

Malta

The main source of information for this country is the EMCDDA 2019 Report “Malta: Country Drug Report 2019²⁴” any information not quoted as coming from another source is considered to come from this report. The MedNET Representative of Malta, Prof. Marilyn CLARK, made comments in italics. Her main source of information is the EMCDDA report mentioned above and the National Report on the Drug Situation in Malta – 2019 National Focal Point for Drugs and Drug Addiction.

Health approach at the policy level: drug use being considered rightly as a medical condition to be taken by qualified care health professionals

On the 15th of April 2015, the Government introduced an act to provide for the treatment of persons in possession of small quantities of prohibited drugs for personal use and for other measures for the rehabilitation of persons suffering from drug dependence.

The illegal use of psychotropic and narcotic drugs is not, per se, recognised in Maltese law, although the use of these substances, if proven in court, leads to a conviction for possession or trafficking. Maltese law recognises two kinds of possession: simple possession, or possession for personal use; and aggravated possession, or possession of drugs not for the offender’s exclusive use.

Under the Drug Dependence (Treatment not Imprisonment) Act 2014, a person found in possession of a small amount of drugs for personal use is tried in front of the Commissioner of Justice in an attempt to divert them from the criminalising impact of contact with the Criminal Justice System. To this effect a first offence is punishable through a fine. Any offender who commits a second offence within a period of 2 years is required to attend the Drug Offenders Rehabilitation Board, where he or she is assessed for drug dependence and any necessary order may be issued. In the case of an offender who commits a limited number of offences as a result of drug dependence, the Court may assume the function of a Drug Court and refer the offender to the Drug Offenders Rehabilitation Board.

This new legislation was an extension of a diversionary project proposed by the National Commission on the Abuse of Drugs, Alcohol and other Dependencies in 2012

24. **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)**, “Malta: Country Drug Report 2019”. Available online: http://www.emcdda.europa.eu/publications/country-drug-reports/2019/malta_en.

that aimed to divert first time offenders away from the criminal justice system towards some form of intervention.

Treatment to be available, accessible, affordable and science-based, with the best practices

The Maltese National Drugs Policy (2008) streamlines the actions of the government and non-government bodies responsible for delivering services to drug users by seeking to improve the quality and provision of drug-related services and aiming to promote health, well-being and social cohesion. It also highlights the cooperation between service providers and other health and social professionals and institutions to ensure a multidisciplinary approach to treatment provision.

Treatment in Malta includes: specialised outpatient services; low-threshold services; inpatient treatment programmes; detoxification treatment; and OST.

NGO-based outpatient services offer long- or short-term support through social work, counselling, group therapy, and psychological interventions, while low-threshold programmes offer day-care services.”

OAT is provided by the Substance Misuse Outpatient Unit (SMOPU). Methadone maintenance treatment has been available in Malta since 1987, with take-home methadone prescriptions available since 2005. Buprenorphine was introduced in 2006. It is also available as a take-home treatment by prescription from either SMOPU or a general practitioner. Dihydrocodeine is prescribed in rare instances.

The Government committed itself to the construction of a new centre to provide interventions for minors that will house a maximum of 20 adolescents.

Prevention must be based on science, facts and best practices

School-based programmes primarily focus on the development of life skills such as enhanced self-esteem, the ability to resist peer pressure and decision-making and on increasing young people’s abilities to express their feelings and encouraging problem-solving skills. Universal family-based prevention programmes in an interactive environment generally tackling topics related to parenthood, such as leadership styles, communication and child development.

Few interventions are subjected to rigorous and scientific evaluation.

Data collection as a part of the right to access information for the community and the professionals

Both the government and university departments play an important role in undertaking research, which is mainly funded by the public sector. Drug-related research findings are disseminated by the national focal point through regular meetings with partners, direct mailing to interested parties, the media and on the national focal point website.

The introduction of the Master of Science in Addiction Studies as a joint initiative between the Faculty of Social Wellbeing and the Faculty of Medicine and Surgery in 2019 is expected to reasonably increase the number of scientific studies on drug use on the Maltese islands. This evidence can then be fed into the policy cycle.

Rehabilitation and social reintegration

Five inpatient units are available in Malta, of which three are therapeutic communities. The residential programmes provide a holistic, multidisciplinary approach to therapy in a communal living environment, and attempt to guide clients towards abstinence.

A National Audit was conducted by the National Audit Unit in 2012²⁵: "NAO noted that programmes specifically dedicated at addressing reintegration into society from an employment perspective were generally limited across the various service providers. Nonetheless, Caritas' practice of assigning an employee, albeit on a part-time basis, to organise suitable training for residents, provide assistance in job seeking, and subsequently follow up when actually in employment is commended. The other service providers also delivered similar support functions; however, these were less formal in terms of design and delivery."

The Rehabilitation In Society Malta Foundation (RISe)²⁶ started providing a reintegration service for prisoners, many of whom are substance abusers. The service is based on the principles of Restorative Justice. The service will continue to work with the Corradino Correctional Facility and prepare offenders for re-integration in society. As a result of this re-integration the rate of recidivism is expected to decrease therefore enhancing the general public safety.

Access to treatment and care for specific populations: people who use drugs in

25. **Malta National Audit Office (NAO)**, "Performance Audit: Tackling Problem Drug Use in Malta". Available online: <http://www.emcdda.europa.eu/system/files/attachments/5286/National%20Audit%20Office%20%282012%29%20Performance%20audit%20-%20Tackling%20problem%20drug%20use%20in%20Malta.pdf>.

26. <https://maltacvs.org/voluntary/rehabilitation-in-society-2/>

prisons, sex workers, pregnant women, migrants, refugees, elderly, etc.

The Leap Project²⁷ aims to consolidate community resources and networks to address social exclusion issues. Other target groups are young people in schools in deprived areas, juvenile prison inmates and young offenders. Agenzija Appogg²⁸, the national agency for children, families and the community, and Sedqa have brought together professionals from several fields to develop a project that aims to offer individual guidance and counselling to adolescents who are referred for support as well as their parents and partners. The unit also offers crisis intervention when homelessness or abuse is involved.

A special harm reduction centre for women who [use] drugs is operated by Caritas and provides sheltered accommodation and intensive therapy to clients who cannot achieve abstinence in the short term. Protection from different forms of violence and from involvement in sex work is also provided.

To finish with, Malta has developed a specific answer towards people who use drugs in prisons.

According to the most recent data, in 2014 around 43 % of prisoners in Malta had a history of drug use prior to imprisonment and one quarter had been in drug treatment.

On entering prison, inmates undergo medical screening, which is followed by a consultation with the psychosocial team. Substance use problems are usually assessed with standardised tools. On admission, all prisoners are also tested for human immunodeficiency virus and hepatitis B virus (HBV) infections.

Most prisoners undergoing drug treatment in prison receive opioid agonist treatment (OAT). OAT is initiated at a hospital's forensic unit and the inmates are transferred back to prison once they are stable. Additionally, there are protocols for the transfer of inmates to selected drug rehabilitation units. Drug treatment agencies offer counselling and support services to inmates inside the prison, including assistance with social reintegration. Since 2007, a vaccination programme for HBV has been in place.

Activities are undertaken to prepare inmates for release, but it is not within the remit of the prison to provide continuity of care.

Fights against stigma and raising awareness in the society as a whole

Raising awareness methods include discussions on drug and alcohol misuse through local councils, youth organizations, religious societies and social

27. <https://fsws.gov.mt/en/leap/Pages/default.aspx>

28. <https://fsws.gov.mt/en/appogg/Pages/overview-appogg.aspx>

and political clubs. Community and church activities, drug awareness talks, exhibitions, concerts and drug-free activities are organized at specific times of the year and are aimed at the general public.

Law adaptation to the human rights approach especially for minors and non-trafficking users

The conservative and punitive approach of the past was abandoned and substituted by a more lenient legislation that centres its focus around the victim's treatment.

The Drug Dependence Act (treatment not imprisonment) is one form of a human rights approach in Malta.

Promoting the right of people who use drugs to create their own NGOs and self-help groups

There are five main drug treatment providers: three are funded by the government and two are non-governmental organisations (NGOs) partially funded by the government.

Promoting the right to access treatment for all the consequences of drug use (such as AIDS, HIV, etc.)

Harm reduction methods include access to clean injecting equipment (Needle and Syringe programs

are also available), testing and counselling for infectious diseases such as human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV), risk awareness and HBV vaccinations. Blood screening and counselling for infectious diseases are provided at the substance misuse outpatient unit, in prison and at the sexual health clinic.

Needles and syringes are distributed at seven fixed locations across the country. In 2017, around 316 000 syringes were distributed through these specialised facilities, showing a decrease for the second consecutive year. This perhaps coincides with the registered decrease in injecting behaviour among individuals in treatment. A special harm reduction centre for women who inject drugs is operated by Caritas and provides intensive therapy to clients who cannot achieve abstinence in the short term as well as sheltered accommodation.

Promoting every strategy aiming at reducing the health, economic, social and legal consequences of drug use

Maltese National Drugs Policy adopted in 2008 is to achieve a high level of health protection and social cohesion by preventing and reducing drug-related harm to health and society, ultimately promoting a culture that discourages the use of illicit drugs.