



Malta

Malta Drug Report 2018



This report presents the top-level overview of the drug phenomenon in Malta, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

THE DRUG PROBLEM IN MALTA AT A GLANCE

Drug use

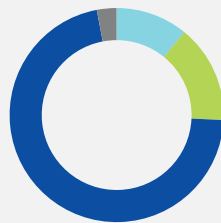
"in young adults (15-34 years) in the last year"

Cannabis

No Data

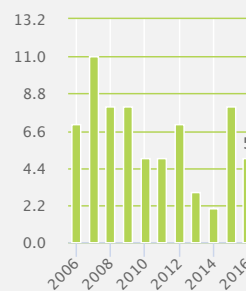
Treatment entrants

by primary drug



- Cannabis, 11 %
- Amphetamines, 0 %
- Cocaine, 15 %
- Heroin, 72 %
- Other, 3 %

Overdose deaths



Drug law offences

775

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Cannabis resin
2. Cocaine
3. Herbal cannabis
4. MDMA
5. Amphetamines

Other drugs

No Data

High-risk opioid users

1 592
(1 476 - 1 742)

Opioid substitution treatment clients

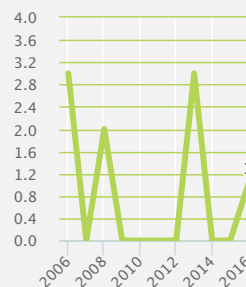
1 030

Syringes distributed

through specialised programmes

333 135

HIV diagnoses attributed to injecting



Source: ECDC

Population

(15-64 years)

303 273

Source: EUROSTAT Extracted on: 18/03/2018

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

National drug strategy and coordination

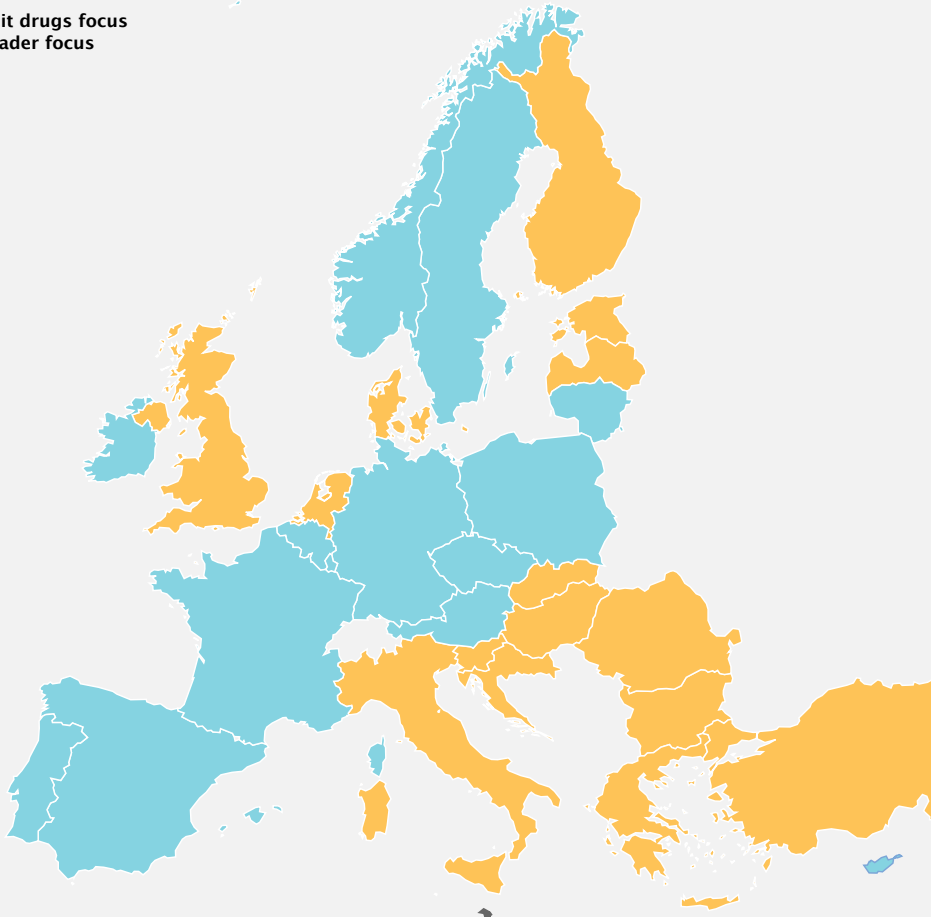
National drug strategy

Launched in 2008, the Maltese National Drugs Policy document addresses illicit drug problems. The strategy aims to streamline the actions of the government and non-government bodies that are responsible for delivering services to drug users. It seeks to (i) improve the quality and provision of drug-related services; and (ii) provide a more coordinated mechanism to reduce the supply of and demand for drugs in society. The strategy's main objectives are to ensure a high level of security, health protection, well-being and social cohesion. It is primarily concerned with illicit drugs, but it also considers the abuse of prescription medications. The strategy is built around six main pillars: (i) coordination; (ii) the legal and judicial framework; (iii) supply reduction; (iv) demand reduction, including harm reduction; (v) monitoring, evaluation, research, information and training; and (vi) international cooperation and funding. Forty-eight different actions are set out under these six pillars. A first progress review of the strategy was conducted in 2011.

As in other European countries, Malta evaluates its drug policy and strategy through ongoing indicator monitoring and specific research projects. A wide-ranging performance audit of problem drug use was undertaken by the National Audit Office in 2012. This mixed-methods assessment made a series of recommendations following a review of the structures and systems in place. Annual reports on the implementation of the 2008 strategy were compiled and a progress review was undertaken in 2011.

Focus of national drug strategy documents: illicit drugs or broader

- Illicit drugs focus
- Broader focus



NB: Year of data 2016. Strategies with broader focus may include, for example, licit drugs and other addictions.

National coordination mechanisms

The main body responsible for drug-related matters in Malta is the Advisory Board on Drugs and Addiction. The Board is part of the Ministry for the Family and Social Solidarity. The seven members of the advisory board are independent experts from fields such as law, youth studies, education, clinical psychology, psychiatry, epidemiology and neuroscience. The National Coordinating Unit for

Drugs and Alcohol, which is also part of the Ministry for the Family and Social Solidarity, is responsible for the implementation of the National Drugs Policy, while the main remit of the national focal point for drugs and drug addiction to the EMCDDA is that of monitoring the situation and the responses, including the effectiveness of the actions put in place as a result of the National Drugs Policy.

Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy.

In Malta, the financing of drug-related activities is decided annually by the entities in charge of their implementation. The available information is very limited and does not permit reporting on the size and trends of drug-related expenditure. Notwithstanding, the National Drugs Policy stresses the importance of identifying the funds required for implementing the planned actions. The government supplements funding for the drug-related programmes from the funds seized through the Prevention of Money Laundering Act.

The most recent estimate, for 2012, indicated that Malta spent an estimated EUR 5.5 million on drug reduction activities, and that drug-related expenditure represented approximately 0.08 % of gross domestic product. However, it is not known what proportion of all drug-related expenditure this represents.

Drug laws and drug law offences

National drug laws

The principal pieces of legislation dealing with substance use in Malta are the Medical and Kindred Professions Ordinance (Cap. 31), which relates to psychotropic drugs, and the Dangerous Drugs Ordinance (Cap. 101), relating to narcotic drugs, combined with the new Drug Dependence (Treatment not Imprisonment) Act 2014.

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

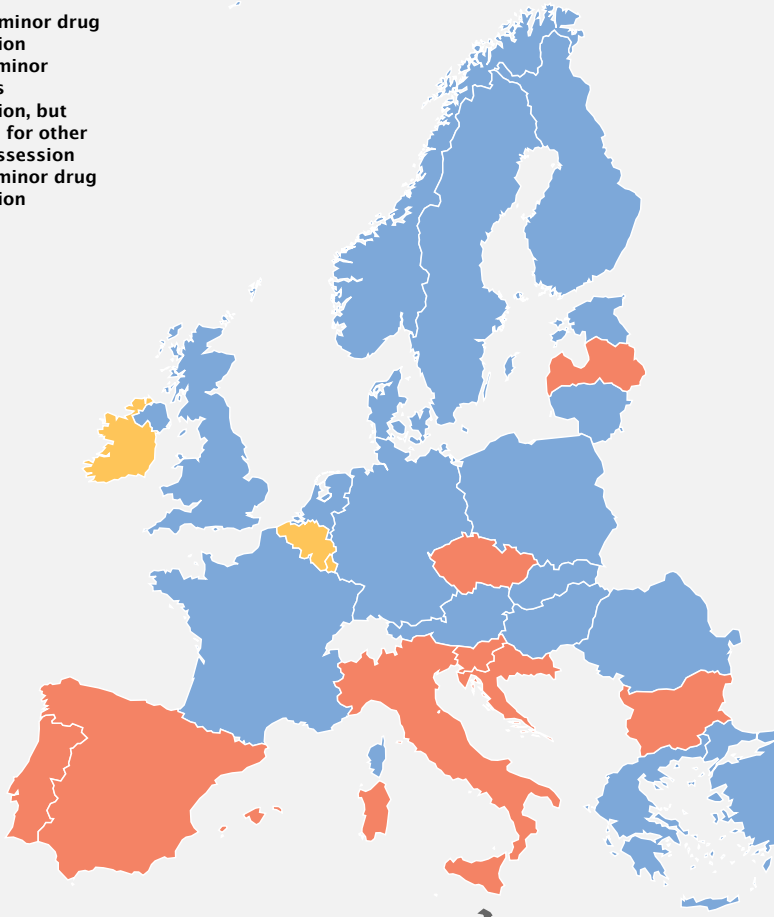
Under the Drug Dependence (Treatment not Imprisonment) Act 2014, a person found in possession of a small amount of drugs for personal use is tried in front of the Commissioner of Justice. If found guilty, a fine of EUR 50 to EUR 100 is imposed for possession of cannabis or of EUR 75 to EUR 125 for possession of other drugs. Any offender who commits a second offence within a period of two years is required to attend the Drug Offenders Rehabilitation Board, where he or she is assessed for drug dependence and any necessary order may be issued; failure to comply with an order may be punished by a fine or three months in prison. A person found in possession of one cannabis plant for personal use is not liable to a mandatory prison term. In the case of an offender who commits a limited number of offences as a result of drug dependence, the Court may assume the function of a Drug Court and refer the offender to the Drug Offenders Rehabilitation Board.

The range of punishment for supply offences that may be imposed by the lower courts is six months' to 10 years' imprisonment, whereas the superior courts may impose a maximum punishment of life imprisonment. When certain offences take place within 100 metres of the perimeter of a school, youth club or centre or other place where young people habitually meet, the normal punishment is increased because these circumstances are deemed to be an aggravation of the offence. However, an amendment to the Dangerous Drugs Ordinance in 2006 allowed the court not to apply the mandatory prison term of six months if the offender intended to consume the drug on the spot with others. In 2014, the laws were further amended to guide the choice of prosecution for trafficking in a lower or superior court, considering whether the offender was playing a leading role to a significant or lesser extent and defining quantity guidelines for MDMA/ecstasy, LSD, amphetamine and ketamine. Courts may also opt for the lower punishment range if the higher range is considered disproportionate.

New psychoactive substances are addressed through the existing legal framework by amending the lists of proscribed substances in the Medical and Kindred Professions Ordinance and the Dangerous Drugs Ordinance.

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)

- For any minor drug possession
- Not for minor cannabis possession, but possible for other drug possession
- Not for minor drug possession



NB: Year of data 2016

Drug law offences

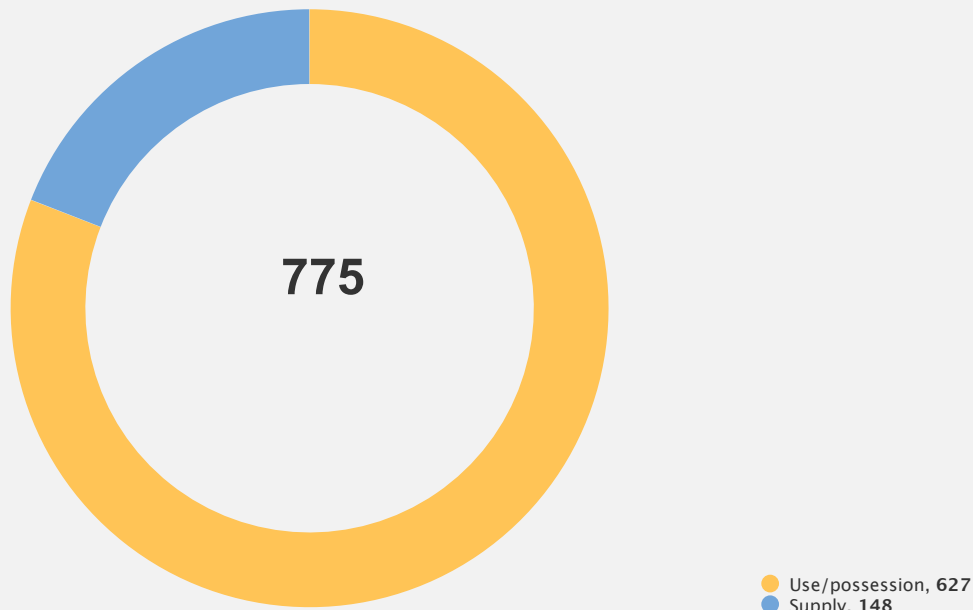
Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

The statistical data provided by the Malta Police Force indicate that most DLOs are related to possession. Most of the DLOs for possession are related to cannabis.

Reported drug law offences and offenders in Malta

NB: Year of data 2016.

Drug law offences



Drug use

Prevalence and trends

Cannabis is the most commonly used illicit drug among the Maltese adult population aged 18-65 years. According to the 2013 general population study, around 4.3 % of those aged 18-65 years reported having used cannabis during their lifetime. The level of lifetime use of illicit drugs other than cannabis was 1.4 % (MDMA/ecstasy, amphetamines, cocaine, heroin, mephedrone, any of the new psychoactive substance (NPS) or LSD); MDMA was the most popular among this group of substances. Drug use was more prevalent in younger adults, with the prevalence of lifetime use of cannabis at 5.1 % among 18- to 24-year-olds. In general, the use of illicit drugs was more common among males than females. In the 2013 study, among those who had used cannabis during their lifetime, the average age at first use was just under 19.

Drug use among 15- to 16-year-old students is reported in the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). This survey has been conducted in Malta since 1995 and the latest data are from 2015. In 2015, Maltese students reported levels of lifetime cannabis use that were lower than the ESPAD average (35 countries), while levels of lifetime use of illicit drugs other than cannabis and lifetime use of NPS were close to the ESPAD average. For two key variables studied, the Maltese students reported above average levels: alcohol use in the last 30 days and heavy episodic drinking in the last 30 days. Other than this, Maltese students reported substance use levels that were around or below the ESPAD averages.

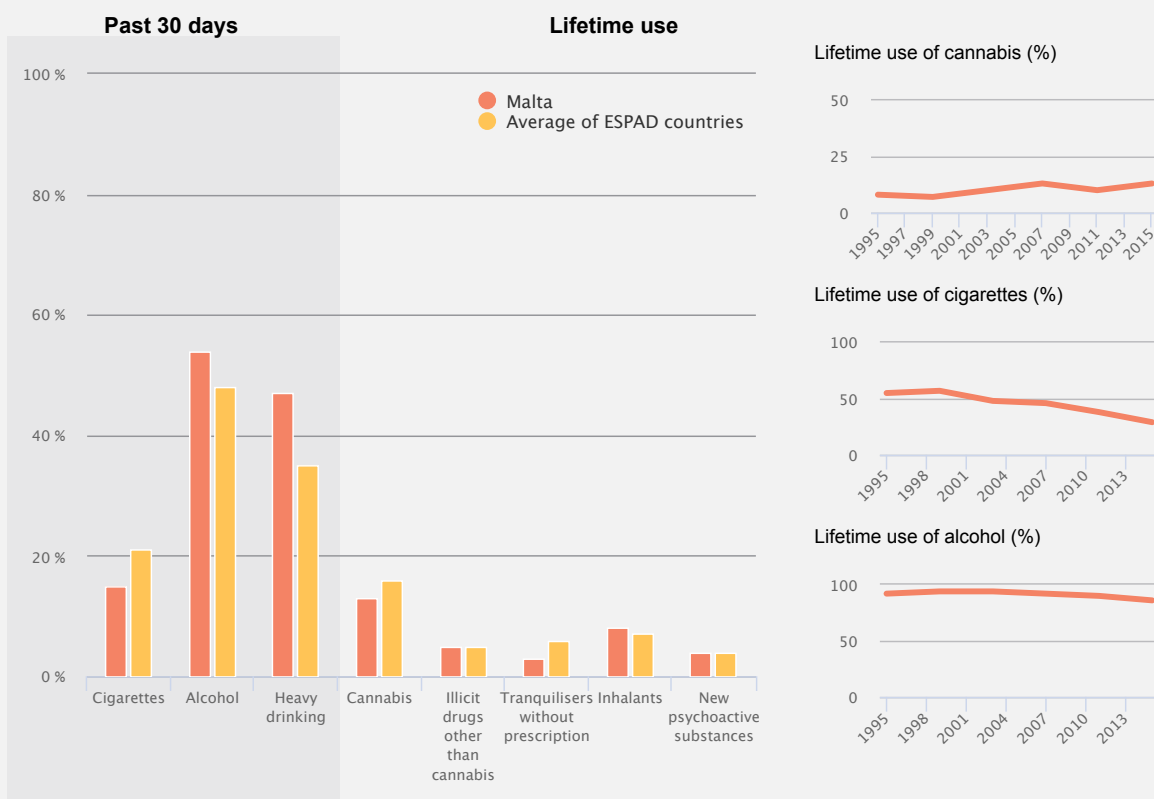
High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

In Malta, heroin remains the illicit drug that is linked with the most severe health and social consequences. In 2016, there were an estimated 1 592 high-risk opioid users (5.52 per 1 000 population aged 15-64 years).

Data from specialised treatment centres indicate that cocaine has become the most common substance among first treatment demands in recent years, followed by cannabis and heroin. Heroin-related treatment demands decreased until 2014, but show some stabilisation in recent years. Sniffing is the main method of use for cocaine, and only a few treatment clients inject it. Almost half of first-time entrants with heroin as their primary drug report injecting. Fewer than one in five clients entering treatment are female.

Substance use among 15- to 16- year-old school students in Malta

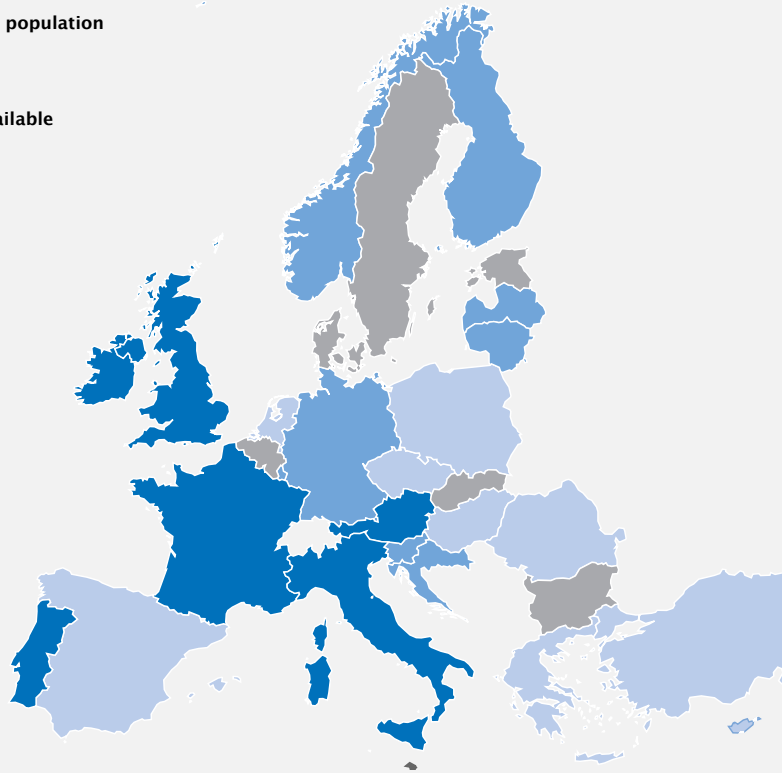


Source: ESPAD study 2015.

National estimates of last year prevalence of high-risk opioid use

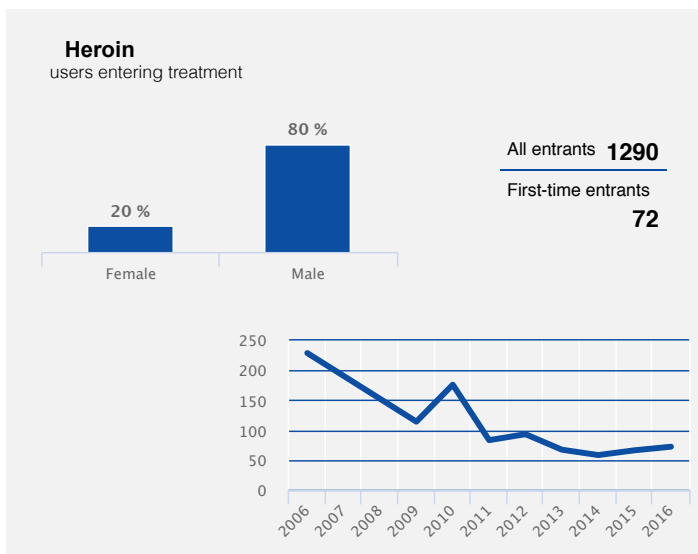
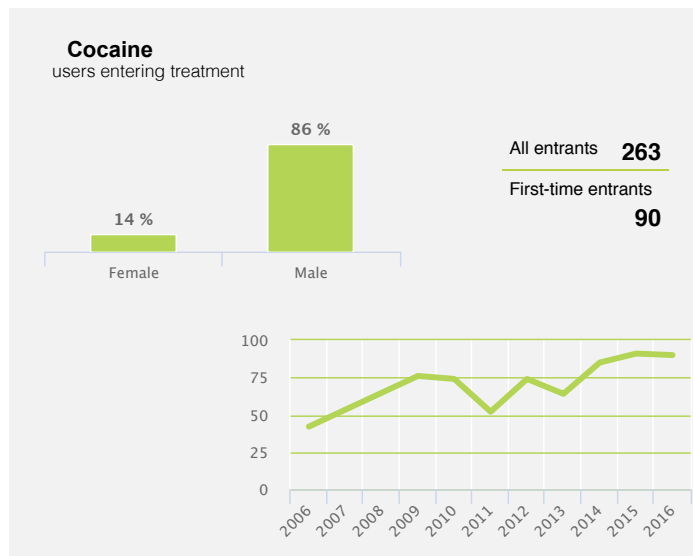
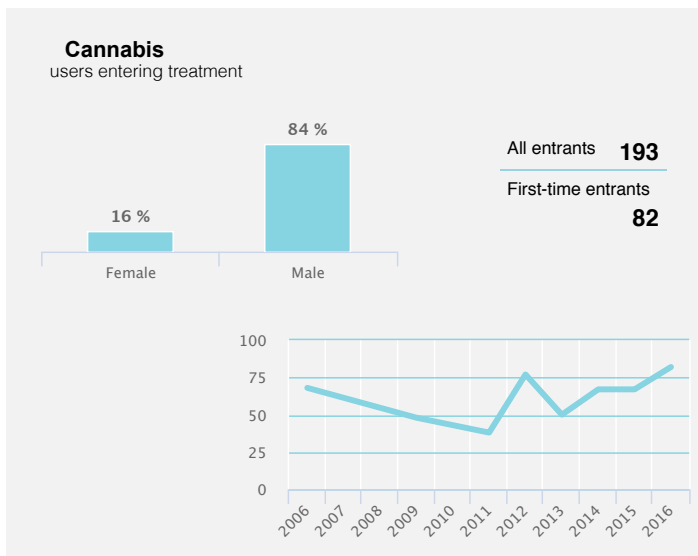
Rate per 1 000 population

- 0.0–2.5
- 2.51–5.0
- > 5.0
- No data available



NB: Year of data 2016, or latest available year

Characteristics and trends of drug users entering specialised drug treatment in Malta



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

In Malta, the National Infectious Disease Surveillance Unit in the Department of Health receives notifications of positive cases from virology departments and prisons. A small number of newly detected human immunodeficiency virus (HIV) cases have been linked to injecting drug use.

Prevalence of HIV and HCV antibodies among people who inject drugs in Malta (%)

region	HCV	HIV
National	46.3	1.2
Sub-national	:	:

Year of data: 2016

An additional information source is the results of testing people who inject drugs seeking treatment at the outpatient treatment unit run by Sedqa, the Maltese government's executive agency in the drugs field. In 2016, two clients out of 170 tested HIV positive, 76 out of 164 were positive for hepatitis C virus (HCV) infection and one out of 195 was positive for hepatitis B virus (HBV).

Drug-related emergencies

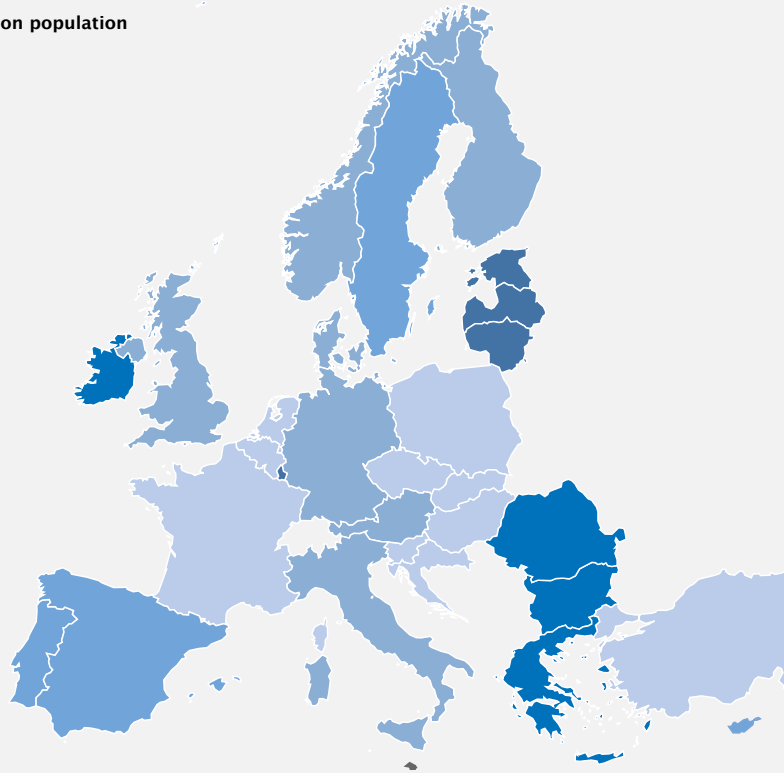
In 2016, a total of 28 non-fatal overdoses were reported in Malta, slightly fewer than in 2015 (33 cases). This confirms a declining trend in the last five years. Two thirds of non-fatal overdoses are attributed to the use of prescription medications.

A clinical toxicology unit from a Valetta hospital participates in the European Drug Emergencies Network (Euro-DEN Plus) project, which was established in 2013 to monitor acute drug toxicity in sentinel centres across Europe.

Newly diagnosed HIV cases attributed to injecting drug use

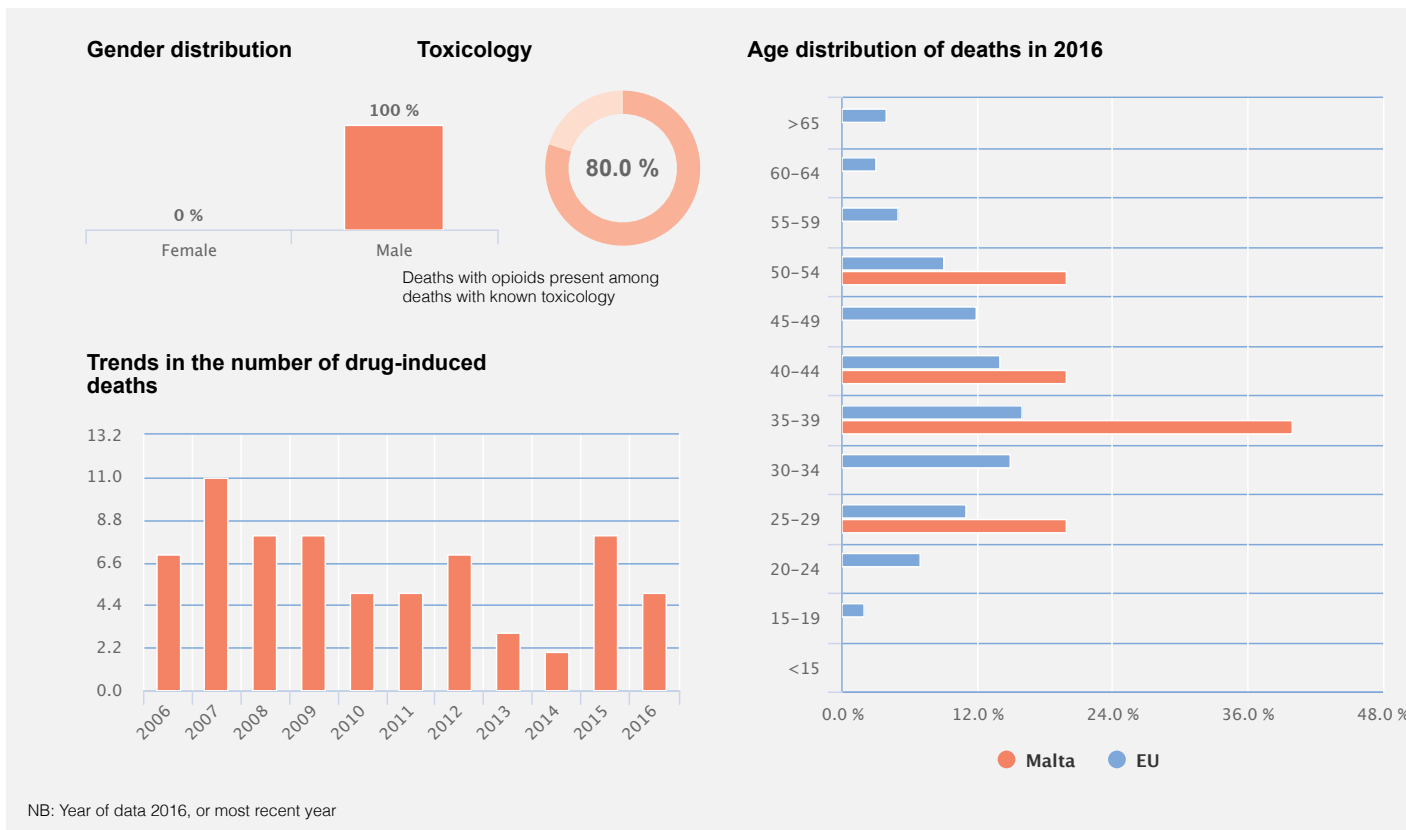
Cases per million population

- <1.0
- 1.0-2.0
- 2.1-3.0
- 3.1-8.0
- >8.0

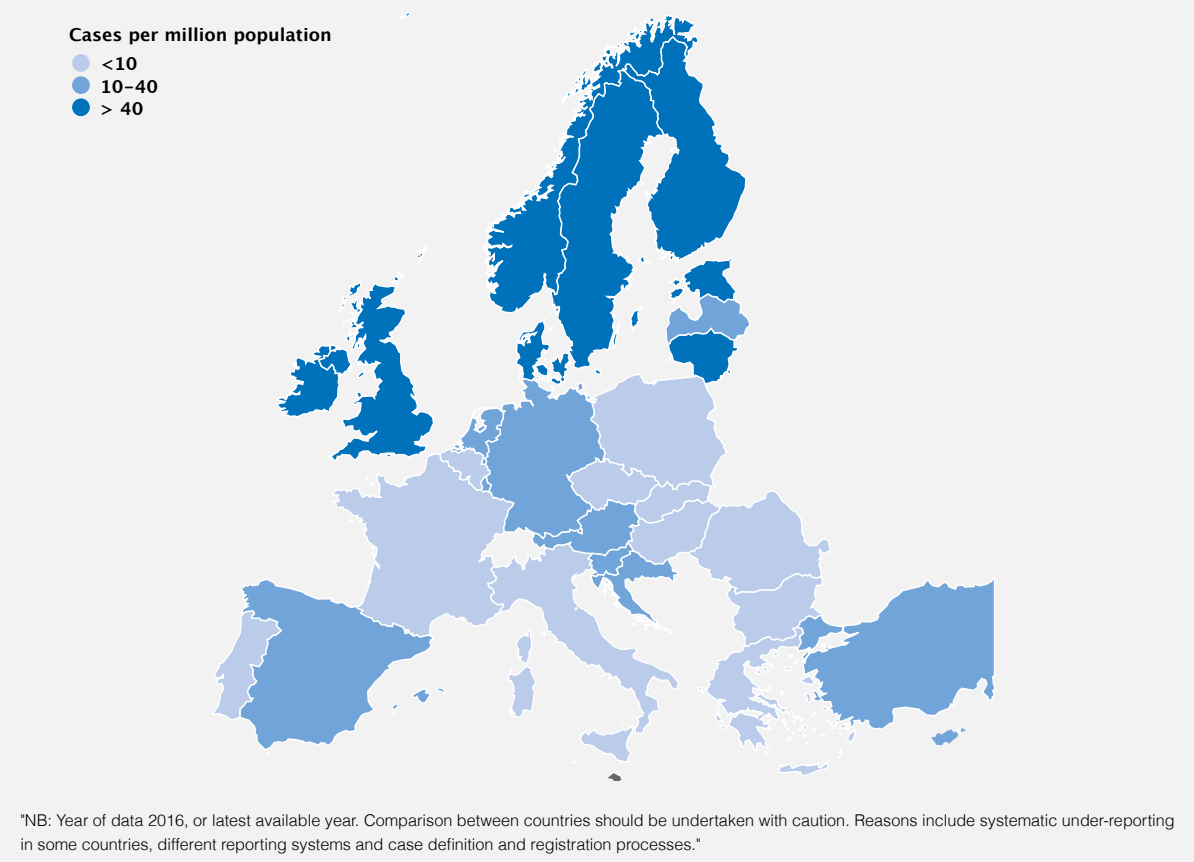


NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in Malta



Drug-induced mortality rates among adults (15-64 years)



Drug-induced deaths and mortality

Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

In 2016, the Police Special Registry registered five drug-induced deaths, which is fewer than in 2015 but above the levels reported in 2013-14. Toxicological analyses confirmed the presence of opioids in the majority of deaths, either alone or in combination with other illicit stimulants. In 2016, the mean age of victims was 39 years.

The drug-induced mortality rate among adults (aged 15-64 years) was 17.25 deaths per million in 2016, which is slightly lower than the most recent European average of 21.8 deaths per million.

Prevention

The current National Drugs Policy defines a number of actions in the area of drug prevention and puts an emphasis on the promotion of healthy lifestyle.

The Foundation for Social Welfare Services and the Foundation for Medical Services implement prevention activities in close cooperation with non-governmental organisations (NGOs). Sedqa, the Maltese government's executive agency in the drugs field, has established a number of prevention interventions. The NGOs Caritas and the OASI Foundation run a range of prevention programmes targeting specific groups or settings, such as schoolchildren, peers, parents, the community and the workplace, while the Anti-Substance Abuse Unit within the Education Division also carries out interventions in the school environment. Few interventions are evaluated.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems, and indicated prevention focuses on at-risk individuals.

The environmental prevention activities in Malta are mainly limited to tobacco control policies and restrictions on smoking in public places.

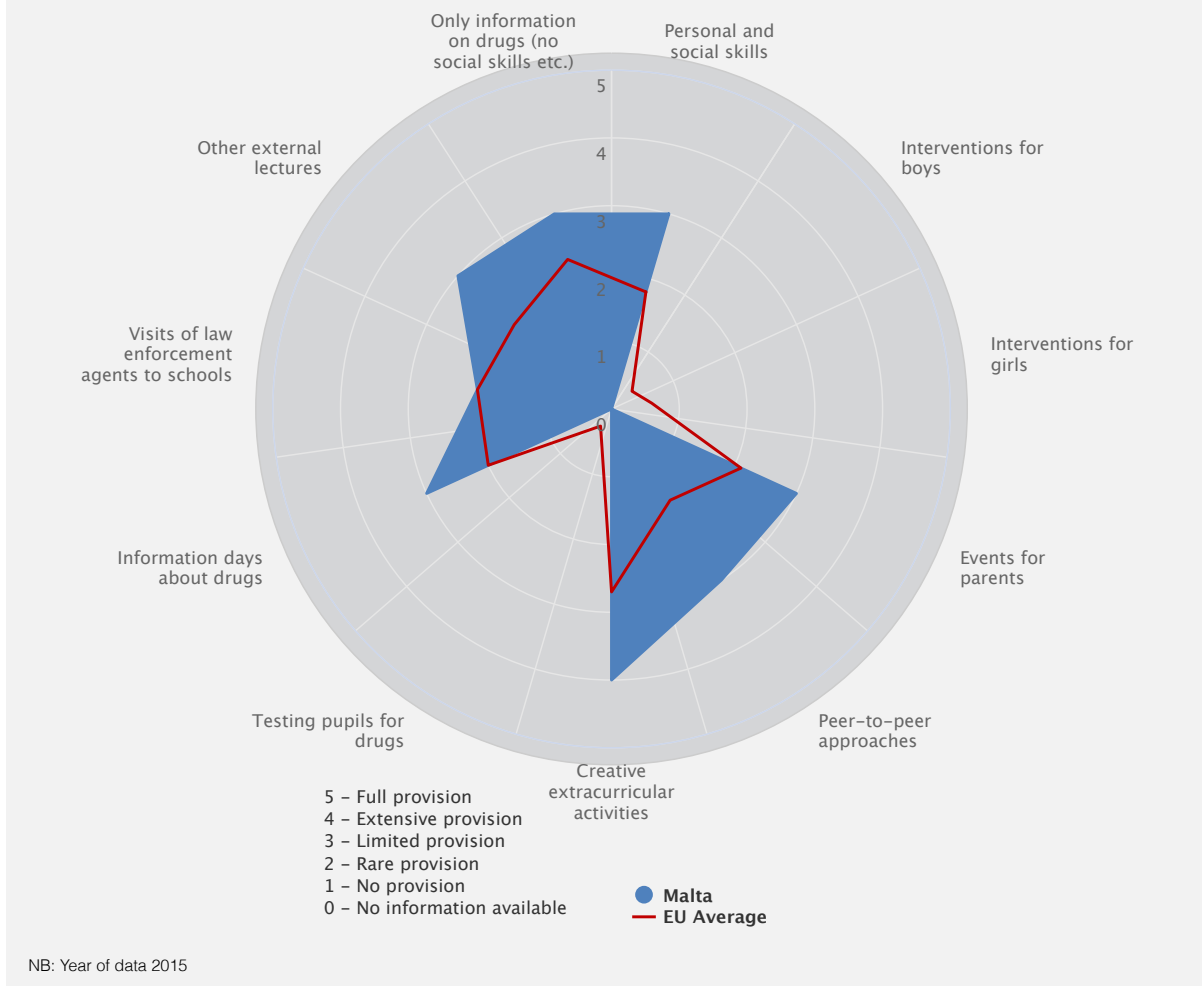
Universal prevention is primarily implemented in school settings, where interventions begin at primary school level and continue into secondary schools. Prevention activities in primary schools focus on friendship and peer pressure, with some introductory information on the problems that tobacco and alcohol use can cause. Interventions in secondary schools are designed to develop life skills, self-esteem, decision-making and problem-solving skills and resistance to peer pressure. The messages focus on encouraging abstinence from tobacco, alcohol and drugs, with the aim of preventing the development of any long-term harmful use.

Universal family-based prevention programmes in an interactive environment generally tackle topics related to parenthood, such as leadership styles, communication and child development, and include discussions on drug and alcohol misuse. Community-based prevention programmes primarily target families and young people in local councils, youth organisations, religious societies and social and political clubs.

Selective prevention interventions are mainly school based and focus on students with high levels of absenteeism and those who have dropped out of school. Other interventions include outreach work targeting young people from disadvantaged neighbourhoods. A new nationwide initiative, the Leap Project, funded through the European Social Fund, was launched in 2014 and aims at consolidating community resources and networks to address social exclusion issues. Other target groups are young people in schools in deprived areas, juvenile prison inmates and young offenders. Interventions for these groups occur mainly as a result of referrals to drug treatment agencies. Appogg, the national agency for children, families and the community, and Sedqa have brought together professionals from several fields and have developed a project that aims to offer individual guidance and counselling to adolescents who are referred for support. The support offered by this project is also available to the parents and partners of the young people referred to the services.

The unit also offers crisis intervention when homelessness or abuse is involved. The programme aims to build a network of support by joining forces with other institutions and professionals involved with the young person in question.

Provision of interventions in schools in Malta



Harm reduction

One of the main objectives of the Maltese National Drugs Policy adopted in 2008 is to achieve a high level of health protection and social cohesion by preventing and reducing drug-related harm to health and society. One of its aims is to ensure that vulnerable groups receive adequate health and social services, including harm reduction services for those for whom abstinence is not immediately viable or realistically possible.

Harm reduction interventions

In Malta, harm reduction responses relate to the prevention of drug-related infectious diseases and include access to clean injecting equipment, testing and counselling for infectious diseases such as human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV), risk awareness and HBV vaccinations. Blood screening and counselling for infectious diseases are provided at the substance misuse outpatient unit but also at the prison and the sexual health clinic in Malta.

Needles and syringes are distributed at seven fixed locations across the country. In 2016, around 333 000 syringes were distributed through these specialised facilities. A special harm reduction centre for women who inject drugs is operated by Caritas and provides intensive therapy to clients who cannot achieve abstinence in the short term; sheltered accommodation and protection from different forms of violence and from involvement in sex work are also provided.

Availability of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

Treatment

The treatment system

The National Drugs Policy puts an emphasis on synergies between service providers and other health and social professionals and institutions to ensure a multidisciplinary approach to treatment provision. There are five main drug treatment providers, of which three are funded by the government, while two non-governmental organisations (NGOs) are partially funded by the government.

These treatment providers deliver different types of treatment, which can be classified into five main categories: specialised outpatient services; low-threshold services; inpatient treatment programmes; detoxification treatment; and opioid substitution treatment (OST). NGO-based outpatient services offer long- or short-term support through social work, counselling, group therapy and psychological interventions, while low-threshold programmes offer day-care services.

Five inpatient units are available in Malta, of which three are therapeutic communities. These three residential programmes provide a holistic, multidisciplinary approach to therapy in a communal living environment and aim to guide clients towards abstinence. One programme offers inpatient detoxification.

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

Treatment provision

Most clients entering treatment in 2016 were treated in outpatient settings.

The majority of clients sought treatment as a result of the primary use of opioids, mainly heroin, followed by those seeking treatment for cocaine use; the proportion of primary cocaine users has increased in recent years.

Most clients who required treatment because of primary heroin use in 2016 were placed in the OST programme. In 2016, 1 030 clients were prescribed OST in Malta and around 9 out of 10 of those received methadone.

Drug treatment in Malta: settings and number treated

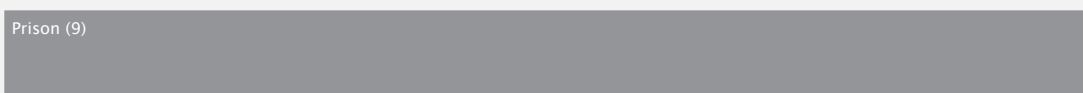
Outpatient



Inpatient

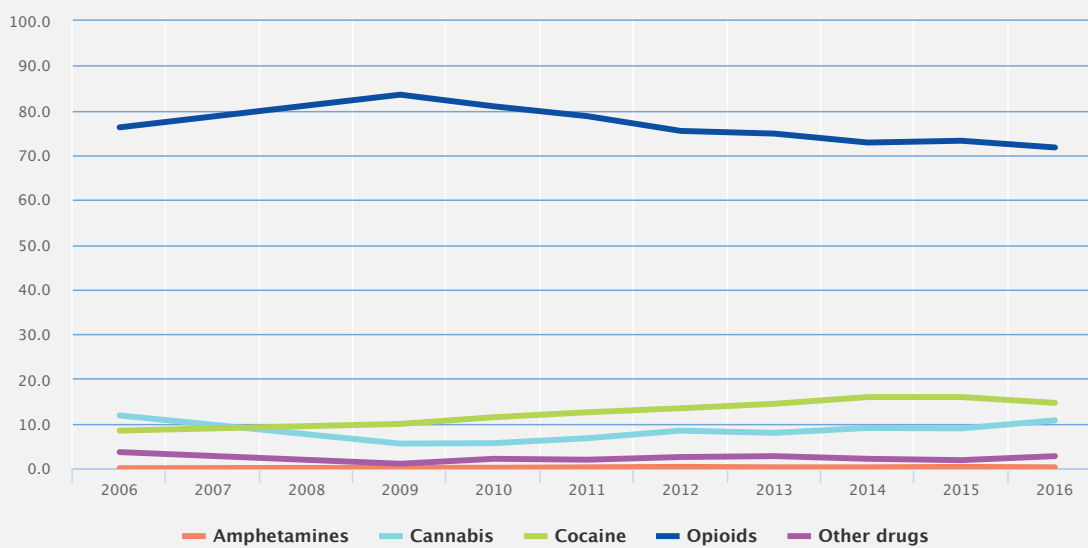


Prison



NB: Year of data 2016

Trends in percentage of clients entering specialised drug treatment, by primary drug, in Malta

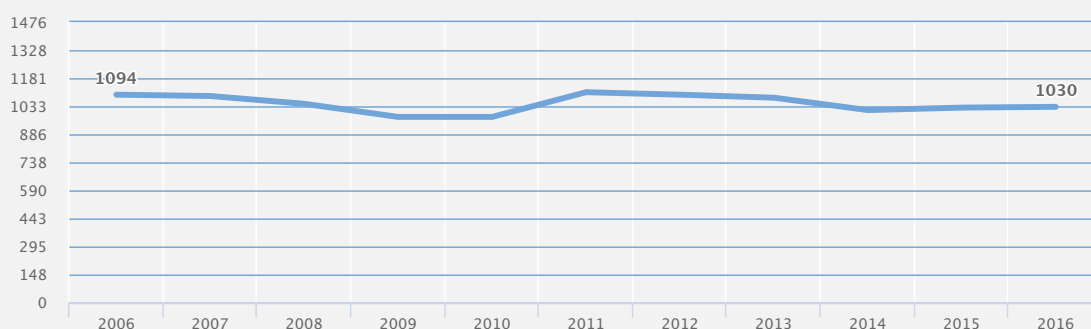


NB: Year of data 2016.

Opioid substitution treatment in Malta: proportions of clients in OST by medication and trends of the total number of clients



Trends in the number of clients in OST



NB: Year of data 2016.

Drug use and responses in prison

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

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

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

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

Quality assurance

The Research and Standards Development Unit within the Department for Social Welfare Standards is responsible for quality assurance and the development of standards in collaboration with service providers. In general, each service provider develops its own guidelines and standards, which should be in line with the National Drugs Policy. Common national standards in demand reduction areas have not yet been developed in Malta.

The national focal point to the EMCDDA promotes quality assurance and best practices among drugs professionals in the country.

Drug-related research

Research is one of the sections of the National Drugs Policy, which recognises the need for adequate monitoring, collection and dissemination of information, as well as the periodical evaluation of policy interventions and ongoing research and training.

The Advisory Board on Drugs and Addiction is responsible for all drug-related issues. The national focal point for drugs and drug addiction is in charge of gathering the necessary information to support drug policy and for monitoring the drug situation and responses. Both the government and university departments play an important role in undertaking research, which is mainly funded by

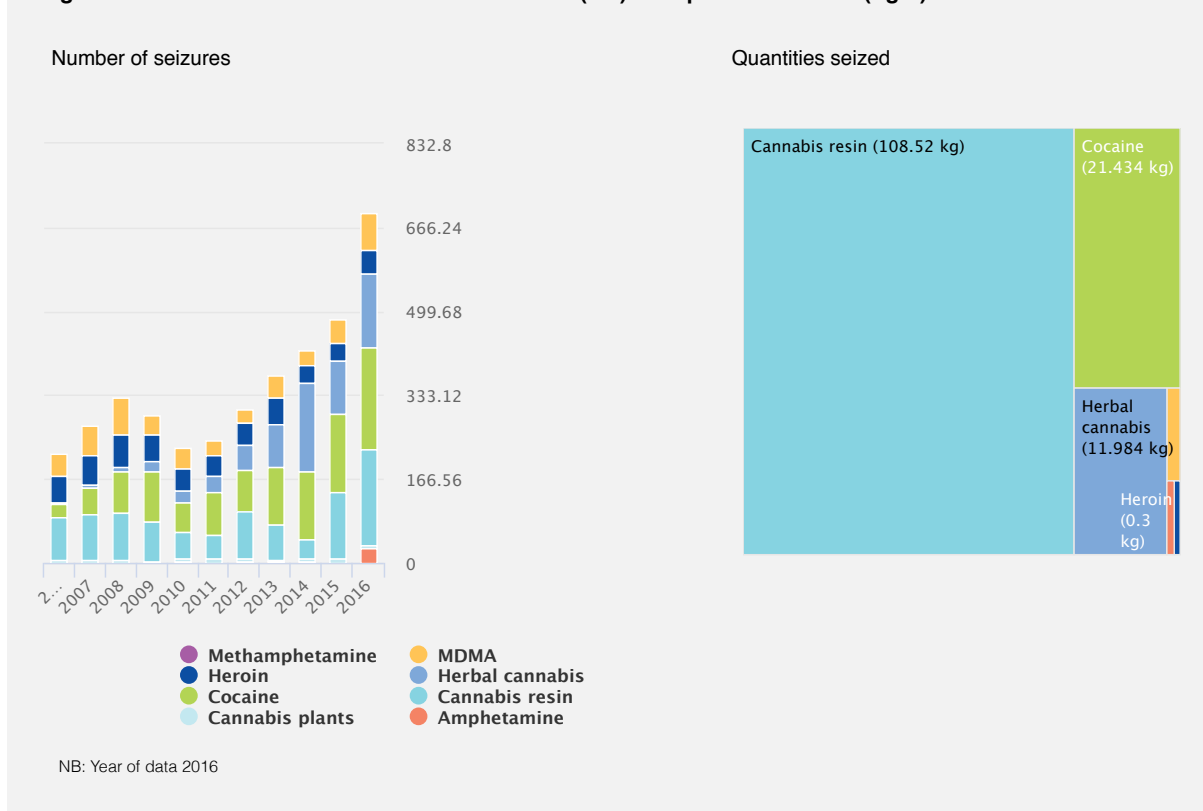
the public sector. Drug-related research findings are disseminated by the national focal point through regular meetings with partners, direct mailing to the interested parties, through the media and by consulting the national focal point website. Drug-related studies focus primarily on prevalence, incidence and patterns of drug use.

Drug markets

Cannabis is the most frequently seized drug in Malta, and it is the only illicit drug cultivated in the country. Cannabis is mainly cultivated by home growers, although commercial operations have been discovered occasionally. Cannabis resin is imported from Tunisia and Libya. Heroin arrives from Turkey, via North Africa or Western European countries, and cocaine is smuggled mainly through Spain. Synthetic stimulants, such as MDMA/ecstasy and amphetamines, are imported from other European countries, particularly from Italy or the Netherlands. The availability of new psychoactive substances (NPS) has grown in recent years.

The number of illicit drug seizures in Malta has increased in the last decade. In terms of quantities, in 2016, herbal cannabis, cannabis resin and MDMA were seized in larger amounts than in 2015, while the amount of cocaine remained at the level of the preceding years, but heroin was at its lowest level (only 0.3 kg) since 2008.

Drug seizures in Malta: trends in number of seizures (left) and quantities seized (right)



Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	12.61	6.5	36.8
Last year prevalence of use - young adults (%)	2013	n.a.	0.4	21.5
Last year prevalence of drug use - all adults (%)	2013	0.9	0.3	11.1
All treatment entrants (%)	2016	10.7	1.0	69.6
First-time treatment entrants (%)	2016	31.2	2.30	77.90
Quantity of herbal cannabis seized (kg)	2016	11.9	12	110855
Number of herbal cannabis seizures	2016	146	62	158810
Quantity of cannabis resin seized (kg)	2016	108.5	0	324379
Number of cannabis resin seizures	2016	193	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	n.a.	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	n.a.	0	70.00
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	n.a.	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	n.a.	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.7	0.9	4.9
Last year prevalence of use - young adults (%)	n.a.	n.a.	0.2	4.0
Last year prevalence of drug use - all adults (%)	n.a.	n.a.	0.1	2.3
All treatment entrants (%)	2016	14.6	0.0	36.6
First-time treatment entrants (%)	2016	34.22	0.0	35.5
Quantity of cocaine seized (kg)	2016	21.4	1.00	30295
Number of cocaine seizures	2016	202	19	41531
Purity (%) (minimum and maximum values registered)	2016	n.a.	0	99.00
Price per gram (EUR) (minimum and maximum values registered)	2016	n.a.	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.7	0.8	6.5
Last year prevalence of use - young adults (%)	n.a.	n.a.	0.0	3.6
Last year prevalence of drug use - all adults (%)	n.a.	n.a.	0.0	1.7
All treatment entrants (%)	2016	0.2	0.2	69.7
First-time treatment entrants (%)	2016	0.8	0.3	75.1
Quantity of amphetamine seized (kg)	2016	0.4	0	3380
Number of amphetamine seizures	2016	28	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	n.a.	0	100.00
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	n.a.	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.9	0.5	5.2
Last year prevalence of use - young adults (%)	n.a.	n.a.	0.1	7.4
Last year prevalence of drug use - all adults (%)	n.a.	n.a.	0.1	3.6
All treatment entrants (%)	2016	1	0.0	1.8
First-time treatment entrants (%)	2016	0	0.0	1.8
Quantity of MDMA seized (tablets)	2016	3739	0	3783737
Number of MDMA seizures	2016	73	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	n.a.	1.90	462.00
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	n.a.	1.00	26.00
Opioids				
High-risk opioid use (rate/1 000)	2016	5.5	0.3	8.1
All treatment entrants (%)	2016	71.7	4.8	93.4
First-time treatment entrants (%)	2016	27.4	1.6	87.4
Quantity of heroin seized (kg)	2016	0.3	0	5585
Number of heroin seizures	2016	46	2	10620

Purity - heroin (%) (minimum and maximum values registered)	2016	n.a.	0	92.00
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	n.a.	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	2.3	0.0	33.0
HIV prevalence among PWID* (%)	2016	1.2	0.0	31.5
HCV prevalence among PWID* (%)	2016	46.3	14.6	82.2
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	n.a.	n.a.	0.1	9.2
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	17.25	1.40	132.30
Health and social responses				
Syringes distributed through specialised programmes	2016	333135	22	6469441
Clients in substitution treatment	2016	1030	229	169750
Treatment demand				
All entrants	2016	1822	265	119973
First-time entrants	2016	283	47	39059
All clients in treatment	2016	1822	1286	243000
Drug law offences				
Number of reports of offences	2016	775	775	405348
Offences for use/possession	2016	627	354	392900

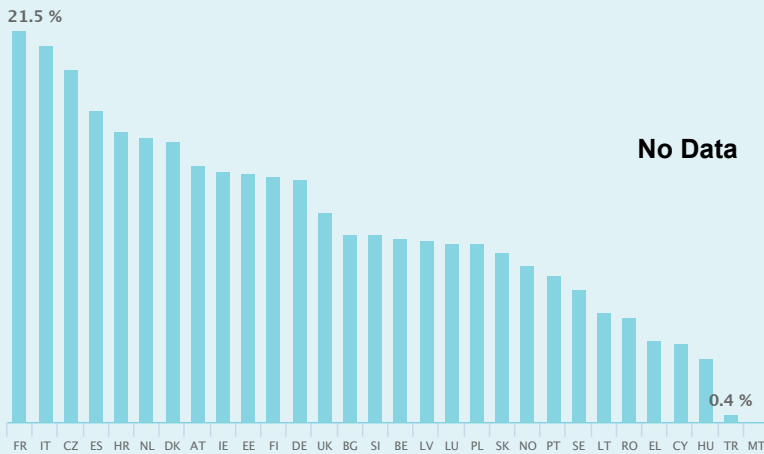
* PWID — People who inject drugs.

EU Dashboard

EU Dashboard

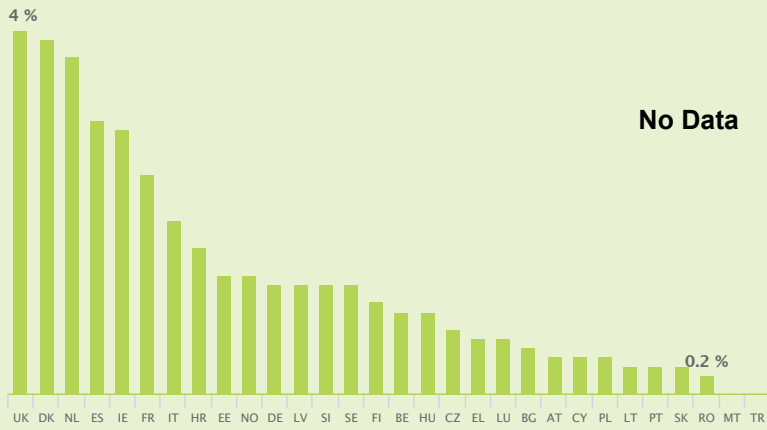
Cannabis

Last year prevalence among young adults (15-34 years)



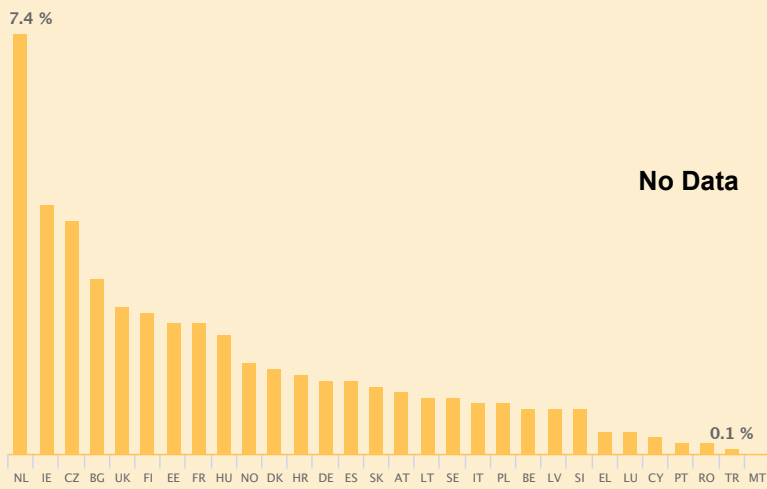
Cocaine

Last year prevalence among young adults (15-34 years)



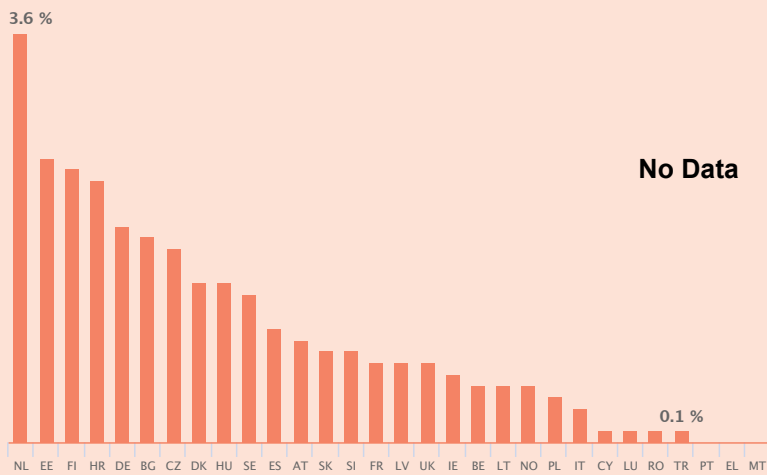
MDMA

Last year prevalence among young adults (15-34 years)



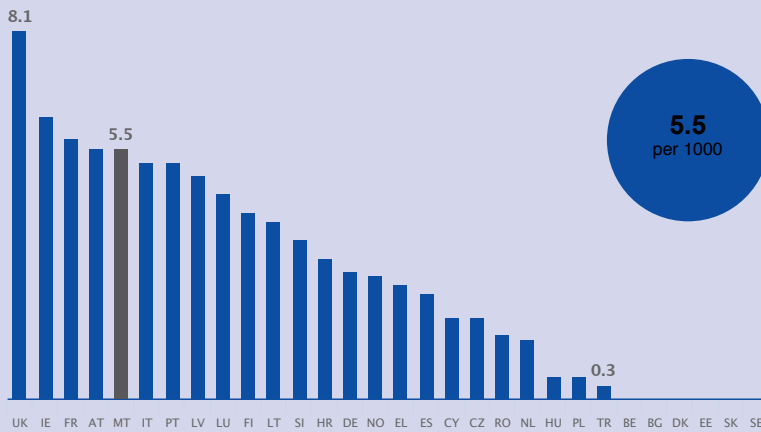
Amphetamines

Last year prevalence among young adults (15-34 years)



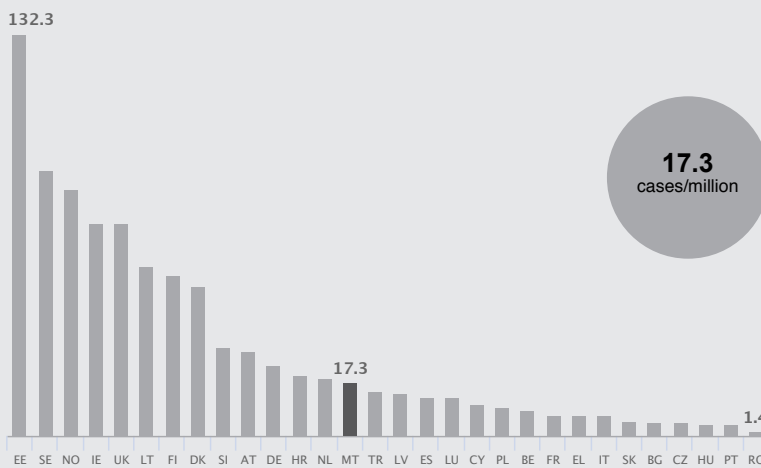
Opioids

High-risk opioid use (rate/1 000)



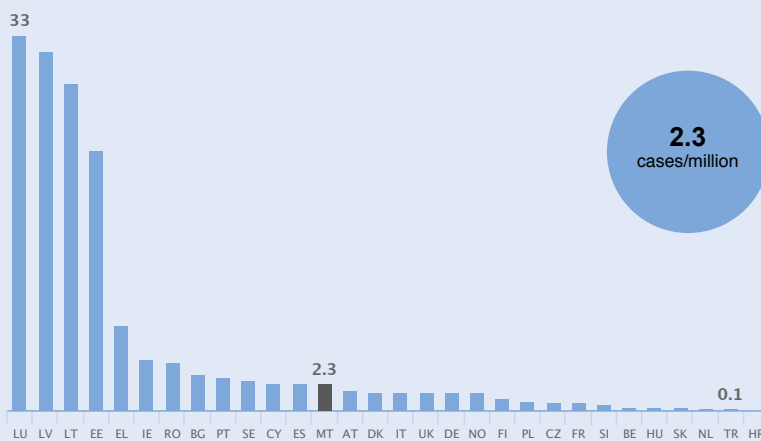
Drug-induced mortality rates

National estimates among adults (15-64 years)



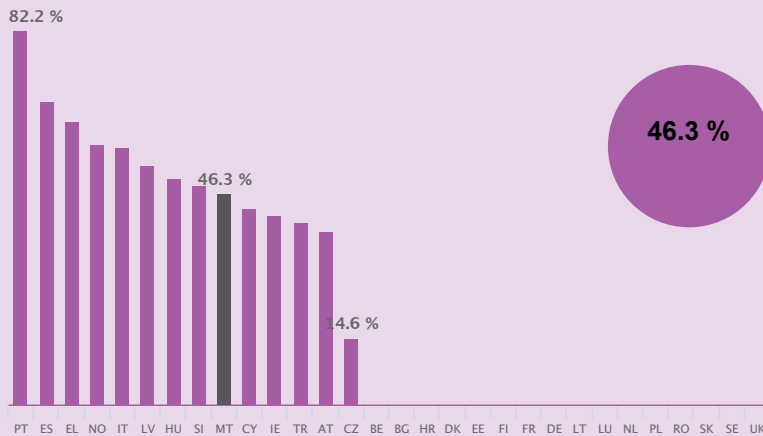
HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

About our partner in Malta

The Maltese national focal point is based within the Ministry for the Family and Social Solidarity and is part of the National Coordinating Unit on Drugs and Alcohol. It started its operations in June 2004 as a result of a Twinning Light Project with the Netherlands.

National Anti-Drug Agency



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