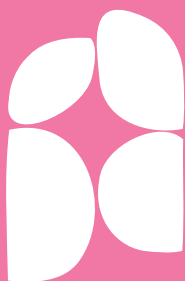




**GOVERNMENT OF MALTA**  
MINISTRY FOR SOCIAL POLICY  
AND CHILDREN'S RIGHTS



**NATIONAL  
DRUG POLICY**  
2023 - 2033

June 2023



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## FOREWORD BY MINISTER

### MICHAEL FALZON

Minister for Social Policy and Children's Rights

From a Drug Policy point of view, or as more aptly termed, policy direction, the major shift over the past decade has resulted from various lengthy discussions which have in turn led to a common document that was finally approved at the special session of the General Assembly of the United Nations in New York, in April 2016. In effect, the major shift was one, in which people who use drugs are to be considered no different from any one of us and thus need to be treated as such.

Generally speaking, for all intents, we were a few steps ahead. In 2014 the new "Treatment not Imprisonment Act" was enacted, wherein, if a person was found in possession of small amounts of a drug for personal use, then they would appear before a Tribunal and the issue would be administratively managed rather than in a criminal court. The Act came into effect in 2015, and since then the Tribunal has handled close to 3000 cases. The net result is the fact that if the Act was not in place, this would have resulted in a considerable number of offenders going to prison and their lives turned upside down with little or no prospect of it returning to normal in the short term. The same would have applied to their closed ones.

Building on the experiences of the past years, this new National Drug Policy is an attempt to raise the bar further, by aiming to prevent drug use in the first place, reaching out to those who may have started using and now face some issues, taking better care of those who ultimately succumb to a substance use disorder, and halting any unwanted deaths due to drug overdose.

Undoubtedly, this is undeniably a tall order, but indeed an all-encompassing issue that needs to be tackled by all. To date, this has been already the case where all feedback received from the public and respective institutions who in some way or another are involved with the drug issue; is by and large now reflected in the new Drug Policy.

Some actions that are pivotal to the enabling of the said policy, include, the founding of a Law Enforcement Body, to better coordinate enforcement activities against organized crime groups involved in drug trafficking; devising the mechanisms to enable law enforcement to chase the monies associated with drug trafficking; added support of the cybercrime unit to deter purchases over the darknet through the use of crypto currency; the better equipping of the postal services to detect drug packages; and last but not least, that drug trafficking will continue to be treated as one of the most heinous of crimes.

The setting up of a Prevention Body should also bring all the actors in place in order prevent drug use in the first place. For those who start to use and now face some problems, the introduction of a Low Threshold Service should aim to provide a first port of call, before the problem escalates and requires a more intense intervention. For those individuals that have developed a substance use disorder, the new treatments such as buprenorphine and the provision of Narcan, that reverses the opioid induced overdose and thus death, can make a huge difference.

These are just a few of the initiatives that this new Drug Policy is proposing to have in place over the coming years. Initiatives, which undoubtedly should impact drug use in the first place and secondly, do better in adjusting to the needs of people who use drugs.



# PURPOSE OF NATIONAL DRUG POLICY

This second National Drug Policy for Malta will cover the period between 2023 – 2033 and is a result of a review of the previous policy. It is a means to bring the National Drug Policy in line with new developments and a better understanding of the recent trends of the drug situation in Malta, and the responses in place to tackle such. Moreover, the policy has been structured in such a way to provide for a better mechanism through which the supply and demand for drugs are reduced appropriately in the best interest of society.

The main changes that have occurred in Malta over the years have been the increase in civil liberties as well as the respect for human rights which have now been taken into account, along with the gender dimension, in this new drug policy. Moreover, a key issue that is addressed is that drug use and substance use disorder is a social and health issue and not a criminal one. Trafficking in illicit drugs is, however, a criminal offence, and thus will continue to be dealt with the severest of consequences, that of imprisonment if found guilty. Hence this new policy is to address the supply and demand for drugs in a balanced fashion with the main objective. It will also focus on reducing the harms caused by drugs and that of facilitating the health, safety and well-being of all as drug use has various socio-economic, educational, health and legal implications both for the users as well as for their family, significant others and society in general.

The Government has, for several years, been investing in substantial human and financial resources to address the problem of drug use, monitor trends, as well as understand and harness the new challenges that such a dynamic phenomenon poses together with the fallout of the COVID-19 pandemic and its added burdens on our communities.

The aim of this policy is therefore to reinforce these efforts as well as address the current and future scenarios by:

- (a) Providing the tools to address drug use from a health, psychological, socio-economic and educational perspective and thus reduce the demand for drugs;
- (b) Providing the judiciary and law enforcement bodies with the tools to enable them to reduce the supply of illicit drugs.

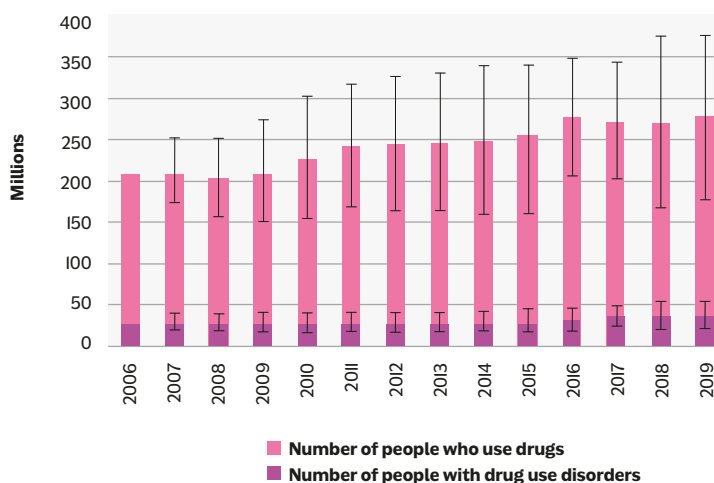
# INTERNATIONAL CONTEXT

At present, worldwide it is estimated that some 275 million people use drugs and some 36 million have a substance use disorder, and close to a 1000 people worldwide die every day as a result of their drug use according to the latest figures provided by the UN global report (2021) on drugs. It is also very relevant to point out that 2016 resulted in an outcome declaration by the United Nations General Assembly Special Session devoted to drugs in which for the very first time some 200 nations agreed to tackle the problem by introducing measures that are more health oriented without unbalancing the scope of the 2009 political declaration. This was further reaffirmed by the Ministerial Declaration at the UN meeting in Vienna in March 2019.

Along with our EU counterparts, we supported the introduction of four measures, namely that of the respect for human rights, harm reduction initiatives, proportionate sentencing and the removal of the death penalty for drug related offences. The first three to some extent have been incorporated into the said 2016 document except for that of the removal of the death penalty. As far as Malta is concerned, all aspects of these have been included in this drug policy and as far as the death penalty is concerned, this was removed from our islands 45 years ago and the last individuals to suffer such a fate for being found guilty of murder and treason was some 75 years ago.

## THE NUMBER OF PEOPLE WITH DRUG USE DISORDERS WAS IN 2019 33% HIGHER THAN IN 2010

Source: UNODC, World Drug Report, 2021.



Moreover, at the reconvened session of the CND in Vienna in December 2020, a vote was taken on the status of cannabis in the context of the eight recommendations put forward by WHO. It resulted in that one of the eight received approval, that of removing cannabis from Schedule IV of the 1961 Single Convention of Narcotic Drugs, paving the way for the use of cannabis in a medical context. Malta together with EU counterparts via the Common Position Paper supported the vote in favour of such.

The fourth EU drug strategy that has just come into operation following the approval by all on the 18th of December 2020, will run from 2021-

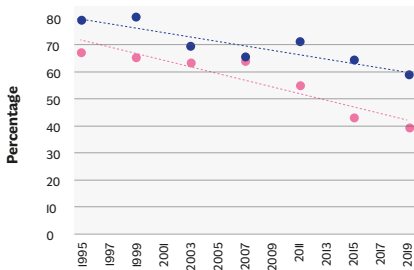
2025. This is driven by the need to reduce the supply and demand for drugs, as well reduce the harms drugs cause. The three main policy domains with three cross cutting themes are those of international cooperation, research, innovation and foresight and finally, coordination, governance and implementation. Moreover, a number of key indicators are to be used to monitor the progress based on an action plan that will run for the same period, that of 2021-2025.

The key findings with respect to the drug situation in Europe at present are the fact that cannabis continues to be the most widely used substance with an estimated 1% of Europeans using

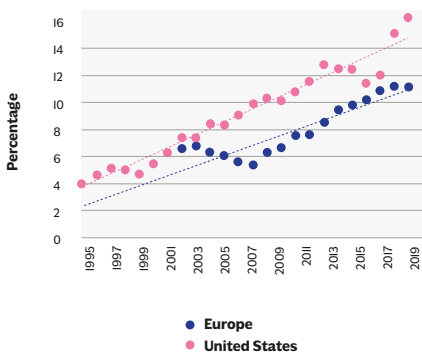


cannabis on a daily basis. Moreover, most of the daily cannabis users, some 61%, are under the age of 35. To date some 110,000 cannabis users have come forward for treatment in Europe, an increase of 45% since 2010, and as such now make up some 35% of all treatment requests. This particular aspect may in part be explained by both the increase in potency of THC and the decrease in the risk associated with cannabis use over the past ten years, as shown below.

**PERCEPTION AMONG ADOLESCENTS OF RISK / HARM OF SMOKING CANNABIS REGULARLY**



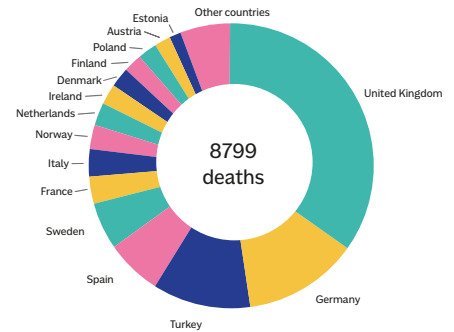
**CANNABIS POTENCY (A9-THC CONTENT) IN CANNABIS HERB**



Stimulant use, predominantly cocaine, on the other hand, is also prominent but nowhere in the numbers associated with cannabis use, however it has been on the increase year in year out since 2010. Heroin continues to be used but is on a downward trend although it is still the most harmful drug in that it accounts for the majority of deaths due to overdose.

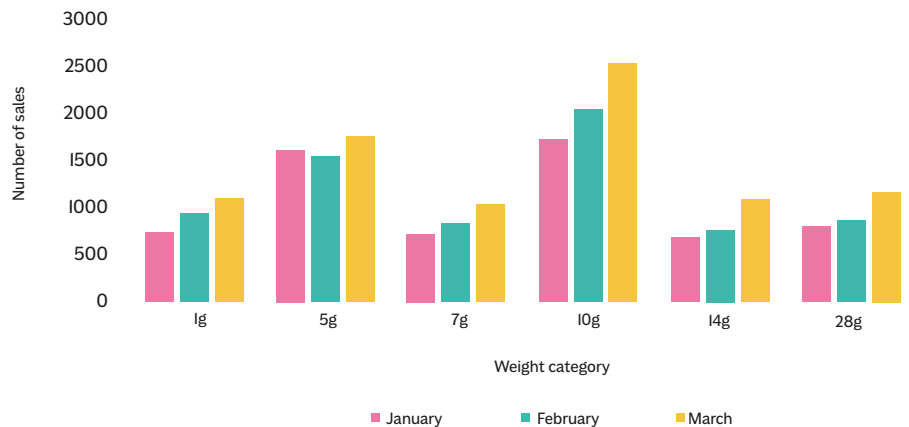
A new emerging trend is that of new psychoactive substances or NPS, which are synthetic equivalents of the older drugs but appear in some instances to be more potent and dangerous and available through Internet through transactions enacted with new payment technologies such as cryptocurrencies and sometimes over the darknet.

**DRUG RELATED DEATHS**



Source: EMCDDA; Drug related deaths and mortality in Europe, July 2019.

**NUMBER OF SALES FOR COMMON RETAIL-LEVEL WEIGHT CATEGORIES BY MONTH, JANUARY – MARCH 2020**



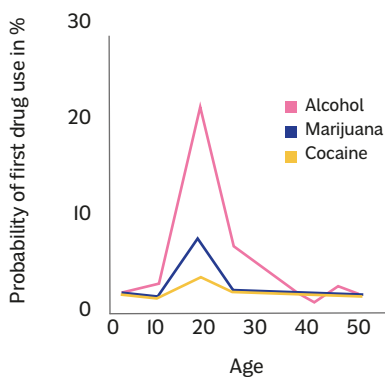
Source: EMCDDA special report on COVID-19 and drugs – Drug supply via darknet markets, May 2020.

It is of interest that of the new 790 substances monitored by the early warning system since its operation, a significant number of these were synthetic cannabinoids, one of which, MDMB-CHMICA, has caused 13 deaths and 23 non-fatal intoxications. As a result of such deaths and intoxications and of the risk assessment conducted by the EMCDDA, the substance has now been banned throughout Europe.

# THE DRUG SITUATION IN MALTA

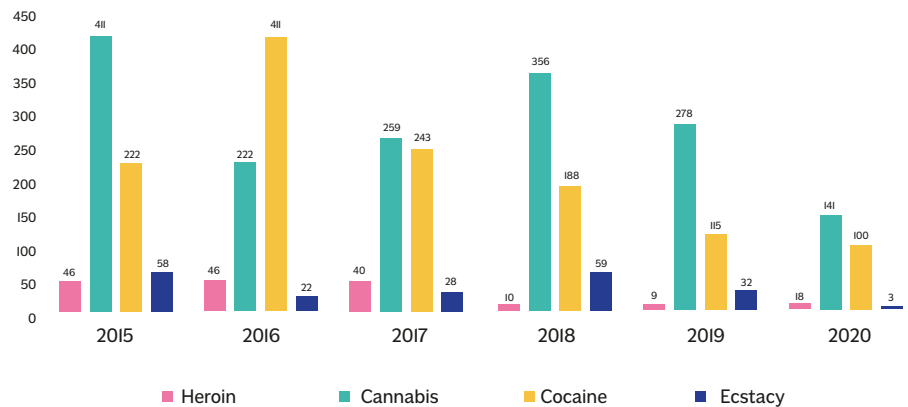
Maltese society has seen different trends in drug use and that in relation to the misuse of prescription and non-prescription medication among people of different ages. Research shows that cannabis, cocaine, ecstasy, heroin and the new synthetics, known as new psychoactive substances (NPS) are the most commonly used drugs among the younger age cohort as is the case the world over (see figure below) while psychotropic medication, such as tranquillisers and antidepressants are the most widely misused prescription drugs in the age cohort of 35 years and over. It is also pertinent to note that many more males than females use drugs while this is the reverse with respect to the misuse of prescription medication.

### AGE OF FIRST USE



From the perspective of the judiciary and law enforcement, it is clear that over the years the efforts of such have been to reduce the supply of drugs by preventing trafficking of drugs to our islands as well as dismantling drug crime organisations and confiscation of their assets related to such unlawful behaviour. This is reflected in the number of seizures over the years that in main relate to cocaine and cannabis and include major hauls related to containers passing through the seaport. As such over the years, drug law offences, (DLOs), have on average been around 500 each year and some 75% of these have been for possession while the remaining 25% for that of trafficking. Again, the two main drugs that stand out in relation to charges for both trafficking and possession are cannabis and cocaine as illustrated below.

### ARRAIGNMENTS BY DRUG 2015 - 2020



The Correctional Service Agency is responsible for the operations of the only prison in Malta which hosts some 850 inmates, of which some 40% were held for drug related offences, and of these 30% were held under arrest pending trial, whereas the rest, some 70%, had been sentenced by the courts for drug related offences. A key aspect is that of rehabilitation but it would appear that over the years, recidivism has been estimated to be around 75% for all but that related to drug use, heroin use, such individuals were more likely to re-offend. Thus, it foreseen that better access to and availability of drug services akin to outside the confines of the said facility would in the first instance impact on recidivism. Secondly, for those drug offences related to possession of small amounts of illicit drugs for personal use,

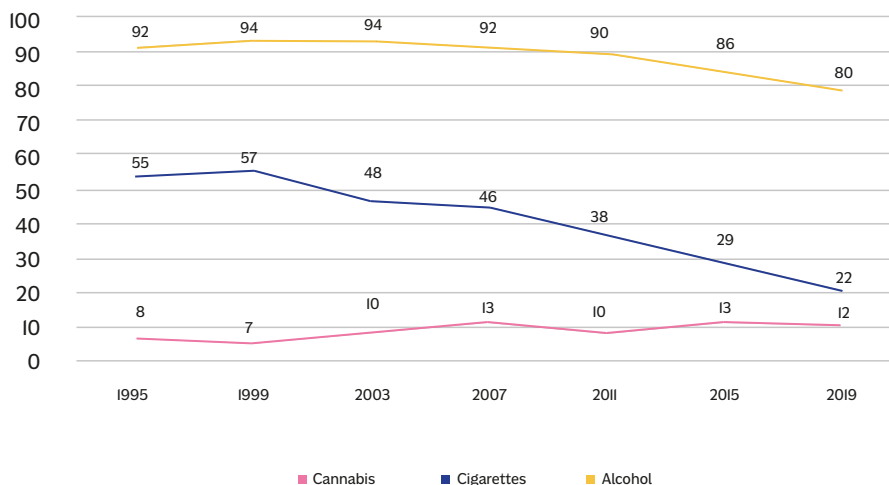
the view of the Government has been that of assisting these individuals and not punishing them as witnessed by the new Act in 2015. Hence a major significant change resulted in the enactment of new Act in 2015, of the implementation of the 'Treatment Not Imprisonment Act' as promulgated in 2014. After five or so years of its operation it would appear that it is indeed resulting in the desired effects, in that the numbers highlighted below would have in a number of circumstances landed with a prison sentence of sorts and the resulting repercussions which have been shown if anything to have a negative impact on drug use.

Between September 2015 and December 2020, sittings by the tribunal chaired by the Commissioner of Justice, the majority of cases processed were related to possession of cannabis grass, with 1277 cases (42%). This was followed by cannabis resin, with a total of 620 cases (20%). A total of 1897 cases (62%) were, therefore, related to cannabis possession. Cocaine possession accounted for 616 cases (20%). A further 236 cases (8%) were for possession of ecstasy, while cases related to heroin possession amounted to 174 (6%). It also worthy of note that some 228 individuals were between the ages of 14 and 17 with the majority of these aged 16 and 17. Drug use in this cohort and resultant problems that arise are now addressed at the newly opened centre at Tal-Ibwar which provides both residential and day services for such and thus closes a major loop hole in our ability to provide such a service for this distinct group of youngsters. The Act also provides a mechanism through which it is possible to address those with early drug problems in that if one is found in possession of small amounts as

stipulated by the Act, on more than one occasion, then the individual is required to appear before the Drug Rehabilitation Board where the case is assessed as necessary and if required treatment provision initiated. Some cases have also resulted in an individual referred back to court, in this instance, a drug court purposely put in place to address the complex issues at hand. With the enactment of this law, substantial progress has been made as regards addressing drug issues such as that for personal use from a health perspective, but more can be done to further alternatives rather than coercive sanctions, such as prison sentences, that do not improve matters.

On the other side of the same coin, demand reduction attempts to prevent, treat and reduce the harms caused by the use of drugs and provide for social reintegration where necessary. In order to gauge the size of the problem to be tackled several methods are used to do so such as, population and school surveys, that provide prevalence estimates for the use of such drugs. Data such as that obtained from the last population survey conducted in 2013, and more recently a survey conducted in 2019 shows that cannabis is the most commonly used drug in Malta particularly by young people aged between 18 and 24 years. The ESPAD studies that were conducted between 1995 and 2019, some seven surveys in all, show an upward trend in cannabis use among 15-16-year-olds from the initial survey (see figure below). The Health Behaviour in School aged Children survey that samples the 11-, 13- and 15-year-olds also concurs with the findings of the ESPAD surveys.

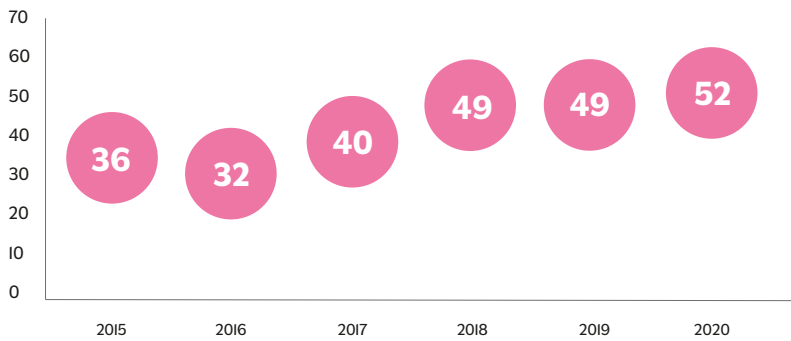
**SUBSTANCE USE AMONG 15- TO 16- YEAR-OLD SCHOOL STUDENTS - ESPAD**



As regards problem drug use, data from the treatment population show that the vast majority of individuals in treatment are still primarily heroin users who also use cannabis, cocaine and ecstasy. The number of problem drug users (mainly heroin), in that the definition selected was daily heroin use, estimated for 2010 to 2020 has systematically declined from a high of some 1,891 in 2010 to 1,035 in 2020. Of these, an average 1000 are in treatment and some 885 that receive opiate agonist treatment (OAT).

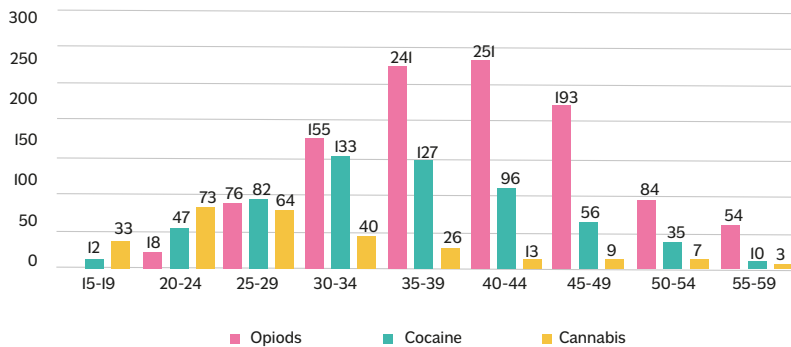
This has resulted in a significant fall in Malta’s rate of around six problem drug users per 1000 of the population which was in the top bracket of those EU countries with such figures, to now half of that, some three problem drug users per 1000 and the consequent fall from the top ranks. Heroin use is still present but now not a major problem for the country as the pattern seems to be changing. In the first instance, the number receiving opiate agonist treatment peaked in 2011 and has declined since then, and secondly, the new entrants now report a preference for cocaine then cannabis followed by heroin such that the percentage of individuals coming forward for treatment for their heroin problem has declined by more than half, from 56% in 2010 to 20% in 2020 whereas that for cocaine, have increased and now form the major cohort of the new entrants who seek treatment, to just above 50% as illustrated below.

PERCENTAGE OF FIRST TREATED ENTRANTS BY COCAINE, 2015 TO 2020



On viewing the national reports that have covered a period of some 10 years or so it is possible to obtain an understanding of the type of individuals seeking treatment for their problematic drug consumption and the results of such interventions. In the first instance it is clear to see that the major problem over the past years has been heroin addiction. Hence the services in place to treat heroin addiction have been established over the years and provide a number of services which include inpatient and outpatient services as well as opiate agonist treatment (OAT), a well women’s clinic, a syringe distribution system, tests for HIV, HepC and HepB, relevant counselling and residential services. The system in place has worked well over the years and has helped a significant number to get over their heroin addiction but what seems to occur over and over again is relapse and hence this needs to be tackled in a more efficient manner in that this is reflected by the increase in the ageing population seeking such services as shown below.

AGE DISTRIBUTION BY PRIMARY DRUG IN 2020



Thus, aftercare as part of the recovery services, needs to be put in place with trained psychologists that are able to take on board a number of cases and provide the necessary services once treatment has been completed. This is supported by the evidence collected in this sphere in which an outcome study of those receiving opiate agonist treatment (OAT) demonstrated quite clearly that those individuals provided with psychological support following treatment were less likely than their counterparts who did not receive any psychological support, to relapse. This too should be accompanied by the recently introduced take home methadone, as well as that provided by virtual sessions to increase contact as has been the case throughout the COVID-19 pandemic. Moreover, the provision of buprenorphine by the health authorities would further provide for a decrease in the relapse rates and hence an increase in abstinence.

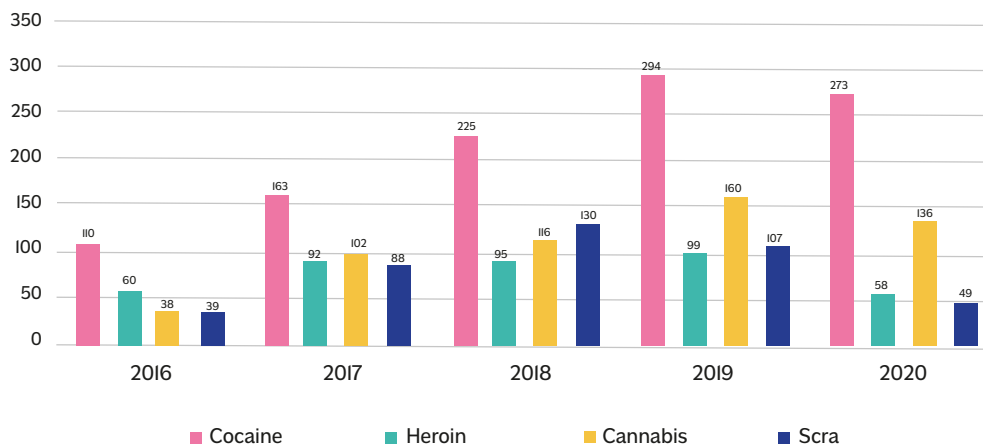
It is also now apparent that the number of individuals seeking treatment for the very first time do so mainly for their problematic cocaine use, followed by cannabis and then heroin. Hence from the 500 or so seeking treatment for the very first time this year, which is nearly double that of the past five years, cocaine accounted for 52% of individuals in 2020 steadily up from 25% in 2010, cannabis for some 27% in 2019, which is almost double that in 2010 some 15% while for heroin it was some 20% or less than half of that in 2010, which stood at 56%. These findings from those entering treatment are supported by the findings from the data provided by the hospital emergency unit in

which the numbers of non-fatal overdoses for cocaine and cannabis and its synthetic form outweigh those for heroin by a significant margin. Thus, with all the figures in hand it would suggest that now is the time to better cater for both cocaine and cannabis without forgetting that the heroin problem is still there but has been reduced.

Moreover, those individuals seeking services for their mental health problem combined with their substance use disorder, termed dual diagnosis or co-morbidity, seem to be on the rise as it was estimated that some third to a half of patients entering the psychiatric hospital, Mount Carmel Hospital, are those with a dual diagnosis. It is apparent that this service is at present meeting demand, but it will need to be further supported with the envisaged increasing numbers as well that of respite services for those back in the community who then face further difficulties.

These findings from population and school surveys and treatment entries are corroborated by other data collected in a separate manner related to the justice system as outlined above. For example, the charges for the possession of heroin have gone down substantially over the years only for it now to be overtaken by cannabis and cocaine. This is also reflected in the charges for trafficking in which cannabis and cocaine far outweigh those for heroin. Thus, the state of play at present provided by the said indicators in place as collected and collated by the National Focal Point with the help of all those involved provide the evidence base through which this drug policy has been formulated.

**DRUG-RELATED EMERGENCIES, 2016 - 2020**



# POLICY AIMS

**T**his new updated drug policy aims to reduce the use of drugs and their resultant harms by all but especially amongst those most at risk such as youth, women, older adults, prisoners and children who face greater stigma and discrimination as a result of their drug use. In turn, it also respects the fundamental aspects of human rights in that users are not criminals and must be given access to interventions required to avert their drug problem. It also pays special attention to the gender dimension as substance use trajectories experienced by males and females are not the same and thus must be treated accordingly.

This new policy will also be subject to monitoring through the use of indicators now in place as well as feedback from the public and the relevant bodies that have some stake in facilitating the well-being of all members of society.

Consequently, the prime target of this new updated policy is to reduce the prevalence of drug use amongst all age cohorts with a particular emphasis on those in the younger age groups who are mainly males as well as the non-medical use of prescription medication among the older age cohorts who in turn are mainly females.

Furthermore, this policy shall, as and where applicable, conform to the EU Drug Strategy (2021-2025) in this regard as well as the UN political declaration on Drugs of 2009 and now the UNGASS outcome declaration of 2016, and that of the Ministerial Declaration of the UN session of 2019. Finally, it also aligned to the Sustainable Development Goals - 2030.

# LEGAL AND JUDICIAL FRAMEWORK

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

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

Trafficking in illegal drugs will continue to be punished as established by law as well as the confiscation of all assets including monies, bonds, shares, property, cars, boats, and all other proceeds and instruments obtained as a consequence of the illegal activities of trafficking in drugs. The main focus is that of asset-tracing and financial investigations to enable effective confiscation of all proceeds of drug trafficking crimes.

A major change to the legislation has been the introduction on the 18th December 2021 of the Act LXVI to establish the Authority on the Responsible Use of Cannabis and to amend various laws relating to certain cannabis activities. In turn, the new Act follows on the footsteps of the 2014 and the implementation in 2015 of the new Drug Dependence (Treatment not Imprisonment) Act. Through this Act, users found in possession of small amounts of all drugs for personal use were required to appear before a Commissioner and if found in breach, administered a fine. This Act has, following that of 18th December 2021, been amended in relation to the amounts of cannabis permissible for personal use of between seven and 28 grams of cannabis, not more than four cannabis plants in each dwelling and not more than 50 grams of dried cannabis, will again be subject to a fine. Moreover, the legislation as it stands is for not more than two grams of any other drug and not more than two ecstasy pills, do not undergo criminal proceedings but administrative procedures and are subject to a fine. The Drug Offenders Rehabilitation

Board will determine what other aspects may be addressed especially in the case of repeat appearances of any individuals in front of the board. Consequently, the concept behind the change is to motivate individuals to abate their use of drugs and if required obtain the necessary help. In addition, if all else fails, the individual will then be required to appear before a Drug Court.

Hence, the key aspect with the introduction and amendments of this new Act, is the fact that the Government believes that one must stop looking at personal use of drugs as solely a crime but also as something that potentially may lead to addiction. In this manner the problem is considered as primarily a health issue with social ramifications but with the potential to develop into a substance use disorder and thus will be tackled by having in place the necessary evidence-based services that address the relevant health issue.

In keeping with the efforts of the legal and judicial framework to enable law enforcement efforts to curb drug trafficking the following actions are to be implemented:

**Action 1:**

Ensure law enforcement authorities are provided with access to information held by the Financial Intelligence Unit to enable them to carry out effective financial investigations as laid out by the EU Directive (EU 2019/1153) on the use of financial information.

**Action 2:**

Make more effective the use of information provided by the Asset Recovery Offices to trace and track profits associated with drug trafficking.

**Action 3:**

Increase active co-operation between the tax, customs, and law enforcement to better detect trade-based money-laundering activities to stop profits from drug trafficking furthering such or entering the legal economy.

**Action 4:**

Maximise the contacts between the Attorney General's Office and the Judiciary who in turn are responsible for issuing and applying freezing and confiscation orders and warrants for searches and seizures.

In line with the second important key concept, that of drug use being a health and social issue, the following changes to the Conduct Certificate Ordinance (Cap 77 of the Laws of Malta) Dangerous Drug Ordinance (Cap 101 of the Laws of Malta) the Drug Dependence 'Treatment not Imprisonment Act' (Cap 537 of the Laws of Malta) and the Commissioners for Justice Act (Cap 291 of the Laws of Malta) have been made in relation to

possession of cannabis for personal use have been affected and as outlined in the Actions below now require that they are implemented in the proper form.

**Action 5:**

Drug use and drug possession for personal use is illegal and will continue to be so but not punishable as a criminal offence under any form. Hence, the intention of The Drug Dependence 'Treatment Not Imprisonment' Act 2015 was that personal use and hence possession of small quantities of all drugs for personal use are not a criminal offence. This required that the two principal framework legislations, that of the Medical and Kindred Professions Ordinance and the Dangerous Drugs Ordinance and that of the Commissioners of Justice Act be changed accordingly to be in line with the 2015 Act and now its amendments of 2021. Moreover, the Conduct Certificate Ordinance (Cap 77 of the Laws of Malta) have also been altered to take this aspect into account in light of the changes made to the Laws and Act as highlighted above. It is imperative that the changes enacted to date are now implemented as required such that, once and for all, criminal sanctions are not the main tool in which personal drug use is tackled.

**Action 6:**

In order that both the police and individuals upheld for small quantities for personal use, do not enter into any lengthy judicial or administrative process, the police will confiscate the substance and order the individual to attend a meeting with a newly formed

expert Professional Committee as designated by a new Act to come into force, that will refer the individual to the required service, be it social, health or educational. The attendance at the said body is compulsory and failure to attend will result in the individual being mandated to appear before the Justice Commissioner as that provided by the Treatment not Imprisonment Act 2015.

**Action 7:**

In turn, in order that the changes in legislation as outlined in the above actions are to be conducted accordingly, the professional experts required will be taken on board, as these will not only cover any substance use problems but also those related to housing, school, employment, family matters and leisure activities.

**Action 8:**

Introduce a new law on random drug testing for all drivers of all vehicles with a 'zero tolerance' for all illicit drugs.

**Action 9:**

Amend Chapter 24 of the laws of Malta, related to the role and responsibilities of the Occupation Health and Safety Authority, to address substance use in the work place through the provision of prevention and referral mechanisms to safeguard the health and safety of all at work.



# SUPPLY REDUCTION

One way of curtailing the use of drugs and the misuse of prescription and non-prescription drugs is to strengthen the measures that focus on reducing the availability of drugs and reducing the diversion of prescription medication that may also be used for other purposes than that intended. Better monitoring and co-ordination between the different sectors within the law enforcement body should contribute towards a reduction in the supply of drugs and prescription and non-prescription drugs for misuse.

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

- a. Coordinating and enhancing the collaboration within the law enforcement sector;
- b. Facilitating the better collaboration with Europol and other international partners;
- c. Improving the monitoring and information flows of the sector.

## Actions to reduce the supply of drugs:

In order to reduce the supply of drugs, Government shall through the Ministries responsible for Justice and Home Affairs undertake the following:

### Action 10:

Set up a National Law Enforcement Body composed of representatives from the national law enforcement agencies and other relevant entities that are involved in the efforts to reduce the supply of drugs and prescription and non-prescription drugs for misuse. The need to improve the information flows and expertise between all in the sector will thus be enabled by consolidating these into a formal structure. Such formal inter-agency cooperation should facilitate a more coherent approach in national as well as international efforts to reduce the supply of drugs and combat drug related crime.

### Action 11:

Enhance the activities of the Police Drug Unit in the aspect of trafficking as their main objective in reducing the supply of illegal drugs.

### Action 12:

Strengthen the cybercrime unit to enable it to monitor Internet transactions and those that involve the purchase of illegal substances through cryptocurrency, especially those related to the darknet, in an attempt to reduce the availability of the new psychoactive substances as well as the more common drugs.

### Action 13:

Improve the operational capacity of the custom services to enable them to intervene more effectively on the transport of drugs via boats, light aircrafts, and the more official use of transport services, such as planes, ships and automobiles.

### Action 14:

Ensure that the postal services are better equipped to monitor and intervene when suspect packages are relayed via this service which is becoming more popular with Internet use and purchases.

### Action 15:

Develop and introduce the means through which random drug testing for all drivers of all categories of vehicles may be rolled out according to the new law while adopting an approach of 'zero tolerance'.

**Action 16:**

Plan and implement, together with relevant entities, an ongoing educational campaign on driving under the influence of drugs akin to that for alcohol.

**Action 17:**

Introduce psychoeducational services within the Correctional Services Agency (CSA) to better prepare inmates for drug rehabilitation programmes for better outcomes and to reduce recidivism amongst this cohort. This will be further supported by the set-up of a half-way house for those to move into prior to release from prison and re-entry into the community. All inmates should have access to this service without prejudice.

**Action 18:**

Better community policing from the police depots situated in all districts to prevent drug use and drug related crime together with the support of the community teams from the National Drug Agency and also too of the Local Councils.

**Action 19:**

Strengthen the Early Warning System Network that relays information to and from national and international counterparts, in order to detect, identify and report especially at present on the new psychoactive substances that are constantly appearing on the market.

**Action 20:**

Ensure policies are in line with the latest EU Drug Strategy (2021-2025) and the UN political declarations on drugs (2009, 2016 and 2019) and that of International Narcotics Control Board (INCB).

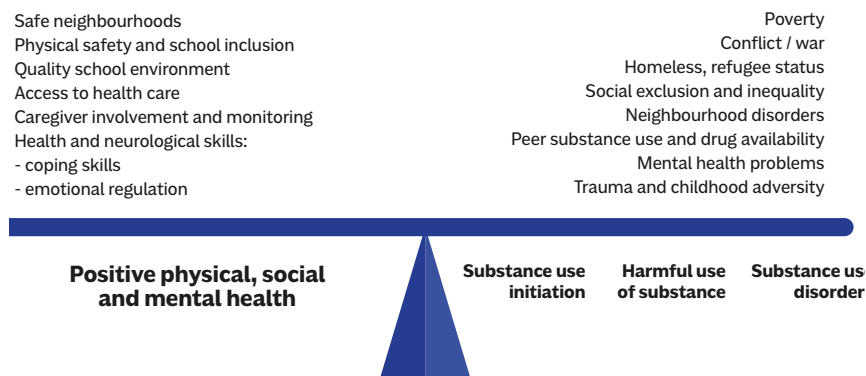
# DEMAND REDUCTION

The principal aim of the Government is to:

- reduce drug use among the general population, particularly among young people;
- provide the most effective treatment, rehabilitation and harm reduction programmes that address the needs of males and females respectively;
- promote social integration programmes that cater for both male and female drug users;
- provide respite opportunities for those who find themselves in difficulties again.

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

## PROTECTIVE FACTORS AND RISK FACTORS FOR SUBSTANCE USE



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

- (a) providing the public with factual information on the dangers of drug use;
- (b) campaigns promoting a healthy and responsible lifestyle.

Thus, an attempt to reduce the demand for drugs requires policy initiatives and activities which are targeted to reduce the demand for drugs within the community through preventing the onset of drug use and aiding and treatment for drug users. In the policy field of drug demand reduction this National Drug Policy, through an interdisciplinary approach will:

- A. Impact on the prevalence of drug use within the population of Malta.
- B. Support diversified preventive measures that discourage use and/or delay the age of onset of such use.
- C. Prevent the escalation of drug use from becoming problematic.
- D. Reduce problem drug use and dependence/addiction.
- E. Avert the harms related to drug use and drug dependence.
- F. Improve the social reintegration of drug users and that of respite when required.

The following actions shall be undertaken by Government through the Ministries of Social Policy, Education and Health:

**Action 21:**

Creation of a National Coordinating Body for Prevention Services, in order to coordinate, monitor and evaluate the provision of such services and to avoid any unnecessary duplication.

**Action 22:**

Creation of Community Centres that cater for prevention and treatment of those individuals requiring such services within their local settings.

**Action 23:**

Improve and invest further in the availability, accessibility and effectiveness of Environmental, Universal and Selective Prevention initiatives in order to discourage and/or delay the onset of drug use and the impacts of initial use.

**Action 24:**

Improve and invest further in the availability, accessibility and effectiveness of Indicated Prevention initiatives in order to facilitate the early detection to halt the progress of initial and experimental drug use so that dependency/addiction is avoided.

**Action 25:**

Improve and invest further in the availability, accessibility and effectiveness of treatment, rehabilitation and recovery services for problem drug users that include, cannabis, cocaine, and new psychoactive substances as well as heroin both in the community and the Correctional Service Agency (CSA).

**Action 26:**

Introduce an Addiction and Comorbidity Treatment Unit to cater for the increased demand of those with mental health problems and a substance use disorder.

**Action 27:**

Increase the bed numbers for both males and females at the Dual Diagnosis Unit and that of the numbers of the multidisciplinary professional team at Mount Carmel Hospital.

**Action 28:**

Improve and invest further in the availability, accessibility and effectiveness of initiatives and services specifically aimed at encouraging social integration of problem drug users and the introduction of opportunities such as a Respite/Recovery Centre for those facing difficulties.

**Action 29:**

Invest and improve further harm reduction services such as take-home methadone, the availability of buprenorphine on the health service, the provision of naloxone such as that in the form of the Narcan nasal spray and the training on the use of such.

**Action 30:**

Increase and develop demand reduction measures, such as Low Threshold Services, which respond to novel challenges faced by a significant number of people who use drugs that do not require rehabilitative treatment and that posed by new psychoactive substances.

**Action 31:**

Develop and introduce a National Prescription Monitoring Programme that will facilitate the better use of such medication for the purposes required whilst ensuring access to those who need it and at the same time reducing the propensity for the diversion of such.

**Action 32:**

Develop and implement minimum quality standards with the support of the Social Care Standards Authority, for prevention, treatment, harm reduction and social re-integration services based on the EU initiatives to do so.

**Action 33:**

Ensure that curricula for social workers, youth workers, psychologists, counsellors and psychotherapists include a module on addictive behaviour. Support the framework by which medical doctors can specialise in the treatment of addictive disorders.

**Action 34:**

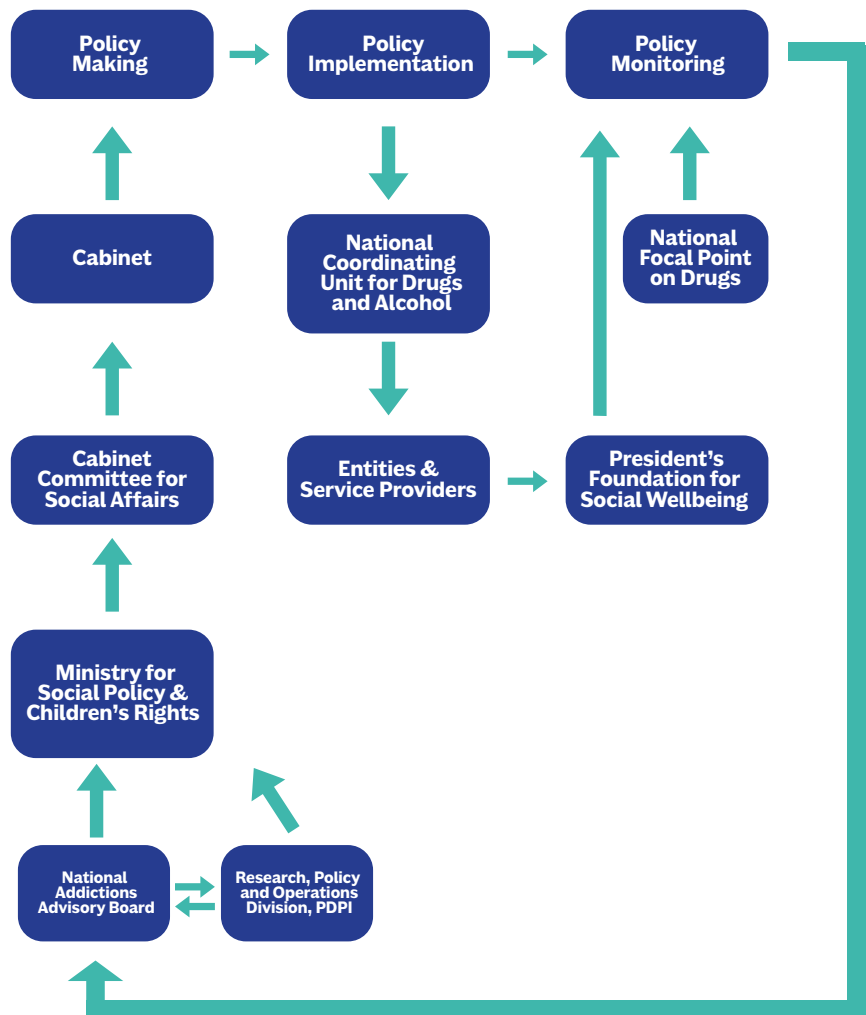
In accordance with the right to health care and human dignity, as encapsulated in the European Convention on Human Rights and the EU Charter of Fundamental Rights, ensure that notwithstanding the setting in which drug users find themselves, they will have access to their basic right to services, equivalent to those provided by the Government and available to all.

# IMPLEMENTATION, COORDINATION AND MONITORING

The realisation of this National Drug Policy relies heavily on the fact that implementation needs to be conducted in a coherent and coordinated manner.

In line with the objectives outlined above, the Government shall attribute high priority towards strengthening the coordination structure so to ensure the effective involvement of all stakeholders coming from the various ministries, advisory bodies, voluntary and private organisations, and other relevant bodies.

In addition, adequate monitoring, the collection and dissemination of information, the periodical evaluation of policy measures and ongoing research and training is required. This applies to all aspects of the policy. Monitoring, evaluation, research, information and training standards and practices must meet international standards as only then can quality, comparability and objectivity be secured. The National Focal Point on Drugs and Drug Addiction, that liaises between Malta and the EU- Drug Observatory (EMCDDA), and that of the UN, will continue to undertake this crucial role.



Monitoring of the policy using key indicators as provided herein will be undertaken on a yearly basis, in which it will be possible to assess the effectiveness of the implementation of actions described in this policy over time.

An evaluation of the Policy will follow after its full implementation and therefore provide for the basis of what has worked and what has not worked, and as such these may be considered in the formulation of the new National Drug Policy that is to follow on from this one.

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

**Body Responsible for Policy Development:**

- The National Addictions Advisory Board shall submit policy proposals for the consideration of the Minister responsible for Social Policy. As and where necessary, these submissions will eventually be forwarded for the consideration of the Cabinet Committee for Social Affairs prior to being discussed by the Cabinet with a view to being adopted as national policy.

**Body Responsible for the Policy Implementation:**

- The National Coordinating Unit for Drugs and Alcohol within the Ministry responsible for Social Policy shall bring together all stakeholders so as to facilitate the effective implementation of the National Drug Policy. Such a Unit will:

(a) implement and monitor the provisions of the National Drug Policy to maximise intended outcomes and avoid any unintended consequences;

(b) promote coordination and ensure effective co-operation among stakeholders, namely relevant ministries and departments, voluntary and private organisations with a view to achieve and enhance the realisation of this National Drug Policy;

(c) collect, collate, analyse and distribute drug data in coordination with all the ministries, departments and entities involved;

(d) evaluate the impact of drug use and model future scenarios; and

(e) ensure that drug policy measures are realised at all levels.

# CONCLUSION

Government acknowledges the possibility that changing trends and circumstances may necessitate amendments to this policy. In this regard any recommendations are to be forwarded for due consideration to the Ministry responsible for Social Policy, Government's lead Ministry in this field. Government will officially review this policy on a yearly basis using the indicators in place to do so and then again at its end through an evaluation of the said National Drug Policy.

# APPENDIX I

## OVERARCHING INDICATORS TO BE USED TO GAUGE DRUG POLICY

### I Demand Reduction

1. Prevalence of drug use in the population.
2. Prevalence of drug use in school aged children.
3. Number of individual requests for treatment.
4. Number of repetitive requests for treatment.
5. Number of new provisions related to harm reduction.
6. Number of new provisions related to dual diagnosis.
7. Number of non-fatal drug emergencies.
8. Prevalence of HIV, Hep C and Hep B within the drug using population.
9. Number of fatal drug overdoses.

### II Supply Reduction

10. Number of drug law offences, possession, and trafficking.
11. Number of drug seizures, police, and customs.
12. Purity and price of drugs.
13. Number of drug-related financial investigations.
14. Number of drug related asset recovery probes.
15. Number of drug related confiscation or freezure of assets.
16. Number of detected money laundering activities based on drug trafficking.
17. Number of drug users served notice to appear before Professional Committee.
18. Number of drug users appearing before Justice Commissioner.



## APPENDIX 2

# DIAGRAM 1: POLICY CYCLE

