction of community service and the award of compensation to victims.

This policy complements existing Maltese legal provisions that, directly or indirectly, regulate the use of drugs and in addition sets the parameters for the development of those mechanisms that are necessary for monitoring drug use in Malta with a view to ensuring that emerging trends are efficiently and effectively addressed by Maltese laws.

In order to ensure that Maltese legal provisions concerning the use of drugs are duly updated to effectively address emerging trends, this policy shall contribute towards the strengthening of the legal and judicial framework by:

- reviewing current legislation;
- inviting information, feedback and advice from practitioners; and

- proposing amendments to improve existing legislation and introduce new provisions as and where necessary.

Actions to Strengthen the Legal and Judicial Framework

Action 4:

The amendments to the Dangerous Drugs Ordinance (Cap. 101 of the Laws of Malta) as published in the Malta Government Gazette of the 8th August 2006 provide for a distinction between drug sharing and drug trafficking. In distinguishing between traffickers and victims, these amendments determine the type of action that is to be meted out in different cases. These amendments, therefore, complement the main thrust of the National Drugs Policy.

These amendments now need to be strengthened through:

- (a) the setting up of a Drugs Court that streamlines drug offence cases;
- (b) facilitating a restorative justice approach in legal and judicial interventions and in those related interventions conducted by various complementary bodies and departments;
- (c) an analysis of the current legal provisions so as to ensure that relevant laws cover new types of drugs and trends. As the law presently stands, it may not address the ongoing emergence of new drugs and trends thus inferring that the legal and judicial framework may lack the mechanism to effectively deal with cases involving new forms of drugs and related activities. This analysis will be made by the National Commission on the Abuse of Drugs, Alcohol and Other Dependencies in conjunction with the National Law Enforcement Body.

The necessary action to strengthen the amendments as outlined in (a) and (b) above shall be undertaken by the Ministry responsible for justice and home affairs.

Action 5:

the **National Commission on the Abuse of Drugs, Alcohol and other Dependencies** within the Ministry responsible for social policy shall:

- (a) gain insight into drug procurement and trafficking practices,
- (b) draw up recommendations for the consideration of the relevant Ministries, as and when necessary, regarding legal issues for the implementation of this policy; and
- (c) draw up recommendations, as and when necessary, related to issues that impinge on strategies and service delivery, for the consideration of the relevant Ministries.

Action 6:

the **President's Forum** that liaises with public, voluntary and private service providers shall acquire feedback on the effectiveness of existing laws, policies, strategies and services.

Action 7:

the **National Focal Point on Drugs and Drug Addiction** within the Ministry responsible for social policy shall continue to monitor the situation of drug use in Malta through the regular compilation of data and the undertaking of comparative studies to analyse trends and outcomes.

SUPPLY REDUCTION

As part of its commitment and ongoing efforts to reduce the use of illicit drugs and the misuse/abuse of licit medication, Government shall focus on the economic dimension of illicit drug trade. “Street Availability” is a major determinant on the incidence of drug use. A reduction in drug supply is therefore likely to lead to a decline in overall use and an increase in the number of drug users seeking treatment and rehabilitation.

One way of curtailing the use of illicit drugs and the misuse of prescription and non-prescription drugs is to strengthen the measures that focus on reducing the availability of drugs. Better monitoring and co-ordination between the different sectors within the law enforcement body should contribute towards a reduction in the supply of illicit drugs and prescription and non-prescription drugs for misuse.

In this respect, this Policy seeks to improve the effectiveness and efficacy of law enforcement strategies by:

- coordinating and increasing collaboration within the law enforcement sector;
- stimulating the collaboration with other European and other international partners;
- providing the sector with human, technical and operational resources; and
- improving the monitoring and information position of the sector.

Actions to Reduce Supply of Drugs

In order to reduce supply of drugs, Government shall through the Ministry responsible for justice and home affairs undertake the following actions:

Action 8:

set up the **National Law Enforcement Body** to be composed of representatives from the national law enforcement sector that are involved in efforts to reduce the supply of illicit drugs and prescription and non-prescription drugs for misuse. The practices that are currently being adopted to reduce the supply of drugs need to be consolidated into a formal structure. Such formal inter-agency cooperation should facilitate a more coherent and effective approach in the national and international efforts to combat drug abuse and related crime.

Action 9:

endeavour to further support the National Law Enforcement Body with a view to strengthen its contacts with European and international counterparts. Improved co-ordination with foreign law enforcement agencies and institutions should facilitate exchange of knowledge, views and information thus enhancing the effectiveness of programmes and initiatives that are undertaken with the aim of curbing the availability of illicit drugs and prescription and non-prescription drugs for misuse.

Action 10:

continue to provide the National Law Enforcement Body

with the necessary support to develop its technical and human resources, thus strengthening its capacity to effectively combat the procurement of illicit drugs and prescription and non-prescription drugs for misuse. In this regard, adequate training of personnel, both locally and abroad, shall be given particular attention.

Action 11:

endeavour to improve the necessary tools required for the operational capacity of the National Law Enforcement Body, through advanced information and intelligence-sharing, particularly that targeting individuals and criminal organisations involved in the importation and trafficking of illicit drugs and prescription and non-prescription drugs for misuse.

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Action 12:

ensure that policies concerning supply reduction are, as and where applicable, in conformity with EU direction in this regard.

Action 13:

direct and provide the necessary tools for the setting up of an Early Warning System Network (EWS) that will relay information to and from national and international counterparts, in order to detect, identify and report new psychoactive drugs on the market. This EWS will be incorporated into the National Focal Point as outlined further on in Section 6 of this policy document.

DEMAND REDUCTION

Government wants to:

- reduce drug use among the general population, particularly among young people;
- provide the most effective treatment, rehabilitation and harm reduction programmes; and
- promote social integration programmes for drug users.

The attempt to preclude young people from resorting to drug use is based on the hypothesis that if one prevents the use of drugs in adolescence, there is then less likelihood that these people will turn to drugs in adulthood. In this context, initiatives shall increasingly focus on prevention programmes that specifically target young people. In this regard, schools play a central role. Self-esteem building, the nurturing of a sense of responsibility and accountability, the development of mutual respect and cooperation together with learning of other basic life-skills should be high on the schools' agenda. Instilling, as from an early age, a sense of responsibility for one's choices, amongst other factors, is likely to prevent people from resorting to drug misuse later on in life.

Other measures and initiatives that contribute to the prevention of drug addiction include:

- (a) providing the public with factual information on the dangers of drug use;
- (b) campaigns promoting a healthy and responsible life style;
- (c) an interdisciplinary approach that brings together people with different professional backgrounds who are deployed in various state, voluntary and private entities;
- (d) streamlining of services;
- (e) increased interdisciplinary and multidisciplinary collaboration; and
- (f) better networking between the various entities working in the area of drug addiction.

Furthermore, the policies concerning demand reduction shall, as and where applicable, conform with EU direction in this regard.

In view of the foregoing, this policy aims to reduce demand by:

- stimulating prevention programmes that primarily target young people;
- promoting ongoing public health and information campaigns;
- developing programmes that facilitate the overall social integration of drug abusers;

- monitoring existing treatment systems with a view to improve such services as and where possible;
- stimulating co-ordination between service providers, professionals and educators;
- encouraging greater involvement of civil society and the social partners; and
- promoting a culture for the regular collection of uniform and consistent data.

The above aims and actions will be implemented in the light of gender perspectives.

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Actions to Reduce Demand for Drugs

In order to reduce demand for drugs the following actions shall be undertaken:

- *in terms of implementing prevention aimed at young people Government, through the Ministry responsible for education, shall:*

Action 14:

introduce personality development programmes for children of early school age.

Action 15:

seek to strengthen a sense of accountability within the school community so that every individual becomes

increasingly aware of the need to be responsible for his/her actions at all times.

Action 16:

promote a culture among school children that helps them acknowledge their rights and obligations while developing respect towards self and others.

Action 17:

seek opportunities to involve the entire Educational Establishments, Youth Organisations and Professional Bodies in the development, promotion and delivery of educational programmes on drug related issues.

Action 18:

provide professional training packages and refresher courses for educators and other professionals providing support in the area of drug use.

Action 19:

increase the number of professionals to adequately meet the needs of the school population and changing trends.

Action 20:

introduce effective parenting skills programmes to complement school based education.

- *in terms of strengthening general public information campaigns, Government shall, through the ministries responsible for social policy, education, youth, health, justice and home affairs, undertake the following actions:*

Action 21:

In order to actively involve civil society in the national efforts to reduce supply and demand for illicit drugs and prescription and non-prescription drugs for misuse, Government shall, through its entities including Sedqa, the Health Promotion Department, Health Centres, together with Youth Organisations, Professional Bodies, Local Councils, employers and trade unions, voluntary and private organisations, Parishes and the media, ensure that effective education campaigns are conducted to further disseminate information, raise awareness and educate the public in general and vulnerable groups in particular about:

- (a) the misuse/abuse of prescription and non-prescription medication and the physical, social, psychological and emotional effect that such misuse/abuse has on users; their significant others and the community at large;
- (b) the various types of illicit drugs and their effect on users, on their significant others and on the community at large;
- (c) the availability of professional services designed to promote the prevention of illicit drug use and misuse/abuse of prescription and non-prescription medication and to facilitate the rehabilitation and reintegration/integration of drug users;
- (d) the role that society should play to promote a healthy lifestyle, prevent the use of illicit drugs and misuse/abuse of prescription and non-prescription medication,

facilitate the integration of rehabilitated drug misusers and help them avert relapse; and

- (e) the benefits of suppressing the supply of and demand for drugs with a view to ideally eliminate the use of illicit drugs and misuse/abuse of prescription and non-prescription medication.

- *in terms of Dissemination of Information*

Action 22:

Government shall, through the Ministry responsible for social policy, provide the media with reliable, objective and accurate information about the drug situation and developments in the drug policy field.

- *in terms of improving Treatment, Government, through the Ministries responsible for health and social policy shall:*

Action 23:

analyse and seek to improve upon the various treatment options which shall not be limited to medical treatment but which shall also focus on psychological, social, family and gender aspects. Such an analysis and upgrading shall be undertaken with a view to producing a comprehensive care programme that is sensitive and adaptable to the individual needs of illicit drug users and prescription and non-prescription drug misusers and their significant others.

Action 24:

improve those harm reduction measures which shall be

applied in the case of drug users where abstinence from illicit drug and prescription and non-prescription medication misuse/abuse is not immediately viable or realistically possible. In particular these will include measures to limit the spread of blood borne viruses such as HIV and Hepatitis C.

Action 25:

work, with the participation of relevant service providers, towards the setting up an independent Central Intake Unit (CIU) that monitors and regulates service needs and provisions so as to reduce the fragmented approach that is presently adopted. Besides promoting better use of resources, such a Unit would introduce and administer a national form of client assessment, facilitate the development of individual care plans, set standards for the compilation of data that is uniform and comparable, and analyse trends in the area of drug abuse. In view of its central role, the set-up and operations of such an independent Central Intake Unit need to be regulated. (This action shall be undertaken by the Ministry responsible for social policy).

Action 26:

analysis and amend, as necessary, relevant legislation to address substance misuse at the place of work as well as promote the adoption of substance abuse policies at the work place with special attention to young people.

- *in terms of facilitating social integration Government, through the Ministry responsible for social policy, shall:*

Action 27:

plan and develop the co-ordination of social integration services with a view to (a) prevent potential users from falling victim to illicit drug use and misuse/abuse of prescription and non-prescription medication, and (b) help rehabilitated users avert relapse.

- *in terms of strengthening Co-ordination between Service Providers, Professionals and Educators, Involvement of Civil Society and the Social Partners as well as enhance the collection of data, Government, through the Ministries responsible for education, social policy, health and justice, shall:*

Action 28:

ensure that appropriate prevention programmes become an integral part of the national curriculum from an early schooling stage and that such programmes continue to cater for persons in all levels of education, including employment training, as well as in occupational settings. (This action will be undertaken by the Ministry responsible for education).

Action 29:

strengthen the organisation of primary and secondary prevention initiatives with a view to ensure that all target groups are effectively reached. Such initiatives shall also include the promotion of alternative forms of leisure, especially sports. (This action will be undertaken by the Ministries responsible for social policy, education, youth and sports).

Action 30:

promote a culture that discourages the use of illicit drugs and misuse/abuse of prescription and non-prescription medication and paraphernalia such as food and drink associated with such use. (This action will be undertaken by the Ministries responsible for social policy, health and education).

Action 31:

facilitate further collaboration with Local Councils and Parishes with a view to promote prevention initiatives at locality level. (This action will be undertaken by the Ministry responsible for home affairs).

Action 32:

facilitate collaboration with voluntary and private organisations involved in the formulation, implementation, monitoring and evaluation of drug prevention programmes. (This action will be undertaken by the Ministry responsible for social policy).

Action 33:

facilitate the collaboration with voluntary and private organisations running programmes for persons using illicit drugs and misusing/abusing prescription and non-prescription medication. (This action will be undertaken by the Ministry responsible for social policy).

Action 34:

strengthen co-ordination among stakeholders, including Youth Organisations, Professional Bodies and Local

Councils, to promote a co-ordinated and focused approach in the national commitment to combat illicit drug use and misuse/abuse of licit medication. (This action will be undertaken by the Ministries responsible for social policy, health, justice, home affairs, education and youth).

Action 35:

promote continuous personal development among all stakeholders so as to improve inter-disciplinary output that effectively addresses the requirements of this policy. (This action will be undertaken by the Ministries responsible for social policy, education and health).

Action 36:

ensure that treatment strategies, the availability of and accessibility to treatment services and their relative outcome are monitored and assessed, particularly with regards to pregnant women and dual diagnosis users. (This action will be undertaken by the Ministries responsible for health and social policy).

Action 37:

seek to develop and maintain a uniform method of compilation of national data to be regularly supplied and utilised by the key field players. Such data will facilitate the monitoring of illicit drugs use and the misuse/abuse of prescription and non-prescription medication as well as assist with the undertaking of comparative analytical studies. (This action will be undertaken by the Ministry responsible for social policy).

■ MONITORING, EVALUATION, RESEARCH, INFORMATION & TRAINING

The realisation of this National Drugs Policy relies heavily on adequate monitoring, the collection and dissemination of information, the periodical evaluation of policy measures and ongoing research and training. This applies to all aspects of the policy. Monitoring, evaluation, research, information and training standards and practices must meet international standards as only thus can quality, comparability and objectivity be secured. The National Focal Point on Drugs and Drug Addiction, who liaises between Malta and the EU- Drug Observatory (the EMCDDA), plays a crucial role in this regard.

In order to strengthen the evidence base in the area of drug use, Government shall stimulate and consolidate monitoring, evaluation, research, the collection and dissemination of information, and training by:

- consolidating the role of the National Focal Point on Drugs and Drug Addiction;
- publishing an annual report on Malta's drug situation and response;
- introducing an Early Warning System (EWS);
- coordinating the various evaluation exercises undertaken by different entities;
- adjusting policy as and when required;

- publishing research findings and information drawn from training and evaluation initiatives concerning drug use;
- encouraging ongoing research; and
- formulating and running disciplinary and inter-disciplinary courses for people coming from different professional backgrounds and work experiences in drug addiction.

Actions to Enhance Monitoring, Evaluation, Research, Information and Training

In order to realise this policy target, Government through the Ministries responsible for social policy, health, education, justice and home affairs, shall:

Action 38:

consolidate and facilitate the functioning of the National Focal Point on Drugs and Drug Addiction by incorporating it into the National Coordinating Unit for Drugs and Alcohol and by providing the adequate legal status for the National Commission on the Abuse of Drugs, Alcohol and Other Dependencies. (This action will be undertaken by the Ministry responsible for social policy).

Action 39:

through the National Coordinating Unit for Drugs and

Alcohol require the National Focal Point on Drugs and Drug Addiction to publish an annual report on Malta's drug situation and response. (This action will be undertaken by the Ministry responsible for social policy).

Action 40:

realise the integration of the Early Warning System (to which reference is made in Section 4 above of this policy document) into the National Focal Point on Drugs and Drug Addiction. (This action will be undertaken by the Ministries responsible for social policy, justice and home affairs).

Action 41:

through the National Coordinating Unit for Drugs and Alcohol via National Focal Point coordinate the evaluation exercises with particular emphasis on gender based needs, that are performed regularly with a view to monitor the effectiveness of education, prevention, care and treatment, social integration and harm reduction programmes. (This action will be undertaken by the Ministry responsible for social policy).

Action 42:

analyse recommendations, adopt any necessary revisions and adjust this national drug policy in line with emerging trends. (This action will be undertaken by the Ministry responsible for social policy).

Action 43:

ensure that all information drawn from research findings, training, and evaluation initiatives concerning the use of illicit drugs and misuse/abuse of prescription and non-prescription medication is published. (This action will be undertaken by the Ministries responsible for social policy and health).

Action 44:

encourage ongoing research so as to facilitate the regular assessment of the drug situation, the relative responses and the monitoring of trends over time in Malta. (This action will be undertaken by the Ministry responsible for social policy).

Action 45:

endeavour to formulate and run disciplinary and interdisciplinary courses for people coming from different professional backgrounds and work experiences in drug addiction. Such initiatives should positively contribute to disciplinary knowledge, promote interdisciplinary understanding, generate wider discussions and create a more holistic awareness, thus further creating education, prevention, care and treatment, social integration and harm reduction programmes. (This action will be undertaken by the Ministries responsible for social policy, health and education).

■ THE INTERNATIONAL PERSPECTIVE

Malta will continue to honour its international commitments as well as propose ways whereby international co-operation, particularly in the Mediterranean region, could be strengthened.

In this regard, Malta shall

- liaise with European and international agencies with a view to develop ongoing exchange of knowledge and information
- participate in collaboration initiatives and new international fora that may emerge in the field of drug use; and
- encourage and support the participation of experts and practitioners in international events focusing on drug use.

(b) participating in the discussions held by the Horizontal Drug Group, the main EU forum under the DG Justice and Home Affairs, where issues relating to EU Drug Strategy, EU Drug Action Plan, and the relative evaluation are presented for consideration;

(c) retaining its seat on the Management Board of the European Monitoring Centre for Drugs and Drug Addictions and continue to provide a scientific expert for the Scientific Committee;

(d) supporting the REITOX network through Malta's Focal Point for Drugs and Drug Addiction; and

(e) being actively involved in the Pompidou Group of the Council of Europe.

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Actions to Enhance the International Perspective

In order to strengthen Malta's international perspective in the sphere of drug use, Government shall through the Ministries responsible for social policy and finance, undertake the following Actions:

Action 46:

Government shall, through the Ministry responsible for social policy, liaise with European and international agencies with a view to develop ongoing exchange of knowledge and information, by:

- (a) participating in the Commission for Narcotic Drugs that meets annually in Vienna. In line with its obligations to the UN conventions of 1961, 1971 and 1988 and resolutions resulting from UNGASS 1998, the Government will implement the Commission's resolutions;

Action 47:

Besides its current international commitments, Government shall, through the Ministry responsible for social policy, positively consider participation in any collaboration initiatives and other international new fora that may emerge in the field of drug use.

Action 48:

Government shall, through the Ministry responsible for finance, make financial provisions to encourage and facilitate the attendance and participation of policy makers, researchers and practitioners in international events with a view to stimulate the exchange of information and increase the effectiveness of this National Drug Policy.

FUNDING

Government acknowledges the fact that the actions required to implement this policy require significant funding. The national budget already finances the various prevention and treatment programmes relating to drug addiction. In its commitment to reduce drug abuse as required by this policy, Government shall, through the Ministry responsible for finance, endeavour to allocate more funds to drug related programmes and initiatives by supplementing current funding provisions with monies derived from assets confiscated under *The Prevention of Money Laundering Act* in relation to drug related offences.

Such funds shall mainly be utilised to:

- undertake research initiatives;
- subsidise training;
- strengthen rehabilitation programmes;
- intensify health and information campaigns;
- promote social integration programmes; and
- strengthen networking among the different entities working in drug related services.

CONCLUSION

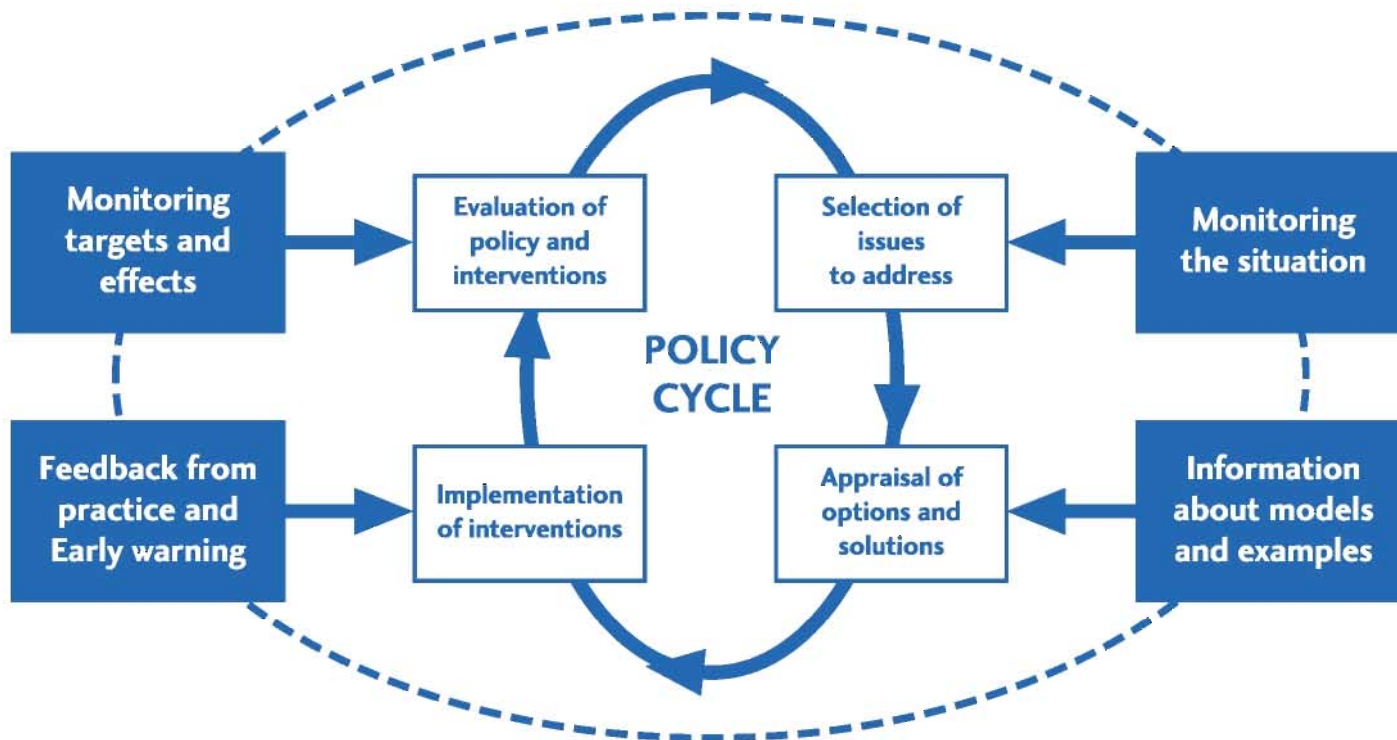
Government acknowledges the possibility that changing trends and circumstances may necessitate amendments to this policy. In this regard any recommendations are to be forwarded for due consideration to the Ministry responsible for social policy, Government's lead Ministry in this field. The National Coordinating Unit for Drugs and Alcohol within the Ministry responsible for social policy shall oversee the implementation of this policy so as to ensure that the drug situation in Malta is addressed in a co-ordinated and effective manner.



APPENDICES

APPENDIX 1

Diagram 1 - Policy Cycle



APPENDIX 2

Maltese Legislation:

The **Dangerous Drugs Ordinance** (Cap. 101 of the Laws of Malta) which concerns narcotic drugs and the **Medical and Kindred Professions Ordinance** (Cap. 31 of the Laws of Malta) which focuses on psychotropic drugs, constitute the principal framework of Maltese legislation relating to substance use and abuse.

The **Dangerous Drugs Ordinance** however contains the principal legal provisions relating to substance use and abuse. There are also further rules and regulations that were subsequently issued by virtue of this Ordinance and which also regulate various aspects relating to drugs.

This Ordinance, which was enacted in 1939, consolidates the laws relating to the importation, exportation, manufacture, sale and use of the specified dangerous drugs (including raw and prepared opium, coca leaves, Indian hemp, cocaine and morphine) and establishes the penalties to which a person may be liable if found guilty of an offence under this Ordinance including penalties for:

- the manufacturing, selling, dealing in or being in possession of any of the specified dangerous drugs;
- being the occupier of any premises which permits for the preparation, or for the smoking, or for the sale of any specified dangerous drug;

- the possession of any utensils for the use in connection with the smoking or preparation of any specified dangerous drug.

Every person charged with an offence against this Ordinance shall be tried before the Criminal Courts and if convicted for an offence against this Ordinance, such person shall be liable to imprisonment and/or to a fine (*multa*) in accordance with the respective provisions of this same Ordinance.

Furthermore, in accordance with the provisions of this Ordinance, the Court is also empowered to:

- order the forfeiture of articles, moneys, moveable and immovable property used for the commission of the offence;
- order the freezing of any property of the accused;
- issue a treatment order if it is of the opinion that the offender is a drug user in need of treatment and if the user agrees to undergo such treatment;
- issue a probation order against the offender in terms of the Probation Act (Cap. 446 of the Laws of Malta) including requiring the offender to submit to treatment.

The **Raw Opium Rules** (Legal Notice 291 of 1939), issued by virtue of the Dangerous Drugs Ordinance:

- prohibit the supply, procurement or possession of any of the specified drugs unless authorised to do so; and
- prohibit the advertising of the sale of any of the specified drugs.

Furthermore, every person who is authorised to supply any of the specified drugs shall keep a register in the prescribed form including particulars on the drug obtained.

In addition, the **Internal Control of Dangerous Drugs Rules** (Legal Notice 292 of 1939):

- * prohibit the manufacture or the carrying on of any process in the manufacture of any of the specified drugs unless licensed or authorised to do so;
- prohibit the supply or procurement of any of the specified drugs unless licensed or authorised to do so;
- prohibit the advertising of any of the specified drugs for sale unless licensed or authorised to do so;
- regulate the prescribing of any of the specified drugs by the authorised members of the medical profession;
- stipulate the conditions for the dispensing of any of the specified drugs; and
- prohibit the possession of any of the specified drugs unless licensed or authorised to do so.

The **Methadone Rules** (Legal Notice 365 of 2005), also issued by virtue of the Dangerous Drugs Ordinance, regulate the issuing of prescriptions, the supply and the dispensing of the specified drugs.

The **Substances Used In The Illicit Manufacture of Narcotic Drugs and Psychotropic Substances Rules** (Legal Notice 279 of 2003):

- regulate the registration and licensing of operators who are engaged in the manufacture, processing, trade or distribution of scheduled substances or are involved in other related activities;
- establish the duties of such operators;
- establish the export requirements of the scheduled substances; and
- establish and provide for the powers of the Superintendent of Health as the responsible authority.

The **Medical and Kindred Professions Ordinance** (Cap. 31 of the Laws of Malta) is another important legislation relating to drug use. This Ordinance which was enacted in 1901 regulates the practice of the medical and kindred professions.

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

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

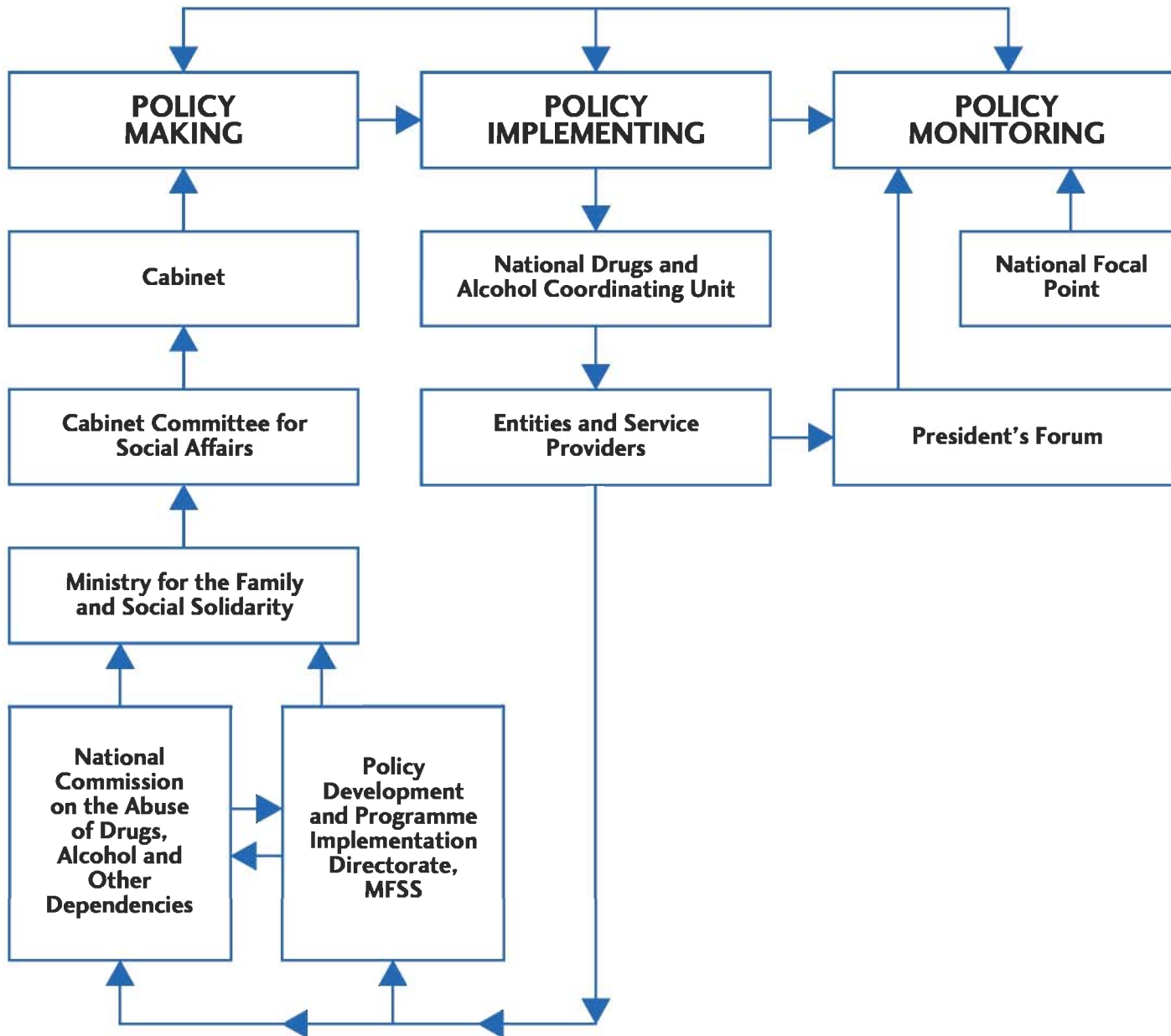
Furthermore, the **Registration of Drug Addicts Regulations** (Legal Notice 13 of 1986) binds medical practitioners, dental surgeons and dentists to inform the Superintendent of Public Health of every patient under their care, who in their opinion is suffering from any form of addiction to or dependence on any of the listed drugs and provides for the keeping of a Register of Addicts showing the particulars of every such patient.

The Conduct Certificates Ordinance (Cap. 77 of the Laws of Malta) provides the mechanism through which convictions in some cases, including those related to drug offences, result in the non-recording of conduct certificates. However, the types of offences that are provided for are treated with utmost severity and many conditions apply, namely that the offence is not one involving the selling or dealing in drugs contrary to the provisions of the Dangerous Drug Ordinance and the Medical and Kindred Professions Ordinance.

The Juvenile Court was established by the **Juvenile Court Act** (Cap. 287 of the Laws of Malta) for the purpose of hearing charges against, or other proceedings relating to, a child or young person. In accordance with the Dangerous Drugs Ordinance, any young offender who has not attained the age of sixteen years and who has not been charged jointly with another person who has attained the age of sixteen shall be referred to the Juvenile Court.

APPENDIX 3

How The Entities Involved Will Work Together



APPENDIX 4

Entities and Organisations Involved in Responses to Drug Use in Malta

NATIONAL COORDINATING UNIT FOR DRUGS AND ALCOHOL (Co-ordinating Body)

Office of the Prime Minister	Ministry for the Family and Social Solidarity	Ministry of Health, the Elderly and Community Care	Ministry of Justice and Home Affairs	Ministry of Finance	Ministry for Investment, Industry and Information Technology	Ministry for Education Youth and Employment	Ministry for Gozo	Civil Society (Malta & Gozo)
Armed Forces of Malta	Foundation for Social Welfare Services	Foundation for Medical Services	Law Courts	Customs Department	Malta National Laboratory (including Forensic Laboratory)	Employment and Training Corporation	Social Work Unit	Voluntary Organisations
		Department for Institutional Health	Office of the Attorney General	Budget Office		Student Services Department Safe Schools Programme	Gozo General Hospital	Social Partners
		Department for Primary Health Care	Police Force			Curriculum Directorate	General Health Centre	Private Hospitals and Clinics
		Department for Public Health	Malta Security Service			Youth Organisations	The Education Office	Parishes
		Health Information Department	Correctional Facilities				Gozo Local Councils	
		Health Promotion Department	Probation Services					
		Toxicology Laboratory	Pre-release Programmes including The Substance Abuse Therapeutic Unit (SATU)					
			Local Councils					