



L-Università ta' Malta  
Faculty for Social Wellbeing

**SAVE A LIFE**  
FOUNDATION

# Substance use in adolescence and emerging adulthood

TRENDS, DEVELOPMENTS AND TRANSITIONS

Commissioned and funded by Save a Life Foundation  
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## Saving A Life

FOREWORD BY CLAUDIO GRECH, M.P. CHAIRMAN SAVE A LIFE FOUNDATION

The anguish of parents who have lost their children to drugs is the greatest form of suffering I have ever experienced in my public life. Substance abuse brings total devastation in the lives of victims and their families. As a society we have a duty of care towards these victims and all those of us in a public role shouldn't shun those facing addiction problems. Indifference or outright prejudice against people facing addiction challenges is the worst form of societal response.

Eight years ago, my wife and I set up the Save A Life Foundation with a mission to build positive mechanisms through which we can understand better what leads to addiction problems and take the initiative in investing and implementing projects intended to strengthen prevention in our local communities.

This is what motivated us to team up with the Faculty for Social Wellbeing of the University of Malta to fund the conduct of an extensive research on substance abuse among children and young people in Malta. The exceptional academic team of the Faculty has delivered a timely and invaluable study which blends primary and secondary data together with the viewpoints of leading youth and addiction experts.

The findings from this study will equip those engaged in the relentless efforts against substance abuse and addictions with a deeper insight into trends among children and youths. There is no single, simple answer to the perpetual question of what leads to substance abuse and addictions. However, this study clearly underlines the importance of building policy on the basis of evidence and by drawing on the knowledge and depth of experts.

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The findings reflect also the complexity of the issues and the factors at play in this sensitive area. The risk and protective factors that emerged from the study grounded in the trends of substance abuse particularly in the onset and peak phases are crucial pointers we need to actively consider in our policy and prevention response.

Our Foundation is encouraged by the fact that prevention remains a primary asset in facing the onset of substance abuse and the evolution of addiction behaviours. Active engagement of young people remains a key priority for our Foundation, something which we shall emphatically pursue in our efforts over the next years.

A heartfelt thanks to Profs. Andrew Azzopardi, Profs. Marilyn Clark, Ms Olga Formosa, Mr Manuel Gellel, Ms Carmen Mangion and all the team that worked on this study. The passion and commitment with which they have engaged in the project is an inspiration and a apt reminder of the wealth of knowledge, depth and competence that we have in our country.

**Claudio Grech, M.P.**

Chairman  
Save A Life Foundation



# The challenge we face!

FOREWORD BY PROF. ANDREW AZZOPARDI, DEAN FACULTY FOR SOCIAL WELLBEING

The commissioning of this research by the Save a Life Foundation to the Faculty for Social Wellbeing is another important building block in helping us navigate around the challenges that we are experiencing in the addictions sector. There is no way that such a mammoth phenomenon can be dealt with in isolation but all the parties involved, practitioners, academics, voluntary organisations, politicians and policy makers need to find ways how to draw in their expertise and knowledge base and really take on this social scar collectively. It is a privilege, as a Faculty, to be able to partake in this effort and this compendium and analysis of data will for sure provide the cornerstone for the development of policy in this sector. We believe that this scholarship will contribute to the academic, policy, political and strategy field – all it takes is to 'listen' to what the data is telling us.

This work was crafted through a team of researchers led and authored by the Principal Investigator, Prof. Marilyn Clark, who is one of the leading experts in the field known not only locally but also internationally. The backbone of this work was compiled by our Research Support Officer, Ms Olga Formosa and the advisory committee was composed of Mr Manuel Gellel, Ms Carmen Mangion and a number of students contributed as well.

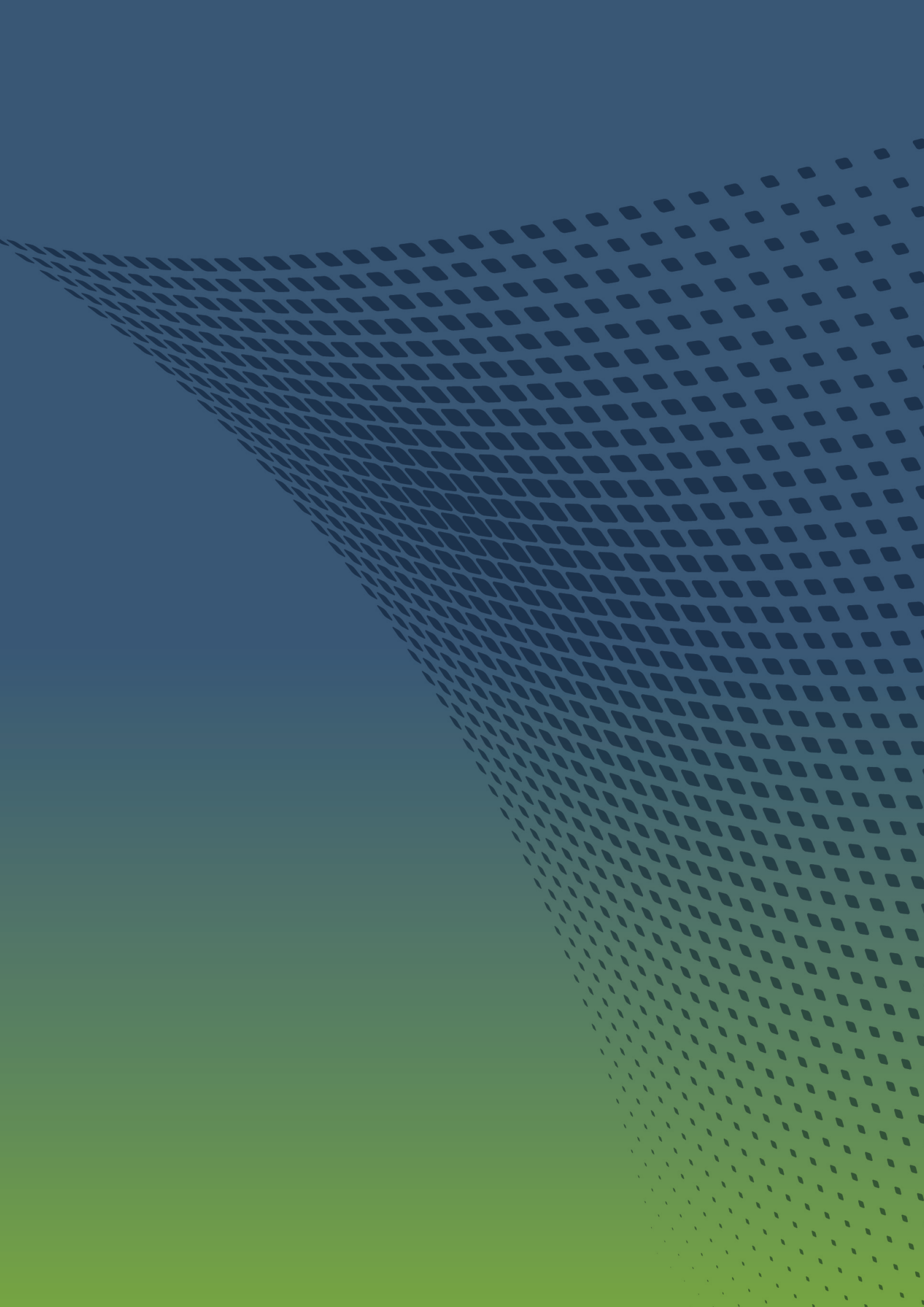
As a Faculty, every opportunity to contribute to the socials sector is taken on board with passion and drive. We look forward to further collaboration with this Foundation. It has been a privilege to work closely with On. Claudio Grech MP a politician I esteem highly.

**Prof. Andrew Azzopardi**

Dean

Faculty for Social Wellbeing







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# Executive Summary

Substance use trajectories most often commence during the adolescent years (Sampson & Laub, 2016; White et al., 2005), may escalate in emerging adulthood (Andrews and Westling, 2016; Arnett, 2016) and most often are terminated on entry into adulthood (Prins, 2008). Some individuals move on to use drugs problematically.

A wealth of evidence supports the significance of age in relation to risky behaviours, including substance use (Sampson & Laub, 2016). Extensive research indicates that substance use at a young age, particularly during early adolescence, has more serious consequences than it would otherwise have if substance use started later on in adulthood (Griffin et al., 2000). Understanding the prevalence of youth substance use is therefore an important consideration for policy and service development. Researching trends in adolescent substance use, sheds light on the effectiveness of prevention efforts and alerts prevention science to new emerging risk behaviours.

The Save a Life Foundation in collaboration with the Faculty for Social Wellbeing therefore embarked on this research project documenting the state of play of knowledge into youth substance use in the Maltese context. This project brings together the vast array of statistical data available on the subject and compiles this into a meaningful review that is theoretically based and located within a sociological understanding of Maltese society in the early 21st century.

This project was guided by the following objectives:

- to compile into one comprehensive document the developing trends of youth substance use on the Maltese Islands in the last two decades;
- to locate these within a theoretical understanding of youth and youth transitions on the Maltese Islands;
- to explore the perspectives of experts in the youth and addiction sectors on substance use among youth in Malta; and
- to make recommendations for research, policy and service development.

**Chapter 1** introduces the subject matter, presents a rationale for the study and identifies the research questions and methodological approach. The study uses a mixed methods approach drawing on both primary and secondary data.

**Chapter 2** presents a descriptive literature review on the topic of youth and youth substance use located within a theoretical understanding of youth and youth transitions on the Maltese Islands.

With a focus on 13 – 30 year olds, as defined by the Maltese national youth policy, this chapter presents a brief history of the development of the understanding of adolescence. The sociohistorical transformations and the rapid changing times impact the experiences of adolescents, offering young people both new opportunities and risks (Beck, 1992). Arnett (2004) in fact, argued that the experiences of young people in technologically advanced societies changed dramatically and coined the term 'emerging adulthood' as a new universal life stage where young people are no longer adolescents but are not yet adults.

The chapter provides a review of theories of adolescent development and concludes with Bronfenbrenner's ecological theory (Bronfenbrenner & Morris, 1998) framing the transitions

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young people go through in their life course. The chapter proceeds towards a review of different aspects of development in adolescence and emerging adulthood and the situation of young people in late modernity and in the local context. The recent decades are marked by major changes which brought about progress and innovation, as well as changes for young people. The chapter concludes with a review of the risk and resiliency factors surrounding substance use in adolescence and summarises some of the main findings from international data since local studies on risk and resiliency factors for substance use among young people are limited.

Drawing on the seminal work of Bronfenbrenner, (1977; 1979), for the purposes of this review, risk and resiliency factors are discussed in relation to five domains in the young person's life: (i) individual, (ii) family, (iii) peer, (iv) school/employment and (v) the wider community, and the interrelations among these dimensions.

**Chapter 3** presents an analysis of the primary and secondary data collected. This chapter discusses trends in youth substance use and looks into specific categories of substances from alcohol, through tobacco, cannabis, the non-medical use of prescription drugs (NMUPD) and other drugs. We present findings related to the onset of use of these substances, their prevalence, availability, and factors surrounding young people's use of these substances. Treatment data are also presented. Finally, the perspectives of 11 youth and addiction experts are analysed and discussed in view of the observations drawn from the secondary data. Chapter 4 presents the main findings and a number of recommendations for policy, further research and prevention as outlined below. The review of the literature and the findings from both the primary and secondary data collected for the purposes of this study lead to a number of conclusions:

- While according to Maltese national youth policy young people are persons between the ages of 13 and 30, it is important to acknowledge the different developmental challenges and needs of adolescents and emerging adults (young people in their 20's).
- Young people's experiences are best understood in an ecological model that considers the impact of a number of systems including the family, the peer group, the school/workplace and the wider community; the interaction between these systems; as well as the broader cultural and historical context the young person is situated in.
- Maltese society has experienced a period of rapid social change that impacts considerably the life-world of young people in the 21st century.
- Simple answers to the question "what causes drug abuse?" cannot easily be found.
- A number of 'risk' and 'protective' factors are identified in the literature. These present themselves differentially across the development of the substance use trajectory and in relation to five domains in the young person's life: individual; family; peer group; school/employment; and, wider community.
- Onset of substance use occurs during adolescence and peaks in early emerging adulthood.

### ALCOHOL

- Alcohol consumption starts in early adolescence.
- Among 15-16 year olds in Malta, alcohol lifetime use, use over the last year and use over the last 30 days is decreasing.



- The prevalence of alcohol consumption increases with age and peaks in early emerging adulthood (18 - 24 years).
- A steady decrease in heavy episodic drinking (5 or more drinks in a row) is being observed among 15-16 year olds in Malta.
- Among 15-16 year olds in Malta, a small proportion of students appear to be drinking in a very hazardous manner, increasing their risks of negative consequences including the development of tolerance and ill health.
- Hazardous drinking is found to be common among university students.
- The gender gap for alcohol use is narrowing among 15-16 year olds in Malta but continuation of alcohol consumption tends to be more common among male respondents than females.
- Among 15-16 year olds in Malta, the percentage of Maltese young people perceiving alcohol to be fairly easy, or very easy to obtain is higher than the European average.

## **TOBACCO**

- Lifetime use of tobacco has more than halved among school children aged 15 to 16 years in Malta.
- Tobacco consumption starts in early adolescence.
- 15-16 year olds in Malta report that tobacco products are becoming less available.

## **INHALANTS**

- Inhalant use is on the decrease among 15-16 year olds in Malta.

## **CANNABIS**

- Among 15-16 year olds in Malta an increase in the perception of availability of cannabis is observed.
- Cannabis use among 15-16 year olds in Malta is lower than the European average (ESPAD, 2019).
- Males and emerging adults are more likely to hold liberal attitudes towards cannabis.

## **NONMEDICAL USE OF PRESCRIPTION DRUGS (NMUPD)**

- NMUPD is more common amongst females and increases with age.
- Trauma and interpersonal violence features significantly in female NMUPD. Women often use these drugs to cope with relational stress and negative emotional states.
- Prescription drugs are readily available.

## **OTHER SUBSTANCES**

- The use of illicit drugs, other than cannabis, is very low among the school aged population.

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### TREATMENT DEMAND

- Treatment demand has remained consistent through the years.
- Treatment is more likely to be sought and accessed by males.
- 41% of individuals accessing treatment are under the age of 35.
- The data indicates an ageing population of service users.
- The majority of individuals accessing treatment report doing so mainly due to heroin use. This trend has gradually been decreasing in the past years, while the use of cocaine as primary drug among service users has increased.

### RECOMMENDATIONS FOR POLICY

Recognising the importance of having an evidence based strategy to ensure co-ordinated action on substance use.

- Policy addressing young persons who use drugs must be evidence-based, integrated, balanced and multidisciplinary.
- Policy addressing young persons who use drugs should recognize the association between age and substance use and that substance use trajectories are likely to come to an end at the time of middle emerging adulthood with only a minority of those using substances in their youth escalating to more problematic use in adulthood.
- Policy addressing young persons who use drugs should incorporate the following core elements: it should be based on human rights; consider the gender dimension; focus on individual user needs; decrease stigma; and include the voice of civil society.
- Policy addressing young persons who use drugs should be phrased in an empowering positive discourse that promotes young people's agency.
- Policy addressing young persons who use drugs should recognise the intersection of a number of structural variables in the lives of young people.
- Policy addressing young persons who use drugs should consider other policies addressing youth such as the National Youth Policy.
- Policy addressing young persons who use drugs should factor in the life domains young people find themselves in most notably: the family, peer group, school/workplace and the wider community.

### RECOMMENDATIONS FOR RESEARCH

Recognising the importance of monitoring and research mechanisms in informing policy and interventions. • Research on prevalence of substance use among the 16 to 30 age group needs to be collected in a regular and consistent manner. It is recommended that studies on students in post-secondary and tertiary education are undertaken at regular intervals and in a systematic manner. • Research on the risk and resiliency factors for substance use within the local context should be prioritised. • Longitudinal studies identifying participants at relatively early ages and following them over time to examine how predictor variables are related to outcomes at later ages should be initiated Substance use trajectories are best untangled using longitudinal research. • Funding for research on youth substance use should be made available.





## RECOMMENDATIONS FOR PREVENTION

Recognising the implications that the research evidence presents for intervention.

- Responses to the drug situation must be evidence based and innovative.
- Prevention should not only focus on substance use but should aim to foster the healthy and safe development of young people and allow them to develop their potential.
- Prevention should ensure the active engagement of young people in the numerous systems where they live: the family, the peer group; the school and the workplace and the wider community.
- Prevention activities should focus on those risk and protective factors that evidence shows contribute to substance use.
- The aim of prevention should be to prevent onset, delaying the age of onset of substance use and avoid the progression to problematic use and the development of a substance use disorder.
- Prevention must be gender sensitive to halt the evident narrowing of the gender gap in alcohol use

### Glossary

ADHD	Attention Deficit Hyperactivity Disorder
CUDIT-R	Cannabis Use Disorder Identification Test - Revised
EHIS	European Health Interview Survey
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU	European Union
FSWS	Foundation for Social Welfare Services
GPS	General Population Survey
HBSC	Health Behaviour in School Children (Survey)
NCADAAD	National Commission on the Abuse of Drugs, Alcohol and Other Dependencies
NGO	Non-Governmental Organisation
NMUPD	Non-Medical Use of Prescription Drugs
PTSD	Post-Traumatic Stress Disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	Substance Use Disorder
UOM	University of Malta
Youth	13 – 30 year olds (as defined by the Maltese national youth policy)
WHO	World Health Organization





# Chapter 1: Introduction and Methodology

## 1.1 PREAMBLE

The life stages of adolescence and emerging adulthood mark a developmental period when young people negotiate a number of significant changes and developments. These include biological, cognitive, emotional and social changes which bring the possibility of both risk and opportunity (Clark, 2012). In late modern societies, youth transitions are becoming increasingly complex, protracted and difficult to navigate. The status of being young requires the young person to work through several changes, develop competencies, and cope with new challenges. Substance use careers often have their onset in the early adolescent years (Sampson & Laub, 2016; White et al., 2005). There is increasing evidence to support the hypothesis that age is related to engagement in risk behaviours such as substance use (Sampson & Laub, 2016). Extensive research indicates that the use of substances at a young age, particularly during early adolescence has more serious health consequences than it would otherwise have if substance use started later (Griffin et al., 2000). Mapping youth substance use is an important consideration for policy and service development. Substance use trends change rapidly and both policy makers and practitioners need to be well informed on the latest developments in the use of psychoactive substances. In recent years, Maltese young people have been introduced to new psychoactive substances such as synthetic cannabis. Data also indicates a narrowing of the gender gap in substance use amongst young people. The increased use observed among girls is a concerning trend.

The evidence base shows that substance use during the pivotal stage of adolescent development impacts the individuals' physical and psychological health, as well as potentially influencing educational progress. In the longer term it may influence their relationships and general wellbeing and may develop into a substance use disorder. Progress in the substance use trajectory is NOT inevitable. Knowledge about youth substance use trends informs policy makers, prevention specialists and treatment providers. The substance use phenomenon and its challenges need to be tackled comprehensively and with determination. In June 2020 the European Commission published the EU Agenda and Action Plan on Drugs 2021-2025. This agenda highlights that responses to the drug situation must be evidence based and innovative. It also takes an integrated and multidisciplinary approach.

This study documents the state of play of knowledge into youth substance use in the Maltese context. It brings together the vast array of statistical data available on the subject and compiles this into a meaningful review that is theoretically based and located within a sociological understanding of Maltese society in the early 21st century. The study utilises secondary data as well as some primary data collection with identified experts. Taking stock of what is known locally regarding young people's involvement in substance use is a critical requirement for a deeper understanding that can then inform policy and practice. An organized and rigorous evidence base remains the most effective tool for developing and evaluating efforts aimed at reducing substance use. Research and monitoring ensure that such policy keeps abreast of evolving trends and addresses the real needs of Maltese society and young people within it.

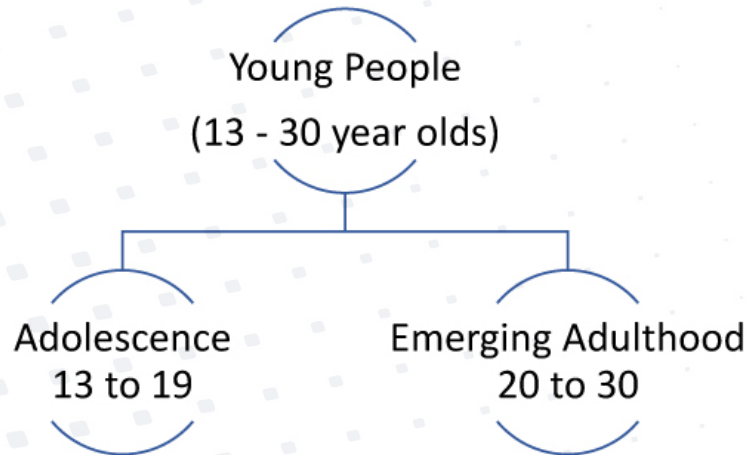
## 1.2 THE MAPPING OF YOUTH SUBSTANCE USE IN MALTA

According to Maltese national youth policy, young people are individuals aged between the ages of 13 and 30 (Parliamentary Secretariat for Research, Innovation, Youth and Sport, 2015). In reality, this constitutes a heterogeneous group and young people in different age groups have different needs and experiences. Overall, this period in the lifespan is perhaps best conceptualised as a transitional stage from childhood, through to adolescence and into



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adulthood (Clark, 2012). In this report, for the sake of a more cogent analysis the period between 13 and 30 is being subdivided onto further distinct developmental stages: adolescence and emerging adulthood as displayed below.



**Figure 1: Division of 13 – 30 year olds age bracket into distinct developmental stages**

The transition into adulthood brings with it several developmental changes and challenges, marking young people's trajectory into an independent life as adults. The intricate manoeuvring through these transitions for youth in late modern societies (Stokes, 2012), compounded by the changing nature of these transitions, creates a multifaceted series of challenges and goal posts that are ever more complex to navigate (Cieslik & Pollock, 2002). The implications of age on risky behaviour are strongly documented in research. This includes the use of substances (Sampson & Laub, 2016). Research findings also indicate that as they develop into adulthood, although some risks still remain, the tendency is to age out of substance use (Prins, 2008). While experimentation with substance use tends to start during adolescent years when several emotional, social, cognitive and biological changes take place, this typically fades as adult roles start emerging in early adulthood (Sampson and Laub 2016; White et al., 2005; Andrews and Westling, 2016). Mitigating and delaying experiences involving the use of substances may reduce the risks of substance use developing into a substance use disorder (SUD) (Griffin et al., 2000). The impact of substance use on overall health is documented to have considerably more serious consequences when it occurs at a young age, particularly during early adolescence as compared to later stages of adulthood (Andrews and Westling, 2016). The area of substance use amongst youth is a research priority in Europe and elsewhere. Physical, socio-cultural, psychological and environmental factors all play a role in the trajectory of substance use and the risks of commitment to this behaviour are multidimensional. The risks and consequences of substance use at a young age are many and can range from physical to psychological issues, the development of criminal associations and difficulties with the justice system as well as the longer-term stigmatisation resulting from these, cognitive impairment and lower educational achievement (Whyte et al., 2018). These risks therefore highlight the importance of monitoring mechanisms. Such monitoring of substance use in the Maltese population has been underway for a number of years. Surveys are regularly conducted which serve as a valuable tool, providing a 'snapshot' of drug use in the community and informing policy makers and service providers about substance use among specific categories of the Maltese population.

### 1.2.1 Survey research – self reported drug use among youth

A main advantage of self-report surveys is that they can be administered to large representative samples with little effort and cost allowing for generalisability. Self-reported data does however have its limitations. Participants may not always respond truthfully, more so given the sensitive nature of questions in drug use questionnaires. Social desirability may influence them to respond in a socially acceptable manner. Other issues effecting the validity and reliability of the questionnaire include the clarity of the items and the structure of the questionnaire.

#### **Surveys in educational settings**

The European School Survey Project on Alcohol and Other Drugs (ESPAD) is a cross-sectional study conducted every four years with school children aged between 15 and 16 and in their last year of compulsory education. Malta has participated in this survey since the start of the project in 1995. Currently, there are seven consecutive data sets available. This allows for the monitoring of changing trends in substance use among youth in Malta. The use of the same or similar research tools in the rest of Europe allows for comparability of prevalence rates between countries. The data from ESPAD can inform about the effectiveness of policy addressing substance use. The ESPAD provides comparable information about students' experience of, and perceptions about tobacco, alcohol, illicit drugs, inhalants, pharmaceuticals and new psychoactive substances. Socio-demographic data allows for comparisons between subgroups, which can help identify at risk groups (Malta National Focal Point Report, 2015). ESPAD continues to provide Maltese authorities with evidence as to the effectiveness of its universal substance use prevention efforts and to alert it to new emerging risk behaviours.

Maltese children also regularly participate in the Health Behaviour in School Children (HBSC) survey. This World Health Organization (WHO) survey is conducted every four years. The first survey was conducted in 1983/4 and there have been 8 cycles of data collection. Malta has participated since 2001/2. The survey monitors health behaviour among children aged 11, 13 and 15 years. The most recent data is for the year 2017/8.

In 2006, a joint enterprise between the Maltese National Commission on the Abuse of Drugs, Alcohol and Other Dependencies, the National Focal Point for Drugs and Drug Addiction and Sedqa, the National Agency Against Drug and Alcohol Abuse explored substance use amongst 1,226 full-time, 18-24 year-old students in post-secondary and tertiary education (FSWS, 2006). This study addressed a major gap in data collection for this age group. The study has not been replicated.

#### **General population surveys (GPS) investigating substance use**

GPS measure substance use in the general population and include persons over the age of 18. They gather data on the patterns of use of various substances, as well as attitudes and perceptions of different age groups. GPS use national representative samples. According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), surveys of drug use in the general population started to be conducted in European countries during the 1990s (EMCDDA, 1997), as a result of heightened awareness of youth drug use.

Three main functions of GPS's have been identified (Ramsay, 2002, pp 11):

- They inform the regulation or control of prohibited drugs, for instance by tracking changing levels of drug prevalence within particular countries.
- They can shed light on health behaviour, lifestyles and risk prevention, teasing out the



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extent to which different kinds of people are either more or less likely to use prohibited drugs. In other words, the focus here is on mapping patterns of use, both geographically and demographically.

- They can inform discourse about drug policy and drug laws, enabling informed international comparisons to be made.”

Malta has to date conducted two general population surveys (2001, 2013) targeting individuals aged 18 to 65.

Other surveys The European Health Interview Survey (2008, 2014/15 2019/20) targets the population aged at least 15 and living in private households. It explores the health status of participants, their health care use, determinants of health and socio-economic background. Malta implemented its first National Health Interview Survey in 2002.

### 1.2.2 Academic Research

Student dissertations at both undergraduate and postgraduate level, as well as research projects by University of Malta academics provide a valuable source of information on youth substance use. Although sample sizes tend to be small, they give a snapshot on selected issues of concern.

### 1.2.3 Treatment demand data

Malta engages in regular, case-reporting of standardised data on high risk drug users accessing treatment. This national data is consequently aggregated at European level. Data collected by the Maltese National Focal Point for the purposes of the national report on the drug situation in Malta (Malta National Focal Point, 2016) throws light on the number of young people who are accessing treatment for high risk drug use, providing useful information on a group that is likely to be encountering a number of coexisting difficulties. Treatment demand data is an important source of information for policy makers and practitioners.

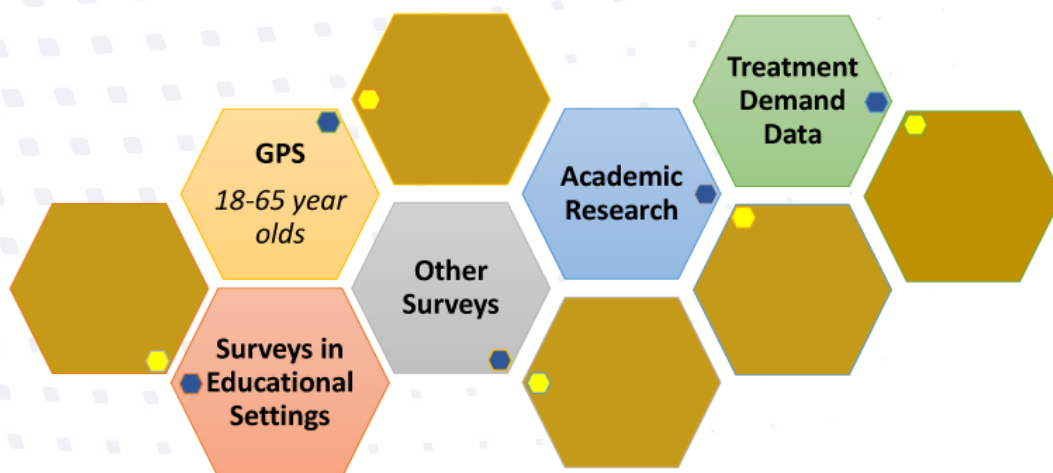


Figure 2: Visual of current mapping of substance use in Malta

### 1.3 RATIONALE AND RESEARCH AGENDA

Given that substance use among young people is extensively studied, this publication attempts to 'take stock' of the status of the evidence base and to identify gaps.

The current project aims to:

- compile into one comprehensive document the developing trends of youth substance use on the Maltese Islands in the last two decades based on existing data;
- locate these within a theoretical understanding of youth substance use and youth transitions on the Maltese Islands;
- explore the perspectives of youth and addiction experts on youth substance use in Malta; and
- make recommendations for policy and service development.

### 1.4 RESEARCH APPROACH

The above-mentioned objectives are reached through a multi-faceted research design comprising:

- (i) A literature review of international research relating to development in adolescence and emerging adulthood and to risk and resiliency factors for substance use amongst young people up to the age of 30;<sup>1</sup>
- (ii) A review of local data in relation to youth substance use within that age group;
- (iii) Expert interviews with youth and addiction experts.

The research questions in this study lend themselves to a mixed methods approach. Trends on youth substance use will be proposed through the descriptive review of extant data collected in the last 20 years. In-depth qualitative interviews with experts will offer further useful and in-1 "For purposes of national youth policy, young people in Malta are considered to be individuals aged between 13 and 30 (Parliamentary Secretariat for Research, Innovation, Youth and Sport, 2015)" depth explanations of the issues under investigation through thematic analysis (Clarke & Braun, 2017).

### 1.5 DATA COLLECTION STRATEGY

This section describes the research strategy adopted for the purposes of this report. This study uses a mixed methods approach drawing on both secondary and primary data.

#### 1.5.1 Quantitative

A review of previously collected data draws a picture on the current state of play on the topic of substance use among youth in Malta and allows for the monitoring of changing trends. Good-quality secondary data allows researchers access to high quality datasets involving large samples and containing substantial breadth. Large samples are representative allowing for greater validity and generalizability (Smith, 2008; Smith et al., 2011).

#### ***Identifying the data set***

The quantitative part of this research involved the analysis of secondary data which can inform the research questions. This secondary data was collected through a two-pronged approach:

- (i) Firstly, data from large scale surveys was reviewed with the goal of noting changing trends

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along the years of reporting. National-scale surveys included for the purposes of this review included: - HBSC (2001/2002 2005/6 2013/2014, 2017/2018); - ESPAD (1995, 1999, 2003, 2007, 2011, 2015, 2019); - General population survey GPS (2001, 2013); - European Health Information Survey (2008, 2014/15 2019/20); - Data from a survey amongst post-secondary and tertiary level students (2006)

- (ii) The second branch of secondary data was gathered through a review of small scale studies conducted by university academics, students and other entities over the last two decades. This aided in bridging gaps in the data. A thorough search for relevant material was conducted through the Malta National Focal Point for data from large-scale surveys (HBSC, ESPAD and GPS). Data from small scale studies was collected through the University of Malta library services HyDi portal using searches including 'Malta adolescent substance use', 'substance use and young people in Malta' 'University students and substances in Malta', and 'Drugs and students in Malta'. Following a filtering of the items to identify local and relevant studies, this search resulted in 90 studies that were considered for review. In the final report, a total of 30 studies are being reported on.

### **Data Analysis**

The data gathered was evaluated for appropriateness and quality in advance of actual use for this research in order to ensure that it addressed the objectives of this report, quality of the primary study and validity of the resulting dataset. In the case of small scale studies, the methodology was evaluated to ensure data was reliable. Data was then reviewed in order to extract information that could contribute to the objectives of this study. Salient findings were extracted and trends within the data noted.

### **1.5.2 Qualitative**

The data was collected through 11 in-depth interviews with experts in the field. The interviewing tool adopted was a structured interview (see Appendix A: Interview guide). This research tool organised the interview into a number of sections. During each interview attention was given to ensuring that the participants felt comfortable and secure enough to share details of their experience in the agreed interview format. The interviews were all conducted in English and Maltese. All interviews were audio recorded and transcribed for thematic analysis.

### **The sample: process and eligibility**

In line with the research objectives and criteria, the experts selected for this study were principally those who were known to have longstanding experience in the field of youth and in the field of substance use. Special attention was given to including a range of different experiences. Thus, while the sample is homogeneous in the sense of being based on a shared experience of youth and substance use, it is also diverse and includes experts from a number of disciplinary backgrounds.

Data analysis strategy

The data analysis followed a number of steps (Braun and Clarke, 2006):

Familiarization

Coding

Generating themes

Reviewing themes

### **Defining and naming themes**

The data analysis process used a systematic coding strategy designed to identify and classify



elements and concepts that emerge from the interview data. This rigorous process of analysis protects against researcher bias while attaining detail and consistency. Credibility is crucial to establishing trustworthiness in qualitative research through a faithful representation of the data. A few credibility strategies were therefore adopted. The first concerned the use of a skilled and experienced interviewer. Secondly, a systematic set of procedures to analyse the transcript data was adopted. The process was also subjected to expert review through regular exchanges and consultations where the transcripts, along with the emerging codes, were discussed among the research team. This validation process increases the rigour of the findings of the study and strengthens the trustworthiness, accuracy and validity of the results by confirming the participants' intended meanings.

***Informed consent, confidentiality and anonymity***

The participants were informed in advance about the detailed purpose and aims of the research, as well as what would be expected from them. This was presented to them in writing, through a recruitment letter (Appendix B: Recruitment and Consent Form). Voluntary participation in the project was guaranteed and the experts could withdraw from the research at any stage. Participants were told that their data would be anonymised. Ethical clearance was sought and given by the University of Malta's Research Ethics Committee.



## Chapter 2: Literature Review



## 2.1 INTRODUCTION

This chapter engages with the constructs of adolescence and emerging adulthood through an exploration of the main theoretical frameworks on adolescent development. It also examines the situation of young people in late modernity and zeros into the Maltese context. The chapter then reviews the risk and resiliency factors for substance use in adolescence and emerging adulthood. It considers the substance use trajectory, engages with the normalisation hypothesis and considers substance use in an ecological approach.

## 2.2 ADOLESCENTS AND EMERGING ADULTS

According to the National Youth Policy, young people in Malta are individuals aged between 13 and 30 (Parliamentary Secretariat for Research, Innovation, Youth and Sport, 2015). For the purpose of this study, this cohort has been divided into two subgroups: Adolescents and Emerging Adults.

The developmental stages of adolescence and emerging adulthood mark a period when individuals experience a variety of critical changes and developments, including psychological, emotional, social and cognitive changes. The status of being young and the increasingly protracted and complex transition to adulthood (Furlong et al., 2006) experienced by young individuals in late modern societies, requires the young person to negotiate several changes, develop competencies and cope with new challenges.

## 2.3 HISTORY AND THEORIES OF ADOLESCENT DEVELOPMENT

Plato (c. 428—347 B.C.) argued that reasoning starts during adolescence, while Aristotle (384—322 B.C.) claimed that adolescents have the ability to choose and highlighted the development of self-determination. In the eighteenth century, the French philosopher Rousseau (1778-1712)

distinguished adolescence from adulthood, claiming that development has specific and distinct stages. By the end of the nineteenth century and the beginning of the twentieth century the concept of risk became associated with this period in the lifespan (Santrock, 2018). Stanley Hall (1904) described adolescence as a time of 'storm and stress' characterized by conflicts and mood swings. In contrast to this is Mead's (1928) empirical field study, which gives a vivid descriptive account of adolescents in Samoa, argued that the essence of adolescence is sociocultural. The beginning of the twentieth century saw the enactment of legislation "that ensured the dependency of youth and made their move into the economic sphere more manageable" (Santrock, 2018, p. 4) The sociohistorical transformations and rapid changing times of the twentieth and the twenty-first centuries, such as the revolution in information technology, the restructuring in the area of employment, the new opportunities in post-compulsory education, the transformation of the role of women, changes in the structure of the family, continued to impact the experiences of adolescents offering young people both opportunities and new risk (Beck, 1992).

Arnett (2004) argues that the experiences of young people in industrialised societies has changed dramatically and a new developmental stage has been created between adolescence and adulthood. He coined the term 'emerging adulthood' claiming that this is a new universal life stage where young people are no longer adolescents but are not yet adults. During this phase young people explore new opportunities to work, travel and study, stay longer in education, postpone commitments and regard work as identity based rather than a way to earn money. It is a time when they release themselves from childhood

## Substance use in adolescence and emerging adulthood

dependency, seek new opportunities and feel confident to start taking decisions and long-term commitments. Young people go through profound adjustments during this time of contrasting realities, different perspectives and various priorities.

The psychoanalytic literature emphasizes the importance of early bonds between a parent and a child and how the experiences early in life influence the adult personality. Erikson (1950) highlights the social aspects of child development claiming that change occurs through the life span and therefore later experiences are also important. An important concept of Erikson's theory is the acquisition of identity arguing that due to rapid social change the older generation cannot provide adequate role models. Therefore, peers play a significant role during this time of development.

Piaget (1954)'s cognitive developmental model documents how adolescents can think logically about abstract notions. Vygotsky (1962) emphasizes the role of social interaction and culture in development. Information processing theory documents how adolescents develop an increased capacity for processing information, furnishing them with increasingly complex knowledge and skills (Kuhn, 2013). Bandura's (1999) Social cognitive theory proposes that observation plays a major role in the development of adolescents.

Bronfenbrenner's ecological theory (Bronfenbrenner & Morris, 1998) is significant for the understanding of adolescent development. Development reflects the influence of five environmental systems. The microsystem is where the adolescent lives and includes the family, the school, the peer group and the neighbourhood. The mesosystem includes the networking between microsystems. The exosystem refers to links between the social setting and the individual's immediate context. The macrosystem includes the culture the adolescent is reared in. Finally, the chronosystem refers to the transitions young people go through in their life course within a specific historical epoch.

### 2.4 DEVELOPMENT

During adolescence the young person develops physically, cognitively and emotionally. A stronger sense of self and advanced patterns of reasoning are developed. The young individual moves away from being attached to parents, to developing new attachments with peers. It may be a stressful time but most young people manage to overcome the challenges encountered during this phase. It is also a time of exploration and uncertainty (Arnett, 2000). Rapid physical development and maturation commences during adolescence. Puberty is a dynamic process which usually takes place between about 9 and 16 years of age (Sanrock, 2018, p. 50). It is a time of rapid physical maturation involving bodily and hormonal changes. Researchers argue that sociocultural and environmental factors may impact the onset of puberty. Adolescents in developed countries reach puberty earlier than young people in less developed countries and rural areas (Graham, 2005). Other experiences like low socioeconomic status, family conflict or child maltreatment impact the onset of puberty. Psychologically, during this time of puberty, girls get more dissatisfied with their bodies, especially because of the increase in body fat (Markey, 2010; Yuan, 2010). Early maturation for girls may be a stressful experience, resulting in emotional problems, poor self-image, low self-esteem and anxiety (Ge et al., 1996). In contrast to this, boys are more satisfied due to the increase in muscle mass which make them look stronger and therefore popular with their peers.

In adolescence the brain continues to develop (Giedd, 2008). Major structural changes occur,



for example, in the corpus callosum, where the nerve fibres that connects the brain's two hemispheres thicken to process information more effectively. The prefrontal cortex, the 'judgement' region, continues developing until emerging adulthood while the amygdala, where passions such as anger are located, develops before. Due to this, there are situations where adolescents may act without thinking, seeming to be impulsive. During adolescence the brain experiences considerable development and the vulnerability to stress and risk-seeking behaviour escalates. Stressful circumstances heighten the potential for substance use. Adolescents are also prone to egocentrism and often feel they are invulnerable (Elkind, 1967).

During adolescence and emerging adulthood, the young individual continues to develop self and identity, seeking to answer the question 'Who am I?' It is a time of identity moratorium where adolescents experiment with identities (Erikson, 1968), leading young individuals to experience some role confusion. During this time when adolescents are discovering new attachments away from their parents, peers and friends play a pivotal role as they provide them with the opportunity to try out different identities.

The life of adolescents and emerging adults is wrapped in sexuality (Diamond & Savin-Williams, 2009). During this stage young individuals engage in sexual exploration. Adolescents and emerging adults are curious about what the future holds for their sexual lives. However, this has to be seen against the broader context of the sexual culture. Developing a sexual identity is a lengthy process which involves dealing with emerging sexual feelings.

## **2.5 YOUNG PEOPLE IN LATE MODERNITY**

The recent decades have been marked by major changes which brought about progress and innovation. The restructuring of the institutions of the family and employment, the revolution in information technology and the change of the status of women in society have had an impact on society as a whole and particularly on youth. Young people are staying longer in education and prolonging the transition into the labour market, thus postponing independence. Giddens (1990) argues that the key forces in late modernity are the disembedding of time and space and the loss of tradition. What used to separate the local from the global and the past from the future is no longer distinct and clear. In traditional cultures behaviour patterns were handed down from one generation to the other but tradition has lost its power. Young people have become agentic in making individual choices. Beck (1992) and Giddens (1990) view the processes of individualization and subjective dis-embedding as the signs of late modernity and the conditions which create an environment where deviance is likely to rise. According to Rutherford (1992), young people who have domestic or employment responsibilities are less likely to engage in deviant activities. In reality, young people today are postponing their responsibilities and are delaying key transitions.

## **2.6 THE MALTESE CONTEXT**

Malta, like the rest of the world, has recently experienced a number of socio-economic, demographic, cultural and institutional changes. Particular aspects such as an island mentality, a strong Catholic influence, free education and a stipend attached to non-compulsory education, impact the decisions of Maltese young people. Even though some traditional modes of behaviour have been retained, Malta has moved towards a more pluralistic society (Baldacchino, 2016). Employment has changed and young Maltese people no longer find themselves in traditional secure eight to five jobs but often in short-term contracts (Bauman,

## Substance use in adolescence and emerging adulthood

1998). Family life has also gone through extraordinary changes that transformed the once family-oriented society (Tabone, 1994). The change of the status of women in society, the redistribution of power between males and females, the introduction of divorce and civil partnership, the legalization of same sex marriage and the right to adopt children, changed the traditional family model. Notwithstanding this, family still plays a pivotal role in the life course of young people in Malta.

### 2.7 RISK AND RESILIENCY FACTORS FOR SUBSTANCE USE IN ADOLESCENCE AND EMERGING ADULTHOOD

According to Spooner (1999) simple answers to the complex question “what causes drug abuse?” cannot easily be found. In attempting to understand why young people use/abuse drugs it is very difficult to account for the complete range of potential relationships. A metatheoretical approach to the study of substance use and progression to problem use that gained popularity in the 1990’s but that remains prominent today is that of ‘risk’ and ‘protective’ factors (Newcomb et al., 1986; Bry, 1983). This section summarises some of the main conclusions that can be made from the existing evidence base on risk and resiliency for substance use. It provides a descriptive review. The conclusions are drawn mainly from international data as local studies on risk and resiliency factors for substance use and abuse among young people are limited.



According to Spooner (1999), simple answers to the complex question “*what causes drug abuse?*” cannot easily be found.

Clayton (1992) defines a risk factor as “an individual attribute, individual characteristic, situational condition, or environmental context that increases the probability of drug use or abuse or a transition in level of involvement with drugs” (p. 15), and a protective or resiliency factor, as one that “inhibits, reduces, or buffers the probability of drug use or abuse or a transition in level” (p. 16). A combination of risk factors and protective/resilience factors, According to Spooner (1999), According to Spooner (1999), simple answers to the complex question “what causes drug abuse?” cannot easily be found throw light on possible predictors. Such a meta-theoretical approach stresses the complex multi-faceted character of youth substance use. Drawing on the original seminal work of Hawkins, Catalano and Miller (1992) this review will examine how a number of contingencies presenting themselves in the individual young person as well as in the social contexts young people are located in most notably the family, peer group, educational and occupational settings, and the wider context of the neighbourhood serve as risk or protective factors.



- Clayton (1992) defines a risk factor as *“an individual attribute, individual characteristic, situational condition, or environmental context that increases the probability of drug use or abuse or a transition in level of involvement with drugs”* (p.15), and a protective or resiliency factor, as one that *“inhibits, reduces, or buffers the probability of drug use or abuse or a transition in level”* (p.16).

Spooner (1999) writes:

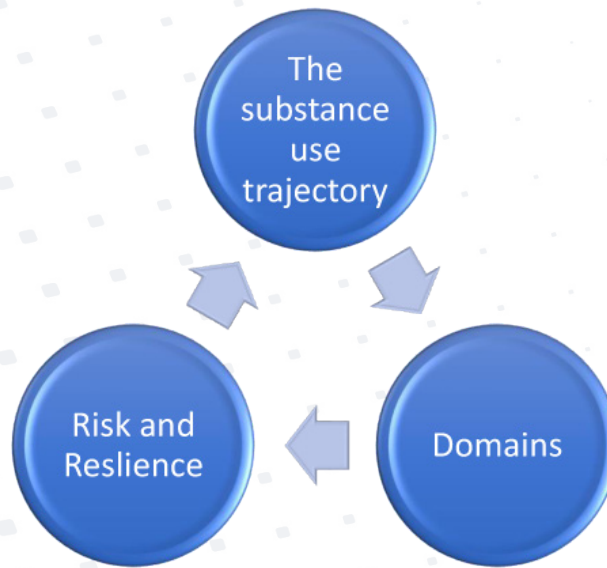
“The aetiology of drug abuse is complicated for a number of reasons. First, distinction needs to be made between variables that:

- are associated with drug abuse (precede, follow, or co -exist with drug use), but are not causally related, for example, because both are caused by some other factors (correlates);
- contribute to drug abuse (risk factors);
- mediate or moderate risk factors (protective factors);
- are caused by drug abuse (consequences); and
- are contributors to drug use, as well as consequences of drug use.” (p. 453-4).

The interplay between risk and resiliency factors is further complicated by the fact that they may operate in different ways in the various stages of the substance use trajectory. Longitudinal

Clayton (1992) defines a risk factor as Clayton (1992) defines a risk factor as “an “an individual attribute, individual characteristic, individual attribute, individual characteristic, situational condition, or environmental context situational condition, or environmental context that increases the probability of drug use or abuse that increases the probability of drug use or abuse or a transition in level of involvement with drugs”or a transition in level of involvement with drugs”(p.15), and a protective or resiliency factor, as one (p.15), and a protective or resiliency factor, as one that that “inhibits, reduces, or buffers the probability of “inhibits, reduces, or buffers the probability of drug use or abuse or a transition in leveldrug use or abuse or a transition in level” studies are best suited to identify these risk and resiliency factors. Another layer of complexity may also be added because contingencies presenting themselves in the substance use trajectory are also interpreted by the individual in light of a number of personal, social and cultural conditions.

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**Figure 3: The conceptual framework used in this study to understand risk and resiliency in relation to substance use during adolescence and emerging adulthood.**

### 2.7.1 The Substance Use Trajectory

The substance use career is best conceptualised as a process with points along a continuum (Clark, 2011). On the one extreme some individuals are completely abstinent, while on the other end of the spectrum some experience substance use disorders. Substance use trajectories therefore differ in intensity of use and consequences. Cattarello et al. (1995) discuss how: 'some people never experiment; some experiment and never use again. Others use drugs irregularly or become regular users, whereas others develop pathological and addictive patterns of use' (p.152).

No firm boundaries exist between the points on a substance use continuum and progression is NOT inevitable (Clark, 2011). Many authors have discussed how the addiction career may be conceptualised as developing through a number of stages. Clark (2011) for example identifies four possible stages: Onset, escalation, commitment, desistance. The career depicts the transition from appetitive behaviour that constitutes acceptable moderate indulgence to highly troublesome and noticeable excess (Orford, 2002). It highlights how use can move from consumption that is manageable to one that is unmanageable. Control may be gradually diminished and in the stage of commitment the user experiences a conflict between liking the behaviour but knowing the harm it may be causing. Orford's excessive-appetites model (2002) assumes a complex scenario with many interacting determinants. Ecological, socioeconomic and cultural factors that can offer more or less opportunities to indulge.

The substance use trajectory has a start (onset) and an end (desistance). The career length in between (duration) may differ depending on a number of circumstances. Only a certain proportion of the population has such a trajectory and individuals engage in substance use at differing rates (frequency) (Clark, 2011). The subjective positioning of the user in relation to the path taken is given priority, while not ignoring the objective turning points in the person's



life that are important to the movement along the trajectory. The substance use trajectory is not linear and the user has the possibility of desisting at any stage or returning to an earlier level of use.

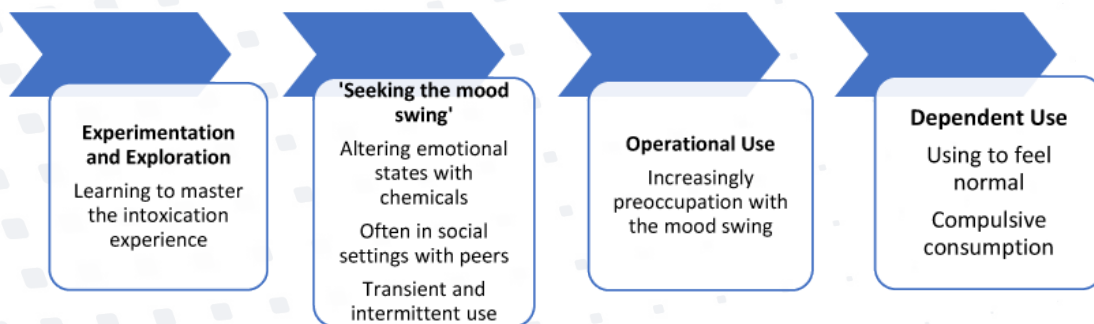
Clark (2011) further conceptualizes the substance use career as a corridor therefore highlighting that it is non-linear and that progression is NOT inevitable. Tentative flirtations with substance use often mark the start of the career and MAY be followed by decreasing restraint, culminating in commitment. However, the corridor is flanked by doors leading into more restrained behaviour and the individual is able to exit at any of the available doors. This allows for controlled involvement and change (Clark, 2011). Contingencies operate at different phases and are influenced by the psychological state and biological condition of the individual, as well as the social/cultural context the substance use is taking place in. This model is agentic in that:

*“the self system is not merely a conduit for external influences” (Bandura, 1999, p. 212) as structural and biological reductionists might claim. “The human mind is generative, creative, proactive, and self-reflective not just reactive” (Bandura, 1999, p. 190).*

Investigations into the progression of adolescent substance use indicate that young people often start their substance use trajectories with alcohol and cigarettes during the start of adolescence (Johnson et al., 2000). Substance use has been reported to increase during adolescence and in the youth population tends to peak during late adolescence and early emerging adulthood (Chassin et al., 2002; Chassin et al., 2004; Chen & Kandel, 1995; Winters & Lee, 2008) It is also important to acknowledge that young people engage in polydrug use (Sinclair et al., 2001). Longitudinal studies indicate that those who experiment with tobacco at the start of adolescence are more likely to smoke regularly later (Griffin et al., 1999) and that those who use tobacco and alcohol are more likely to try cannabis (Kandel, 2002). The large proportion of adolescents who experiment with cannabis do not progress to become regular cannabis users or to use harder drugs. The phase of elevated risk of intensive alcohol and other substance use during this period is in fact, is often followed by normative decreases in consumption between the late 20's and early 30's (Bates, 2000; Bennett et al., 1999; DeWit et al., 2000). While most adolescent substance users do not develop substance abuse or dependence disorders (Jennison & Johnson, 2001), the role of individual differences in the use trajectories of the development of SUDs across the life span is receiving increasing attention. Investigations into the progression of adolescent substance use indicate that young people start their substance use trajectories by experimenting with alcohol and cigarettes during early adolescence (Johnson et al., 2000). Longitudinal studies indicate that those who experiment with tobacco at the start of adolescence are three times more likely to smoke regularly later on (Griffin et al., 1999). Those who use tobacco and alcohol are more likely to experiment with cannabis (Kandel, 2002). The majority of adolescents who experiment with cannabis do not progress to become regular cannabis users or to use harder drugs. It is also important to acknowledge that young people engage in 'polydrug use' defined by the EMCDDA as “the use of different substances and different combinations at different times” (Sinclair et al., 2001 Muisener (1994) proposed a four stage model of adolescent substance use which he calls the adolescent substance use continuum. The stages of use overlap and specific cut off points are arbitrary. Progression is NOT inevitable. Stage 1 documents experimental use where the young person is 'learning the mood swing' and discovers the potential of chemicals to create a change in the way one feels. In this stage of experimentation and exploration with substances,

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the adolescent is learning how to experience an intoxicant effect and attempting to gain a sense of mastery over the experience. Muisener (1994) highlights that experimentation during the period of adolescence corresponds to the young person's developmental strivings for autonomy. This has also been highlighted by other developmental psychologists such as Erikson (1968) and Marcia (1966). The experience of trial and error MAY lead to second stage where the adolescent is now 'seeking the mood swing' (Muisener, 1994). The young person starts to exhibit a pattern of chemically altering his emotional state particularly in a social setting and this often occurs with peers who are also seeking this mood swing, for example by drinking regularly over the weekend. This may be fairly normative for most young people who engage in transient and intermittent use and the young person's life is not organised around episodes of getting high. This stage of social use MAY evolve into operational use where there is increasing preoccupation with the mood swing. Stage 4 in Muisener's typology is termed 'dependent use' and the young person is now using to feel normal. Substances are compulsively consumed with urges to experience the mood swing. Coping style, affect regulation, sense of self, identity and drugs become inextricably intertwined (Muisener, 1994).



**Figure 4: Four stage model of the adolescent substance use continuum as proposed by Muisener (1994). Progress is NOT inevitable.**

A number of risk and resiliency factors operate at different stages and are interpreted by the young person. In the onset or initiation stage of the substance use trajectory a number of biological, psychological, social, cultural and situational factors increase one's likelihood of initiating use. That use often remains experimental and the young person may not progress along the continuum. Orford (2001, p.201) has shown how:

*"the majority of people are found to conform to a relatively moderate norm (or in certain sub-populations to an abstinence norm) with smaller and smaller proportions of people displaying consumption in excess of this norm".*

For those who move to the stage of escalation, once again a host of contingencies will facilitate overcoming the restraint that characterised the first stage. These include but are not limited to: tolerance to the substance, changes in the assessment of risk, learning conditioned associations, substance use expectancies and changes in social norms regulating the behaviour (Clark, 2011). The development of strong attachment that MAY occur later is accompanied by the erosion of discrimination regarding use, secrecy, cognitive defence and

change in identity (Clark, 2011). Identification of these risk and resiliency factors may contribute towards preventing initial onset as well as the progression of use.

### 2.7.2 The Normalisation Hypothesis

The work of Parker and his colleagues in the 1990's presents an alternative paradigm to the risk and resiliency model. They proposed that increased rates of substance use among young people could be interpreted as a form of 'time out' from the stresses and strains of everyday life. Parker suggested that whilst previously considered deviant behaviour and reserved to particular subcultural groups, substance use is becoming a part of the larger society's norms meaning that it has become more common in persons who lead an otherwise conventional life. Their work also found:

"few statistically significant differences in terms of gender or school class catchment area: the girls in the leafy suburban schools were as likely to be trying cannabis, speed or LSD in those early days as the lads on the estates. Our surveys were the first to capture this increased adolescent drug use that then came to be replicated in both adolescent and adult drug surveys across the decade across the UK" (Aldridge et al., 2011, p. 1).

According to these theorists, the last decade of the twentieth century saw an increase in drug taking which previously was restricted to minority and subcultural groups. Most importantly the 1990's witnessed an increase in drug trying among young people considered "conventional". The concept of normalisation emerged from these trends and sought to explain drug use as associated to time out during the weekend, rather than life problems or subcultural affiliation (Parker et al., 1998). The hypothesis was motivated by a wish to portray young people who use drugs in a less stigmatising light and to distinguish their social use associated with leisure from the problematic use of hard core 'junkies' perpetuated by media campaign in the 90's. The popularity of the rave and dance music culture encouraged youths to indulge in party experiences where drugs were used to enhance the experience.

The dimensions of normalization identified by Parker et al (1998), include: · the availability/accessibility of substances; · increased rates of drug trying; · increased prevalence rates; · acceptance of 'sensible' recreational drug use by non-users; · cultural accommodation of illicit drug use.

In a paper published in 2002 Parker, Williams and Aldridge concluded that 'sensible' recreational drug use has become accepted into the social lives of conventional young people and substance use had moved from the margins of youth culture towards its centre.

Differing from previous criminological and psychological views that linked substance use with deviance, resistance, subcultural behaviour or pathology, the normalisation hypothesis presents a theoretical development that looks into explaining the increase in substance use across gender, class and ethnic backgrounds for recreational purposes. Growing from a body of sociological literature, the normalisation hypothesis presents the experience of life for post-modern youths as distinct from that experienced by their previous generation, including a later transition into an occupation and the setting up of a family and the delaying of other commitments.

Since it was first introduced in the 1990's several bodies of research have debated whether the use of substances for recreational purposes amongst youth has indeed become normalised. In 2019 the Kunsill Nazzjonali taż-Żgħażaġh and Aġenzija Żgħażaġh teamed up to conduct a study on young people's views on the use of Cannabis among 350 young people aged 16 to 35.



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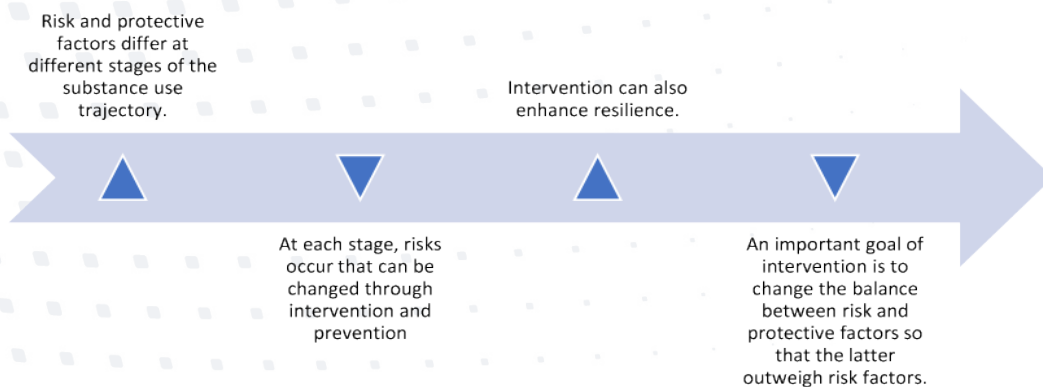
This study provides some support for the normalization hypothesis since 47% of the sample were in favour of “using cannabis for recreational purposes” (p. 4). This study is discussed in detail later on in the text (see Section 3.5.3).

Formosa (2019, N=109) noticed that university student respondents, considered cannabis to be something that everyone does and that is relatively safe. Heroin on the other hand, was considered to pose more severe risks. In fact, Formosa (2019, N=109) considers normalisation to be more relevant to cannabis due to its high accessibility, rates of drug trying and regular use rates, whilst being perceived as safe and non-problematic by the majority of university students in her study. She observed that amongst university students, a large part of the drug triers had also consumed alcohol (58%) and smoked tobacco (55%) with drugs, evidencing a cultural blurring of licit and illicit substances. In fact, 69% of the study’s participants considered the recreational use of certain drugs similar to the consumption of alcohol and tobacco.

### 2.7.3 Risk and resiliency domains – an ecological approach

Risk and resiliency factors manifest themselves in a number of domains: (i) the individual (ii) the family (iii) the school/employment; (iv) the peer group and (v) the wider community milieu in which the adolescent/emerging adult is embedded. Adopting a biopsychosocial approach to the phenomenon of substance use, this research identifies risk and resiliency factors as arising from biosocial, psychological and social contingencies. ‘Stress’ is often acknowledged as a universal and comprehensive risk (Radley et al., 2011).

The concept of risk is not without its critics. Increased preoccupation with the concept of ‘risk’ has been identified as deeply ingrained in late modernity (Beck, 1992) where the world is perceived as a dangerous place in which humans are continuously confronted with risk. This is not to imply an actual increase of risk in late modern societies but rather a society that is organized in response to risks and where risk becomes a dominant discourse. The appeal of the risk concept may result in a focus on vulnerabilities. Late modern society is increasingly structured around new qualities of risk that did not exist before. The expression of risk anxiety in relation to public concerns about children and adolescence may also result in moral panics surrounding youth. Neither is the concept of resilience unproblematic. Resilience is often located within the individual but it has demographic, cultural, economic and social elements. Resilience can also be seen in numerous ways, i.e., as a trait; as a process; and as an outcome. The successful management of risk is a powerful resilience promoting factor in itself (Rutter, 1995).



**Figure 5: Risk and resiliency factors present themselves along the substance use trajectory.**

Research over the past two decades has tried to determine how drug use begins and how it may progress over the course of the substance use career. As depicted in Figure 5 both risk and resiliency factors present themselves along the course of the trajectory.

Drawing on the seminal work of Bronfenbrenner, (1977; 1979), for the purposes of this review risk and resiliency factors will be discussed in relation to five domains in the young person's life:

- Individual
- Family
- Peer
- School/employment
- Wider community

Bronfenbrenner developed the social ecological perspective (Bronfenbrenner, 1977; 1979), where he posited that the individual is located in a number of social contexts that also interact between them and that all of these contribute to adolescent development, including the development of difficulties such as substance abuse. Bronfenbrenner suggests an approach to examining interrelations among social contexts by positing that "In ecological research, the principal main effects are likely to be interactions" (Bronfenbrenner, 1977, p. 518). More recently, Ennett et al. (2008) used social ecological theory as a conceptual framework guiding their study on adolescent alcohol misuse. This same perspective is here being applied to substance use more generally. This is depicted in Figure 6 below.

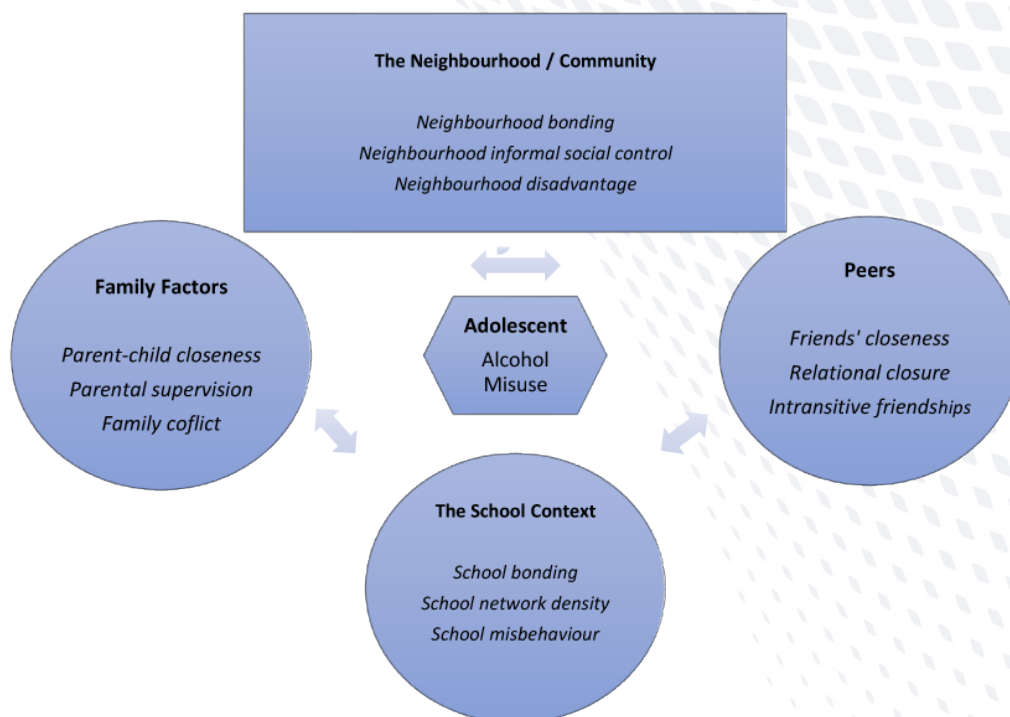


Figure 6: The Social Ecology of Adolescent Alcohol Misuse (Ennett et al., 2008)

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### 2.7.3.1 The individual domain

The adolescent period of development presents a critical juncture for the initiation of substance use trajectories. More than any other life stage, adolescents experience neuronal plasticity, with strong synaptic sprouting and pruning, nerve fibre myelination and changes in the levels of neurotransmitters. Adolescent substance users are at higher risk for changes in brain development that may have life-long effects. Grant and Dawson (1997) found that individuals who experimented with alcohol prior to the age of 15 were 4 times more likely to develop dependence as well as SUD's and antisocial personality disorder, than those who first tried alcohol at 20. Early initiation is therefore an important consideration and delaying the onset of substance use is an important prevention intervention.

#### **Genetics**

Understanding the genetic contribution to adolescent substance use problems that place the young person at risk of later developing a substance use disorder is important. Genetic components in the transmission of substance use disorders (SUD's) are supported by twin and family studies and advances in genetics (Meyers & Dick, 2010). While no gene for addiction exists, research indicates there exist a number of genes, interacting together as well as with the environment to make an individual more or less susceptible to the development of SUD's. The role of genetics in SUD's varies among substances, populations, age, and sex. From research carried out with twins, Goldman et al. (2005) reported a 40 – 60% heritability of substance use disorders.



From research carried out with twins, Goldman et al. (2005) reported a 40-60% heritability of substance use disorders.

The effects of heredity are also important to consider over development. For example, the longitudinal Finnish Twin Studies (Rose et al, 2001) found that the significance of genetic effects on drinking increases as the young person moves from adolescence through to adulthood. According to Meyers and Dick (2010, p. 468) “as drinking patterns develop, differentiate, and stabilize across adolescence, genetic factors assume increasing importance to drinking patterns”. Kendler et al. (2008) found that while onset of use is strongly influenced by social and familial environmental factors, later patterns of use are more likely to be influenced by genes. While earlier years typically include the presence of figures of authority who play a role in the decision-making and activities of adolescents, thus dampening the expression of genetic predispositions, as the transition from adolescence into adulthood progresses, young adults start to gain more opportunities to express these predispositions through experiences such as freely choosing their friends and activities.

### **Personality variables**

Personality factors have been studied as indicators of differences in individuals' responses to reinforcement properties of substances in a number of theories of substance use. According to Chen et al. (2019) "anxiety proneness, depression proneness, sensation seeking, and impulsivity were found to be four major influential personality factors of substance use in previous studies". However, differences in the manifestation of personality traits when comparing people with SUD's to persons without may be a result of adaptations to a drug using lifestyle. Maladaptive personality traits often improve after substance abuse treatment, supporting the understanding that these 'personality' traits are in part acquired as a result of the lifestyle (Fleischhacker & Kryspin-Exner, 1986). Griffiths (2017) goes so far as to call the 'addictive personality' a myth. Szalavitz (2016) noted that the research does not support universal personality traits common to all people who experience difficulties with substances.

### **Co-morbid disorders**

Co-morbid disorders refer to the concurrent or progressive co-occurrence of a SUD and another mental health disorders (National Institute on Drug Abuse, NIDA, 2010). The EMCDDA defines a co-morbid disorder as the: "temporal coexistence of two or more psychiatric disorders as defined by the International Classification of Diseases, one of which is problematic substance use" (EMCDDA, 2004). Three disorders that have recently been given increased attention due to their possible role in the initiation and maintenance of substance use are Attention Deficit Hyperactivity Disorder (ADHD), depression and post-traumatic stress disorder (PTSD).

A meta-analytic study found that ADHD in childhood leads to increased risk of developing a substance use disorder during adolescence or adulthood (Charach et al., 2011). Wilens et al. (2003) have researched the possibility that medication to treat ADHD (stimulants) could heighten the risk of adolescents developing a SUD. Depressive disorder has both genetic and environmental precursors. Comorbidity of depression and substance use disorders are frequently seen in young people (Wu et al., 2008). Feelings of sadness may pre-empt a young person to engage in substance use to self-medicate emotional distress (Clark, 2011). Adolescents suffering from depression may be at higher risk for developing difficulties with substances sooner after the stage of experimentation (Wu et al., 2008). The role of early trauma in the development of a SUD has been investigated for some time and has been found to be important especially in the substance use trajectories of women (Hien, 2005). The complex interplay between SUD's and psychiatric illness was highlighted in a local study by Agius (2018) among 203 psychiatric inpatients also diagnosed with heavy substance use disorders that were admitted to Mount Carmel Hospital during 2015 – 2016.

### **2.7.3.2 Family Factors**

The family is the first socializing agent and a number of studies have shown how the quality of attachment processes between parents and their offspring in early years are important for later emotional health (e.g. Bowlby, 1958; 1960a; 1960b; 1969, Hirshi, 1969; 2002; Winnicott, 1962; Cassidy et al., 2013). The family remains a very significant influence in the adolescent years (Pyper et al., 2016; Philips et al., 2014; Dickson et al., 2015). Research has shown that family relationships during adolescence have important follow on effects for a number of domains, such as autonomy and later independence of the individual (Xinwen et al., 2018); individual pathology and problem behaviour (Berg-Neilson, 2002). Adolescent problem drug use lessens as the quality of the attachment to the family increases (Guber & Taylor, 2006).

A study by Clark and Gauci (2012) looked into the relationship between family structure and



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functioning and the prevalence and frequency of substance use among university students aged between 18 – 25. They found that students who reported a more negative emotional climate at home were significantly more likely to report having used substances (including tobacco and alcohol) more than twenty times in their lifetimes when compared to those who have never engaged in substance use. Therefore, those students who perceived a family unit with a warmer, more positive climate significantly reported less use of substances.

The family domain may be further subdivided into four domains (Leukefeld et al., 2009) : (a) the parental marital relationship domain; (b) parental drug use domain; (c) parent adolescent relationship domain; and (d) sibling domain. These are discussed in turn. Early investigations found that family conflict is associated with the child's delinquency and drug use (Robins, 1980). Inter-parental conflict has been shown to negatively affect parenting practices, which in turn predict adolescent behavioural problems (Buehler et al., 2006; Cox et al., 2001; Benson et al., 2008; Gerard et al., 2006). Parental conflict may be covert or overt (Buehler et al., 1998). Parental drug use is related to the child's drug use. Parental attitudes toward drug use also play a role with parents who are tolerant of drug use being more likely to have children who use drugs (Lipari & Van Horn, 2017).

The parent-adolescent relationship domain is perhaps the most important, with mutual attachment being very influential in terms of adolescent substance use. Three key dimensions of parenting behaviour: support, psychological control and monitoring have been shown to be associated with youth substance use (Bean et al., 2006; Bradford et al., 2004). Parental support predicts lower rates of substance use among young people (Wong, 2008). It has long been established that an affectionate and non-conflictual parent-child attachment relationship helps shape the child's behaviour in ways that lead to less use. Another way in which parents may help shape the behaviour of the young person is through imposing discipline. However psychological control which is manipulating and intimidating has adverse effects (Rathert et al., 2011). On the other hand, structured discipline serves as a barrier to adolescent substance use (Kandel & Andrews, 1987). Appropriate parental monitoring is effective in reducing use. Such parental knowledge has been defined as "awareness and information about a child's activities, whereabouts, and associations" (Tebes et al., 2011, p. 406). Childhood maltreatment, including physical and emotional abuse and neglect, has been linked to increased risk for adolescent substance use (Wall & Kohl, 2007).

Parental discipline strategies share a relationship with substance use. According to Scicluna and Clark (2019), students who report more authoritative (as opposed to authoritarian) parents are significantly less likely to engage in tobacco, alcohol and illicit substance use. Early experiences of abuse by family members were also seen to contribute to engagement in high risk drug use amongst young women (Scicluna & Clark, 2019). Although the above suggest a relationship between family structure and functioning and substance use, Clark and Gauci (2012) emphasise that these are not necessarily causal relationships and that the direction between family factors and substance use may nonetheless impact each other or may be impacted by other, external factors.

Portelli (2016, N=5) found that amongst professionals in a drug rehabilitation programme, family was considered to be a very influential element in the life of a person trying to desist from drug use. Looking into the risk and protective factors for alcohol use among 15-16 year olds, Borg Costanzi (2013, N=227) added that the less often parents know where their children are in the evenings, the more likely it is that their children would get drunk. According to her findings, youngsters who get warmth and emotional support from their parents are less



likely to have ever gotten drunk, or rarely do so. She also observed a relationship between the parents' drinking patterns and those of their children. The frequency at which a child's siblings drink too was observed to affect whether young people drink, how often they drink and how often they binge drink.

Research on sibling relationships indicates that siblings influence adolescent behaviour showing substantial similarities in substance use among siblings (Duncan et al., 2006; Rajan et al., 2003), and perhaps even greater than between children and parents (Fagan & Najman, 2005). A good sibling relationship may also serve as a buffer against the effects of a bad parental relationship (Davies et al., 2018).

Family structure is also considered to be an important factor influencing adolescent development. Family structure also influences family functioning (Santrock, 2016). There has been considerable debate and conflicting findings as to whether single parenting is a risk factor for substance use and the issue remains unresolved (Hermovich & Crano, 2009). The negative influence is primarily mediated by resource deprivation (Amato, 2000), and less effective monitoring (McLanahan and Sandefur, 1994). While some studies show how youth from low socioeconomic status families are more likely to use substances (Goodman and Huang, 2002; Hamilton et al. (2009) some evidence points out to adolescents from high socioeconomic status as being more at risk because they have more money to buy substances (Humenssky, 2010).

Bugeja's (2017) qualitative study (N=7) looked into the risk of substance use for youth in care. It was noted that a sense of permanence in the young persons' lives, and having guiding figures such as social workers and therapists available in the care homes they lived in, served to be a protective factor against substance use. When the permanency is taken away, and they are moved out of the care homes (usually when they reach legal age) there is an added challenge in navigating the world alone, which makes these young adults more vulnerable to substance misuse (Bugeja, 2017). This is not the same for fostered children who continue to live with their foster parents after age 18. It was discussed that, if early years are tumultuous and characterized by chaos and lack stability, it is more likely that these individuals will engage in substance misuse in their adolescent years (Bugeja, 2017). The risk of substance abuse is further exacerbated by traumatic childhood experiences such as neglect, abuse and parental substance abuse (Bugeja, 2017).

Mangion and Buttigieg (2014, N=406 aged 15-16) looked into whether multi-type child maltreatment is associated with health-risk behaviours and mental health in adolescence. They reported a significant link between smoking and different forms of maltreatment, including neglect, physical abuse, and sexual abuse. Alcohol consumption was found to be linked to sexual abuse. Use of illicit substances was found to have a positive correlation to physical abuse and neglect.

### **2.7.3.3 Peer Factors**

The peer group has a significant influence on the young person's development. As individuals move into adolescence, peer influences begin to play an increasingly important role in their lives. The peer group serves an important vehicle by which the adolescent makes the transition from the family to the wider world. Research has shown quite clearly that, as children move into early adolescence, an increasing amount of time is spent with other members of peer groups, while the amount of time spent with the family decreases. Peers are an integral part

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of adolescent development and this remains so even in emerging adulthood, although the composition of peer groups changes significantly (Santrock, 2019). Coleiro (2009, N=8) in her qualitative research on club drugs within party venues found that among all 8 club-drugs users in her study peers were one of the main influences towards their first club drug use.

Social influence within the peer group is the most consistent factor identified in the literature for onset and escalation of substance use by shaping the flow of resources to individuals, providing them with access to opportunities (Berkman & Glass, 2000). A number of studies show the impact of social networks on behaviour (Fujimoto & Valente, 2012). Peer pressure is more evident in youth who are searching for their identity through the vehicle of the peer group (Santrock, 2019). The direction of the relationship between deviant behaviour and friendships has yet to be determined with one hypothesis being that deviant peers directly and indirectly influence substance use through influence and learning. The other main explanation is social selection. Young people with deviant tendencies are more likely to seek out like minded peers. The issue remains unresolved. A relationship between substance use and gang affiliations has also been determined. (Battin et al., 1998). The literature often refers to positive familial environment as a protective factor that moderates adolescent substance use via gang involvement, highlighting the interrelationships between the various domains as set out in Bronfenbrenner's (1977 – 2007) theory.

Grima (2019, N=100) reported that when Gozitan adolescents were asked about what their primary factor for initiating marijuana use was, the majority (67%) mentioned peer pressure. Taliana (2016, N=100) found that a large part of university student (88%) respondents claimed that the most common group of people who would approve of them binge drinking during parties were friends. Abela (2014, N=6) looked into the experiences of university students (aged 19 – 23) who binge drink and reported that some students feel that without binge drinking, they would feel cut off from their peers and the atmosphere. Whilst peers do not apply direct pressure to engage in drinking, participants still feel obliged to do so, upon seeing their peers doing so. This finding is also reported by other local studies (e.g. Clark & Cuschieri, 2018, N=19; Borg Costanzi, 2013, N=227). Drinking becomes ingrained in the identity of the group of friends, therefore becoming a fundamental behaviour to engage in, leading to an increased pressure on individuals to drink as a means of fitting in. Apart from being ingrained in the identity of the peers, some participants in Abela (2014, N=6)'s study point out that the consumption of alcohol has become ingrained in the Maltese culture. This idea of normalisation of drinking was also reported by Clark & Cuschieri (2018, N=19).

### 2.7.3.4 The School Context and the Workplace

*“Schools have a major influence on adolescent development. Not only are many friendships formed there but, as society becomes more complex, with increasing influence placed on the acquisition of specialist skills and training for jobs, so the importance of the school as a social institution is gaining in importance”.*

*(Heaven, 2001, p. 23)*

The relationship between substance use and the educational environment is well established within research. Schools provide a platform for young people to interact and socialise, however social isolation and a lack of positive relationships throughout the educational journey are risk factors for substance use later in life (Bond et al., 2007). Additionally, the use of substances combined with other risk factors, may also greatly increase the incidence of early-school leaving. These risk factors include poor literacy levels, low self-esteem, bullying, low educational

attainment and poor integration with educational settings. Risk factors and behaviours such as truancy or irregular school attendance may present as red flags for precursors of substance use and risks of early school-leaving (Loughran & McCann, 2006). If the use of substances by young people becomes more extended and escalates to more regular use, the consequences in behaviour and performance can be manifold. Aside from poorer academic attainment, these young people may develop less-positive or conflictual relationships with educators (Bond et al., 2007). They may find themselves lacking motivation and interest in their education or struggling with sustaining attention levels and may risk further isolation through withdrawal from extracurricular activities. Consequently, these difficulties and attitudes may give rise to a degenerating disengagement within their educational career, leading to truancy, disciplinary problems, suspensions, expulsions and an overall fragmented educational pathway (Clark & Cefai, 2014).

When it comes to university life, Bugeja (2013, N=205) reported that a large part of students had felt their experience at university had been a very stressful one. Aquilina (2015b, qualitative work with 17 university students exploring perceptions of NMUPD) reported that students perceive themselves to be at risk for NMUPD due to their occupation as students, pointing out that a number of students claimed to have felt overwhelmed many a time and that they felt they could understand why some students turn to medications to cope. Interestingly, Formosa (2019, N=109) observed that more than half of the university students respondents expressed having increased drug use after having commenced studies at university particularly due to an increased access to drugs as well as exposure to more people using them.

Research among school-age students highlights that working 20 or more hours throughout the school year is linked with heavy use of alcohol, tobacco, illicit substances as well as delinquency amongst teens (McMorris & Uggen, 2000; Ramchand et al., 2007; Safron et al., 2001; Wu et al., 2003). Increased income results from greater working hours. This means increased funds to spend on alcohol and other substances, increased exposure to teens using alcohol or other drugs, as well as greater exposure to riskier work environment where older teens and adult colleagues make use of alcohol or other substances (Wu et al., 2003; Godley et al., 2006; Mortimer & Staff, 2004; Staff, & Uggen, 2003).

Employment however does not necessarily always present greater risks of alcohol and other substances use among youth (Mortimer, 2010). Life course theories propose that when youth are presented with opportunities that they would typically not easily receive during transitional periods, the trajectory of their life alters (Uggen, 2000; Graber & Brooks-Gunn, 1999). For instance, steady employment could provide at-risk youth with new opportunities which could lead to a shift from continuing on the at-risk trajectory. Stable employment can yield enhanced responsibility, time-management skills, decision-making and an intrinsic motivation to be successful in the workforce (Mortimer, 2010). Understanding how employment uniquely affects youth, particularly at-risk youth, can guide policies and practices that monitor the amount of hours that teens work.

#### **2.7.3.5 The Neighbourhood/Community**

Young people's relationships with friends, parents, teachers and significant others take place within larger communities. There is abundant evidence from as early as the 1940's that the larger neighbourhood influences opportunities for engaging in substance use (Shaw & McKay, 1942). This is also in line with Bronfenbrenner's (1989) model which emphasises the interaction of the individual young person with the environment and how this influences developmental

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outcomes, including substance use patterns. Young people living in disadvantaged areas experience greater opportunities for deviant behaviour mediated through the predominant normative expectations and behaviours at community level (Kulis et al, 2007).

The family, peer and school/work factors discussed above pan out in spatial locations. (Mayock, 2002). Poor and socially disorganised communities are not as effective in fostering a strong sense of community that may serve as a protective factor for deviance among youth (Sampson & Raudenbush, 1999). For example areas lacking leisure facilities may encourage substance use (Morgan, 2001). High crime neighbourhoods present stressful conditions and are also associated with adolescent substance use (Dembo et al., 1985; Schier et al., 1999). More research is needed in this area (Duncan & Raudenbush, 2001).

At a global level, the use of substances remains present with many using substances on a regular or daily basis. According to the United Nation's World Drug Report (2020), over 5% of the world population consumes drugs and 35.6 million people are reported to have a SUD. While the larger part of these figures are located in more affluent countries, the report points out that poor nation states present with the heaviest load of problematic substance users. Factors such as poverty, restricted education as well as social marginalisation are considered to be key vulnerabilities towards the development of problematic substance use. The criminalisation of substance use and the burden of stigma that this brings with it are viewed as important determinants in the vicious cycle that arises from poverty, problematic substance use and restricted educational and occupational opportunities (United Nations World Drug Report, 2020).

### 2.7.4 Conclusion

This review has highlighted the interacting influence of individual level and social level factors that impact on youth substance use. These international findings throw light on the local situation. However, a more concerted research agenda addressing these issues within the local context is lacking and further investment in such research is in order.









## Chapter 3: Trends in Youth Substance Use

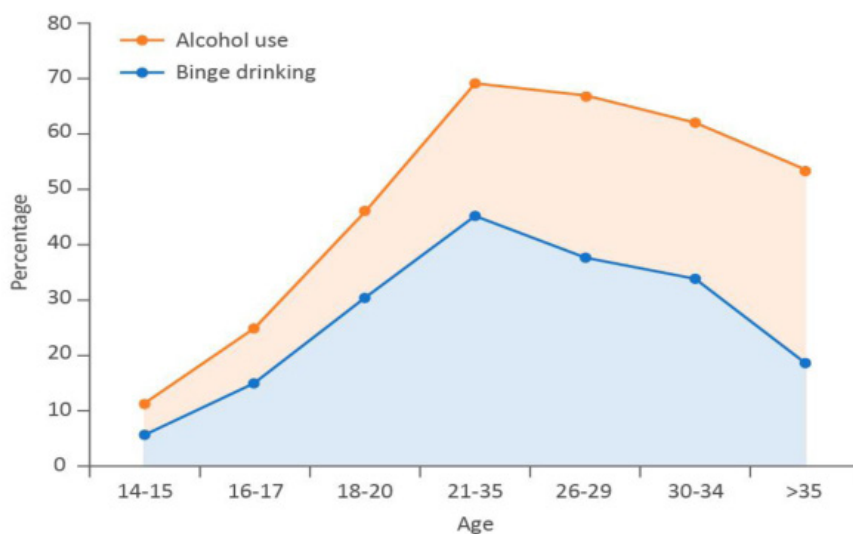
### 3.1 INTRODUCTION

This chapter will bring together data from a number of empirical studies with the aim of providing a comprehensive picture of the local trends of youth substance use in the last two decades or so. The onset of substance use occurs during adolescence and the trajectories of lifetime prevalence of substance use and misuse peak in young adulthood (Johnston et al., 2009; SAMHSA, 2009). Potentially as a result of particular contingencies, such as feeling in-between, postponement of conventional commitments and experimentation in relation to identity (Arnett, 2005) emerging adults present with the highest prevalence of substance use when compared to those in other age groups (Chen & Jacobson, 2012). Research indicates that that substance use is heightened during adolescence and peaks in late adolescence and emerging adulthood (Chassin, Pitts, & Prost, 2002; Chassin, Flora, & King, 2004; Chen & Kandel, 1995; Winters & Lee, 2008).



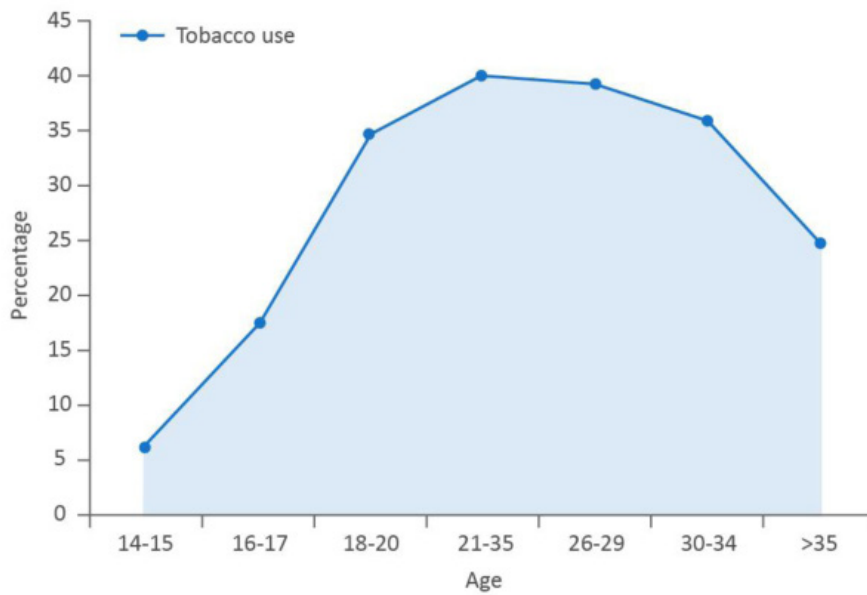
Onset of substance use occurs during adolescence and peaks in young adulthood.

The evidence also supports the understanding that while adolescence and early emerging adulthood are periods of heightened risk for drug use, this is often followed by decreases in use in most groups during the second half of the twenties (Bates, 2000; Bennett, McCrady, Johnson, & Pandina, 1999; DeWit, Adlaf, Offord, & Ogborne, 2000). MOST YOUNG DRUG USERS DO NOT PROCEED TO DEVELOPING PROBLEMS WITH SUBSTANCE USE (Jennison & Johnson, 2001). However “The small subset of serious users, once having initiated use, tends to continue and to accrue attendant problems until ‘captured’ in the criminal justice, health, or drug treatment system” (Hser et al., 2005, p. 32).



**Figure 7: Thirty-day prevalence of alcohol use and binge drinking as a function of age (Source: SAMHSA, 2013)**

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**Figure 8: Thirty-day prevalence of any tobacco use as a function of age (Source: SAMHSA, 2013)**

The SECONDARY quantitative data that has been mined for the purpose of this research include two main categories:

1. Large scale cross sectional surveys most notably
  - Health Behaviour in School-aged Children (HBSC) (2001/2002 2005/6 2013/2014, 2017/2018),
  - European School Survey Project on Alcohol and Other Drugs (ESPAD) (1995, 1999, 2003, 2007, 2011, 2015, 2019);
  - Survey amongst post-secondary and tertiary level students (2006);
  - General Population Survey (GPS) (2001, 2013); - European Health Information Survey (EHIS) (2008, 2014/15);

2. Smaller scale studies conducted by university academics, students and other entities  
The PRIMARY data focuses on the emergent themes from 11 qualitative interviews conducted with professionals in the field.

In the main, the review of the quantitative data and the analysis of the primary data will be presented separately. The secondary data will be presented by substance type and the conceptual framework of the substance use trajectory will be applied to the data. This is presented graphically in Figure 9.



**Figure 9: The substance use trajectory**

### 3.2 ALCOHOL

“Alcohol..... that is a big concern many have relied too much on alcohol, including youth and that is a big concern for me...I am more worried with alcohol than the other drugs. (Interviewee 8)

The use of alcohol by Maltese young people has evolved as a growing concern among health professionals, educators and policy makers. Experts interviewed for this research expressed concern over the prevalence of alcohol use amongst youth. Their views will be discussed later on in the report. Despite the legal purchasing and drinking age being 17, the research among 15 and 16 year olds in Malta shows that many students first use alcohol at a young age. Around the globe, the age of first alcohol consumption has decreased (Roche et al., 2008). It has been extensively documented how the earlier the age of onset the greater the risk for problematic involvement with a substance (Richmond-Rakerd et al., 2016).

#### 3.2.1 ONSET OF ALCOHOL USE

Age of first use of alcohol in Malta has consistently been registered to be on the low end with sizeable percentages of young people reporting having used alcohol at the age of 13 or younger. Among children aged 15/16 in the 2019 ESPAD survey, 34% of respondents reported having used alcohol at 13 years old or younger. Furthermore, 6% reported having been drunk at 13 years or younger. This shows a gradual decrease in early onset drunkenness from previous years, with the reporting year for highest percentage of early onset drunkenness having been 1999 with 14%. The percentage of Maltese children having what is described as early age of onset for alcohol use in the 2019 ESPAD survey (at age 13 or younger) was one percentage point less than the European average which stood at 35%.

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**Table 1: Onset of alcohol use of alcohol use and intoxication among 15/16 year olds at age 13 or younger (ESPAD, 1995-2019; HBSC, 2016)**

% early onset: age 13 or younger	Beer	Wine	Spirits	Been drunk
ESPAD 1995	60	67	43	12
ESPAD 1999	59	68	46	14
ESPAD 2003	55	62	41	13
ESPAD 2007	49	56	34	10
ESPAD 2011	46	52	33	11
ESPAD 2015	n/a*	n/a*	n/a*	8
ESPAD 2019	n/a*	n/a*	n/a*	6.4
HBSC 2016	n/a*	n/a*	n/a*	2% girls / 5% boys

\*Data for these variables not gathered in the ESPAD 2015 and ESPAD 2019 surveys

In the 2006 one-off survey exploring alcohol, tobacco and other substance use amongst 18 - 24 year olds in post-secondary and tertiary education, amongst students who had used alcohol 67% reported that they had first drunk an alcoholic beverage before the age of 16 (FSWS, 2006).

Borg Costanzi (2013), who investigated risk and protective factors for alcohol use among 15-16 year olds in Malta through a quantitative research with 227 students, found that the average age of first drinking was between 13 and 14. A similar age range for onset (14 to 17 years) was found by Camilleri Pace (2019, N=525) who looked into substance use in relation to active and sedentary lifestyles.



Alcohol consumption  
begins in early  
adolescence.

### 3.2.2 Prevalence

Surveys measure the prevalence of substance use through different time-frames most notably: lifetime use, use in the last 12 months and use in the last 30 days.

The ESPAD survey has consistently reported a high level of lifetime use of alcohol among young people in Malta aged 15 to 16, though there has been a gradual decrease in prevalence in recent years. Indeed, lifetime prevalence stood at 92% of survey participants in 1995, increasing to 94% in 1999 and 2003. However, subsequent surveys all showed a steady drop in prevalence with 92% reported in 2007, 90% in 2011, 86% in 2015 and 82% in the most recent 2019 survey. This signals a drop of 12% from the highest reporting years (1999 and 2003). This is still however 3 percentage points above the European average.



Prevalence of use in the last 12 months stood at 89% during 1995, increasing to 91% in 1999, but decreased sharply to 82% in 2003. The 2007 and 2011 surveys indicated a rise in prevalence with 87% and 86% respectively followed by significant decreases in 2015 at 80% and 2019 with a substantial drop to 73%.

Consumption of alcohol among young people in the last 30 days stood at 66% in the first survey of 1995. This was followed by an increase to 75% in both the 1999 and the 2003 survey. However, since 2007, there seems to have been a steep decrease in such use with 73% in 2007, 68% in 2011, 54% in 2015 and 48% in 2019. Data here indicate a positive downward trend has been consistently reported in recent years. These trends are documented in Table 2 below.

<b>Alcohol</b>	<b>Lifetime</b>	<b>Last 12 months %</b>	<b>Last 30 days %</b>	<b>European Average lifetime %</b>	<b>European average last 12 months</b>	<b>European average current use %</b>
ESPAD 1995	92	89	66	88	n/a	55
ESPAD 1999	94	91	75	89	n/a	58
ESPAD 2003	94	82	75	91	n/a	63
NCADAAD 2006	96	95	79	n/a	n/a	n/a
ESPAD 2007	92	87	73	89	n/a	60
ESPAD 2011	90	86	68	87	n/a	58
HBSC 2013/4	73% boys	74% girls	52% boys	55% girls	n/a	
ESPAD 2015	86	80	54	82	n/a	48
HBSC 2017/18	68% boys	63% girls	47% boys	40% girls	n/a	
ESPAD 2019	82	73	48	80	n/a	48

**Table 2: Prevalence of alcohol use among 15/16 year olds (ESPAD 1995-2019) and 18-24 year olds in post-secondary and tertiary education (FSWS - NCADAAD, 2006)**

The 2013/14 and the 2017/19 HBSC reports lifetime use of alcohol among boys and girls. In the 2014 survey lifetime use stood at 73% for boys and 74% for girls. The 2018 report registered a drop of 5 percentage points in such behaviour for boys with 68% while a larger decrease of 11 percentage points was reported for girls at 63%.

When one compares the HBSC findings to the ESPAD of 2105 and 2019, it can be noticed that the HBSC reports lifetime use to be less prevalent than in the ESPAD survey, though both surveys report decreases in the behaviour. Furthermore, whilst the ESPAD surveys do not report gender differences in 2019, the 2018 HBSC reports a 5% discrepancy between girls and boys, with girls being more likely than boys, to have engaged in lifetime use of alcohol. HBSC reports use in the last 30 days (2014 to 2018 by gender). In 2014, the HBSC reported that 55% of girls and 52% of boys had consumed alcohol during the last 30 days. In 2018 decreases were reported for both boys with 47% and girls 40%. These data indicate that there has been a shift in behaviour among genders, with boys becoming more likely to have used alcohol in the last 30 days with a discrepancy of 7 percentage points, whilst in 2014, girls superseded boys by 3 percentage points.

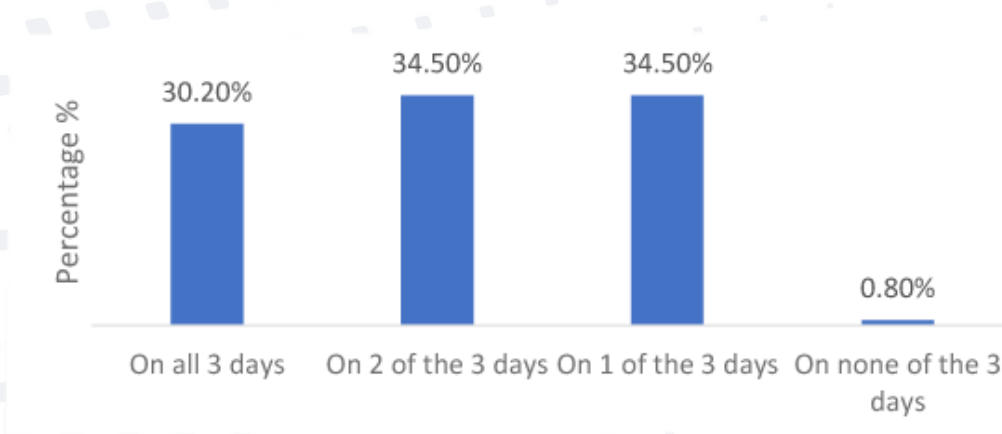
## Substance use in adolescence and emerging adulthood



Among 15-16 year olds, alcohol lifetime use, use over the last year and use over the last 30 days is decreasing.

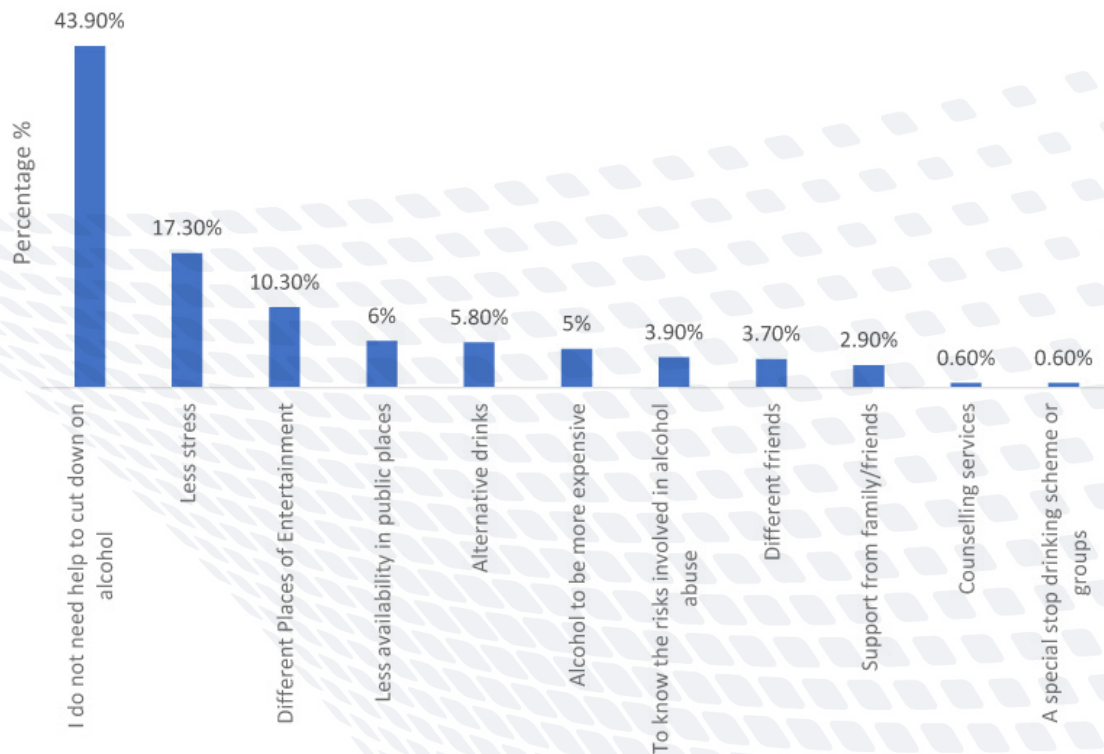
The one time survey amongst 18-24 year olds in post-secondary and tertiary education (FSWS - NCADAAD, 2006) found that prevalence of lifetime, last year and last month use was even higher than that amongst 15/16 year olds with 96%, 95% and 79% respectively.

Data from the European Health Interview Surveys (EHIS, Eurostat, 2008a; 2015) indicates that in the case of alcohol, consumption was more common on the weekends with 30% reporting they drink on all 3 days (Friday to Sunday).



**Figure 10: Alcohol consumption among those aged 15 and over in weekends (Source: EHIS, Eurostat, 2015)**

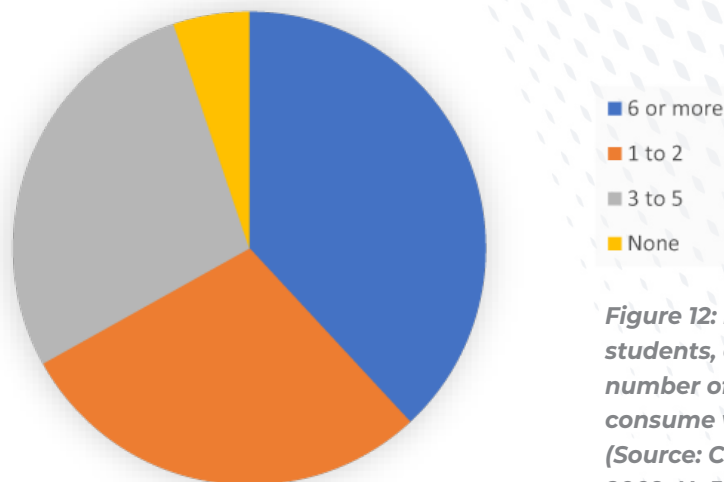
In a study by Camilleri Pace (2019, N=525) it was reported that 83.4% of students at university consume alcohol. A similar percentage (89.9%) was reported in a 2009 study with 500 University students (Cefai & Camilleri, 2009) Alcohol was the most commonly used substance among university students. Those who consume alcohol daily and during weekends are more likely to engage in heavy drinking. Almost half of the students who consume alcohol, do not believe that they require help to reduce their drinking (Figure 11). Students also claim that less stress would be the most helpful factor to reduce their drinking. The second most common factor was to change places of entertainment. This complies with a study carried out by Felson et al. (2011) in which it was found that in Mediterranean countries, adolescents are more likely to engage in heavy drinking when in commercial establishments such as pubs and bars.



**Figure 11: Factors which university students claim can help them drink less alcohol (Source: Cefai & Camilleri (2009, N=500))**

In the Cefai and Camilleri study (2009, N=500) males at University drank more frequently and heavily than females. They also reported binge drinking more often than their female counterparts. Males were also more likely to report engaging in drunk driving. Students in long-term relationships were more likely to drink occasionally and moderately and in social situations. Students who were single and dating casually drank more heavily and were more likely to engage in drunk driving. More than one third of students who drank reported having more than six alcoholic drinks during social activities (Figure 12).

## How many alcohol drinks do you have on average when you socialise?



**Figure 12: Percentage of students, according to number of drinks they consume while socialising. (Source: Cefai & Camilleri, 2009, N=500)**

## Substance use in adolescence and emerging adulthood

Students reporting more unhappiness or stress were also more likely to engage in heavy drinking. Cefai and Camilleri (2009, N=500) conclude that drinking may be the main source of entertainment for young people. More than half of the students who drink regularly do not see the consumption of alcohol as a health hazard.

Bugeja (2013), documented 205 university students' smoking and drinking behaviours, and observed that amongst 18-24 year old students, around 94% claimed to consume alcohol. Almost 40% of these reported drinking alcoholic beverages mainly during the weekends, How many alcohol drinks do you have on weekdays. A very small percentage of these students (3%) stated that they drank alcohol daily. In a quantitative study, Taliana (2016, N=100), looked into the theory of planned behaviour to predict binge drinking intentions and behaviours among 100 university students. He observed that 62% had engaged in binge drinking with 32% reporting to have binged more than once in the week prior to the study. He also reported that having money (68 %) was amongst the most common factors that would make it easy for university students to binge drink during a party. Nechita (2018, N=189) reported that 82% of university students in her study claimed to consume alcohol, with 32% of these drinking on a weekly basis, 28% "only on special occasions", 15% drinking monthly, 6% more than twice a week and 0.5% drinking daily. Of these students 45.5% claim to engage in binge drinking.

Malta has to-date conducted two General Population Surveys on the use of alcohol, tobacco and drugs. The first one was conducted in 2001, while the more recent one dates to 2013. The aim of such surveys is to take a 'snapshot' of local trends, present an assessment of the current situation with regards to the prevalence of use, and to gauge the attitudes and perceptions of risk among the general population about substance use. Both reports include participants aged between 18 and 65. The reporting of ever, last year and last month consumption of alcohol also showed similar trends in 2001 and 2013. Both reports showed that the highest incidence was among respondents who were aged between 18 and 24 years. Lifetime use among 18-24 year olds was reported to be 90% in both reports. The use starts gradually decreasing within increasing age brackets after the age of 25 years. Last month consumption of alcohol peaks among the 18 and 24 year old cohort with 76% of the cohort reporting such use in 2013. A similar figure was reported for 2001 (75%). (see Figures 13 and 14).

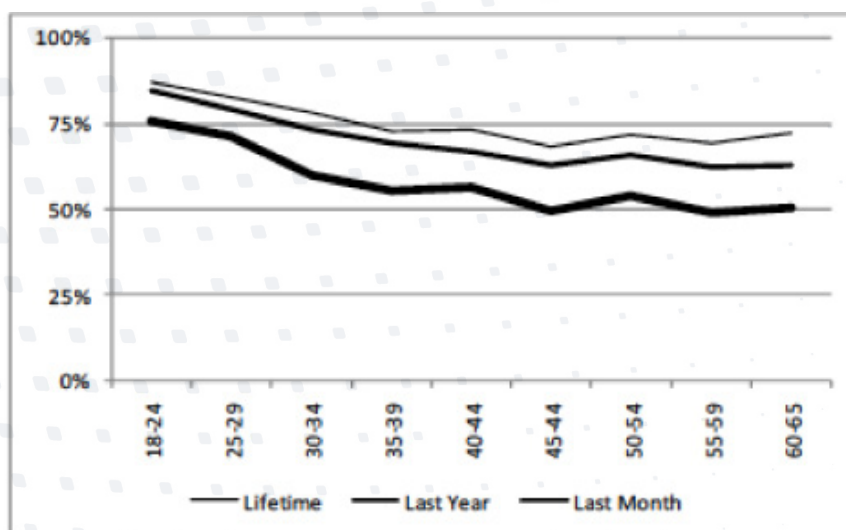


Figure 13: Alcohol by Age in 2001 (GPS, 2001) (Source: Muscat et al., 2014)



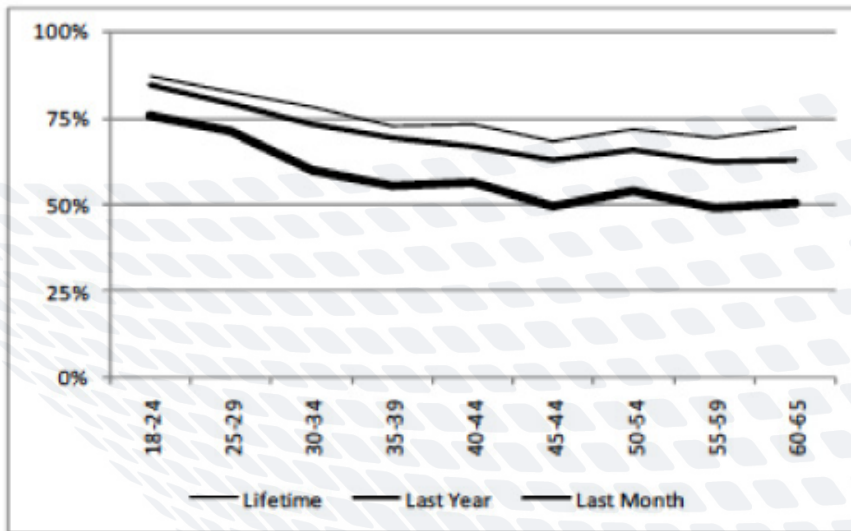


Figure 14: Alcohol by Age in 2013 (GPS, 2013) (Source: Muscat et al., 2014)

A study exploring the impact of fear of COVID-19 on university students' wellbeing (Bonnici et al., 2020), found that among a large random sample of university students (777) 70.2% of males and 66.9% of females used alcohol before the start of the COVID-19 pandemic. Results reveal that more religious students used significantly less alcohol prior to the COVID-19 pandemic. For those respondents who used substances prior to the COVID-19 pandemic, 29.9% reported increased use of alcohol during the pandemic.



The prevalence of alcohol consumption increases with age and peaks in early emerging adulthood (18 - 24 years).

### 3.2.3 Heavy Episodic Drinking

A broad range of alcohol consumption patterns create significant public health, safety and social problems. According to the WHO 'Hazardous drinking' refers to a level of consumption or pattern of drinking that is likely to result in harm should present drinking habits persist. Heavy episodic drinking is an example of hazardous drinking.

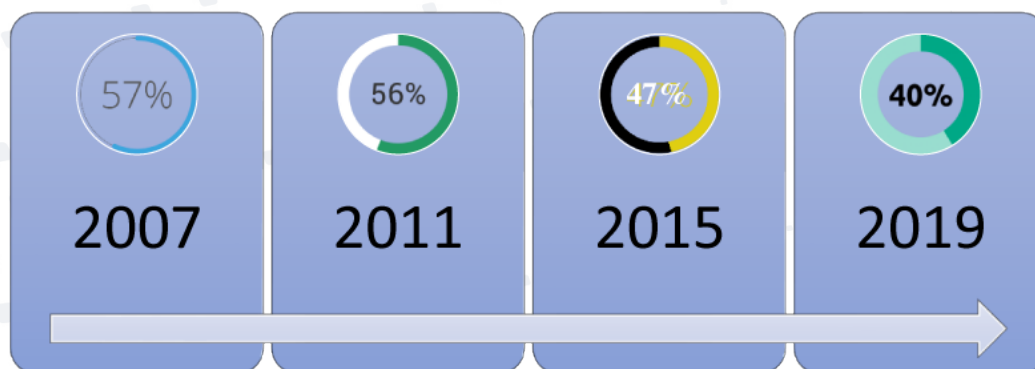


A small proportion of students appear to be drinking in a very hazardous manner, increasing their risks of negative consequences including the development of tolerance and ill health.



## Substance use in adolescence and emerging adulthood

In the ESPAD survey, heavy episodic drinking refers to having had five or more drinks on a single drinking occasion (a 'drink' is 2 glasses/bottles of alcopops, 2 glasses of spirits or a mixed drink, 2 small glasses/bottles/cans of beer, a large glass/can of beer, a glass of wine, a glass/bottle/can of cider). Heavy episodic drinking may lead to acute consequences of alcohol use such as intentional and unintentional injuries. In the ESPAD survey heavy episodic drinking (the consumption of 5 drinks or more in one sitting) has registered a steady drop since 2007 when 57% of students had reported engaging in such behaviour, down to 56% in 2011, followed by sharp decreases to 47% and 40% in 2015 and 2019 respectively.



**Figure 15: Percentages of heavy episodic drinking registering a steady drop between 2007 and 2019 according to ESPAD data**

However, trends in gender differences for heavy episodic drinking in the ESPAD survey have seen a shift since 2007, when prevalence of heavy episodic drinking was higher for boys with 62% of boys and 48% of girls reporting such use. Indeed, in 2011, heavy episodic drinking for boys registered a decrease to 59%, while girls registered an increase of 4 percentage points (52%). Differences between girls and boys continued to decrease in 2015: boys (49%) and girls (45%), showing a narrowing gap in gender differences for heavy episodic drinking, while in 2019, for the first time, no gender differences were found.



A steady decrease in heavy episodic drinking (5 or more drinks in a row) is being observed, whilst the gender gap is narrowing.

Data from the EHIS (Eurostat, 2015) reveals that among those aged 15 and over 31% report binge drinking (6 or more drinks on one occasion) less than once a month, while 14% report binge drinking once a month and 7% report risky drinking 1 to 2 days a week. This indicates an

overall rise in binge drinking patterns when compared to figures from previous years. 28.4% and 16% reported binge drinking less than once a month in 2008 and 2002 respectively.

Amongst university students Bugeja (2013, N=205) reported that around 39% of 18-24 university students claimed to have around 6 alcoholic beverages during social activities, while another 33% consumer between 3-5 alcoholic drinks. Interestingly, just under 80% of these stated they never drove after having had 5 or more drinks, while 10% claimed they have. 63% claimed to engage in binge drinking to different extents. Camilleri (2013, N=142) claimed that “binge drinking tends to be a means of socializing with others that is embedded in our culture” (p. 29). Camilleri (2013) who looked into the theory of planned behaviour to predict binge drinking intentions and behaviour amongst 142 university students, also reported that 60% engaged in binge drinking behaviours; 15% of them bingeing on a more frequent basis. These students may resort to binge drinking as a means of coping with university stress or simply because it is so embedded in the University's social culture (Cefai & Camilleri, 2009, N=500). Taliana (2016, N=100) found that believing relaxation is an advantage of binge drinking, believing that friends approve of binge drinking and believing that binge drinking will help be more sociable, were amongst the stronger predictors for intentions to drink. He also found that amongst the significant predictors of binge drinking were: believing one would become more sociable as well as having no commitments.



**Hazardous drinking is found to be common among university students.**

Cristiano (2016) conducted a study regarding trends of binge drinking within a group of 200 university students of age ranges 18-24 (82%), 25-34 (10%) and 35-44 (8%), of which 73% were female and 27% were male. It was found that the majority (70.5%) of the respondents do not identify themselves as binge drinkers while a minority of 19% do. From those who identified as binge drinkers, 28% were male, and 19% were female. 51% of respondents had consumed 1 – 4 drinks on a single occasion in the past 30 days, while 8% had drunk more than 5 drinks at a given time over the course of the past 30 days. The most common reason for binge drinking was found to be to socialize (43%).

Bugeja (2013, N=205) also examined problems that may arise as a result of excessive alcohol consumption amongst university students observing that participants reported to have faced problems due to their alcohol consumption such as relationship problems, having unprotected sex, violence, as well as health, financial and family problems. Additionally, a number of participants reported having done something they regretted or lost valuable items whilst drunk, as well as using illegal drugs as a consequence of their drinking. A reduction in academic progress was also observed. Borg Costanzi (2013, N=227) found that students who drink alcohol rated their academic performance negatively.

## Substance use in adolescence and emerging adulthood

Using interpretative phenomenological analysis, Abela (2014, N=6) sought to explore the lived experiences of university students (aged 19 – 23) who binge drink. She found that some students reported binge drinking was their way of coping with problems they faced in their personal life as well as to regulate their moods when faced with everyday problems. Bugeja (2013, N=205) reported higher levels of perceived stress amongst alcohol drinkers and smokers.

### 3.2.4 Alcohol Intoxication

Inebriation is defined as a 'good night out' for young people (Keane, 2009; Measham & Brain, 2005) and intoxication is becoming increasingly normalized. While ESPAD data on alcohol intoxication among young people seems to indicate a decrease in lifetime, last 12 months and last 30 days, intoxication was still high for this age group and reported at 45% during lifetime, 38% in the last 12 months and 19% in the last 30 days in 2007. These figures have since decreased to 32% in lifetime, 25% in last 12 months and 13% in the last 30 days in 2019. Girls were reported to be significantly more likely than boys to have been drunk in their lifetime (36% vs 29% respectively). Drunkenness in the last 12 months was also reported to be higher among girls (28%) than among boys (23%) whilst drunkenness in the last 30 days was slightly higher among girls (13%) than boys (11%). It is important to note that although since 2007, both girls and boys have reported declines in the prevalence of drunkenness, the decrease in lifetime use and last 12 month use has been steeper for boys, whilst drunkenness in the last 30 days registered a steeper decrease among boys in 2015. The inverse took place in 2019, when girls reported a steep decrease from 17% to 13%, while boys reported a decrease from 12% to 11%.



While still high, prevalence of intoxication among 15/16 years olds is on the decrease with girls more likely to get intoxicated than boys.

The European average for alcohol intoxication in the last 30 days stood at 13% in 2019, placing Malta 1 percentage points under the European average.

The frequency of self-reported drunkenness in the last 30 days (last month) is an important indicator. Data from the ESPAD survey indicates that while 88% of young people aged 15 to 16 years have not been intoxicated in the last month, 9.1% reported being intoxicated between one and two times; 1.7 between 3-5 times 0.7 between 6-9 times and 0.3% between 10 to 19 times and 0.3% report being drunk 20 times or more. A small proportion of students appear to be drinking in a very hazardous manner increasing their risks of negative consequences including the development of tolerance and ill health.

In the NCADAD 2006 (FSWS, 2006) study with 18 to 24 year olds we see that amongst the 79% of students who had consumed alcohol in the last 30 days, 10% had drunk twice a week or more. Binge drinking (here defined as consuming 6 glasses of an alcoholic drink on the same

occasion) was reported by 64% of students, with 33% of such students binge drinking at least once a week.

According to the Centre for Disease Control and Prevention (2019) binge drinking is most common among younger adults. While the drinking patterns of young people are subjected to continuous monitoring through cross-sectional surveys, their social representations of drunkenness and how these are influenced by cultural constructions have been less extensively examined. A focus group study with 19 young Maltese people (Clark & Cuschieri, 2018) between the ages of 18 and 30 (8 females, and 11 males) explored how youth give the state of being intoxicated meaning within the particular social groupings they inhabit. This study found that drinking has become a social imperative for young people in Malta and intoxication has become normalized. This study is documented in more detail in Focus Point 1 below.

**Focus Point 1: Clark and Cuschieri (2018)**

*In Malta, concern about youth drinking has led to greater enforcement and stronger prevention that appears to have had positive results according to the latest ESPAD. Nevertheless, a strong social imperative to drinking amongst Maltese youth still remains and intoxication has become a somewhat normalized ingredient to leisure. The social representations of intoxication held by young people play an important role in shaping the way they drink, as well as the experience of difficulties associated with drinking.*

*The increasing influence of Northern European cultures on Southern European drinking cultures maybe linked with potentially unfavourable changes in the attitudes and behaviours of youth from Southern Europe that have the consequence of encouraging heavy drinking and the ensuing problems this may cause (Ahlström and Österberg, 2005; Bjarnason et al., 2010). Examining social representations of drunkenness, Cuschieri and Clark (2018) observed that Maltese youth only consider extreme drunken behaviours as true representations of drunkenness and intoxication, yet fail to comprehend milder behavioural indicators of drunkenness as classifying as such. These representations might be contributing to decreased reports of drunken behaviour among Maltese individuals and shed led on efforts for prevention and harm reduction.*

*Prevention efforts should BE addressing these representations, contesting them and aiming to replace them with less extreme representations of drunkenness. Drunkenness is equated by youth in Malta with extreme degraded physiological states. The unpacking of these cultural texts, together with young people, in the process of a harm reduction strategy would contribute effectively to a redefinition of inebriation. If youth may come to understand that intoxication is occurring way before one becomes "ħara mejjet" then they may minimize the risk by helping them learn how to "master intoxication" by redefining what this state means to them (Østergaard, 2007).*

*In this way young people may come to see alcohol consumption as a complement to social interaction rather than a goal in itself, and consequently disapprove of drunkenness rather than attributing a sense of pride to it.*

### **3.2.5 Gender differences**

Gender differences in substance use patterns have been noted in recent years. While in the past substance use was engaged in more often by boys, recent data from school surveys



## Substance use in adolescence and emerging adulthood

indicates a narrowing of the gender gap and in the case of alcohol a situation where girls are consuming more alcohol than boys. In Europe, data from ESPAD indicates that with the exception for the Balkan region

*“rates of weekly HED in 2015 in boys and girls became somewhat similar..... results suggest a narrowing of the gender gap in risky drinking patterns among adolescents in Europe ... The closing of the gender gap was reported to be associated with changes in the social roles of women in society, allowing girls greater autonomy and a wider range of social options. The increase in alcohol advertising particularly targeting young women and by marketing certain alcohol beverages to women, such as alcopops, spirits and wine, may also have played a role” (Kraus et al., 2018).*

	Lifetime use boys %	Lifetime use girls %	30 day use boys %	30 day use girls %	Intoxicat- ion boys %	Intoxicat- ion girls %
ESPAD 2015	84	88	52	56	12 (in last 30 days)	17 (in last 30 days)
ESPAD 2019	81	82	47	49	11 (in last 30 days)	13 (in last 30 days)
HBSC 2013/14	73	74	52	55	28 (been drunk at least twice in lifetime)	26 (been drunk at least twice in lifetime)
HSBC 2017/19	68	63	47	40	15 (been drunk at least twice in lifetime)	26 (been drunk at least twice in lifetime)

**Table 3: Gender differences in alcohol consumption and intoxication (ESPAD 2015, 2019; HBSC 2014, 2018)**

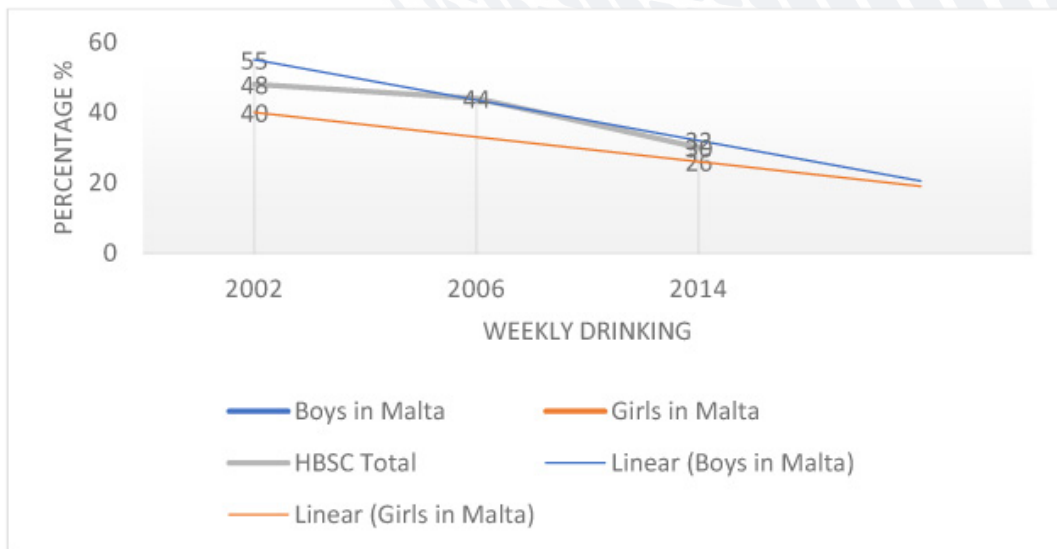




The gender gap for alcohol use is narrowing among the school population but not in other age groups.

### 3.2.6 Weekly Drinking

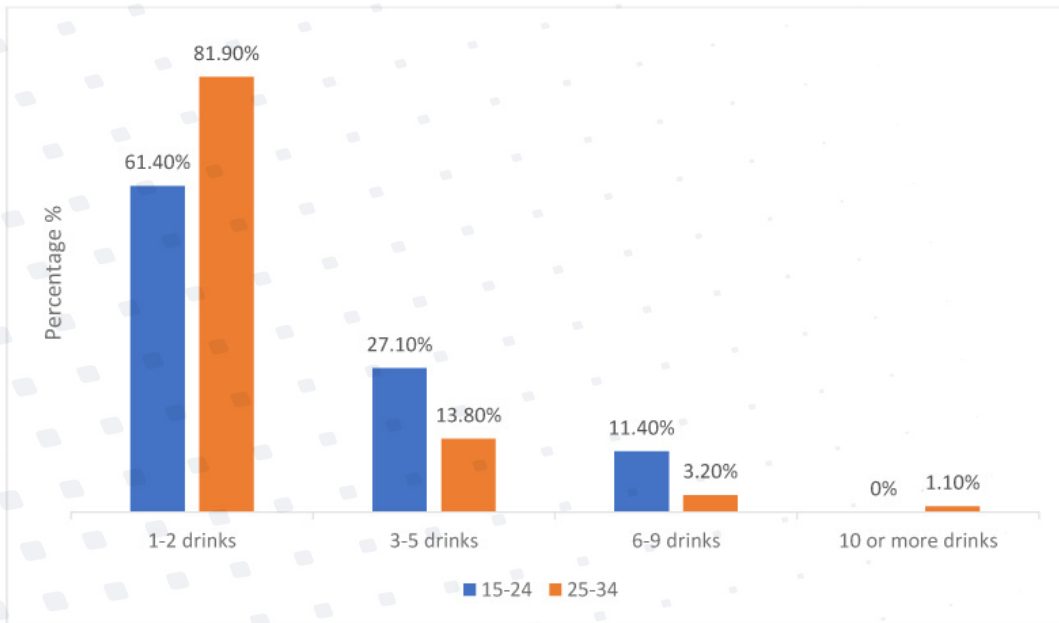
The HBSC studies of 2002 and 2014 measured the prevalence of weekly drinking among young people aged 15 years. In 2002, prevalence of weekly use among all young people participating in the survey stood at just under 48%, decreasing to just under 44% in 2006 and then substantially decreasing to 30% in 2014. Data presented for Malta in 2002 showed that just under 55% of boys had engaged in weekly alcohol consumption while in 2014 this number had gone down to 32%. The figures reported for boys in 2014 were the second highest among the participating countries. About 40% of girls reported engaging in weekly drinking in 2002, whilst there was a decrease in 2014, with 26% reporting doing so in 2014. This was the highest figure reported among the participating countries. One can note here that though both boys and girls reported a drop in heavy episodic drinking, the drop for boys was much steeper, resulting in a sharp narrowing of the gap between genders in such behaviour.



**Figure 16: Prevalence of weekly drinking among 15 years old boys and girls in Malta and HBSC totals (HBSC, 2002; 2014)**

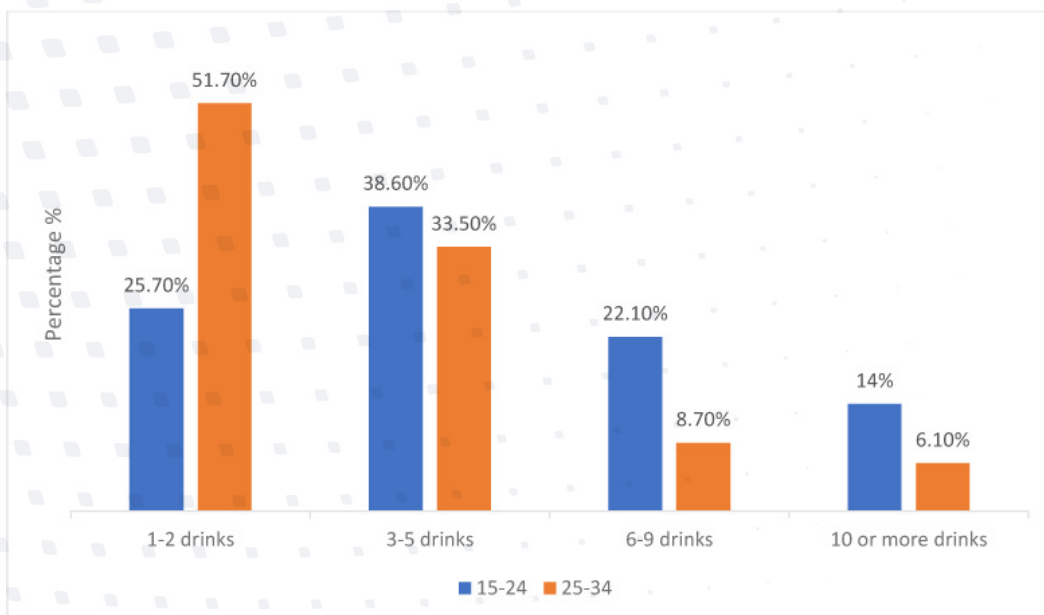
According to the EHIS (Eurostat, 2015), among 15-24 year olds, 31.9% report drinking 1-2 days a week while 20.4% report drinking 2-3 days a month. In the case of 25-34 year olds, 25% report drinking 1-2 days a week while 20.7% report doing so 2-3 days a month. 61.4% of 15-24 year olds report having 1-2 drinks a day during weekdays, 27.1% have 3-5 drinks a day during weekdays, while 11.4% report having 6-9 drinks a day during weekdays. In the case of 25-34 year olds on the other hand, 81.9%, 13.8% and 3.2% report having 1-2, 3-5 and 6-9 drinks a day during weekdays respectively.

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**Figure 17: Drinking patterns of 15-34 year olds during weekdays (Source: EHIS, Eurostat, 2015)**

Over the weekend however, 25.7% of 15-24 year olds report consuming 1-2 drinks a day, 38.6% report having 3-5 drinks a day and 22.1% report having 6-9 drinks a day. 13.6% report having 10 or more drinks a day over the weekends (compared to 0% during weekdays). Among 25-34 year olds, 51.7%, 33.5% and 8.7% report having 1-2, 3-5 and 6-9 a day over the weekend respectively. 6.1% report drinking 10 or more drinks a day over the weekend (compared to 1.1% during weekdays).



**Figure 18: Drinking patterns of 15-34 year olds during weekends (Source: EHIS, Eurostat, 2015)**

Despite the narrowing of the gender gap in the school population, continuation of alcohol consumption tends to be more common among male respondents than females. This is evidenced in the 2013 General Population Survey where 85% of the male respondents who have ever consumed alcohol, reported being current consumers, while 69% of the female cohort reported being current consumers. Results also show that males tend to be more frequent consumers of alcohol, with 37% reporting using alcohol daily, almost daily or several times a week, while only 19% of females who ever consumed alcohol reported such frequent use. The narrowing of the gender gap is evident in school surveys but the regular use of alcohol is more common for males than females in adulthood. In fact, data from the EHIS (Eurostat, 2008a; 2008b), shows that amongst the general population aged 15 and older alcohol consumption is more common among males. The reported rate of daily consumption amongst men is 4 times that amongst women in 2008. Men report weekly consumption three times more than women with 70% of women reporting never consuming alcohol in the previous 12 months.

	Every day or almost every day	5 – 6 days a week	3 – 4 days a week	1 – 2 days a week	2 – 3 days a month	Once a month	Less than once a month	Not in the past 12 months since I no longer drink	Never or only a few sips or tries in my whole life
Total	7.3%	2.2%	7.1%	19.1%	15.6%	9.7%	14.2%	10.9%	13.9%
M	11.2%	3.3%	10.2%	22.9%	17.3%	8.4%	11.1%	7.8%	8.0%
F	3.5%	1.2%	4.2%	15.2%	13.9%	11.0%	17.2%	14.0%	19.8%
15 – 24	0.9%	1.9%	9.2%	31.9%	20.4%	8.7%	10.0%	5.1%	11.8%
25 – 34	2.9%	1.0%	9.4%	25.0%	20.7%	13.2%	13.2%	8.1%	6.5%
35 – 44	5.0%	2.9%	7.2%	19.6%	16.9%	11.6%	15.9%	9.5%	11.6%
45 – 54	9.0%	2.9%	8.4%	19.1%	13.8%	9.8%	13.8%	10.1%	13.1%
55 – 64	13.1%	2.9%	5.6%	12.5%	12.5%	8.3%	15.2%	13.8%	16.2%
65 – 74	13.0%	2.4%	5.1%	10.8%	10.8%	7.5%	17.1%	15.4%	18.0%
75+	11.1%	0.9%	2.2%	4.3%	9.2%	6.8%	15.7%	20.3%	29.5%
ISCED 0 - 2	9.0%	2.0%	5.5%	14.6%	13.2%	9.4%	15.6%	13.2%	17.5%
ISCED 3 - 4	4.3%	2.3%	9.7%	23.8%	19.1%	11.0%	14.0%	8.1%	7.7%
ISCED 5 - 8	4.3%	2.9%	10.3%	29.7%	20.2%	9.6%	9.7%	5.5%	7.8%

**Table 4: Frequency of Alcohol Consumption over the past year; total and by gender, age and education (Source: EHIS, Eurostat, 2015)**

## Substance use in adolescence and emerging adulthood

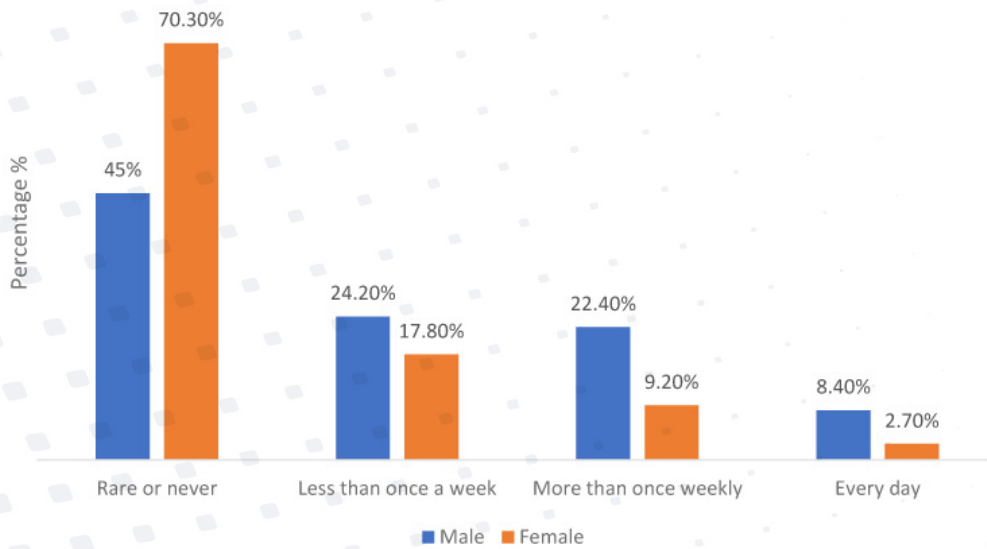


Figure 19: Alcohol consumption amongst those aged 15 and over in past 12 months by gender (Source: EHIS, Eurostat, 2008a)



Continuation of alcohol consumption tends to be more common among male respondents than females.

### 3.2.7 Drunkenness and Affluence

According to the HBSC 2018 report (p. 27):

*“Adolescents from higher-affluence families were more likely to report having been drunk twice or more times in their lifetime in a third of countries/regions for boys and fewer than a quarter for girls. Similarly, high-affluence adolescents reported higher levels of recent drunkenness in a minority of countries/regions. Iceland was the only country with the opposite pattern in lifetime drunkenness, with higher levels among low-affluence boys.”*

Across the HBSC survey, among young boys with higher family affluence prevalence of alcohol use stood at 37%, practically more than double the figure reported for young boys coming from lower affluence families, reported at 18%. With regards to girls, in 2014 no significant differences were registered for this variable.

### 3.2.8 Alcohol Availability

Among young people participating in the three most recent ESPAD surveys, the numbers of young people that perceived alcohol to be fairly easy, or very easy to obtain was consistently high at 87% in 2011, with a slight decrease to 85% for both the 2015 and 2019 surveys. In the 2019 ESPAD report less boys (82%) thought it was easy or very easy to obtain alcohol when compared to girls (88%). Alcohol was perceived to be easily available in most countries participating in the survey with an average of 78% considering it to be so. Trends reported in the European report also show that girls were more likely to perceive alcohol to be easily available. The percentage of Maltese young people perceiving alcohol to be fairly easy, or very easy to obtain was higher than the European average.



The percentage of Maltese young people perceiving alcohol to be fairly easy, or very easy to obtain is higher than the European average.

## 3.3 TOBACCO

### 3.3.1 Prevalence: a downward trend

The use of tobacco among young people has seen significant decreases throughout the years. Lifetime use of tobacco among youth has been decreasing steadily since the first ESPAD of 1995 when lifetime use stood at 55%. In 1999, just over 43% had reported smoking tobacco in their lifetime, increasing to 48% in 2003. Since 2007, trends have consistently shown decreases with 46% in 2007, 39% in 2011, 29% in 2015 and 22% in 2019. This data indicates that when compared to the first survey prevalence of lifetime use of tobacco has more than halved among school children aged 15 to 16 years.



**Figure 20: Decreasing trends in tobacco use between 1995 – 2019 (ESPAD 1995-2019)**

Downward trends have also been reported for the use of tobacco in the last 30 days, with 31% having reported such use in 1995 and 10% reporting smoking in the last month in the 2019 survey. These figures signify that current trends are a third of what they used to be in 1995. In the HBSC survey we see similar trends. In 2006, 28% of girls reported having smoked at age 13 years or younger, while the figure for boys was 22%. The HBSC survey average stood at 28% for girls and 31% for boys. The 2014 HBSC reports that 11% of girls and 13% of boys reported



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smoking at 13 years old or younger. These figures show a substantial decrease compared to 2006.

Similar results were also observed among university students by researchers such as Camilleri Pace (2019, N=525), who observed that 75% of respondents reported they did not smoke tobacco and Cefai and Camilleri's (2009, N=500) who reported a similar percentage (79%). In both studies, no gender differences in smoking patterns were detected. Cauchi and Mamo (2012) also reported similar results (study on the attitudes and behaviours towards tobacco smoking in undergraduate health stream students, N=211, 93% of respondents aged 19 - 24 years).

### 3.3.2 Prevalence of Use among Older Young People

A study exploring the impact of fear of COVID-19 on university wellbeing (Bonnici et al., 2020), found that among a large random sample of university students (777) 19.8% of males and 19.4% of females used tobacco before the start of the COVID 19 pandemic. Results reveal that more religious students used significantly less tobacco prior to the COVID-19 pandemic. For those respondents who used substances prior to the COVID-19 pandemic, 39.7% reported increased use of cigarettes, as a result of fear of COVID-19.

In the 2013 GPS survey (Muscat et al., 2014), around 45% of respondents reported having used tobacco at least once in their lifetime, a notable decrease of over 7% over the 52.3% reported in 2001. The lowest prevalence of lifetime use of tobacco was reported among participants aged between 18 and 29 years. This is in contrast with the figures reported in 2001 which showed that prevalence of lifetime use of tobacco was lowest among respondents aged 55-59 years. This indicates that tobacco use among the younger generation is on the decrease. This is in fact corroborated by the decreases of prevalence among young people reported in the ESPAD and HBSC reports. In the 2006 one off survey exploring alcohol, tobacco and drug use amongst 18 - 24 year olds in post-secondary and tertiary education, just over half of the students (54%) had ever smoked cigarettes, 42% of students smoked in the last year and 30% in the last 30 days. Amongst the 30% of students who had smoked tobacco in the last 30 days, 61% smoked twice a week or more.

Data from the EHIS (Eurostat, 2008a) show that there was a shift in the distribution of daily smokers and occasional smokers in 2008 among those aged 15 and over with more occasional smokers and less daily smokers being reported when compared to 2002. When compared to EU member states in 2008 the rate of daily smoking in Malta was comparatively low with Malta having the 5th lowest rate after Portugal, Sweden, Finland and Slovakia respectively (Eurostat, 2008a). Smoking rates remained similar for daily smoking in 2014/15 with only a 0.3% reduction, while it reported an almost 2% reduction in occasional smoking (EHIS, Eurostat, 2015). Data from the EHIS 2014/15 shows that 77.5% of 15-24 year olds and 70% of 25-34 year olds reported they did not smoke.

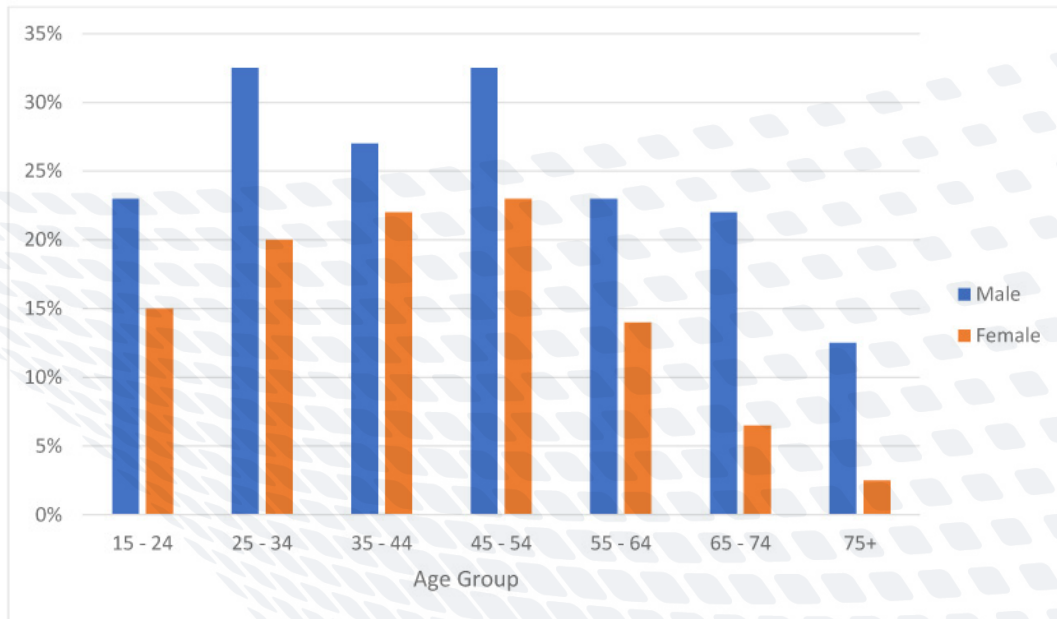


Figure 21: Daily smoking by age and gender (Source: EHIS, Eurostat, 2008a)

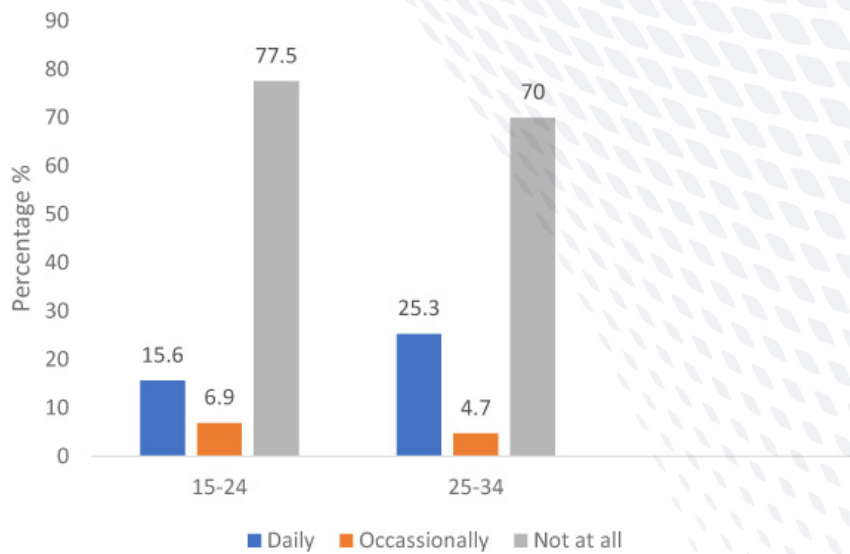
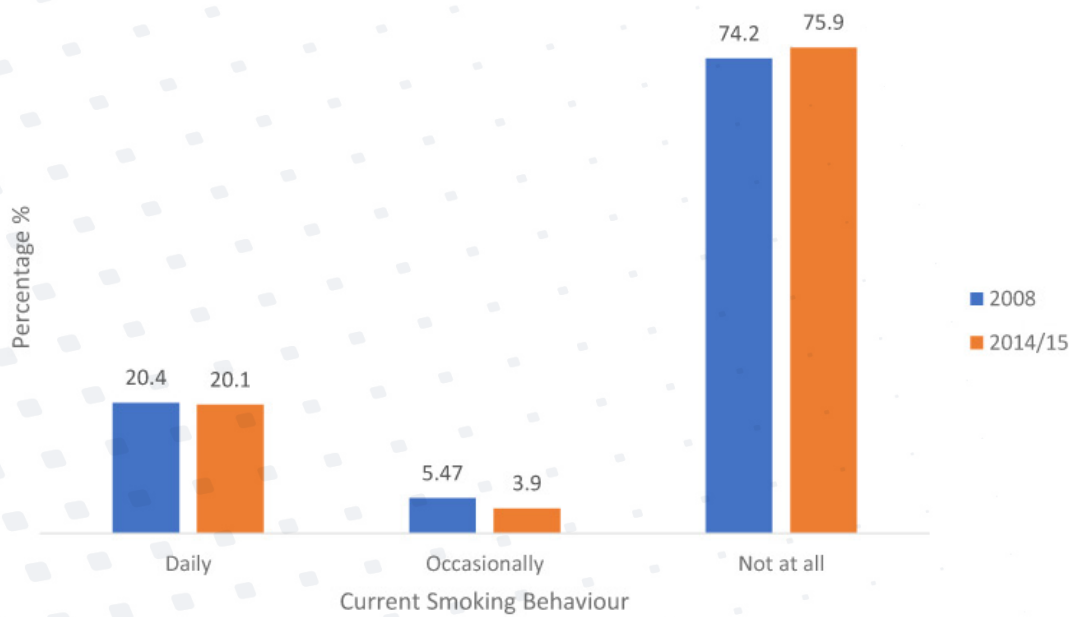


Figure 22: Current smoking behaviour by age (EHIS, Eurostat, 2014/5)

## Substance use in adolescence and emerging adulthood



*Figure 23: Current smoking behaviour among those aged 15 and over in 2008 and 2014/5 Reports (EHIS, Eurostat, 2008b; 2015)*



Tobacco consumption is on the decrease among young people in Malta and worldwide.

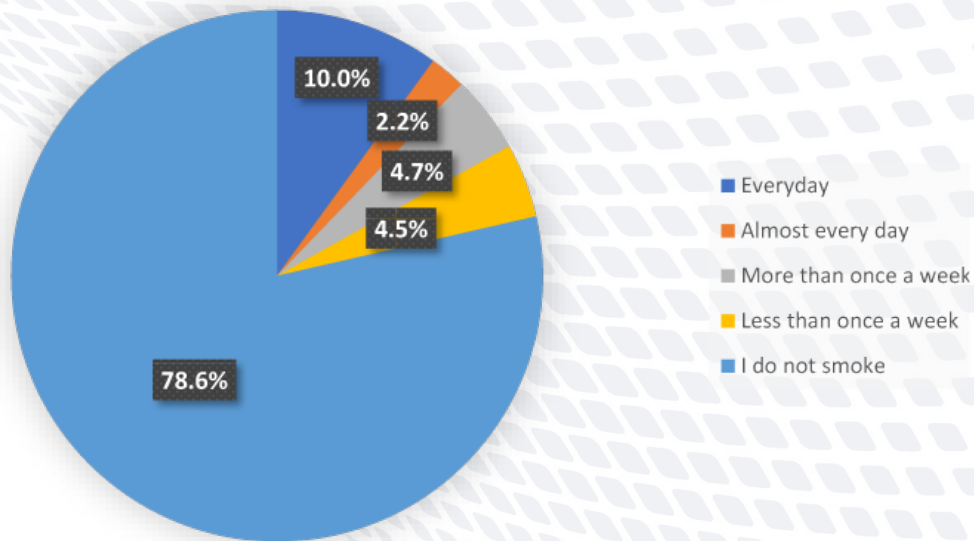
Daily smoking is highest amongst those having a secondary level of education and lowest amongst those with a tertiary level of education. Occasional smoking is highest amongst those with a post-secondary level of education and lowest amongst those with a primary level of education.

A number of smaller scale studies have been conducted with University students in the last 20 years that address tobacco use. Three such studies include:

- Cefai & Camilleri's 2009 study on the health of university students (N=500);
- Mallia & Hamilton-West's 2010 comparison of Maltese and British university students' attitudes and perceptions of Maltese (mean age of 21) and British young adults (mean age of 20) related to smoking (118 Maltese and 112 British individuals);
- Cauchi & Mamo's, 2012 study on the attitudes and behaviours towards tobacco smoking in undergraduate health stream students (N=211, 93% of respondents aged 19 - 24 years).

Cefai & Camilleri (2009, N=500) reported that 78.6% of students claim that they do not smoke. (Figure 24). In a separate study, Cauchi and Mamo (2012) found a similar statistic among undergraduate students studying in the health sectors. 72.8% of students did not smoke and 27.1% either smoked regularly or occasionally. Although the percentage of students who smoke is low, Mallia and Hamilton-West (2010) found that, when compared to students in the UK, Maltese students tend to smoke more. They were also more likely to report being around people who smoked.

## How often do you smoke tobacco at present?



**Figure 24: Percentage of university students who smoke and the frequency of use (Source: Cefai & Camilleri, 2009, N=500)**

Cefai & Camilleri (2009, N=500) did not find any gender differences in tobacco consumption between male and female university students. Similarly, in the study by Cauchi and Mamo (2012) no gender differences were found in smoking status. Females were more likely to believe that less stress would help with quitting smoking, while males were more likely to believe that they did not need help with quitting (Cefai & Camilleri, 2009). Students who were in a long-term relationship tended to smoke less and show a greater intention to quit smoking when compared to students who are of single status (Cefai & Camilleri, 2009). Single students were more likely to believe that they can quit smoking without help compared to those in a relationship. However, when compared to those in long-term relationships, these students had a lower intention to quit (Cefai & Camilleri, 2009). Compared to non-smokers, smokers were significantly more likely to report second-hand smoking both inside and outside their home environment (Cauchi & Mamo, 2012). Older students showed a greater intention to quit smoking compared to younger ones.

## Substance use in adolescence and emerging adulthood

### 3.3.3 Onset of Tobacco Use

The 2019 ESPAD survey shows that around 7% of students reported starting smoking at the age of 13 or less, while a further 15% reported having started between the ages of 14 and 15 years. HBSC reports that in 2001 the mean age of onset among 15 year olds stood at 13 years for both girls and boys who ever used tobacco. THE HBSC average stood at 12.8 years for girls and 12.1 for boys. In the 2006 one off survey exploring alcohol, tobacco and drug use amongst 18 - 24 year olds in post-secondary and tertiary education 54% of smokers reported first use of tobacco before the age of 16. In Cauchi and Mamo's (2012) study, 65.9% of students claim to have experimented with tobacco smoking. Of this percentage, 27.9% were introduced to tobacco smoking at the ages between 11 and 15 years. Camilleri Pace (2019, N=525) and Cefai and Camilleri (2009, N=500) reported that the majority of university students started to smoke between the ages of 14 till 17.



Tobacco consumption starts in early adolescence.

### 3.3.4 Tobacco Availability

More than half of respondents (57%) for the 2019 ESPAD reported that they perceived tobacco to be fairly or very easy to obtain. The figures for 2019 show a consistent drop, reporting a sharp decrease from 2003, when figures for easy availability were highest at 84%. In 2007 the figure stood at 66%, while 2011 reported a figure of 60%. Figures for 2015 were similar to 2019 at 56%.



Tobacco products are becoming less available.

## 3.4 INHALANTS

The lifetime use of inhalants among school aged children stood at 17% in the 1995 ESPAD. Such trends remained constant in subsequent surveys with 16% being reported between 1999 and 2007. In 2011 prevalence dropped to 14%, followed by significant decreases in 2015 with 8% and 2019 with 5%. In 2019, figures of prevalence were similar for both girls and boys. In the 2006 one off survey exploring alcohol, tobacco and drug use amongst 18 - 24 year olds in



post-secondary and tertiary education 7% had used inhalants. 43% of inhalant users also reported first use of this substance before the age of 16.



Inhalant use is  
on the decrease.

### 3.5 CANNABIS

#### 3.5.1 Availability

Cannabis has consistently been the illicit substance which is most used in the Maltese population. This trend is reflected among school aged children participating in ESPAD and HBSC as well as in the 2006 survey and in the GPS surveys. The perception of availability of cannabis among Maltese ESPAD respondents has been on the increase. In the 2019 ESPAD survey, 33% of 15/16 year olds perceived cannabis to be fairly easy or very easy to obtain while the European average stood at 14%. In the 1995 ESPAD, only 10% thought cannabis was easy to obtain. This marks a drastic increase in the perception of availability for this substance. Such figures seem to be consistent with a growing trend of the 'normalization' of cannabis use in recent years.



We are observing an  
increase in the perception  
of availability of cannabis.

In research conducted amongst university students (Formosa, 2019, N=109), 86% of respondents claimed to have been offered drugs with 83% of these having been offered cannabis. She also observed that compared to other drugs, cannabis was considered the easiest to obtain amongst respondents (Table 5). Gaerty (2013, N=1028) also reported that amongst university students more than 50% felt that that cannabis is very easy to acquire. More than 50% claimed they knew someone who could provide them with cannabis.

## Substance use in adolescence and emerging adulthood

	Easy	Moderately Easy	Difficult	Impossible	Do not know
Cannabis	75.2%	15.6%	0.9%	3.7%	4.6%
Crack Cocaine	15.6%	30.3%	26.6%	6.4%	21.1%
Cocaine Powder	28.4%	38.5%	16.5%	4.6%	11.9%
Heroin	6.4%	18.3%	41.3%	9.2%	24.8%
Ecstasy	25.7%	31.2%	21.1%	9.2%	12.8%
LSD	17.4%	28.4%	25.7%	9.2%	19.3%
Synthetic Drugs	20.2%	31.2%	17.4%	9.2%	22.0%
Amphetamines	6.4%	16.5%	19.3%	10.1%	47.7%
Nitrates	7.3%	9.2%	19.3%	10.1%	54.1%
Ketamine	8.3%	11.0%	19.3%	11.9%	49.5%
Magic Mushrooms	10.1%	25.7%	27.5%	12.8%	23.9%

**Table 5: University students ease of access to substances (Source: Formosa, 2019, N= 109)**

### 3.5.2 Cannabis Prevalence

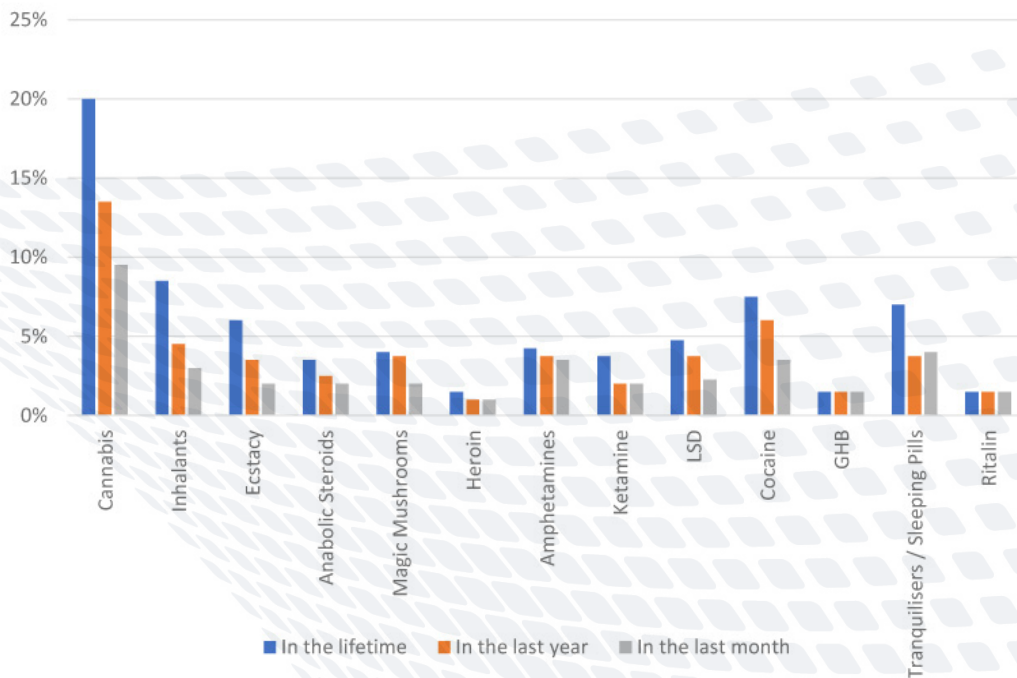
The ESPAD reports that lifetime use of cannabis among school aged children stood at 8% in 1995. This was followed by a slight decrease in 1999 with 7%, an increase to just over 10% in 2003, 13% in 2007, a decrease in 2011 with 10%, with the last 2 reports of 2015 and 2019 showing consistent figures 13 % and 12% respectively. Lifetime prevalence among boys and girls were similar in 2019 with 11% and 12% respectively. These figures contrast with the gender trends in lifetime use reported in 2007, that saw 15% of boys having ever used compared to the 11% reported by girls, indicating that whilst just a few years ago there was a gap between use of boys and girls, this gap seems to have narrowed. The ESPAD average for lifetime use of cannabis in 2019 stood at 16%, placing Malta 4 percentage points below the average.

The HBSC surveys show that lifetime use of cannabis among girls stood at 4% in 2001, rising to 11% in both the 2006 and 2014 surveys, while in 2018 a drop to 6% was reported. Conversely, for boys prevalence stood at 9% in 2001, rising to 14% in 2006, a further increase to 15% in 2014, followed by a drop to 11% in 2018.

In the 2006 one off survey exploring alcohol, tobacco and drug use amongst 18 - 24 year olds in post-secondary and tertiary education, 22% of students had used cannabis (FSWS, 2006).

Data from EHIS (Eurostat, 2008a; 2015) reports that amongst illicit drugs, the highest life time rate reported among those aged 15 and over was for cannabis in 2008, with 4.7% having used it at some point in their life. In 2015 cannabis was once again the most commonly consumed illicit drug with a rise in the figure to 6% reporting consuming cannabis at least once. The 2014/15 EHIS (Eurostat, 2015) report evidenced that among 15-24 year olds, had used cannabis at least once while among 25-34 year olds, 10.5% had consumed it at least once. This is considerably larger than figures for older age groups (35-44 year olds – 6.7%; 45-54 year olds – 5%; 55-64 year olds – 1.1% and below 1% for older age groups).

The study by Cefai and Camilleri (2009, N=500) also found that cannabis, followed by cocaine, was the most frequently used illicit substance among university students. (See Figure 25).



**Figure 25: Frequency of the type of substances used by university students. (Source: Cefai & Camilleri (2009, N=500))**

A study exploring the impact of fear of COVID-19 on university wellbeing (Bonnici et al., 2020), found that among a large random sample of university students (777) 11.7% of males and 7.5% of females used cannabis before the start of the COVID 19 pandemic. Results reveal that more religious students used significantly less cannabis prior to the COVID-19 pandemic.

For those respondents who used substances prior to the COVID-19 pandemic, 46.9% reported increased cannabis use as a result of fear of COVID-19. Interestingly, a study by Clark et al. (2020, N=348 [143 Maltese of average age 22.3, 205 Russian]) which sought to make comparisons between Maltese and Russian psychology students' beliefs and attitudes towards medical cannabis use for mental health purposes also reported a similar attitude towards cannabis use in relation to religious beliefs. They found that students who were more secular, were more likely to recommend medical cannabis for patients and were more likely to believe that cannabis had benefits when used for mental health purposes. These students were also less likely to be concerned about physical or mental health risks related to cannabis use. A key finding from all students is the dearth of education about cannabis for health-related conditions and the need for curricula based on evidence-based research for informed decision-making.

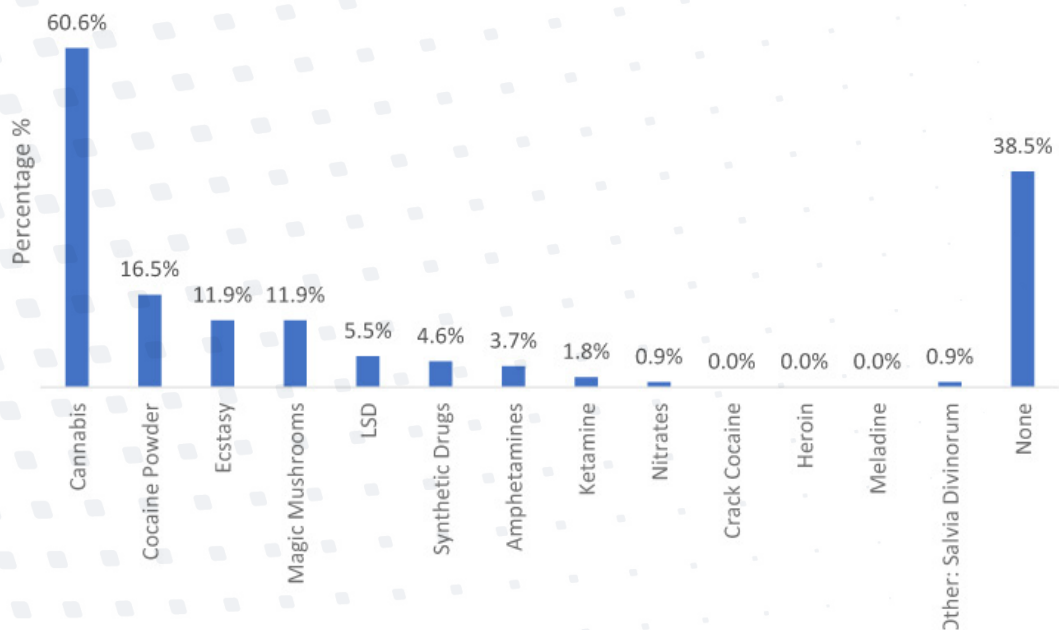


Cannabis use among 15-16 year olds in Malta is lower than the European average (ESPAD, 2019).

## Substance use in adolescence and emerging adulthood

The two GPS's show that young people aged 25 to 29 years are the age group reporting the highest rate of ever use of cannabis. In 2013 9% of this age group reported using cannabis. The figures show a significant increase among this age cohort from the previous survey which showed of 5% for young people aged 18-24 years and 4% 25-29 year olds. Interestingly, in both reports the findings showed that the use of cannabis has the tendency to decrease with age following the period of emerging adulthood.

More than 60% of Formosa's (2019, N= 109) respondents revealed having tried at least one illicit drug with cannabis being by far the most tried drug (61%), followed by cocaine powder Cannabis use among 15-16 year (16%), ecstasy (12%) and magic mushrooms (12%) (Figure 26). The study looked into the extent of drug normalisation among university students through a quantitative approach with 109 university students aged between 18 and 24. The average for drug trying of cannabis was 17 years. Similarly, in another study by Said (2015, N=114) it was found that 68% of respondents have used marijuana at least once in their lifetime. Studies with university students show that the most popular illicit substance among this group is cannabis (Aquilina, 2015a, N=128; Formosa, 2019, N=109; Said, 2015, N=114).



**Figure 26: Drugs tried by university students (Source: Formosa, 2019, N=109)**

Cannabis continues to present as the top drug in relation to seizures by the Malta Police Force.



	2018	2019
Cannabis	17,960 kg	507.2 kg
Cocaine	190 kg	747.3 kgs
Heroin	5 kg	0.994kg

Figure 27: Seizures 2019 (Source: Malta National Focal Point on Drugs and Addiction, 2020a)

### 3.5.3 Attitudes towards Cannabis

In 2019 the Kunsill Nazzjonali taż-Żgħażaġh and Aġenzija Żgħażaġh teamed up to conduct a study on young people's views on the use of cannabis among 350 young people aged 16 to 35. Using a Computer Aided Telephone Interview with a quota representative sample of young people in this age group, the study found that young people were almost equally divided in terms of 'those in favour of using cannabis for recreational purposes (47%) and those against (49.5%). (p. 4).

## In favour or against Cannabis for recreational purposes

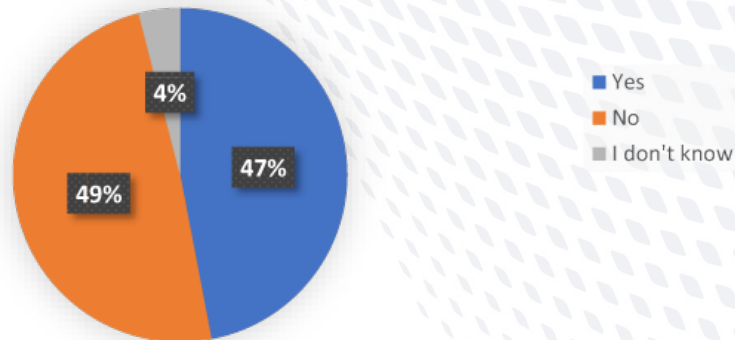
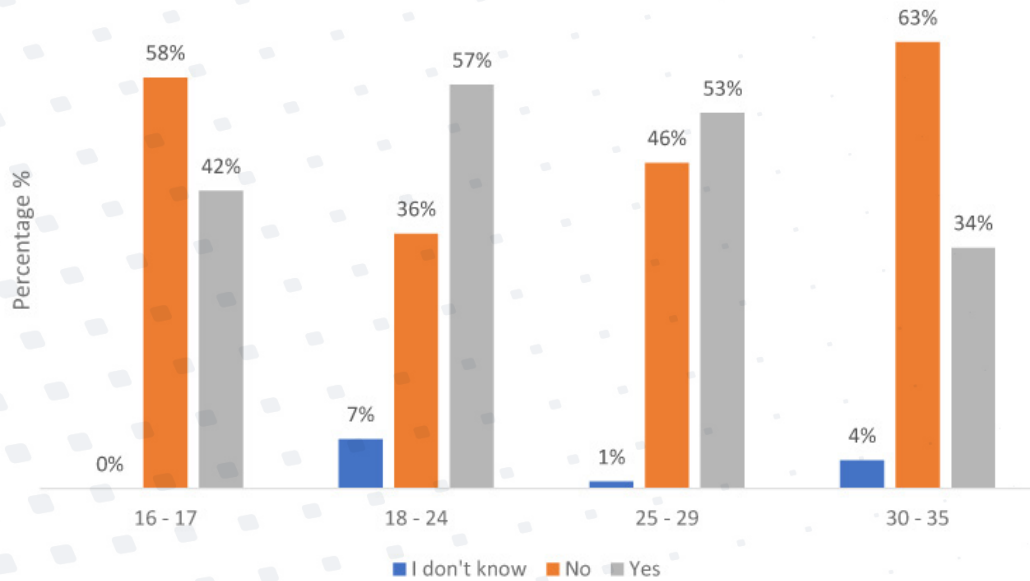


Figure 28: Young people in favour and those against using cannabis for recreational purposes (Source: Kunsill Nazzjonali taż-Żgħażaġh & Aġenzija Żgħażaġh, 2019)

Attitudes favourable to the use of cannabis were most common among those aged 18 to 29. Females were less likely to be in favour of cannabis for recreational purposes.



## Substance use in adolescence and emerging adulthood



**Figure 29: Young people in favour and those against using cannabis for recreational purposes according to age group (Source: Kunsill Nazzjonali taż-Żgħażagħ & Aġenzija Żgħażagħ, 2019)**

Of those who agreed with recreational cannabis 90% believed that it should be regulated in the same way as tobacco and alcohol. Nearly half of the sample (49%) believed that cannabis is a gateway drug leading to use of more problematic substances. Those who were in favour of using cannabis recreationally were less likely to endorse the gateway hypothesis.

A majority of the young people (57%) interviewed think that cannabis should be available through licenced outlets. Of those who agreed that there should be a stipulated minimum age for consumption the majority held this to be 18. 73% also reported that they believe a there should be a limit on the amount of cannabis consumed for recreational purposes. The results of this study indicate that the use of cannabis for non-medical purposes is becoming increasingly popular and that males are more likely to hold liberal attitudes.

In her quantitative work with 1028 participants (75% aged between 17-24), exploring the attitudes of university students towards cannabis, Gaerty (2013) observed that university students were more likely to hold positive attitudes towards cannabis. She reported that the older the respondent the less likely it is that they have a positive attitude towards cannabis users and the legalisation or decriminalization of cannabis. She observed that university students aged between 25 – 34, followed by those aged 17 – 24, tend to have a more positive attitude than their older counterparts in relation to all of the aspects of cannabis. Gaerty (2013) reported that around 80% of university students surveyed, believed cannabis users could still have a healthy social life, with over 80% claiming they can also be psychologically healthy.

Formosa (2019, N=109) reported that the larger part of university students involved in the study used drugs “as a form of relaxation” (64%). He concluded that most drug use amongst

university students, particularly cannabis, is done “autonomously and solely for recreational purposes” (p. 32). In her quantitative study with 189 university students from the Faculty of Social Wellbeing looking into the effects of drugs and alcohol on student's personal life and academic careers (76% of the group aged between 18-25), Nechita (2018) found that students considered cannabis to be the least negative amongst substances, although a considerable number of students were uncertain regarding its effects, highlighting a need for further education in this area. Overall she found that students perceive alcohol and cannabis use to be acceptable (43% claiming they approved, 36% saying they didn't and 21% uncertain) while they disagreed with other illegal drug use.

Clark et al. (2020, N=348 [143 Maltese of average age 22.3, 205 Russian]) also observed that students who made use of cannabis were more likely to believe that cannabis should be legalised for recreational use, to believe that it was beneficial for mental health purposes and were to recommend it for medical use. They were also less likely to believe that cannabis had physical and mental health risks and that it can be addictive. Similar findings were also reported by Said (2015, N=114).

### **3.6 NONMEDICAL USE OF PRESCRIPTION DRUGS (NMUPD)**

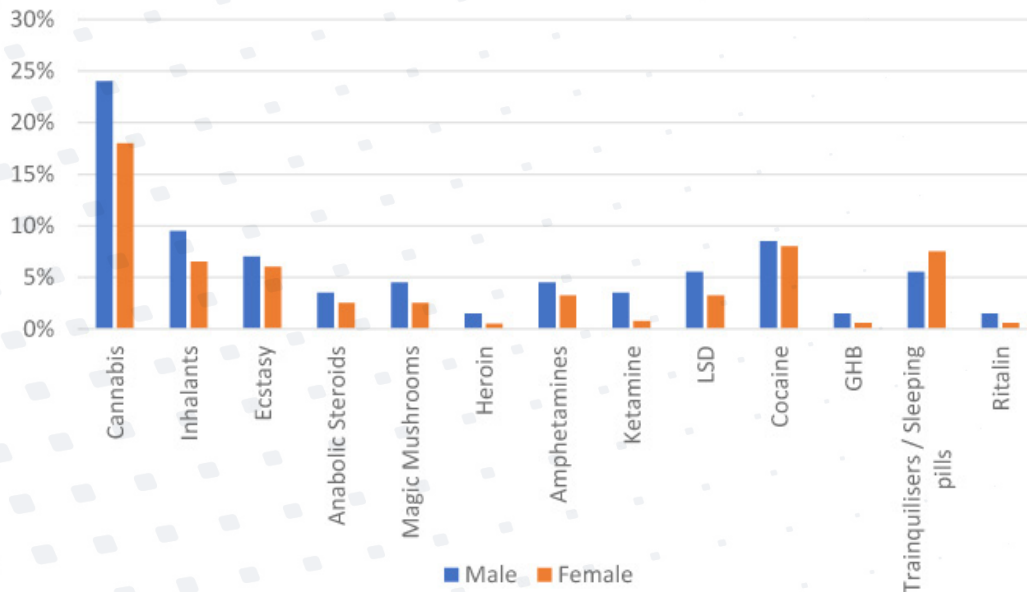
In ESPAD, prevalence of lifetime use of tranquillizers and sedatives was reported at 9% of participants in 1995. In subsequent reports, there was a decrease in the trend of use of such substances, with 5% in 1999, down to just under 3% in 2003. In 2007, the figure rose back to 5%, with the 3 subsequent reports 2011-2019 all reporting prevalence at 3%.

In the 2006 one off survey exploring alcohol, tobacco and drug use amongst 18 - 24 year olds in post-secondary and tertiary education (FSWS, 2006), 10% had used these substances. In the General Population Surveys, prescription drugs refers to the use of sedatives and tranquillizers. Use of these substances is 3 times more common among female respondents with only 27% of ever users of sedatives being male. Both the 2001 and 2013 reports show that such use of prescription medication has the tendency to increase with age. Indeed the highest prevalence is among respondents aged 55-59 years, 21% in 2013 and 25.5% in 2001, while the younger respondents showed the lowest prevalence of use.

Scicluna (2019, N=4 professionals) points out that the social perception of prescription drugs as being less harmful contributes to a distorted perception of the risks involved and can create a culture conducive to the harmful use of these substances. He adds that the media too, through phrases such as “have a chill pill”, also contributes to this phenomenon. Bonnici (2015) looked into the views of 6 professionals regarding the non-medical use of prescription drugs (NMUPD) and highlighted the medicalisation of society and the modern belief that medicines can alleviate any form of difficulty, such as in instances when sedatives are prescribed to address issues related to stress or to treat similar 'social' problems.

In the Cefai and Camilleri study (2009, N=500) females are more likely to make use of sleeping pills and tranquilising drugs. (See Figure 30).

## Substance use in adolescence and emerging adulthood



**Figure 30: Substance Use comparison in genders (Source: Cefai & Camilleri, 2009, N=500)**

The non-medical use of prescription drugs (NMUPD), mostly psychotropic drugs, has increased worldwide. Emerging adults are considered to be an at risk group. Malta lacks a strong evidence base for the prevalence of NMUPD for this group. Clark and Fenech (2018) studied the prevalence and patterns of use of NMUPD among University of Malta (UOM) students. An anonymous online questionnaire distributed to the entire UOM student population was used to collect the data. Of the 347 students who completed the questionnaire, 7% reported lifetime non-medical use of opioids, 3.5% reported lifetime non-medical use of CNS depressants and 2.8% reported lifetime non-medical use of CNS stimulants. The most common age of onset for the misuse of prescription drugs was that of 16 years, while 34% of respondents reported to have started misuse between 11 and 16 years.



NMUPD is more common amongst females and increases with age. Stress and trauma are considered to be contributing factors.

Consistent with the literature on the subject, female students reported higher engagement in NMUPD than males. Females also reported higher levels of stress.

		Gender	
		Male	Female
How stressful are you finding this academic year?	Very Stressful	19.0%	32.8%
	Stressful	22.8%	36.3%
	Somewhat Stressful	46.8%	25.4%
	Not Stressful	11.4%	5.5%
Total		100%	100%

**Table 7: Gender and Stress (Source: Clark & Cuschieri, 2018)**

While no significant gender differences were reported with regards to lifetime or last year use of stimulants, higher rates of lifetime use of opioids and depressants, and last year use of opioids and depressants, were reported by females. This coincides with ESPAD's findings which all clearly portray gender differences (typically, females report 3-4% more NMUPD than males). This research shows an unambiguous gender difference with regards to NMUPD, with females having higher prevalence rates than males. A similar vulnerability of women to the non-medical use of prescribed drugs is registered in other studies (Simoni-Wastila et al., 2004). While the gender gap for treatment demand for illicit substances in Malta continues to be wide, with the absolute majority of those in treatment being males (Malta National Focal Point on Drugs and Addiction, 2004 – 2020), women may be at increased risk of misusing medicines because illegal drug abuse is stigmatised even more strongly amongst women (Hecksher & Hesse, 2009). Besides associated stigma, prescription drugs are easier to get hold of than illicit substances and the chance of arrest is minimal (Rigg & Ibanez, 2010). The social acceptability of their use and their perceived safety are also influencing factors. Clark (2015) highlights the role of trauma and interpersonal violence in female NMUPD. Women often use these drugs to cope with relational stress and negative emotional states. The abuse of prescription medications by females may be linked to their experience of psychological distress and stressful life situations including violence (Back et al., 2011). The accelerated disease progression observable among women who engage in NMUPD means that females come to use them regularly more quickly, thus “the window of opportunity for preventing progression is smaller for women” (Back et al., 2011, p 833).

Early onset of non-medical use of prescription drugs, can have effect both on the outcome of future prescription drug abuse and later problematic involvement with substances; an increase of one year in the age of onset reduces the chances of dependence of abuse by 5% (McCabe et al., 2007). In this research, the two most popular ages of initiation to prescription drug use were 16 and 18. 20% of the students were 16 years old when they first made use of prescription drugs and 14% were 18 years old. This has important implications with addressing this age group through prevention efforts.



## Substance use in adolescence and emerging adulthood

### 3.6.1 NMUPD availability

Clark and Cuschieri (2018), identified the three most commonly reported sources of prescription drugs: 'previously prescribed by a doctor' to the student (44.83%), followed by 'bought without a prescription from a pharmacy' (22.41%), followed by 'got them from friends or relatives' (15.52%). The data supported findings of accessibility of prescription drugs in other studies (Clark et al., 2015; SAMHSA, 2008) and might alert to the ease of getting medication without a prescription in a close knit Maltese community, where everyone knows each other. This has important policy implications.



Prescription drugs are readily available.

### 3.7 OTHER DRUG USE

The use of illicit substances other than cannabis among ESPAD participants was reported at 1% in 1995, 4% in 1999, 3% in 2003, peaking at 9% in 2007, with a gradual decrease to 6%, 5% and 4% for 2011, 2015 and 2019. The use of heroin has consistently been reported at 1% between 2003 and 2019. Cocaine lifetime use prevalence was reported at 2% in 1995, 2% in 1999 and 2003, rising to 4% in 2007 and 2011, with gradual decreases to 3% in 2015 and 2% in 2019.

In the 2006 one off survey exploring alcohol, tobacco and drug use amongst 18 - 24 year olds in post-secondary and tertiary education (FSWS, 2006):

- 12% had used anabolic steroids
- 11% had used magic mushrooms.
- 10% had used tranquillisers.
- 7% had used inhalants.
- 6% had used cocaine.
- 5% had used ecstasy



The use of illicit drugs, other than cannabis, is very low among the school aged population.



The GPS asks about the use of seven specific substances: ecstasy, LSD, mephedrone (included for the first time), new psychoactive substances, amphetamines, cocaine and heroin. Figures show in both reports that the prevalence of the use of such substances among the general population stands at less than 1%. The small number of ever users did not allow to draw conclusions related to geographical or age distribution over Malta. What it seems to conclude is that apart from cannabis, the prevalence of ever use of illicit substances among the general population is very low. Additionally, figures also show that the ever use of any of these substances was distinctly more common among male respondents than among women.

The European Health Interview Survey of 2008 explored age of first use of a number of substances.

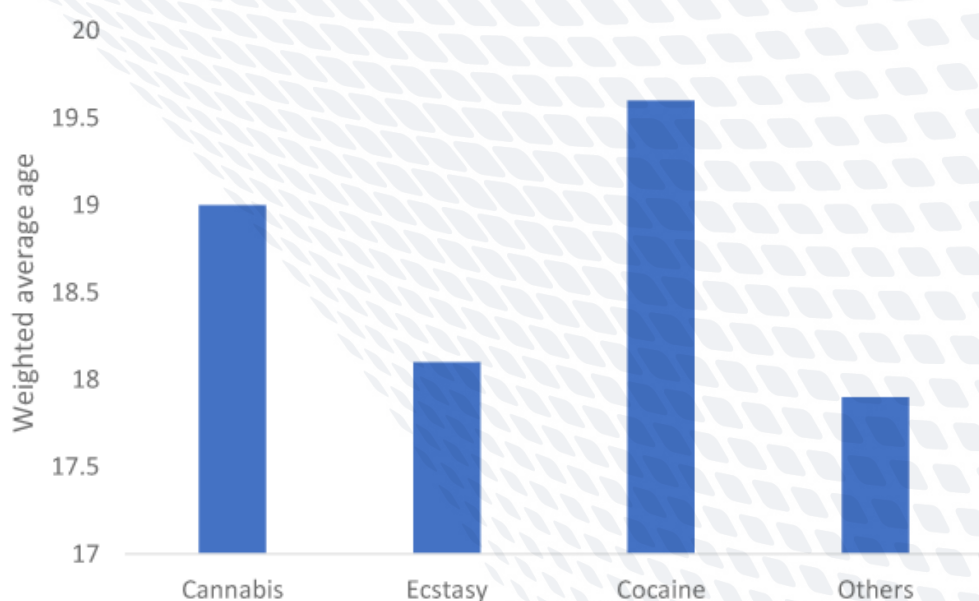


Figure 31: Weighted average of age of first use (Source: EHIS, 2008a)

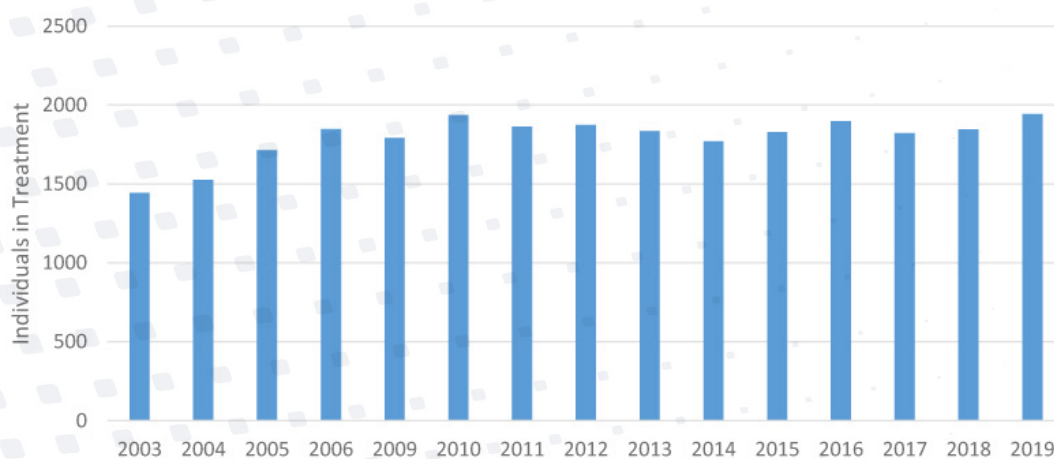
### 3.8 TREATMENT DEMAND DATA

The Maltese National Focal Point on Drugs and Drug Addiction within the Ministry for Social Justice and Solidarity, the Family and Children's Rights has been publishing the National Report on the Drug Situation in Malta since 2004. The aim of this report is to present a comprehensive overview of current situation related to all aspects of the use of licit and illicit substances. Among the various issues that the report looks into, it presents a clear picture of treatment demand in the country. Through the reports published there is now a clear snapshot of trends related to individuals who make use of drug related services. The National Focal Point on Drugs and Addiction compiles these data through five sources, namely the Treatment Agencies Sedqa, Oasi and Caritas, the Correctional Service Agency (CSA) and the Dual Diagnosis Units within Mount Carmel Hospital. The data presented here relates to information compiled since 2004 in relation to the use of services by young people who accessed services in relation to their drug use.

## Substance use in adolescence and emerging adulthood

### 3.8.1 Number of individuals in treatment by year

In the first ever National Report on the Drug Situation reporting on data for 2003 (Malta National Focal Point on Drugs and Addiction, 2004), there was a total of 1444 individuals accessing treatment. The following year in 2004 (Malta National Focal Point on Drugs and Addiction, 2005) the amount of individuals rose to 1525, followed by a sharp increase in 2005, with a total of 1714 individuals accessing treatment. Treatment access has since then always revolved around the 1700-1900 individuals mark, with 2006 reporting 1848 individuals, rising to 1943 in 2019. This demonstrates that throughout the years, access to service seems to have stayed consistent. Also, the proportion of male and female individuals accessing treatment has remained constant throughout a number of years, though in recent reports there has been a trend of increase among women accessing treatment with 2019 reporting that 20 % of service users were women. This shows a shift since the year 2003 when around 14% were women.



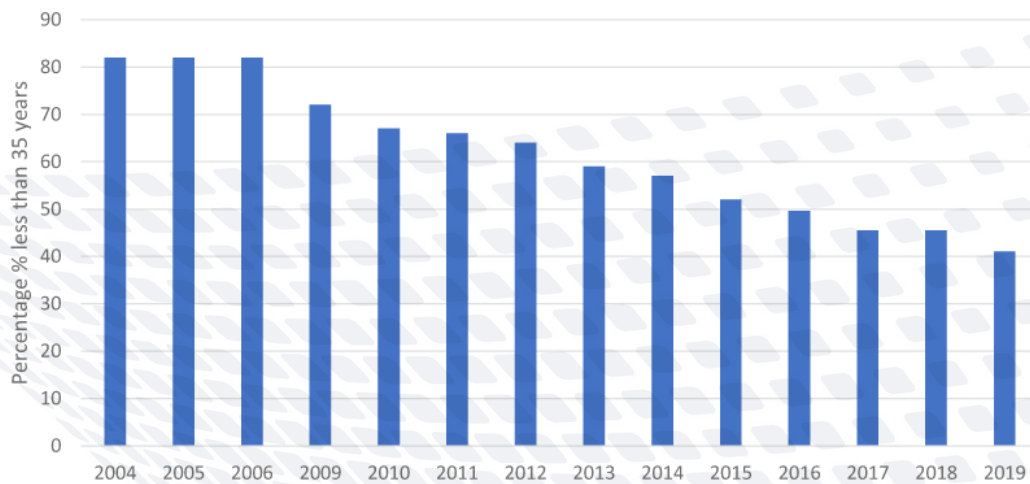
**Figure 32: Number of Individuals in treatment by year of access (Source: Malta National Focal Point on Drugs and Addiction, 2004 – 2020)**

### 3.8.2 Treatment access by young people

For a number of years, the majority of individuals accessing treatment were under the age of 35, with a mean age of people in treatment being that of between 26 years and 28 years. Indeed, in 2004, the individuals aged less than 35 amounted to 1255 individuals, which amounts to some 82%. Heroin users aged between 15 and 34 amounted to 1078 (70.6% of total in treatment). In the last five years the amount of young people (under the age of 35) accessing treatment (41% in 2019) continued to decrease when compared to older individuals. This is perhaps indicative of an ageing population of service users who use heroin, that have continued to access services for a number of years.



Treatment is more likely to be sought and accessed by males.



**Figure 33: Percentage of individuals in treatment under the age of 35 by year (Source: Malta National Focal Point on Drugs and Addiction, 2004 – 2020)**



The treatment population is ageing.

### 3.8.3 Age and drug of choice (Heroin, Cocaine, Cannabis) among treatment populations

#### **Heroin**

It has consistently been the case that the majority of individuals accessing treatment report doing so mainly due to heroin use. However, one must note that this trend has gradually been decreasing in the past years, with heroin users in 2019 just totalling 58% of the total treated population. Indeed this number formerly revolved around the 80-90% bracket, with the year 2003 reporting 86% being in treatment primarily due to heroin use. The mean age of those entering treatment for heroin use in 2003 was around 28.5 years. Data provided in the 2019 National Report indicated that there is a 9 year gap between the first time that individuals use heroin for the first time and the first time they access treatment. First time use was reported to revolve around 22 years old, whilst access to treatment took place at around 31 years old.

## Substance use in adolescence and emerging adulthood

### Cocaine

The use of cocaine as a primary drug among service users has continued to increase in recent years with some 26% of those presenting for treatment using cocaine as a primary drug. This figure shows an increase of 14 percentage points when compared to 2011 and a substantial 22% increase when compared to 2003 when such clients amounted to 4% of the entire treated population. According to the National Report 2019, the mean age of individuals entering treatment was reported to be 30 years, whilst mean age for first ever use was 21 years, Once again this indicates that a 9 year gap exists between first use and first treatment.

### Cannabis

The number of individuals accessing treatment primarily due to their use of cannabis has revolved around the 9% point in recent years, with the exception of 2014 when only 1% were reported to have accessed services mainly due to their cannabis use. However, in 2018 a substantial increase to 13% was registered, marking an increase of 4 percentage points over the previous year. In 2019 the percentage rose slightly to just over 14% of all individuals in treatment. The 2019 report indicates that the mean age of onset of use is around 15 years old, whilst the mean age for entering treatment was 23 years old. Once again, there is an 8 year gap between first use and first time receiving treatment. Also, the age of first use is substantially lower, when compared to cocaine at 21 years, and heroin at 22 years.



The majority of individuals accessing treatment report doing so mainly due to heroin use. This trend has gradually been decreasing in the past years, while the use of cocaine as primary drug among service users has increased.

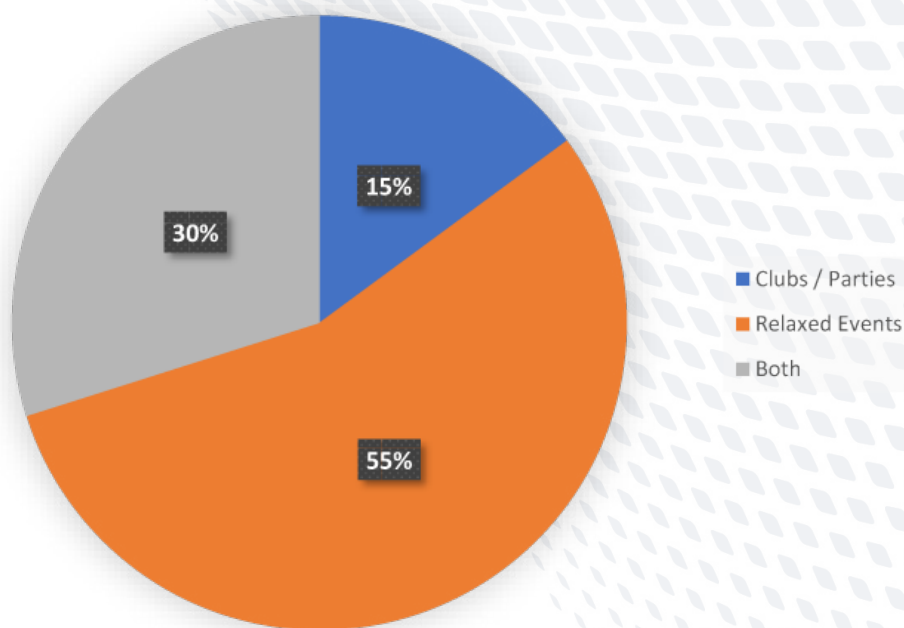
	2018	2019
Treatment Entrants	1,898	1,943
Heroin	1,607	1,126
Cocaine	508	507
Cannabis	251	278

**Figure 34: Treatment demand in 2018 and 2019 (Source: Malta National Focal Point on Drugs and Addiction,, 2020a)**

### 3.9 WHERE DO YOUNG PEOPLE USE SUBSTANCES AND IN WHAT CONTEXTS

Cilia (2019)'s qualitative study exploring young people's attitudes towards the traditional Maltese festa with 6, 24-33 year olds identifies local traditions such as the festa and carnival celebrations as hot spots for increased consumption of alcohol and other substances. Avellino & Avellino (2015) also reported that during festas the use of alcohol and drugs intensifies the experience Cilia (2019) reports that most young people, including minors, have easy access to alcohol during these events either through older acquaintances or because no identification is requested. Formosa (2015), in identifying drug use during festas as one of the reported crimes in 2013 and 2014, claims that these events have become hubs for cocaine consumption (Ameen, 2009; The Malta Independent, 2018).

In her quantitative study with 55 post-secondary students, Apap (2001) found that 16-17 year olds consumed alcohol mostly in the evenings in the weekends, with popular venues being leisure and social sites such as discos, parties, bars, pubs and restaurants. This also reflect in Formosa (2019, N=109)'s quantitative work focusing on drug normalisation among university students, where she reported that 64% of respondents expressed they used marijuana or others drugs for recreational purposes in social contexts (Figure 35). Similar findings were also reported by Cefai & Camilleri (2009, N=500).



**Figure 35: Events at which university students report doing drugs (Formosa, 2019, N=109)**

Students participating in the ESPAD 2019 survey were asked about purchasing alcohol in the last 30 days from on-premises venues such as pubs, restaurants, social clubs, bars and discos, and about purchasing alcohol for off-premises consumption from places such as supermarkets, liquor stores or kiosks. Overall, 29% of students reported purchasing alcohol for off-premises consumption, whilst 44% had done so for on-premises consumption. No sex differences were identified for this behaviour. With regards to places where students



## Substance use in adolescence and emerging adulthood

consumed alcohol on their last drinking occasion, drinking at home was the most frequent venue reported (21%), followed by consumption in a bar or pub (19%) and at a disco/party or club (14%). Girls were considerably more likely than boys to have consumed alcohol in a disco/party or club with 16% for girls as opposed to 12% of boys, and in a restaurant with 15% of girls and 11% of boys.

In her qualitative study involving 8, 21-27 year old participants from distinct types of club and party scenes, Coleiro (2009, N=8) reported the use of club-drugs including MDMA and cocaine, and combinations of these, at parties organised within the club culture, with some participants highlighting the connection between some music genres and specific drugs such as Goa Trance and LSD where even the music venues lend themselves to amplify the effect of the drug with “a lot of colourful and psychedelic decorations” (p. 72).

### 3.10 PROFESSIONALS PERSPECTIVES ON YOUNG PEOPLE AND SUBSTANCE USE

The interviews (see Appendix A: Interview guide) with addiction and youth experts elicited rich data which was coded according to emergent conceptual categories and themes. The sections below document these themes while locating them within the literature and supporting the analysis with in vivo quotations from the data. The participants' identity has been anonymised and will be referred to as Interviewee 1 through to Interviewee 11.

#### 3.10.1 The situation of young people

Professionals discussed their perceptions of the situation of young people in Malta in the third decade of the 21st century. Young people's transitions to adulthood have changed considerably over the last few decades. Most theorists highlight how they have become more protracted and more challenging to negotiate (e.g. Giddens, 1990; Beck, 1992; Pearson, 1994). They are characterized by an increase in choices with a concomitant increase in risk. While young people in the 21st century face opportunities that were not available to generations before them, they also experience anxieties that were unknown to previous generations. This view dominates the various literatures exploring youth transitions and was echoed in the interview data. While acknowledging that the situation of youth should not be problematised, and that young people are an important resource rather than a problem, interviewees recognized the novel challenges that young people face today that may cause them anxiety:

*“The concern is where there are so many choices today .... In reality it's like going to a supermarket with so many things and there are so many things you wouldn't be able to choose to buy and due to that sometimes you end up choosing nothing. Because you're still thinking about it. “I want to do everything, I don't know what I'm going to do”, and therefore, and because the choices are so huge you end up finding it difficult where to go, what to do, how you're going to behave”. (Interviewee 1)*



Youth transitions have become more protracted and more challenging to negotiate. Novel challenges cause anxiety.

The period of adolescence and emerging adulthood is seen as a time when youth are journeying from one status to another, where they are “gaining their independence and becoming adults” (Interviewee 1). As a period rich in critical changes and developments, it also presents several challenges as well as opportunities.

*“Iż-żmien tal-addoloxxenza fih nnifsu huwa challenging minnu nnifsu għax il-persuna ikunghadu qed jiskopri lilu nnifsu [...] jkunu allaċċati ma' challenges u opportunitajiet” (Interviewee 11).*

A common theme emergent from the interview data was the increased competition that young people are faced with and the psychosocial pressure they consequently experience in terms of identity exploration.

*“Mill-banda l-oħra, għandhom iktar challenges ukoll mill-aspett soċjali. F'dak li għandu x'jaqsam ma' xogħol, kompetizzjoni, social pressures, il-media”. (Interviewee 3)*

*“Youths are finding it difficult in terms of finding an identity. Maltese society is changing very fast and, before it was easier to find an identity and to see where you fit within society. Now it is becoming more difficult”. (Interviewee 8)*

The high expectations placed on young people were seen by the expert participants as posing a threat to their wellbeing. These high expectations, in turn, become internalized, causing anxiety. This increased pressure to perform was hypothesised as having a direct link with the use of substances in order to ease the stress and self-medicate the emotional distress emanating from possible disappointments.

This may be linked to a common theme that Maltese society has wholeheartedly bought into the neo liberal agenda and has become very economy focused. In neoliberal societies competition comes to define human relations. The citizen is viewed primarily as a consumer.

*“I think at the moment one of the biggest concerns that I see is that we are expecting a lot from young people, society expects a lot...[ ]... They find a job, they want a good job, with very high salary, they want a very good position, if possible under manager already and some of them...there are some who are not achieving this and there's a disappointment... [ ]... And that is the concern, and therefore when they realise that this is not going to come through or almost achieving but no we're not going to achieve as much as our parents made us believe that we are going to achieve, then it's a big setback. And I think at the moment this is my biggest concern”. (Interviewee 1)*

*“And the rat-race of always wanting to be better than they actually are. And competing, competition. Everything's become competition for them...[ ] ... And I think that is putting much more pressure on young people which leads then to disappointment, to again, the pressures that would lead them to substances abuse to forget their disappointment”. (Interviewee 4)*

*“Jekk inti għandek soċjetà li mibnija fuq l-ekonomija, mhux fuq l-ekonomija soċjali,. (Interviewee 3)*

## Substance use in adolescence and emerging adulthood

In a neo-liberal market, the individual citizen is seen as responsible for her success and equally for her failures. Beck has highlighted how in late modern societies, risk is now no longer seen as influenced by forces outside of the individual but rather by individual factors comprised of “human actions and omissions” (Beck, 1992, p. 183). This ideological stance supports a capitalist economy where young people are made to believe that if they only try hard enough they will succeed and yet if they fail the onus of responsibility lies with them. Furlong and Cartmel (1997 page 144) called this out as an ‘epistemological fallacy’ and highlighted how structural forces continue to place groups of young people at disadvantage. On the other hand, Beck (2007) purported that this change is the result of individualisation occurring at the level of societal structures. The argument is that “individualization reduces the weight that social class, gender or family of origin have on the life course, so that individuals can now make subjective choices about their lives” (Franceschelli & Keating, 2018, p. 35) resulting in ‘choice biographies’. This context is characterized by unpredictability (Brannen & Nielsen, 2002, 2007). The individualization thesis argues that this process “has removed some old constraints, but it has also created new ones” (Franceschelli & Keating, 2018, p. 35; Beck, 2007). As Roberts (2010, p. 139) points out: “the lack of structures fosters disconnectedness”.



Individualisation creates opportunities but also presents new challenges for young people.

According to Scicluna (2019), the Western individualism and competitiveness which easily lead to isolation are at the core when it comes to psychosocial factors related to the onset and maintenance of the addiction cycle. In his qualitative research with 4 professionals looking into the salient characteristics surrounding benzodiazepine use and focusing on adolescents and young adults in Malta, he quotes a systemic psychotherapist interviewed in his research and states, “The system teaches you to compete rather than relate. [...] Isolation in itself precipitates the use of drugs and alcohol” (p. 29) and considers addiction to be the antecedent as well as the product of reduced social connection.

Professionals repeatedly mentioned the possible deleterious effects of Maltese society’s focus on economic wellbeing rather than social wellbeing. This focus on economic wellbeing was seen by professionals as putting strains on families with the attendant consequence that family members may be becoming less present in young people’s lives.

*“Jiena naħseb ukoll b’mod ġenerali l-isfidi għall-familji Maltin, jiġifieri the sociocultural elements fejn inti għandek, ħirġin minn perijodu fejn id-drive kienet l-ekonomija, l-ekonomija, l-ekonomija, il-growth, li n-nies jagħmlu l-flus”. (Interviewee 2)*

*“I believe strongly that family measures and work-life balances need to favour the children while they’re growing up. And we don’t have enough of that. I think, when children are getting back from school and having to cope with the peer pressure they’ve had, again,*

*with all the disappointments and all the study and all the newness of certain things, it's a lot for them if they don't find their parents, at least one parent at home". (Interviewee 4)*

COVID-19 anxiety emerged as an important consideration. A recent study by Bonnici et al. (2020) has shown how young people at the University of Malta are experiencing increased negative emotional states as a result of COVID-19. Students also self-reported increased use of substances since the onset of the pandemic.

*"Sort of suddenly this COVID has suddenly disrupted .....at the moment we are seeing a lot of problems. A lot of problems of anxiety, a lot of problems of depression, a lot of problems of people closing themselves inside..... really becoming apathetic and not wanting to do anything". (Interviewee 1)*

*"COVID has caused a lot of issues. The main issue is that many young people are feeling isolated when it's time to give more importance to socialising, meeting friends". (Interviewee 8)*

### **BOX Fear of COVID-19 and its Impact on Maltese University Students'**

*Wellbeing and Substance Use*

*Bonnici Jamie, Marilyn Clark Andrew Azzopardi*

*"The study examines the psychological aspect of fear, in relation to the COVID-19 pandemic, in an attempt to understand the effects of this pandemic on University of Malta students' substance use and wellbeing. Participants (n = 777) completed an online survey which utilised the Fear of COVID-19 Scale, as well as items relating to religiosity and substance use prior to, and during, the COVID-19 pandemic. Results show that significant associations exist between fear of COVID-19 and self-reported increase in alcohol use, as well as impacts of COVID-19 fear on negative emotional conditions such as depression, exhaustion, and loneliness. Significant associations were also found between fear of COVID-19 and gender and religiosity, with females and more religious participants experiencing higher levels of fear of COVID-19. These findings reveal the multifaceted interactions between fear of COVID-19, religiosity, and gender on students' wellbeing and substance use, with potential recommendations for further research and practice."*

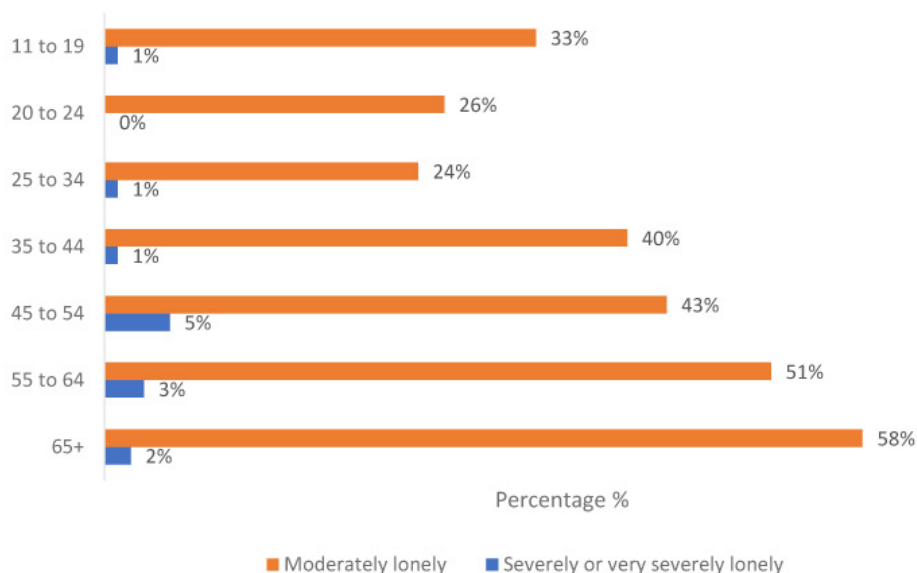


Significant associations exist between fear of COVID-19 and self-reported increase in alcohol use.



## Substance use in adolescence and emerging adulthood

Loneliness was discussed as a problem a number of young people may face. Despite being the most connected of all the age groups, young people still experience high levels of loneliness. This was recently brought to light in a national survey on the subject conducted locally (Clark et al., 2019).



**Figure 36: Prevalence of loneliness in the lifespan Source: Clark et al. (in press)**

Another important emergent theme concerns the generational divide. This has been extensively researched in youth studies and the concept of the 'generation gap' is not new to youth researchers. While research indicates that the generational divide is not as wide as public perception might imply (Santrock, 2019), interviewees highlighted how this must be taken into account in the attempts of adults to connect with the younger generation.

*"My concerns are that we become irrelevant; that the way older people talk about themselves, present the world, becomes irrelevant to young people. ...So that they would find us irrelevant..... I think in different areas, in politics, in schooling, education..... I am concerned that young people become marginalised by an older world. That we do not factor in their participation and their agency". (Interviewee 5)*

A number of participants mentioned the privileged status of young people in Malta compared to those residing in other European countries and highlighted affluence as a common concern. This will be discussed below when exploring professionals' perspectives on the main contingencies that present themselves at the start of the substance using career.

### 3.10.2 Contingencies<sup>4</sup> for onset

The emergent data indicates that professionals identified a number of risk factors for onset that are in line with the published literature on risk and resiliency factors. That literature highlights how substance use risks may be located within the individual, the family, the school/workplace and the larger community.



### **Community / societal risk factors**

Scicluna (2019) expresses how “contemporary living facilitates the rampant use of psychoactive drugs” (p. 27). He claims that societal factors are consistently evidenced to be core precursors to substance misuse and addiction. While poverty and social disorganization have been linked to increased problematic use among young people (Karriker-Jaffe, 2011), recent research has also explored how affluence may also be an important contingency for onset because of the ease money affords to purchase substances of abuse. (See Section 2.7 ‘Risk and Resiliency Factors for Substance Use in Adolescence and Emerging Adulthood’). This was reflected in the expert interviews as an important contingency for onset.

*“Addiction has increased, I think, because we have become an affluent society”.  
(Interviewee 6)*

*“People have more money and youth have more money in their pockets. So, they can buy alcohol, they can buy drugs”. (Interviewee 4)*

The normalization hypothesis, popularized by Howard Parker and his colleagues in the 1990’s posits that substance use and intoxication have become a normative feature of young people’s lives. Parker et al. (2002) propose that because so many young people have tried substances it is no longer viable to imagine that substance use is only engaged in by ‘problem’ youth. In 2009 (2006) Parker writes:

*Normalization is for us a multi-dimensional tool kit, which highlights the way illicit drugs consumption, particularly by conventional ‘ordinary’ young people, has grown in importance within lifestyles which are themselves evolving in response to structural and global changes in post-modern societies. Normalization is not a coherent theoretical paradigm; it is more a conceptual framework to monitor, in this case, how attitudes and behaviour in respect of illegal drugs and drug users change through time. The same concept can be applied to monitoring how accommodated social behaviour can become stigmatized as with tobacco use, once normalized in many societies but now being ‘challenged’ as being dangerous to health and anti-social in many public places.*

Many of the professionals interviewed for the purposes of this study pointed out how substance use has become normalised in Maltese society and has become equated with leisure time.

*“Ok, if we have some, ħa nirrelaxja, a little bit less stress for the weekend, so it’s ok if we try, ok if we take some drugs’ you know, u ukoll l-ideja, it-trend li illum sirt naraha fiż-żgħażaġħ li qisu I intoxicate myself and then I detoxicate myself”. (Interviewee 1)*

Several studies have discussed how substance use for recreational purposes is not necessarily linked to a deviant subcultural network and does not always lead to marginalisation (Parker et al, 1998; Riley et al., 2001). Of course, these behaviours still present with the risk of developing into more problematic use (Parker, 2005; Jarvinen & Ravn, 2011). In their work looking into the career paths of socially integrated cannabis users in Malta, Clark and Bonavia (2014) report how those using marijuana for recreational purposes are able to accommodate for extended drug using careers within their conventional lifestyles while remaining sheltered from the consequences linked with drug addiction. From their point of view, the use of marijuana is conceptualised mainly as a leisure activity.

## Substance use in adolescence and emerging adulthood

Participants highlighted how two illicit substances have become increasingly normalized in Malta: cannabis and cocaine.

*“Jigifieri, hemm ukoll il-pressure soċjali li hemm per eżempju fil-kannabis it’s becoming part of the culture, more accessible u l-istess il-kokaina”. (Interviewee 2)*

*“Jiena kont se insemmi xi ħaġa oħra li hi relatata ħafna mal-onset. Hija in-normalisation. Illum il-ġurnata, iż-żgħażaġħ, li inti tpejjep joint m’hemmx xejn ħażin. Dik hija il-mentalità. [...] In-norma. Jigifieri, jien niltaqa’ mal-klienti li niltaqa’ magħhom, jgħidu you don’t dream to do a barbeque without a joint, you don’t dream of going to a party without having coke. U fil-livelli kollha tas-soċjetà. In-normalisation hemm qegħda”. (Interviewee 3)*

*“In-normalizzazzjoni llum il-ġurnata li jikkellmu biha, li ‘pejjipt joint’, li ‘qed nieħu l-ħaxixa’, li ‘qed nuża ċertu sustanzi’ [...]. Illi b’daqshekk billi pejjipt joint x’fiha?”. (Interviewee 10)*



Professionals think that substance use has become increasingly normalised in Maltese society.

Sociological perspectives on substance use highlight the importance of availability and accessibility of substances as an important factor for young people’s engagement in substance use (See Section 2.7 ‘Risk and Resiliency Factors for Substance Use in Adolescence and Emerging Adulthood’). The perceived increase in availability and accessibility of a variety of substances in the local context was highlighted by the expert interviewees.

*“And the fact that drugs are very much available”. (Interviewee 1)*

*“Of course, the procurement becomes easier as well. So, procurement and availability have become easier over the last 10 years. So, what 10 years ago was ‘You need to know the right people to get you the stuff’, now, ‘You don’t really need to know much people to get you the stuff’. If you’re interested and you do a couple of searches online, and if you, you know, you have access, and you have some friends at school, the access is much easier, it’s much easier”. (Interviewee 5)*

*“Illum il-coke hi ħafna iktar available. Ma għadiex pura, ma għadiex tajba bħalma kienet, qed tkun imħallta iktar, hija irħas. Imma hi available”. (Interviewee 3)*

*“There’s too much..... Today it’s so easily available”. (Interviewee 6)*

This availability was seen as being fuelled by the leisure industry and the extensive party scene that was proliferating on the island prior to the COVID-19 pandemic. While it is not possible to establish a causal relationship between rise of club culture and the increase in the use

of certain substances, researchers have hypothesised an association between the two. “The terms ‘club drugs’ and ‘dance drugs’ have emerged, relatively recently, to indicate a variety of drugs with stimulant and/or hallucinogenic properties commonly used within raves and clubs” (Sanders, 2006, p. 5). According to the British Crime Survey young people “aged 16-29 who had visited clubs or discos in the past month were almost twice as likely to have used drugs in the past year as those who had not” (Chivite-Matthews et al., 2005, p. 7; Sanders, 2006; Bellis et al., 2003). This points to the importance of the introduction of harm reduction measures that aim to limit the extent of harm within clubs. Clubs and party venues often provide drug and youth workers with opportunities to engage with drug users at the start of the drug using trajectory before they start to see themselves as drug users or as having a ‘problem’. Leisure venues should prioritise customer safety and wellbeing.

*“Parties, clubs and so on, which most of the young people have access to and all go to one time or another”. (Interviewee 1)*



Professionals feel that substances are readily available for young people in Maltese society.

#### **Individual level risk factors**

Age was identified as an important contingency for onset. Research has clearly documented how substance use careers normally start in early to middle adolescence (See Section 2.7 ‘Risk and Resiliency Factors for Substance Use in Adolescence and Emerging Adulthood’). This period has been identified as one of heightened risk for the onset of substance use as a result of a number of biological, social and psychological processes occurring during this period in the lifespan.

*“Basically you start at 14/15 and normally by 25 you’re done with it so that is, so we need to do something about that age group”. (Interviewee 9)*

An emergent theme in the interviews was that most often substance use in adolescence was experimental and non-problematic and something young people stop doing when they assume adult roles.

*“So, I think most of the youths who experiment with substances are fine for the rest of their life. Most of them do not have any difficulty whatsoever. It is a phase in their life, they do it, they use it for some time and then they move on”. (Interviewee 5)*



Professionals think that substance use is likely to commence in early adolescence and use may remain experimental and non-problematic.

## Substance use in adolescence and emerging adulthood

Social anxiety was identified as an important motivator for young people to engage in initial substance use:

*“Dik li ngħidilha social anxiety, nuqqas ta’ kunfidenza fihom infushom allura just to loosen up, to feel accepted għax ikunu qisu, they need to belong to the group. Those still come to play, they’ve been there for a while, these are realities that, issa jew sustanza jew oħra, jew għax jixorbu, jew għax ipejpu joint, fhimt?” (Interviewee 2)*

A number of studies exploring the relationship between substance use and social anxiety in adolescents and emerging adults have yielded mixed results. Some studies report a positive association (Merikangas et al., 2002; Crum & Pratt, 2014) and others report no association or a negative one (Eggleston et al., 2004; Ham & Hope, 2005).

### **Family factors**

A major theme to emerge in the interviews was the role of the family in the initial initiation of substances by young people. This resonates well with the literature on the subject. Family functioning variables were most commonly mentioned including:

- lack of parental supervision

*“Li huwa jew minn banda laissez faire, m’hemmx control, allura bħal m’hemmx control fuq affarijiet oħra m’hemmx control fuq dawn, qisu m’hemmx biżżejjed supervision”. (Interviewee 2)*

- poor relationship/attachment with parents

*“If you have good relations in the family, the chances are that the kids – outside the family – at school do well, and therefore if they’re doing well and the parents take an interest, they’re not absconding from school; if the parents, you know, know where they are and take an interest in what they’re doing, they participate in what they do, alright, they give them the liberty to do what they want, you know, to do the things they like to do and at the same time it’s all, you know, on a social cooperation through kids and parents and whatever. But as soon as these things start breaking down, then the problems start happening”. (Interviewee 9)*

*“Is-‘success rate’ ħa npoġġiha in inverted commas, ta’ kif żviluppat żagħżuġh jew żagħżuġha, tiddependi ħafna mit-tip ta’ sapport u stabbilità li jkollhom fil-ħajja tagħhom”. (Interviewee 10)*

*The role of the family in the initiation and maintenance of substance use trajectories has been extensively evidenced in the empirical research and documented above (See Section 2.7.2.2 ‘Family Factors’).*



Professionals identified the important role of the family in the initiation of substance use trajectories.



### **School factors**

Dropping out of school was highlighted as making young people particularly vulnerable to starting the use of substances.

*"Jigifieri if kids are out of school, iktar ma they drop out early, iktar forsi jkunu sinjali ta' problemi fl-adjustment soċjali tagħhom, fil-ħajja tagħhom". (Interviewee 2).*

The role of the educational system as a buffer against substance use was highlighted by the interviewees. It must be noted however that experimental use is also common among those who continue even to tertiary education and therefore social bonds to education may not necessarily protect against experimental use they are more likely to protect against high risk drug use (e.g. Skidmore et al., 2016; Thompson et al., 2015).

### **The Peer Group**

"Peers are considered to be a primary influence on the behaviour of youth, and their importance appears to remain in effect from childhood through emerging adulthood" (Andrews et al., 2002, p. 403).

Literature often highlights the importance of peers in the onset and maintenance of substance use careers (e.g. Andrews et al., 2002; Curran et al., 1997; Read et al., 2005; Yanovitzky, 2006; Yanovitzky et al., 2006). Professionals in this research purported that peers played a central role in the development of substance use behaviours amongst youth.

*"By far, in my opinion, the most important factor is peer pressure and wishing to be part of a group of people. So I think that is the most common cause of young people starting substance abuse" (Interviewee 8)*

*"Ejja naraw il-kuntest ta' żagħżuġ li he needs to prove himself with his peers biex hu jkun aċċettat. Allura, ovjament, l-awtoritajiet, in-nies li jridulu l-ġid, il-ġenituri, il-carers tiegħu, huma min huma, dawn huma at this point m'għadhomx prijorità. Imma fl-istess waqt, il-prijorità tiegħu huma dawn il-ħbieb tiegħu, whoever they may be". (Interviewee 11)*

*"The peer group becomes the most important group for adolescents, much more than their parents sometimes [...] the peer group becomes an influence as well in terms of that". (Interviewee 5)*

*"Peer pressure and socialising..... I think that is the most important factor in onset". (Interviewee 8)*

In a quantitative study with a 100 university students aged between 18-36, Taliana (2016) found that a large part of his sample of university students (88%) claimed that the most common group of people who would approve of them binge drinking during parties were friends. Attard (2017, N=69) too adds that amongst university students (quantitative work with a population of 69 students aged 18 years or over,), 65% of students involved in his study claimed that their first use of drugs was mostly facilitated by the influence of their friends making use of drugs themselves. 'Wanting to fit in with friends' was amongst the main reasons why university students in this study made use of drugs.



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### 3.10.3 Contingencies for escalation

Although the term 'recreational' in relation to substance use has been contested, authors such as Parker (2008), suggest that as long as a person has control over their drug use this may be qualified as 'recreational'. He writes:

"We are concerned specifically with 'recreational' drug use in this debate; that is the occasional use of certain substances in certain settings and in a controlled way. The issue is whether the 'sensible' use of cannabis and more equivocally amphetamines, LSD, ecstasy and cocaine has become sufficiently widespread and socially accommodated as to ensure that, first within their own social worlds and then in the wider society, we see 'recreational' drug users and their drug use being acknowledged as unremarkable and within normative boundaries" (206). Recent studies have documented how users who use non-problematically often do not form part of a subcultural network or deviant and marginalized groups (Duff, 2005; Parker et al., 2002; Riley et al., 2001) and may be successful in their educational and professional lives. Such use may be understood as a way of counterbalancing the high demands on young people identified by the professionals above (Parker et al., 2002). Parker (2005) does however acknowledge a possible slippage into problematic use where users are no longer fully in control. This is likely to occur when young people continue to experiment with different illicit drugs which are available to them and continue to increase the social networks where drugs are available. Parker (2005) suggests that it is only the minority of recreational young users that transition into problematic use, and the reason for this could be due to the lack of knowledge and understanding of the risks of drug taking and addiction identifying important educational implications for preventing movement along the career path.

Consistent with the above, a number of professionals interviewed highlighted how much of adolescent drug use is experimental. They did however also identify a number of factors that may facilitate forward movement in the substance use trajectory.

#### **Lack of Social Bonds**

The lack of alternative meaningful goals, such as investments in employment or education was cited as an important contingency for escalation of use; a basic tenet of social control theory (Hirschi, 1969). Young people who lack investments and commitments to the conventional world may find themselves free to deviate.

*"Struggling with having meaning..... struggling with finding a more meaningful type of existence". (Interviewee 2)*

The social bonds young people develop insulate them against the pushes towards nonconformity. Involvement in positive social activities resonated with professionals across interviews as an important aspect of youth development.

*"I also think that a lot depends on the kind of support and how engaged adolescents remain in the world of work, in the world of education". (Interviewee 5)*

*"Being more socially active in 'not harmful' ways is the best way forward and employment is very important". (Interviewee 8)*

As adolescents transition to emerging adulthood and then to adulthood, they start to take on adult roles that are not compatible with the drug taking lifestyle (Arnett, 2000). Those young people who experience fractured transitions (Bradley & Devadason, 2008) and who are unable to successfully negotiate work/educational and domestic transitions may find themselves with little to lose by continuing to use substances:

*"It's a question of support as well, the kind of support and how much adolescents are engaged in society. Because I think the sense of disengagement and when adolescents feel like 'I can't find my place', 'there is no place for me'". (Interviewee 5)*



Professionals identify the lack of meaningful social bonds as a contingency for escalation.

Successful transition into adult roles is associated with decreasing drug use, and decreasing antisocial behaviour (Schulenberg et al., 2004).

### **Co-morbid disorders**

A common emergent theme is that mental health issues propel substance use careers forward.

Dual diagnosis denotes the co-occurrence of a substance use disorder and mental health disorder in the same individual (Hryb et al., 2007). In Europe, the subject of comorbidity has become a significant concern in drug policy and treatment provision due to its high prevalence, as well as to the complexity of treating it (EMCDDA, 2016; Tiet & Mausbach, 2007).

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2015, p. 18) claims:

*"a strong association between several mental disorders and substance use disorders, but the nature of this relationship is complex and may vary depending on the particular mental disorder (e.g. depression, psychosis, posttraumatic stress disorder) and the substance in question (e.g. alcohol, cannabis, opioids, cocaine)".*

The same report highlights that clients suffering from dual diagnosis mainly suffer from depression, paranoid personality disorder, borderline personality disorder and narcissistic personality disorder.

Grech et al. (2012) hypothesise that cannabis use can hasten the onset of psychotic illness. In their epidemiological study amongst all patients in Malta admitted in a particular year with their first episode of psychosis, they found that 9.6% had used cannabis. The average age of these was approximately 25. This, markedly contrasted the average age of admission due to

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psychosis of approximately 45 for patients who did not use cannabis. They conclude that cannabis use can influence and earlier onset of psychotic illness.

Experts in the current study highlighted the genetic predisposition of an individual as a possible contributing factor for escalation of substance use.

*“The predisposition of the individual itself. Certain people because of their genetic makeup and personality are more prone to continue using substances and escalate”. (Interviewee 8)*

In their study amongst the total population of psychiatric hospital in-patient children aged under 18 years between 2010 to 2014, Grech and Axiak (2015) found that almost 50% were recorded to have misused one or more substances.

An emergent theme in the interview data was that the escalation of substance use beyond early experimental and non-problematic use, was linked to the experience of adverse childhood experiences and trauma.

*“I think the escalation is the difficulties also when you identify particular adolescents who because of their histories, because of the way they have been impacted with life and the kind of early experiences; we know from the research also what we call ‘adverse childhood experiences’, the ACEs, that make people more, make adolescents more prone towards developing more problematic use of substances. So, the use now becomes problematic”. (Interviewee 5)*

*“Dik hija xi ħaġa li hija importanti hafna. L-issue per eżempju tat-traumas illi numru ta’ żgħażaġh qegħdin iġorru minħabba diversi realtajiet li jiltaqgħu magħhom fil-ħajja tagħhom.”. (Interviewee 11)*



Professionals recognise the role of trauma in the escalation of substance use trajectories.

### 3.10.4 Contingencies associated with commitment

#### **Identity**

Many young people experiment with substances, some progress to more regular forms of social use and a small number of ever users become dependent on substances and develop substance use disorders (Cattarello et al., 1995). An important contingency identified by the professionals in this study was the assumption of a deviant role in society and the identification with a drug using identity. The person moves from a person who uses drugs to a drug user. This change in social identity facilitates the development of the deviant lifestyle and is often

accompanied by movement into an organized deviant group and continued disengagement with conventional society (Clark, 2006).

*"I think one of it is that it becomes a question of identification. So, identification to a particular role, to a particular lifestyle as well. So, there is a commitment towards a lifestyle, for some". (Interviewee 5)*



Professionals recognise the role of identity change in commitment to an addiction career.

A lack of support systems for early users was seen as allowing progress in the substance use career, emphasising the importance of early interventions to cut substance use trajectory development short (EMCDDA, 2019).

*"Imma, u imbagħad at the end, in reality ma naħsibx li għandna biżżejjed, fejn aħna qegħdin ngħinu liż-żgħażaġħ biżżejjed biex jekk jesploraw, jekk komplew ftit jew jekk eskalat, m'hemmx biżżejjed sapport imbagħad u allura nispiċċa nidħol fil-commitment qabel ma nieħu s-sapport. Qisu m'hemmx xi ħaġa fin-nofs fejn vera hemm, jekk jien ngħid 'imma issa le, le, ma rridx nidħol fil-commitment, ħa nieqaf', imma tajjeb li nitkellem ma' xi ħadd, jew tajjeb li nieħu s-sapport minn xi ħadd. Naħseb hemm m'hemmx biżżejjed awareness u m'hemmx biżżejjed sapport..." (Interviewee 1)*

### **The family**

The family continues to be an important contributing factor in this stage. Family members may enable the addiction through providing funds for the substance abuser (Lee et al., 2012).

*"L-ewwel nett, waħda mill-fatturi il-kbar hi – li fiha t-tajjeb u l-ħażin – li għandek il-family sapport għadu hemm. U xi kultant ikun counterproductive. Fis-sens, jien qed nuża d-drogi, m'għandix flus. Immur għand tad-dar u tad-dar ħa jaqħtuni. Darba, tnejn, tlieta. Jew iħallsuli id-dejn. Mela allura jien konsegwenzi m'għandix". (Interviewee 3)*

*"Is-support system tagħhom mhux dejjem tkun qiegħda in place". (Interviewee 11)*

### **3.10.5 Changing trends**

The professionals noted a number of changing trends in the substance using trajectories of young people as well as in their patterns of use. Some positive trends were noted such as the reduction in the prevalence of use of tobacco products.

*"Ok, probably, what, the good news is cigarette smoking, alright, has tumbled in 10 years practically to, you know in the kids it was around 60%. It has dropped to 20%. And because there as a big push from UN, WHO and everyone". (Interviewee 9)*



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Synthetic drugs were identified as increasing in popularity together with the more traditional plant based substances. It was highlighted how available such substances are and how easily they may be accessed. According to a research brief by Rand Europe:

*“The Internet has fundamentally changed ways of doing business, including the operations and activities of illegal markets. There are now around 50 online marketplaces on the ‘dark web’ that trade illegal drugs, novel psychoactive substances (NPS), prescription drugs and other – often illegal – goods and services. These so-called cryptomarkets are accessible with a normal Internet connection, but require special anonymising software to access” (Kruithof et al., 2016, p.1).*

*“Definitely there has been a big shift from use of opiates to use of stimulants. A big shift. It’s very rare nowadays to see someone who is an addict on opiates, heroin a new client [...] now the use is stimulants, cocaine and stimulants and also, unfortunately, there is the use of the synthetic cannabis which is worrying as well so there is that shift now”. (Interviewee 8)*

*“Imma illum pilloli, ħafna pilloli, jużaw ħafna. They can easily get them, bil-posta hawn, bl-internet, they can use them, illum they can receive, they can buy them online”. (Interviewee 6)*

*“Lately, kien hawn l-increase fl-użu tas-synthetic marijuana li unfortunately it’s very cheap to buy imma l-effetti tagħha huma ħafna, ħafna, ħafna inkwetanti [...] Kellna diversi żgħażaġħ b’admissions l-isptar minħabba l-użu tas-synthetic”. (Interviewee 10)*

Another common theme was the impact the discussion of cannabis regularisation and the recent regularisation of cannabis in some countries may be having on young people’s attitudes towards the substance and its use.

*“What have we seen over the last 10 years? Definitely weed. I mean, weed becomes... The way it has been consumed and talked about, and the whole polarisation of public opinion as well, you know, which – either for or against, as anything, you know, like ‘I am totally against’, ‘I am totally for’, and there’s no grey, and there’s nothing in between. That has also influenced, a lot. [...] The legalization, medical cannabis, I think, over the last decade that’s been, you know, endorsed, marketed, whatever; So, I think that has influenced, definitely, the use of substances among young people.”. (Interviewee 5)*

*“Rajna l-użu in ġenerali tal-marijuana [...] Qisu in-normalisation tagħha tul dawn l-aħħar snin, speċjalment anke bid-diskussjonijiet li iktar qegħdin jiżdiedu dwarha”. (Interviewee 10)*

While recent evidence from ESPAD (see quantitative analysis) shows that progress has been achieved with regards to the use of alcohol amongst young people, an emergent theme in the data was that the social representation of drunkenness in Maltese society remain extreme resulting in a culture of intoxication.

*Because we may really focus on the drugs but seldomly speak about the impact of alcohol and I’m very concerned about the rates, remain high, of binge-drinking among under 18s in Malta. So, the idea of ‘issir patata’, you know, over the weekend has become*



*not only more socially acceptable but almost socially desirable as well. So, from socially acceptable to somewhat socially desirable". (Interviewee 5)*

Again, in line with the evidence from youth surveys, the professionals identified a narrowing gender gap as a recent trend in youth substance use.

*"Interessanti. Il-gender dimension hemm hafna aspetti..... Illum il-gurnata rajna fl-ESPAD tal-ġimgħa l-oħra li t-trend hi li n-nisa bdew jagħmlu iktar użu minn ċertu sustanzi mill-irġiel. Sfortunatament dawn huma 15/16 year olds". (Interviewee 3)*

*"Qed ngħidlek, fiż-żgħar kien hemm ċertu emanċipazzjoni tad-drugs, qisu qed ipejpu daqs il-boys jew jekk mhux naqra iktar, fit-tipjip". (Interviewee 2)*

*"Bħala servizz anke jekk tara l-ammonti ta' żgħażaġħ li naħdmu magħhom, ma narax differenza kbira bejn il-boys u lgirls". (Interviewee 10)*

*Males still use more than females in general but the use in females has increased (Interviewee 8)*

With regards to high risk drug use professionals noted a change in treatment demand from heroin to cocaine.

*"We have moved away from, and research has shown this, from heroin into coke. So, use of coke and certain levels, definitely crack as well,". (Interviewee 5)*

*"Fir-rehab programmes per eżempju hemm trends godda, jiġifieri jiġu nies iktar bilcocaine problems jiġifieri". (Interviewee 2)*

*"L-użu tal-kokaina ukoll kien hemm, rajna quite an increase, qabel kienet ngħidulha ddroga tas-sinjuri, imma hemm ammont ta' żgħażaġħ li b'xi mod jew ieħor qegħdin jiksbu l-kokaina u jużawha". (Interviewee 10)*



Professionals identified a number of changing trends in substance use trajectories.

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### 3.10.6 Main concerns for 2021 and further research

A main emergent theme with regards to professionals concerns for 2021 was that of the impact of COVID-19 on wellbeing and mental health .

*"In reality I think 2020 is COVID. Our feeling is that there might be an increase in mental health issues". (Interviewee 1)*

*"The uncertainty and also a lot going on behind closed doors, you know, not being able to access services in the same way, this reliance on zoom, and loneliness, increased domestic violence at home. Many issues that I'm sure would, you know, affected many people and young people in particular. Disappointments in terms of exams and, I don't know, even, you know, I see from the university students. It's been tough for them..... And experiencing 2020 as a young person would have been very particular, for many different reasons... Again, you know, isolation, problems from remaining in the house, unemployment, I mean, you know, many young people that would have relied on Summer jobs per ežempju, the transition to employment, the transition to university, family members losing their work as well so... And not to mention, you know, mental health issues in general. This uncertainty that is dragging on, " (Interviewee 7)*

A number of gaps in the research base on young people and substance use were identified by the professionals interviewed in this study. These included: studying the impact of COVID-19 on young people; hospital emergency data; resilience and substance use; further studies on the family and substance use; qualitative rather than quantitative data; and hard to reach groups such as marginalised youth.

### 3.10.7 Substance use and the migrant population

This was an identified area of concern in the interviews and a topic for which little research exists both in the international and in the local addictions field. A systematic review by Weaver and Roberts (2010) on the use of alcohol among persons who had been forcibly displaced found:

*"the evidence base was extremely weak, and there is a need to improve the quantity and quality of research about harmful alcohol use by forcibly displaced persons".*

An EMCDDA 2017 report on 'Migrants, asylum seekers and refugees: an overview of the literature relating to drug use and access to services' found a similar lack of reliable data. The report highlights how migrant groups were inadequately mapped. The heterogeneity of migrant groups presented another difficulty. The report highlights that "there seems to be a need to further differentiate subcategories according to migration background.(EMCDDA, 2017, p. 8).

This same theme was echoed in the interview data, also highlight the challenge of addressing the issue of researching this hard to reach group:

*"In terms of asylum seekers and refugees not nearly enough is being done, not nearly enough is known, we desperately need research in this area, policy needs to include asylum seekers and refugees and the diversity within the youth population in general, recognising, like I said, these broader shifts and transitions and trajectories as we become more globalised and even more exposed to global impacts as well" (Interviewee 7)*



Migrants may encounter laxer norms in relation to substance use in the country of destination,

“There’s a huge difference between for example, going to parties and experimenting with party drugs and drinking alcohol for the first time because you’ve never been in a country where you can access alcohol”. (Interviewee 7)

The literature identifies a number of contingencies placing migrant groups at risk of substance use. These include the experience of trauma, precarious employment and consequent poverty, lack of support from family and other social systems (Horyniak et al., 2016).

“But I can imagine how that sense of exclusion can also contribute to, let’s just say, problems. A sense of isolation and exclusion. It’s not been researched in Malta. This is the kind of research that we need”. (Interviewee 7)



## Chapter 4: Conclusion and Recommendations



#### 4.1 CONCLUSION

Substance use among young people and the longer term consequences are an issue of increasing importance and require a concerted focus. Some youth researchers have hypothesised about a 'new culture of intoxication' manifesting itself in the leisure patterns of European young people (Järvinen & Room, 2007; Measham & Brain, 2005) underscoring the importance of prevention and harm reduction. According to Farrington et al. (2021, p. 17): "Rather than waiting until early alcohol consumption turns into alcohol dependence, early tobacco use causes cancer and adolescent antisocial behaviour turns into serious violence and depression, problem behaviour should be prevented at an early age".

Every effort must be made to ensure that the passage of young people to adulthood is satisfying and successful (Dryfoos, 1998). The transition to adulthood is becoming increasingly complex and protracted (Furlong et al., 2006) and the challenge presented to those working with young people to facilitate an effective transitional process becomes more daunting. Nevertheless prevention science in the field of substance use has developed considerably in recent years. The main focus of prevention is on the healthy and safe development of all young people first and foremost and consequently the reduction in the use of licit and illicit substances.

The 21st century poses both opportunities and risks for youth (Jonkman et al., 2015). The review has shown how those who have strong social bonds to family, peer group, school and wider community are better able to negotiate the challenges posed by this transitional period. However for those young people growing up in more chaotic families, whose experiences at school are less than positive and who live in socially disorganized communities where the opportunities for connecting with deviant peers is increased, the period of transition characterizing adolescence and emerging adulthood may be compounded with difficulties. Research indicates that these young people are more likely to develop problem behaviours including substance use difficulties (Farrington et al., 2021).

The responses to the challenges faced by young people need to be evidence based but also innovative. The review of the literature and the findings from both the primary and secondary data collected for the purposes of this study lead to a number of conclusions:

- While according to Maltese national youth policy young people are persons between the ages of 13 and 30, it is important to acknowledge the different developmental challenges and needs of adolescents and emerging adults (young people in their 20's).
- Young people's experiences are best understood in an ecological model that considers the impact of a number of systems including the family, the peer group, the school/workplace and the wider community; the interaction between these systems; as well as the broader cultural and historical context the young person is situated in.
- Maltese society has experienced a period of rapid social change that impacts considerably the life-world of young people in the 21st century.
- Simple answers to the question "what causes drug abuse?" cannot easily be found.
- A number of 'risk' and 'protective' factors are identified in the literature. These present themselves differentially across the development of the substance use trajectory and in relation to five domains in the young person's life: individual; family; peer group; school/employment; and, wider community.
- Onset of substance use occurs during adolescence and peaks in early emerging adulthood.

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### Alcohol use

- Alcohol consumption starts in early adolescence.
- Among 15-16 year olds in Malta, alcohol lifetime use, use over the last year and use over the last 30 days is decreasing.
- The prevalence of alcohol consumption increases with age and peaks in early emerging adulthood (18 - 24 years).
- A steady decrease in heavy episodic drinking (5 or more drinks in a row) is being observed among 15-16 year olds in Malta.
- Among 15-16 year olds in Malta, a small proportion of students appear to be drinking in a very hazardous manner, increasing their risks of negative consequences including the development of tolerance and ill health.
- Hazardous drinking is found to be common among university students.
- The gender gap for alcohol use is narrowing among 15-16 year olds in Malta but continuation of alcohol consumption tends to be more common among male respondents than females.
- Among 15-16 year olds in Malta, the percentage of Maltese young people perceiving alcohol to be fairly easy, or very easy to obtain is higher than the European average.

### Tobacco

- Lifetime use of tobacco has more than halved among school children aged 15 to 16 years in Malta.
- Tobacco consumption starts in early adolescence.
- 15-16 year olds in Malta report that tobacco products are becoming less available.

### Inhalants

- Inhalant use is on the decrease among 15-16 year olds in Malta.

### Cannabis

- Among 15-16 year olds in Malta an increase in the perception of availability of cannabis is observed.
- Cannabis use among 15-16 year olds in Malta is lower than the European average (ESPAD, 2019).
- Males and emerging adults are more likely to hold liberal attitudes towards cannabis.

### Nonmedical Use of Prescription Drugs (NMUPD)

- NMUPD is more common amongst females and increases with age.
- Trauma and interpersonal violence features significantly in female NMUPD. Women often use these drugs to cope with relational stress and negative emotional states.
- Prescription drugs are readily available.

### Other substances

- The use of illicit drugs, other than cannabis, is very low among the school aged population.

### Treatment demand

- Treatment demand has remained consistent through the years.
- Treatment is more likely to be sought and accessed by males.

- 41% of individuals accessing treatment are under the age of 35.
- The data indicates an ageing population of service users.
- The majority of individuals accessing treatment report doing so mainly due to heroin use. This trend has gradually been decreasing in the past years, while the use of cocaine as primary drug among service users has increased.

#### **4.2 RECOMMENDATIONS FOR POLICY**

Recognising the importance of having an evidence based strategy to ensure co-ordinated action on substance use:

- Policy addressing young persons who use drugs must be evidence-based, integrated, balanced and multidisciplinary.
- Policy addressing young persons who use drugs should recognize the association between age and substance use and that substance use trajectories are likely to come to an end at the time of middle emerging adulthood with only a minority of those using substances in their youth escalating to more problematic use in adulthood.
- Policy addressing young persons who use drugs should incorporate the following core elements: it should be based on human rights; consider the gender dimension; focus on individual user needs; decrease stigma; and include the voice of civil society.
- Policy addressing young persons who use drugs should be phrased in an empowering positive discourse that promotes young people's agency.
- Policy addressing young persons who use drugs should recognise the intersection of a number of structural variables in the lives of young people.
- Policy addressing young persons who use drugs should consider other policies addressing youth such as the National Youth Policy.
- Policy addressing young persons who use drugs should factor in the life domains young people find themselves in most notably: the family, peer group, school/workplace and the wider community.

#### **4.3 RECOMMENDATIONS FOR RESEARCH**

Recognising the importance of monitoring and research mechanisms in informing policy and interventions:

- Research on prevalence of substance use among the 16 to 30 age group needs to be collected in a regular and consistent manner. It is recommended that studies on students in post-secondary and tertiary education are undertaken at regular intervals and in a systematic manner.
- Research on the risk and resiliency factors for substance use within the local context should be prioritised.
- Longitudinal studies identifying participants at relatively early ages and following them over time to examine how predictor variables are related to outcomes at later ages should be initiated. Substance use trajectories are best untangled using longitudinal research.
- Funding for research on youth substance use should be made available.

#### **4.4 RECOMMENDATIONS FOR PREVENTION**

Recognising the implications that the research evidence presents for intervention:

- Responses to the drug situation must be evidence based and innovative.
- Prevention should not only focus on substance use but should aim to foster the healthy and safe development of young people and allow them to develop their potential.

## Substance use in adolescence and emerging adulthood

- Prevention should ensure the active engagement of young people in the numerous systems where they live: the family, the peer group; the school and the workplace and the wider community.
- Prevention activities should focus on those risk and protective factors that evidence shows contribute to substance use.
- The aim of prevention should be to prevent onset, delaying the age of onset of substance use and avoid the progression to problematic use and the development of a substance use disorder.
- Prevention must be gender sensitive to halt the evident narrowing of the gender gap in alcohol use





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## Appendices

## Appendix A

### Interview Guide

1. Can you tell me something about your experience in working with and for young people. (not for Richard Muscat)
2. What are your main concerns about the situation of young people in Malta at present?
3. What in your opinion are the main contingencies surrounding the onset of substance use among young people in Malta? By onset we mean the experimental stage of the drug using career.
4. What in your opinion are the main contingencies surrounding the escalation of substance use among young people in Malta ? By escalation we mean when young people start to use more substances and with increased frequency.
5. What in your opinion are the main contingencies surrounding the commitment to substance use among young people in Malta ? By commitment is meant the stage where their involvement with drugs becomes the central part of their lives with all the consequent harms.
6. Can you identify any changing trends in youth substance use in the last decade?
7. What can you say about the gender dimension?
8. What would you identify as your biggest concern in relation to substance use and young people in Malta in 2020?
9. Are current substance abuse prevention practices being effective? Why do you think so?  
*With regards to prevention, drug policy focus on three pillars*
  - *demand reduction which includes treatment and primary and secondary prevention*
  - *supply reduction which involves reducing supply through legal measures and*
  - *harm reduction such as needle distribution , giving info on safer drug use.*
10. What policy areas impacting youth require further consideration ?  
*With regards to prevention policy you can ask - what are the priorities in terms of prevention that you think the government should take?*
11. Are you satisfied with the current research evidence on use of substances by young people in Malta? What research areas require further consideration? Why?
12. Any other comments?



## Appendix B



Faculty for  
Social Wellbeing  
University of Malta  
Msida MSD 2080, Malta

Tel: +356 2340 2672  
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[www.um.edu.mt/socialwellbeing](http://www.um.edu.mt/socialwellbeing)

### Recruitment/information Letter – Interview

**Project title: *Addiction Project for Save a Life Foundation***

The Faculty for Social Wellbeing at the University of Malta is currently conducting a research project on behalf of the Save a Life Foundation.

You are cordially invited to participate in this study by attending an individual interview to share details of your perceptions regarding substance use amongst young people.

By participating, you will be helping us to better understand the phenomenon of substance use amongst young people in Malta and suggest improvements to the current policies and practices.

**Research Aims:**

The developmental stages of adolescence and emerging adulthood mark a period when individuals experience a variety of critical changes and developments, including physiological, emotional, social, cognitive changes. These dynamics bring both risk and opportunity. Addictive careers are often noticed to commence during adolescent years. A wealth of evidence in fact supports the significance of age in relation to risky behaviours, including addictive behaviour.

The Save a Life Foundation in collaboration with the Faculty for Social Wellbeing therefore seeks to embark on a research project documenting the state of play of knowledge into youth substance use in the Maltese context. This project will bring together in a review the vast array of published statistical data available on the subject and compile this into a meaningful analysis that is theoretically based and located within a sociological understanding of Maltese society in the early 21<sup>st</sup> century. The utilisation of secondary data will be complemented by primary data collected from interviews with experts in the field of youth and substance use .

This letter is an invitation to contribute to this project through an interview. The interview will explore experts' perceptions surrounding the situation of young people in Malta, the contingencies surrounding the development of the substance use career, changing trends in youth substance use in the last decade, policy considerations and identified research gaps.

**Method of data collection:** The data will be collected through an in-person one-time interview which would last approximately 1 hour and will be held at a time and place that is convenient for you (or online depending on circumstances). Audio recording will be used during the interview to allow for later data analysis. Your name



and surname, or any other personally identifiable details, will not be used in the study. In accordance with the General Data Protection Regulations (GDPR), you have the right to information, access, rectification, objection, erasure, data portability, and to withdraw your consent as a participant in this study.

**Guarantees:** Guarantees to participants are listed in the consent form.

If any part of the interview discussion causes you distress or discomfort, you are kindly encouraged to contact [kellimni.com](http://kellimni.com) to access free professional support.

Please send an email to [olga.formosa@um.edu.mt](mailto:olga.formosa@um.edu.mt) to confirm your interest in attending an interview or if you have any questions.

Your contribution is of great value to this study. Thus, whilst thanking you in advance, we look forward to your participation.

Sincerely,

Prof Marilyn Clark

Principal Researcher

Faculty for Social Wellbeing

# Substance use in adolescence and emerging adulthood



**L-Università  
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## Consent Form – Interview

**Project title: *Addiction Project for Save a Life Foundation***

### **Research Team & Contact Details:**

Prof. Andrew Azzopardi, Project Leader ([andrew.azzopardi@um.edu.mt](mailto:andrew.azzopardi@um.edu.mt))

Prof. Marilyn Clark, Principal Investigator ([marilyn.cark@um.edu.mt](mailto:marilyn.cark@um.edu.mt))

Mr Manuel Gellel, Technical Advisory Committee ([manuel.gellel@gov.mt](mailto:manuel.gellel@gov.mt))

Ms Carmen Mangion, Technical Advisory Committee ([carmen.d.mangion@um.edu.mt](mailto:carmen.d.mangion@um.edu.mt))

Ms Olga Formosa, Research Officer ([olga.formosa@um.edu.mt](mailto:olga.formosa@um.edu.mt))

### **Background**

When it comes to substance use, extensive research indicates that the use of substances at a young age, particularly during early adolescence has more serious health consequences than it would otherwise have if substance use starts later on in adulthood. Understanding the prevalence of youth substance use is an important consideration for policy and service development.

Given that addictive behaviour impacts individuals' physical and psychological health, as well as educational attainment, finances and overall quality of life, researching addictive behaviour, particularly during adolescent age, can shed light on substance use prevention efforts and to alert it to new emerging risk behaviours.

This research project therefore seeks to document the state of play of knowledge into youth substance use in the Maltese context.

### **Guarantees:**

- I, ..... voluntarily agree to participate in this research project by Prof. Marilyn Clark and the research team indicated above.
- I confirm that the purpose and nature of the study have been communicated to me in writing and that I have read the information letter. I have also had the opportunity to ask questions regarding the nature and the purpose of the above-mentioned study which have been sufficiently answered.
- I understand that I have the right to withdraw my participation at any time, without giving reason and that I can refuse to answer any questions posed to me. If I choose not to continue my participation in this study all data collected pertaining to me will be destroyed two months following the issue of the grade and not included in the final product.
- I understand that all data collected will be erased on completion of the study and following publication of results.



- I understand that my participation in study involves sitting for a one-hour interview which will then be transcribed and analysed by the researcher.
- I am aware that I will be asked about my experience as a professional working in the field of substance use.
- I understand that I will not benefit directly from participating in this research.
- I agree to my interview being audio-recorded and transcribed.
- I understand that all information regarding this study provided by myself will be treated confidentially.
- I understand that anonymity will be maintained in the report of this research. This will be achieved through name changes and disguising of identifying details of both myself and that of the people I may be alluding to.
- I understand that despite efforts to maintain anonymity, there is still the possibility of identification.
- I understand that anonymized extracts from my interview may be quoted in the report resulting from this research.
- I understand that signed consent forms and transcriptions will be retained by the researcher for two months after publication of the report and will thereafter be destroyed. Audio recordings will be destroyed immediately following transcription. Audio files and soft copies will be deleted from all devices when they are destroyed, and physical copies of printed documents will be shredded.
- I understand that information deduced from my participation in this research will only be used within the parameters of this study and for no other purpose.
- I understand that I can request a copy of the transcript of my interview and of the finished research should I desire it. I acknowledge that upon revision of my interview, I may request a change in the transcript within two weeks of it being made available to me.
- I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

If you have read and understood the information provided overleaf, and consent to participating in the present study, please fill in your details below:

I agree to the conditions above:

Name and surname (in BLOCK LETTERS): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Investigator Name and Surname (in BLOCK LETTERS): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





