

sedqa
biennial report
2003 - 2004



Foundation for Social Welfare Services

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Message from the Minister for the Family and Social Solidarity

Hon. Dolores Cristina

Ten years after its inception, *sedqa*'s relevance and contribution to Maltese society are apparent and unabated. The regular reports I receive from the agency reveal many outstanding achievements throughout the years. Undoubtedly, the most significant accomplishment was *sedqa*'s ability to adjust and continually update its services to meet the needs of our society.

My Ministry has embarked on an intensive exercise to identify local needs and to plan for further investment within the social sector and the implementation to reach set goals. *sedqa*, having been entrusted with this much-needed nationwide service over this last decade, has proved itself, through its professional and highly skilled staff, in offering quality service. Working to improve the services offered in the field of dependencies is a major challenge, and I, for one, look forward to continuing our efforts to affect a positive change that will render our services more efficient and effective.

One of the main reasons why *sedqa* was established ten years ago was the need for a stronger network and better coordination within the sector. I have no doubt that now that *sedqa* has come of age, it will continue to strengthen its active collaboration with its

partners in this area, not only to ensure that all those who require their services will be able to access essential treatment, support, attention and guidance but also to share examples of best practice and evidence-based research. In order to facilitate such coordination, Government has set-up the National Commission on the Abuse of Drugs, Alcohol and Other Dependencies. This Commission is serving as a technical meeting point for professionals and agencies engaged in this field. The Commission's objective of a common and shared reporting mechanism is encouraging these partners, of which *sedqa* is one of the protagonists, to re-adjust their services and plan strategically to meet current and emerging social needs. The National Focal Point within the Commission, operating within the Twinning Light Project with the Netherlands as the twinning partner, is also contributing towards the gathering of national data in the addiction field.

Substance abuse affects individuals, and families, in devastating ways. I know that I speak for all Maltese citizens in appreciating *sedqa*'s commitment and determination in answering the needs of individuals and families requiring its services. Our grateful thanks go to all the staff for their dedication and commitment.



Message from the President, Foundation for Social Welfare Services

Mr. Joseph Ebejer

In the last decade, *sedqa* as a publicly funded agency has responded well in putting into practice Government's policies relating to the substance abuse sector. The addiction problem has always ranked high on the Government's social policy agenda as the problem not only affects the health of citizens, especially youths, but is also a direct threat to the social fibre of the country. The health cost involved, the associated loss of productivity of individuals suffering from addictions, as well as the social implications for the families of substance abusers, cannot be measured. Therefore, *sedqa* is, and will continue to be, a strategic agency through which Government's policies on addiction are translated into concrete programmes both for prevention and rehabilitation aspects.

In this regard, the Board of Directors of the Foundation for Social Welfare Services was instrumental in the development of the draft alcohol policy submitted to Government for consideration. At the same time, the Agency is seeking to establish partnerships with the leading media companies to launch public education campaigns to raise awareness on the dangers of addiction, be it to illicit substances or alcohol. The treatment and rehabilitation services provided through

Komunita' Santa Marija and the Substance Misuse Out-Patients Unit (Detox Centre) are evaluated on an ongoing basis. The number of heroin addicts that attend the Detox Centre is a clear indication of the accessibility and relevance of this service provided to clients. Of particular relevance is the close monitoring and screening for serious diseases being carried out on addicted pregnant women.

During the last year, the Agency has been involved in Malta's participation in the European Monitoring Centre for Drugs and Drugs Addiction. The collection and processing of statistical data on the Agency's operations, in an established standard format, is imperative to ensure the Agency's continued valid involvement in the Centre's work. To date, the available information system has served us well but the need has now arisen to consider its upgrade and update to meet the Agency's commitments.

I take this opportunity to thank all the members of the management and staff of *sedqa* for their past contribution and look forward to an ongoing future collaboration, strongly believing that the Agency's successful delivery of its mandate rests solely in the hands of each and every one of its workers.



Message from the Chief Executive Officer, Foundation for Social Welfare Services

Mr. Joe Gerada

Repositioning for Greater Effectiveness

In Malta, research indicates that the use of licit substances is more prevalent than the use of illicit substances. A general population survey conducted in 2001 shows that 56% of the population are current drinkers of alcohol as opposed to 4% of the population who had ever tried cannabis and 1% who have used other illicit drugs.

From a public health perspective, the negative effects of alcohol abuse on the health of the population far outweighs that of illicit drugs. This is simply due to the number of drinkers and increased spread of alcohol abuse. This is not to say that *sedqa* gives less importance to the illicit drug problem than to the alcohol abuse problem. In fact, the estimated number of 1,450 heroin addicts, is significant. Nonetheless, *sedqa*'s Substance Misuse Out-Patients Unit (Detox Centre) alone, serves about 900 such addicts on a daily basis, with 17% of whom are considered as new clients with a mean age of 23.5 years. Even in terms of investment in Treatment and Care Services, *sedqa* still puts most of its resources into those services that address illicit drug abusers. However, the fact that the figures of drug abusers are much smaller than those for alcohol abuse, compelled us to look closer at our strategy particularly in terms of how this situation impacts on the younger generations.

Results from the 2003 European School Project on Alcohol and Other Drugs (ESPAD), which was conducted amongst 15 to 16 year-olds, show that 94% have ever consumed an alcoholic beverage, with 13% of whom prior to the age of 14 years. 48% of the students have ever been drunk. With regard to the use of other substances, 10% have ever used marijuana or hashish and 4% have ever tried any other illicit drug (Arpa, 2005).

In this respect, *sedqa* shall reinforce its prevention work in schools, primarily by updating its literature on the subject. A new website was launched this year and soon an On-line Advice Service through the Internet will be established. Also, during 2005 the Agency launched another Alcohol Prevention Campaign. This shall henceforth be an annual event and we look forward to work in collaboration with organisations at the local level, such as Band Clubs and Local Councils.

sedqa is currently evaluating its operations in order to ensure a quality service to its clients, and more so to adjust its services to the changing realities. The National Report issued by Government indicates that in Malta substance misuse clients tend to approach the treatment services at a younger age than in other countries. This augurs well as abusers seek treatment at a stage when their health would not have deteriorated so much. Therefore, we shall push harder to increase our accessibility.

During 2004, *sedqa* embarked on a restructuring exercise, making the organisation leaner and more focused on our core business, namely substance abuse prevention in schools, improving our information system - thus better use of technology, consolidating our treatment and community services, particularly those addressing children and youth.

sedqa is also benefiting from the fact that it belongs to a group of agencies within the Foundation for Social Welfare Services. This gave new opportunities to *sedqa*'s staff and many have already taken advantage of new prospects. *sedqa* manages the ICT and Marketing and Communications functions of all the agencies of the Foundation and coordinates the major projects and procurement needs of all services.

sedqa's future lies in its ability to respond effectively to ever changing situations, including the new gaming problem and the effects that this will have on the population. Moreover, it shall continue to apply flexible methods of interventions that make a difference in the quality of life of the client, as well as more equitable allocation of resources through its newly established Intake and Progression Panel. This shall be the focus of the organisation for the time to come.

Finally, I wish to express my appreciation to all staff of *sedqa*, for their efforts and dedication.

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Introduction by *sedqa* Operations Director

Mr. Jean-Claude Cardona

In 2004, *sedqa* celebrated its 10th anniversary. They have been 10 years of intensive work in an effort with others to prevent addiction and to provide treatment and care for those facing this problem. *sedqa* knows humble beginnings but over the years established itself as a major player in the quality of the programmes and services provided. *sedqa* serves about 45,000 students through its school based programmes and 1,500 clients through its care services every year. This could only be achieved through heavy investment in training of staff and the recruitment of specialist individuals who could make the difference to our clients.

This anniversary was also highlighted by considerable change in the organization. Ms. Sina Bugeja left the agency in January, and I take this opportunity to thank her again for her sterling work at *sedqa*. In March 2004 Mr. Joe Gerada was appointed the Chief Executive Officer of the Foundation for Social Welfare Services which incorporates *sedqa* Agency and its sister agencies APPOGG and SAPPORIT. This effectively means that the agencies of the Foundation now have one Chief Executive Officer, while new positions of Operations Directors were established for each agency within the Foundation. In this respect, I was appointed the Operations Director of *sedqa* as from the 1st of January 2005. It is a position and a responsibility which I pondered upon before accepting, not least because of the challenges that lie ahead, but one thing that I knew I could rely on from the outset was that *sedqa* had experienced, knowledgeable and highly dedicated staff.

An operations review was commissioned during 2004 in order to review current operations at *sedqa*. A re-structuring exercise was set in motion to ensure that the organization is well positioned for the future. Corporate services were consolidated, we looked closer to the prevention programmes, and laid emphasis on

the school programmes and the medium for delivery. Decisions were taken to set up a new website with interactive facilities for youths and parents while an intensive alcohol abuse prevention campaign is currently underway. Another important decision is the setting up of the Intake and Progression Panel, where our leading clinicians will review cases that have been in treatment for some time. Moreover, the Substance Misuse In-patients Unit (Dar L-Impenn) and the alcohol residential rehabilitation programme (Dar Zerniq) were moved to the Santa Marija Complex in order to consolidate the residential services and benefit from economies of scale.

sedqa also obtained a leading role within the agencies of the Foundation. The corporate services of *sedqa* have also assumed a head office function in co-ordinating the administration needs and infrastructural development programmes of the other agencies. In fact, we have a new ICT team that brings together the best elements of ICT staff together to service all the agencies. Moreover, a youth programme is currently being set up jointly with APPOGG to serve youths with behavioural problems.

At the national level, *sedqa* was instrumental in supplying statistics to the National Commission on the Abuse of Drugs, Alcohol and Other Dependencies for its 2004 report. When everything is said and done, the challenge for the future is how best to adjust our methods and approaches both to communicate the anti-abuse message as well as the best treatment strategies. This is equally true both for those suffering from drug addiction as well as alcoholics.

The operational opportunities for this agency look very good, the organizational structure is strong, the competencies of the teams are high and the commitment to take these services further is second to none. The direction is also set, we will deliver.

Corporate Services Overview, 2003-2004

Ms. Vivienne Mallia Goham
Corporate Services Division Co-ordinator

Introduction

The period under scrutiny epitomises organisational restructuring. Prior to 2003, the Policy and Services Development Division and Administration & Personnel were two separate divisions. When the restructuring took place, the said divisions were amalgamated together and thus the Corporate Services Division was constituted. This division provides a myriad of services which include Human Resources, Administration and Personnel, Information and Communication Technology, Marketing and Research. While preparing the change, several issues were taken into consideration to minimise the impact of the change on the environment. Change management did not take long and was auspiciously received by all staff involved.

Research

Two major milestones in the research field were accomplished during the recorded period of 2003 and 2004. In January 2003, a study of attitudes and habits with respect to certain substances and leisure time activities among 16 year old school children (ESPAD), was carried out in 35 European countries, among them Malta. The same study was conducted in March 1995 and January 1999. *sedqa* and the Education Division worked hand in hand under the guidance of the Swedish Council for Information on Alcohol and other Drugs and the Council of Europe in order to reach the desired goals in making this study a success.

On the whole, this exercise is nonetheless a great step forward towards understanding some of the important trends in substance abuse and social change among Maltese youth. The need to repeat this exercise at regular intervals is important in order to keep abreast of newer trends and to serve as a

basis for policy direction and change.

The survey was conducted in the country as a whole, and the targeted cohort were students attending the last year in the secondary schools in Malta and Gozo. A total of 4,198 students took part, but only those born in 1987 were chosen from this population. Therefore those selected and eligible for this study totalled to 3,500 students (1,555 boys and 1,945 girls). The response rate for this study was of 83%.

ESPAD Study			
Frequency of use for all students.			
Sample Size	1995	1999	2003
2832	2832	3703	3500
Lifetime Use	1995	1999	2003
<i>Any illicit drug use</i>	2.38%	8.48%	11.00%
<i>Ever smoked Cigarettes</i>	55.34%	56.62%	48.20%
<i>Ever smoked Marijuana</i>	8.03%	7.20%	10.20%
<i>Ever took Tranquillisers/Sedatives</i>	8.91%	5.90%	2.70%
<i>Ever took Amphetamines</i>	0.90%	1.40%	1.30%
<i>Ever took Heroin</i>	1.00%	1.00%	1.30%
<i>Ever took LSD</i>	1.76%	0.76%	0.60%
<i>Ever took Cocaine</i>	1.90%	1.30%	0.80%
<i>Ever took Ecstasy</i>	2.08%	2.30%	1.20%
<i>Ever inhaled glues, thinners, etc.</i>	16.94%	16.20%	15.80%
<i>Ever drank any Alcoholic Bererage</i>	91.90%	94.00%	93.70%
<i>Ever been Drunk</i>	45.31%	47.50%	47.50%

Figure 1

Alcohol remains the number one problem. The fact that more than 90% of respondents had drunk alcohol at least once and that 21% have had their last drink at home, indicates the strong reflection of the cultural acceptance of alcohol within our society and indeed, within our families. This demonstrates the need for concerted efforts by all concerned to enforce the existing laws regarding selling of alcohol to those under 16 years of age.

A percentage of the population is always going to abuse substances, be it alcohol, tobacco or drugs. Various factors can lead to substance abuse, namely ecological environment, family environment, personality of the person, early behaviour problems, negative adolescent behaviour and experiences. As the population of substance abusers is on the increase, the fact that this study shows no astounding increase over the study carried out 4 years earlier, could indicate positive signs.

In 2003, *sedqa* in tandem with the University of Malta's Youth Studies Programme¹ embarked on another ambitious study, the Risk and Resilience Research Project. This is a longitudinal study whereby the risk and resilience factors in young persons (aged 11/12 years) in relation to substance abuse are being assessed. This study is spread over a five-year period, thus the study was repeated with the same cohort in 2004. Over 150 students were randomly selected to take part in this study. In 2004, out of the 156 students participating in the second phase of this study², 76 (48.7%) were female and 80 (51.3%) were male. Data analysis revealed that, consistent with the ESPAD surveys, the most commonly used substances among Maltese adolescents appear to be alcohol, tobacco and inhalants. While the first data set indicated that 52.6% had used alcohol at least once in their lives, this figure has risen to 58.2% the following year.

An interesting fact that emerged from this study is that although most adults are more apprehensive by the use of 'illicit substances' among their children, it transpired that the 'legal' substances are more likely to be used by young adolescents. Thus licit substances are posing a greater threat than illicit substances.

Figure 2 depicts the results of reported prevalence lifetime use of substances as recorded in both the ESPAD study carried out in 2003, and the Risk and Resiliency Research Study during 2004. The figures below indicate that experimentation with alcohol, tobacco, and other illicit substances continues and increases as adolescence progresses.

Prevalence of Lifetime Use (entries are percentages)		
	ESPAD	RRRP
Alcohol	93.7	58.1
Tobacco	48.2	14.1
Inhalants	15.8	14.1
Tranquillisers	2.7	3.2
Marijuana	10.2	0.6
Heroin	1.3	0.6
Ecstasy	1.2	0.6
Cocaine	0.8	0.6
LSD	0.6	0

Figure 2

A series of other in-house studies were carried out by internal expertise. These included the Client Satisfaction Survey³ and Employee Satisfaction Survey⁴. The aim of both studies was to examine the extent and nature of *sedqa*'s clients' satisfaction with the services as well as employees' satisfaction at the workplace. Feedback derived from these studies enables management to strategically review and implement the necessary structure, policies, personnel knowledge and behaviour to reduce or alleviate clients' dissatisfaction. Amelioration in the services provided and actions taken to improve the workplace not only make people happier but also foster efficiency.

Since its inception, *sedqa* has prioritised data collection and collation as a crucial task. Bi-monthly reports were made available to senior management for service-monitoring process. Incorporated in each of these reports was a synopsis of salient trends. Additionally demographic data for clients making use of *sedqa* services were pivotal for the EMCDDA requirements on drug indicator data.

¹ Clark, M., Arpa, S (2003). Risk and Resiliency Research Project. *sedqa* National Drug Agency, Malta.

² Clark, M., Arpa, S (2004). Risk and Resiliency Research Project. *sedqa* National Drug Agency, Malta.

³ Arpa, S. (2003), *sedqa* Client Satisfaction Survey. Unpublished Report.

⁴ Arpa, S. (2004), *Employee Satisfaction Survey*. Unpublished Report.

Human Resources

One of the main challenges during this period was the transfer and/or resignation of personnel. Since there was no replacement for the Human Resources Officer, duties were divided between different staff within the department. The Marketing Officer assumed also the responsibility for staff training, whereby the Personnel Officer was also in charge of other human resources matters.

Internal staff movements within the former Administration and Personnel Division hindered the process of a formal Training Needs Analysis. Nevertheless, an exercise was carried out in order to highlight training requirements for staff. The strategic objective of training initiatives is to improve employees' effectiveness and job-related competencies throughout their service. Following the organisational re-structuring, training initiatives in the operational plans for 2003 were reviewed and augmented. This was mainly possible by amalgamating training proposals organised by other agencies within the FSWS. Furthermore, apart from eliminating duplication of work, more collaboration between agencies in this aspect definitely proved very fruitful and cost effective.



One of the various training sessions during 2004.

In a small country like Malta, it's difficult to find adequate local professional training specifically designed for local experts in the field of substance abuse. In order to have these experts trained they would either have to attend training abroad or else bring over a foreign expert. Unless a bursary and/or exchange are awarded from a foreign country, it is close to impossible for *sedqa* to sponsor such venture. Between 2003 and 2004,

different staff members from the agency were granted bursaries from the European Union's Leonardo da Vinci Programme. Consequently, participants conveyed their knowledge acquired during such assignments to other staff members during training updates to other staff members. Such initiatives proved extremely beneficial.



Worker of the year, 2004: Emanuel Cucchiardi.

The internal newsletter '*Making it happen*' was re-designed. *sedqa* employees were encouraged to contribute interesting articles in this bi-monthly publication. From feedback received, it was recognised that the newsletter was widely read and appreciated by the employees.

The liaison on staff issues and personnel matters was consolidated throughout this recording period between this department and the Staff Relations Committee. This committee organised successfully several in-house events for employees, with the main activity being the '*sedqa* Worker of the Year' event held annually in June.

The implementation of the staff performance management systems is the major challenge that this department has to realise in the future. Concerted efforts and collaboration with other agencies within the FSWS, that already have the appraisal systems primed, are absolutely contributing to a less complicated process.

Marketing and PR

Marketing was another department that was affected by the organisational restructuring. In order to have a corporate marketing approach, Social Marketing emerged as one department under the Corporate Services Division. This manoeuvre aimed at facilitating the projection of *sedqa's* corporate image. One of the main endeavours of this team was the re-designing of *sedqa's* website. One may report that preparations are in advanced stages and may be safely contended that *sedqa's* new website will be fully-functional by 2005.

Another major project for the Marketing Team was the Market Research on the general public's awareness on *sedqa* and its services. This was the first time that this project was undertaken in-house, since similar initiatives were subcontracted. A detailed report will be available in 2005.

Promotional campaigns were based on a multi-pronged approach. These included *inter alia* adverts on local media, display of boards promoting *sedqa's* helpline, online banners, PVC banners and other printed matter. Well acclaimed were the Bar Posters. The latter contained preventive messages against alcohol abuse and were placed in both male and female restrooms in six highly frequented bars in Paceville. Different appealing artworks were produced according to the target audience of each particular bar.



A poster distributed to all outlets which sell alcohol.

As part of the Public Relations praxis, numerous articles, features and press releases were written in local newspapers. The coordination of several media schedules for weekly television and radio programmes on substance abuse were also attained.

Moreover, Press Conferences were coordinated whereby different aspects of substance abuse were exposed to the public in general through media.



During the presentation of preventive material on the European Day Against Drugs, 15th October, to the Minister for Education, Youth and Employment, Hon. Louis Galea.

Information and Communications Technology

On the Information and Communications Technology (ICT) front, the years 2003 and 2004 were pivotal for the development of the agency's ICT strategy. This division supervised the migration of *sedqa's* Head Office, SMOPU and Law Courts Services toward magnet connectivity as well as the ISDN-based Voice-over IP enabling technology. From this merge, users benefited from gov.mt email accounts and internet logins, together with various services available only to such intranet users. For achieving such a milestone, an upgrade of the Head Office's system's IP trunks was inevitable. The upgrade also addressed the need to widen the PABX tellular capacity to cater for increased demand on cell phone usage.

In order to keep abreast with latest advancement in technology, new operating systems software was installed. MS Windows XP and MS Office XP are the packages in question. Memory upgrades were necessary in order to ensure the smooth running of the new software. A prioritisation exercise was undertaken to ensure that while ICT milestone projects remained high in the agency's agenda, recurrent expenditure by this department was curtailed. This required ICT staff to undertake in-house-based projects and to minimise commissioning to external parties.

The major challenge that the ICT team is facing is to facilitate inter-departmental communication and to ensure a homogenous software environment throughout the agency, as well as with other agencies that fall under the helm of the Foundation for Social Welfare Services.

Administration

As already mentioned earlier on, as from 2004 the Administration and Personnel Division was amalgamated with the Corporate Services Division. Concerted efforts were undertaken to consolidate the work that has already been established within this department and augment it to facilitate pathways for a more efficient service.

As a result of the organisational restructuring, all procurements and supplies operations of agencies within the FSWS were facilitated by this department. Undoubtedly, the main advantage of the centralisation of purchasing is that economies of scales are economically viable.

Although throughout the recorded period maintenance personnel had a tough task to upkeep all *sedqa* premises, however the major challenge encountered was the refurbishing of the Komunita' Santa Marija complex and the eventual transfer of Dar Zerniq to the said complex. Furthermore, reallocation and

refurbishing of offices at head office were also undertaken with the move of FSWS staff to Santa Venera.

Conclusion

Without any doubt, 2003 and 2004 were characterised with considerable changes in *sedqa*. Change management and its process are definitely not easy to implement. However, concerted actions from the management team and staff concerned were assumed to minimise any resistance to change and a smoother transition during this restructuring time. This proved fruitful with staff performing competently with business-as-usual attitude, so much so that a lot of significant projects that commenced under the helm of other managerial staff were completed during the changeover period. This could not have been accomplished without the stamina, dedication, flexibility and proficiency of all staff within this division.

In the immediate future, it is anticipated that the corporate strategy will put the division into a position to continue accomplishing its mission effectively and efficiently. As a matter of fact, the Corporate Services Division's top precedence for the coming years is to consolidate what has been achieved so far, reach stabilisation and address critical issues which, if surmounted, will certainly assist the Division and its staff to prolong prosperity.

Care Services Overview, 2003-2004: Drug Services

Ms. Hillevi Stuhrenberg
Drugs Services Division Co-ordinator

Drugs Community Team

Background and Rationale

The Drugs Community Team is responsible for the intake and initial assessment of all persons requesting help for drug-related problems on part of all Drug Services. Following the initial assessment, the substance misuser may then be referred for medical assessment and treatment. The respective Drugs Community worker will liaise closely with the Medical Officer in question and a care plan will be devised in collaboration with the individual substance misuser, taking into account the particular psycho-social circumstances and the severity of the individual's substance misuse problem. An important factor is the level of insight and motivation, not only on behalf of the substance misuser but also of his/her significant others. Therefore, the Drugs Community worker is required to carry out further assessments in order to establish the severity of the problem and to enhance the motivation of the individual and his/her significant others to maintain and comply with treatment. Once the individual has been properly engaged in treatment, more long-term and specific plans can be made, which often involve referrals to other Agency services. The same process also applies to individuals whose substance misuse issues do not require medical assessments and treatment.

The Drugs Community workers also assume the Key Worker function on behalf of Drugs Services clients. This entails remaining the focal person for the client and his/her significant others throughout the client's treatment process within any of the Agency's services. It is a rather extensive role, which varies in intensity depending on the respective client's needs and that of professional involvement of other agencies.

Other pertinent tasks of this Team is to provide crisis intervention sessions, harm minimisation interventions, enhance motivation to further treatment and to assist Drugs Services clients with traditional social work interventions such as housing, advocacy work, employment seeking etc. In order to provide this, one member of the Team is based at the Substance Misuse Out-Patients Unit (SMOPU) full-time and is also trained to carry out counseling before and after testing for Hepatitis B, Hepatitis C and HIV. A second community worker is based at SMOPU on a part-time basis and is mainly responsible to provide individuals who are not motivated or in need of regular contact with a Drugs Community Team worker, with any social work interventions necessary.

Current Trends and Salient Developments

Since this Team is responsible for the intake and assessments of all help-seeking individuals on behalf of Drugs Services, accessibility is a very important factor. Therefore persons turning up without having made an appointment beforehand will still be assisted, although this may entail only a basic initial assessment and service information followed by an appointment for another day, always depending on the urgency of the new case and on the availability of staff. This approach is obviously causing disruption and time pressure on staff but is still considered to be the most valid approach since the motivation of substance misusers tends to fluctuate considerably, and if not engaged in treatment on the day, or very soon after when the person actually sought help, this person may have reconsidered by the time an actual appointment is given and will then not honour the appointment, only to seek help again at a later time. It is estimated that of the new clients in 2004, approximately 70% were "drop-ins" – that is help seeking individuals who turned up without making an appointment beforehand.

Another function that is administrated through this Team is the Agency's Court Service that is based at the Law Courts itself and manned by one social worker who is responsible for the liaison between the Judiciary, Law enforcement and Probation services on behalf of *sedqa* and its clients. The number of individual Agency clients represented in court through this service amounted to 127 and 130 in 2003 and 2004 respectively.

This set-up is an effective liaison point that saves time to other Agency employees from court appearances and the related preparation this would entail. More importantly, the Agency's clients are always being represented by the same person, thus maximizing the experience and knowledge of court procedures to the clients' benefit and providing the Judiciary with a constant point of referral.

The Drugs Community Team also facilitates a community-based rehabilitation programme that is aimed at persons undergoing Naltrexone treatment. This programme consist of structured individual and group counselling sessions for clients and their significant others whilst being medicated with Naltrexone. Naltrexone blocks the receptors in the brain that are sensitive to opiates. This treatment is not to be considered as a cure in itself but merely an aide in assisting in a community-setting otherwise well-motivated individuals to resist the temptation to use opiates impulsively. Therefore, this particular treatment is most suitable to persons who are well motivated to stop using opiates, have good support from significant others and who are gainfully employed. It is important to note that following detoxification, the cost of the Naltrexone tablets is borne by the individual client. Since this is a medically-assisted programme, close collaboration with the Medical Officers at the SMOPU and with the Agency's In-patient Detoxification service is a must.

Accomplishments

This Team has, despite the departure of a number of experienced staff members, maintained previous service levels while improving and extending further their service delivery in other areas. One such example is the regular participation of one Community worker during ward rounds at Mount Carmel

Hospital. This is an important step towards a more integrated approach in view of the Agency's dually diagnosed clientele. The clients benefit by having a tailor-made care plan which addresses their mental health difficulties as well as their substance abuse problems.

Another positive development, partly due to increased access to Information and Communication Technology (ICT), the liaison with Employment and Training Corporation (ETC) has improved and better services can now be given to job seeking individuals, who benefit from frequently updated job vacancies forwarded to the Team by e-mail.

Challenges and the Way Forward

Access for treatment apart from the very first initial assessment is now subject to a waiting list. The number of persons waiting and the waiting time fluctuates considerably, and is a source of frustration for staff as well as prospective service users. Potential increases in treatment demand are very difficult to predict and plan for. These are usually an effect of happenings in the drugs scene in general, such as fatal overdoses, temporary unavailability of drugs, and increased public awareness.

Another challenge is, and will be, to improve the situation of those most vulnerable to the side effects of substance abuse, namely the children of substance abusers. APPOGG and *sedqa* have had an interagency liaison protocol in place for precisely this reason since 2001.

It is now widely accepted that the children of substance abusers are best helped by their parents being provided with treatment that at least stabilizes their condition and enables them to take appropriate steps to improve



APPOGG Premises

the situation for their children. The challenge for *sedqa* consists of attempting to attract in particular substance abusing mothers to the services and as far as possible, monitor the well being of the children. This requires trust, which is not easily gained but very easily lost. Unfortunately, *sedqa's* Care Services' close liaison with the Child Protection Services of APPOGG is many times a hindrance when attempting to intervene with these parents due to their fear that their life circumstances and parenting abilities if scrutinized, will be found to be lacking to varying degrees. Therefore, more effort will have to be made in building the necessary trust within a therapeutic relationship, which apart from being difficult in itself is not made easier by ever increasing caseloads that allow less time per client.

The Secondary Prevention Team

Background and Rationale

This service was originally created to deliver preventive outreach programmes in mainly educational institutions. The STORM programme that was, and still is, the main tool for these interventions was created to increase young persons' life skills in general and also to identify young persons who are at high risk or already are experimenting with substances. Young persons identified through the Team, or who themselves approach the Team, would be given further individual attention according to the needs.

Current Trends and Salient Developments

This Team and its services have been subject to a considerable amount of change during the biennium. In 2003, the Team moved from their premises in Balzan to the premises of *sedqa's* Head Office in Braille Street, Sta. Venera. This move was initially intended as a cost saving exercise, but with time, the new premises affected the direction of service delivery through the cross fertilization that inevitably occurs with services being in close proximity to each other. The main outcome of this move has resulted in a greater sensitivity to young persons' issues on behalf of other *sedqa* services and therefore an improved response to help seeking young service users and their significant others and



in respect of the Team itself, improved and increased use of Agency resources.

The Team had already started to move away from a general Secondary Prevention approach towards a more targeted high-risk population within the Educational system. This resulted in the STORM Programme being applied where it was deemed as most needed.

Accomplishments

In 2003 and 2004, 1,992 and 1,123 students respectively participated in the STORM programme. Due to the above-mentioned changes in strategy, the Team started to have a regular caseload of individual clients. There were 112 clients in 2003, and 152 in 2004. 65 % of the presenting problems in 2003 were substance abuse-related issues, 16 % were related to problematic inter-personal relationships, whilst 14% of the clients presented with intra-personal conflicts.

In 2004, 49% of the cases concerned substance abuse-related issues followed by inter-personal issues at 21%. Behavioural problems, including criminality and deviance in general, constituted 16% of the caseload, whilst 8% presented with intra-personal problems.

The most notable achievement for future service development was however the initiation and drafting of The Young Persons Programme, a joint venture in collaboration with the Adolescent Outreach services of APPOGG. The collaboration has resulted in a detailed programme document that now awaits implementation in the form of a structured evening programme for young

persons presenting with a variety of problems. This programme is aimed to provide skills, build on existing strengths and motivate young persons and their significant others to resolve their issues in a constructive and positive manner.

Challenges and the Way Forward

Due to limited resources and a valid change in strategy, nearly all outreach activities of the Team have been halted. This is an area of great concern because research shows that young persons in the initial stages of risky behaviour are not likely to approach social work agencies. They are much more likely to approach a person they have met during a formal or informal outreach activity and although the interaction during that point in time may be brief, it usually has much greater impact than if the same person is coerced by parents or authorities when an issue has escalated in severity. Another important point is that young persons need to feel that they can relate to the facilitator in question; the type of agency or agency structures is often irrelevant to a young person.

Therefore, these or other outreach activities need to be taken up again, and if not by this Agency then by another which would be able to cater for a wide variety of young persons' needs in the community. Most importantly, the Agency should have the adequate human resources as in personality and credibility that while being attractive to the target group in question, they would still be positive role models.



Family Therapy Services

Background and Rationale

This team now consists of two full-time members of staff who provide systemic family and couple therapy to all *sedqa* clients eligible for this service. In order for a family to access family therapy services, a family member must be an Agency service user. Furthermore, the family needs to be prepared prior to undergoing therapy. Unfortunately, the general public is not yet very familiar with the concept of family therapy and what this may entail. They therefore often expect that the therapy in question only addresses perceived or real shortcomings of the substance abusing family member, and not as in actual fact happens, the dynamics between all family members. Another function is the provision of preparatory meetings and support groups for significant others of individuals undergoing residential drug rehabilitation treatment at Komunita' Santa Marija.

Current Trends and Salient Developments

Although not a large Team, the work carried out is vital for other services to function smoothly and to increase treatment outcomes. The interventions aim to adjust patterns of interaction within the respective family through improved communication skills that would strengthen the functioning of the family as a whole and where each family member's equal importance is being acknowledged.

It is generally conceded that the family plays a vital role in motivating and maintaining any treatment progress attained by the substance misuser. Therefore emphasis is made on the necessity of family therapy for families of all individuals making use of *sedqa*'s care services in general, particularly those undergoing residential rehabilitation programmes. Family therapy has in fact become an integral part of the residential drug rehabilitation programme whereby the significant others are prepared for support groups which they then attend parallel with the substance abuser undergoing residential treatment. Towards the end of the residential rehabilitation programme, the substance abuser will be given the opportunity to undergo family therapy together with his/her family members.

Accomplishments

During 2004, the Team created a Family Therapy contract, which aims to strengthen the motivation of families to undergo therapy but also to further ensure efficient use of resources. The contract emphasizes the responsibility of the family as a whole to attend their appointments as scheduled. Unfortunately, most persons are interested to attend during an obvious crisis situation, not in order to accomplish any change but simply to vent their frustrations. With this in consideration, this contract was established entitling the families to six therapy sessions which may then be extended by another six, depending on the complexity of the problems and if the family has complied with the contract. The service will be discontinued should a family fail to attend more than two appointments without prior notification or not having a reasonable cause to cancel.

The contract has proven successful and the average amount of sessions per family amounts to 11 sessions.

In 2003 and 2004, 61 and 62 new families respectively benefited from the services. Additionally, weekly support groups for significant others of substance abusers attending the residential rehabilitation programme at Komunita' Santa Marija were facilitated, together with preparatory meetings held with each family prior to attending these groups.

Challenges and the Way Forward

Family Therapy Services are presently run with the absolute minimum of staff and are therefore very vulnerable to any occurrences, including staff vacation leave and sick leave. If this service is not strengthened through additional human resources, it will not be able to develop further and service provision of other *sedqa* services will also be affected. Should the waiting list increase in length, it may result in individuals having undergone residential treatment returning to an unchanged family situation, since we may no longer be able to offer this service parallel to residential treatment. The unchanged and often dysfunctional family dynamics could contribute to a relapse into substance abuse. Apart from this client category, there are many other clients who with supportive

interventions can attain abstinence in the community, particularly if their family support system is strengthened through therapy. Not providing these individuals with family therapy may lead to the necessity to provide residential treatment at a later stage with increased financial and societal costs as a consequence.

Psychological Services

Background and Rationale

The Psychology Team is responsible for the provision of individual and group psychotherapy to all Agency clients. They also carry out psychological assessments both as part of the therapy process and for consultancy purposes.

The Team presently consists of four full-timers with one out on parental leave and two part timers who work 10 and 9 hours per week respectively. These services were strengthened when an Agency employee returned from his master studies in Counselling Psychology. In fact this team member also provides psychological treatment to young clients of APPOGG.

Another pertinent role of the Psychology Team is to provide supervision to individual employees as well as Teams. Supervision is considered as an important and necessary tool to ensure quality of work directly and indirectly, by enhancing the personal development of staff and team dynamics in general. The well-being of staff that routinely deals with very complex cases must be preserved in order to avoid any negative qualitative and quantitative effects on service provision.

The Team works in close collaboration particularly with the Community Teams, the Family Services and the Residential Drug Rehabilitation Centre, Komunita' Santa Marija.

In respect of the latter, all residents are offered psychotherapy in the second stage of the Programme, during which the Psychology Team also needs to liaise closely with their clients' respective key worker from the Community Teams and with Family Therapy Services. This is important in order to

implement the psychological part of the clients' care plan, evaluate any progress made, and plan the timing of certain interventions. Multidisciplinary collaboration is necessary in order to reduce the risk that any progress made in one area is undone or halted due to other issues not being addressed or addressed in an untimely manner, which could potentially have negative effects on the individuals' emotional well-being.

Therefore, as with Family Therapy Services, a person wishing to benefit from psychotherapy requires a referral from one of the Community Teams. This is to ensure that more immediate matters, often of a practical nature, are addressed beforehand and thus, enabling the individual to benefit from psychotherapy. Psychotherapy is also rarely productive if the person is not well stabilized on medical treatment in the case of opiate misuse.

One of the part-time psychologists is specifically employed to address the needs of children who are deemed to be at risk either due to their own substance abuse issues or due to their substance-abusing parents. This service includes therapy for the children and parents concerned, but naturally also assessments of the degree of risk, the parents' parenting abilities, and certain vulnerability factors that may increase the risk to the child.

This service forms part of the interagency agreement between *sedqa* and APPOGG in relation to children who are at risk due to parental substance abuse-related difficulties. The Children-at-Risk Coordinator, who is a member of the Drugs Community Team, would refer the children in question to this service. Parents would have to give their consent in order for therapy to be initiated with them and their children. The intention is to try and promote cooperation with the respective parent. However, this is not always possible, so in those cases, a referral will be made to the Child Protection Services of APPOGG. At times a Child Protection Services referral will still have to be made notwithstanding the efforts made by the parent. This applies in cases where the risks to the child still remain too high.

Accomplishments

In 2003 and 2004, 115 and 107 new cases

respectively were tackled by this Team, together with 1,799 and 2,425 psychotherapy sessions, excluding supervision of staff. In comparison with 2002, the number of new cases has decreased during the biennium, but the number of sessions delivered has increased considerably. This is mainly due to the increased complexity of the presenting problems and to the improvement of the screening process prior to referral, which in turn leads to more committed clients and fewer drop-outs. As in the case of Family Therapy Services, the use of therapeutic contracts was implemented by mid-2004.

The Children-at-Risk services provided by a psychologist of this Team covered approximately 20% of the family units involved in this project during 2004.

Challenges and the Way Forward

In the previous Biennial Report it was foreseen that the Psychological Services would assume a more active and integrated role within the various services within *sedqa*'s Drug Division. This has materialized and has had an overall positive effect. However, with an increasing demand for services and, at times, a lengthy waiting list, this may need to be modified in order to meet quantitative service demands. One way of achieving this would be common operational premises for all community and outpatient services within *sedqa*. Thereby the necessary meetings could be easily facilitated without time wastage by travelling from one service to another, while communication in general would also improve. This would be of great benefit to all services concerned and would undoubtedly also improve cost effectiveness.

Substance Misuse Out-patients Unit (Detox Centre)

Background and Rationale

The Substance Misuse Out-patients Unit (SMOPU) offers maintenance, substitution and symptomatic treatment to individuals predominantly dependent on opiates. The service operates on a daily basis, albeit with reduced operating hours on Sundays and Public Holidays.

A team of Medical Officers attached to the Unit provides specialised drug and alcohol treatment which ensures a provision of comprehensive medical care adapted to the needs of the individual substance misuser. Another important role is the concrete preventive work carried out, such as blood screening for Hepatitis B, Hepatitis C, HIV, and also routine blood tests in respect of general health.

This Unit also provides a Psychiatric service to patients who apart from substance abuse problems also have mental health problems of varying degrees.

Other services provided at this Unit include Hepatitis B immunization, a Well Woman Clinic, social work interventions and motivational counselling.

Current Trends and Salient Developments

In 2004, a small pilot project was initiated, which entails providing a small number of carefully selected patients with a weekly supply of Methadone to be administered by a significant other who would have bound him/herself to take that responsibility. It is too early to evaluate the outcomes as yet, but the clients who are participating in this project have reported many beneficial factors, including not having to attend the services daily which can be detrimental to the individuals employment, and not having to meet other substance abusers and possible relapse into illicit drug use.

The Medical Officer in charge of the Well Woman Clinic is one of the researchers in a study concerning the possible advantage of



using HPV (Human Pappiloma Virus) tests instead of the regular PAP smear for earlier detection of cellular changes that may otherwise develop into cervical cancer or other reproductive health problems. In many cases, this is caused by the above viral infection and often goes unnoticed by the woman in question. It is hoped that if the study confirms that the HPV test is a better indicator, it may be made available to women considered as high risk.

Accomplishments

The total number of individual patients making use of this service in 2003 and 2004 is 958 and 1,053 respectively. Of those, 114 and 140 were new clients in 2003 and 2004 respectively. Approximately 70 of the 114 new patients were referred from Caritas in 2003, and 43 from 140 out of the new clients in 2004.

In 2003, 13.7 % of all clients were female, which increased to 15.3 % in 2004. It is important to note that of the new patients in 2003, 14% were female whilst in 2004 the number of female new clients increased to 19.3 %. Thereby, there was an increase in the percentage of female clients attending the services.

By the end of 2004, 584 patients had completed their Hepatitis B immunization process, 269 discontinued their course and 43 were in the process of being immunized. In 2003 and 2004, 108 and 111 patients respectively accessed the service of the Psychiatrist provided at this Unit.

Challenges and the Way Forward

As mentioned in previous Biennial Reports, it is a concern that the numbers of substance abusers making use of the services of SMOPU are continuously increasing year by year. This is due to the fact that dependency is a chronic relapsing condition which results in service users requiring long-term treatment and are thereby retained in services whilst new patients are seeking treatment.

The premises from where the service operates have been extended and refurbished to the benefit of all staff and service users, but if there is no halt in the number of new cases, the clinical situation will become unsafe,

unless the number of Medical Officers are increased and other ways of providing regular patient contact and monitoring are found. One possibility could be the involvement of General Practitioners who would assume responsibility for a certain number of patients, with the Agency's Medical Officers acting as consultants. This would also require decentralization of the Methadone dispensing.

The SMOPU has always aimed to provide treatment with minimum delay possible in order to reduce the possibility of further harm ensuing from substance misuse and associated risk behaviours. However, in the near future, a waiting list for new clients may need to be implemented in order to safeguard the quality of treatment to existing patients.

Substance Misuse In-patients Unit (Dar L-Impenn)

Background and Rationale

This Unit offers a 24-hour specialised service with the constant presence of a nurse, care worker and a medical officer on call. The aim of this service is to provide a safe and humane detoxification process to individuals with drug and/or alcohol problems. This 6-bedded unit provides detoxification, monitoring and medical crisis intervention on behalf of *sedqa* and Caritas, following a referral from one of the Agency's Medical Officers. Clients benefit from a highly individualized treatment plan which is devised on the basis of the client's addiction, physical and psychological status and depending on which treatment modality is going to be accessed following the detoxification process. It is therefore pertinent that a plan for follow-up treatment has been



The new Dar L-Impenn premises

devised prior to admission, since detoxification needs to be viewed as a component of the treatment process, not a goal in itself. Detoxification is however a necessary stepping-stone to further treatment be it in the community or in a residential rehabilitation facility.

This Unit also facilitates the on-call system of Medical Officers and the Agency's Helpline service 151 after regular office hours.

Current Trends and Salient Developments

In July of 2004, the Unit moved from its previous premises in Guardamangia to Hal-Farrug, limits of Luqa, as part of a cost and resource saving exercise. This has also resulted in the centralization of *sedqa's* residential services to this locality, which in turn has provided the drug and alcohol residential programmes with easy access to medical services whilst the Substance Misuse In-patients Unit is benefiting from a centralised purchasing system and the clients' meals being prepared through the Residential Drug Rehabilitation Programme.

Accomplishments

In 2003 and 2004, there were 176 and 158 admissions respectively, whereby 87% of clients in 2003 and 88% in 2004 completed their detoxification process as planned. The mean average length of stay was 4 ½ days in 2003 and 5 ½ days in 2004. It should also be noted that 15 % of all planned admissions do not materialize because the substance abuser fails to attend on the day of their admission despite rigorous preparations and motivational assessments of the individual prior to being given an admission date. The fluctuating motivation and impulsivity on behalf of clients is however an intrinsic reality in the provision of addiction treatment.

Challenges and the Way Forward

Although the move to the new premises has been valuable in many aspects, there are certain services that were provided from the former premises, which at present are not being catered for, and for which solutions need to be found in the very near future. Another drawback is the distance to St. Luke's Hospital in cases of complications. Therefore more caution is required and this could potentially

effect the development of new treatment regimes. As noted under Accomplishments, the mean average stay has increased by one day since the Unit moved to its new premises.

Komunita' Santa Marija

Background and Rationale

Komunita' Santa Marija (KSM) is a residential drug rehabilitation programme for adults with a complex history of drug dependency. The aim of this programme is to provide for therapeutic community living, which requires the individual to live in a highly structured environment, provide new experiences and skills that will enable the residents to modify their behaviour. The behaviour modification process is particularly aimed at instilling and reinforcing abilities in the relating and respect to self and others.

This is achieved through multifaceted interventions, such as the daily living in the therapeutic community, which entails carrying out all tasks necessary in running a household, but on a much larger scale. It also includes animal husbandry, maintenance of the premises and horticulture. Apart from these daily activities, residents also benefit from group sessions, individual psychotherapy, sessions with their key worker, family therapy, literacy and mathematics lessons, the frequency depending on which phase of the programme the individual has reached. In addition, each resident follows an individual development plan of issues that s/he has agreed to address during their stay at KSM.

The Programme is structured in five stages: Merhba, Formazzjoni, Responsibilita', Sfida and Aftercare. The first three phases are fully residential and last approximately one year, followed by Sfida which is semi-residential, whilst Aftercare is a once-monthly evening group for those who completed the programme successfully. The transition from one phase to another is not automatic, but subject to an evaluation meeting with the staff most closely involved and the resident to determine if the goals of the present phase have been attained.

Naturally, the individual resident will be expected to assume more responsibilities and

increase their self-efficacy with the time spent in the programme. By the time a resident has reached the Sfida stage, they would have found employment, be enrolled in education or be otherwise gainfully occupied. It is also expected that they would have resolved past intra and inter personal issues to such a degree that they can reintegrate into society successfully.



KSM Residents doing community work at Dar il-Kaptan, June 2004

As mentioned earlier in this report, the significant others are subject to parallel treatment in order to further facilitate and maintain the positive changes the resident would have made.

Current Trends and Salient Developments

In 2003, 51 individuals were admitted to Komunita' Santa Marija, 3 of whom were females, whereas in 2004 there were 49 admissions including 4 females. Admissions originating from Corradino Correction Facility (CCF) amounted to 8 in 2003, of whom 2 asked to return to CCF and another 2 were suspended and sent back to CCF. In 2004, the number of admissions from CCF was 7, out of whom 2 returned to CCF whilst 1 person was sent back. The monthly Aftercare groups included on average 11 participants per group during 2004.

In 2004, a new post was created at KSM in order to strengthen the implementation and follow up of the residents' individual care plans. The post was created by redistribution of tasks internally. By making one person responsible for the execution of individual care plans and the outcome monitoring related thereto, apart from organizing educational seminars and leisure activities for KSM residents, more continuity and long term strategy is envisaged in respect of educational issues in particular.

One such example is the creation of a Family Day which is now being held annually. It is in the form of a day seminar in which residents and their families participate together on equal terms addressing the particular issues of Substance Abuse and the role of the family.

The continuous upgrading of the premises internally and externally utilizing the skills of staff and residents is another very positive aspect. In this biennium, staff and residents took the initiative to donate and plant several fruit and olive trees. This is yet another example of how residents learn new practical skills that also can be applied to other life situations, which is that of the necessity of patience, care and nurturing in order to reap what you sow as opposed to instant gratification.

Challenges and the Way Forward

With the move of other services to the same locality, such as the In-patient Detoxification Programme and the Alcohol Rehabilitation Services, it will be important to identify which resources can be shared without jeopardizing the distinct needs and services presently provided by the Units concerned.

General Care Services Developments/Accomplishments

The Helpline 151, manned both by Alcohol and Drugs Services staff, received 5,169 calls in 2003 and 5,143 in 2004. Approximately 60 % of the calls both years, did not concern substance- or gambling-related problems but other social needs such as loneliness and mental health-related problems.

Of the substance-related calls, the majority concerned drugs whilst alcohol-related and gambling-related calls made up approximately 6% and 2% of the calls in 2003 and 2004 respectively.

In 2004, it was decided to transfer the



responsibility of treatment provision to gamblers and their significant others to the Alcohol Services. This decision was taken due to the quite similar client profile and in order to provide a cohesive service which was somewhat lacking when the responsibility of gambling services was shared between Drugs and Alcohol Services. In view of service outcome evaluations, this was also a necessary measure.

Another positive development was the setting up of a 4 bed unit at Mount Carmel Hospital (MCH) for dually-diagnosed male patients in early 2004. This Unit operates in close cooperation with the Medical Officers of SMOPU. With the additional liaison of the psychiatrists giving a service at SMOPU, considerable progress has been made in providing integrated care to substance misusers with a concurring mental health problem. Previously, substance misusers were admitted in wards aimed at persons with mental health problems. This caused considerable problems in view of the vulnerability of the other patients. Furthermore, there was also the lack of appropriate treatment for the dually-diagnosed patients who would be discharged as soon as possible due to the staff of these wards not feeling well-equipped enough to provide the appropriate levels of care. The new setup enables both MCH and *sedqa* to provide integrated care with common care plans for this patient category.

Care Services Overview, 2003-2004: Alcohol Services

Mr. Manuel Mangani
Alcohol Services Division Co-ordinator

In 1994, *sedqa* became responsible for the Alcohol Services previously delivered by the Health Department within the ambit of the Psychiatric Services. From the outset, therapy was carried out on two levels, the Residential/Day Programme level and the community level. As time went by, the demarcation between the two types of services became more pronounced, until it was felt that they should no longer be delivered from the same premises. In fact the services were divided into two clearly-defined branches in 1998.

The Alcohol Community Team

The Alcohol Community Team (ACT) has now been based at Lija for more than 5 years. It consists of 4 full-time professional workers and 2 part-timers and offers help to alcohol abusers, persons who are dependant on alcohol and to family members of drinkers. The team may call upon the services of a doctor, a psychiatrist, psychologists and family therapists if the need arises. The operational objectives of the ACT are:

- To respond to requests for help by drinkers and their relatives
- To assess referred individuals and direct them towards the services they require
- To support and help drinkers and relatives through counselling and other interventions
- To see to the aftercare of drinkers who have undergone rehabilitation

The Rehabilitation Service

The Alcohol Rehabilitation Service, based until recently at Floriana, offers two programmes: a residential service and a day programme, both of one year's duration. The aim of these

programmes is to rehabilitate problem drinkers through structured community living, counselling and therapy and social support. Counselling and therapy are offered on both the group and individual level to clients and to significant others. Where necessary, in-depth psychotherapy and family therapy are also offered. The service is delivered by a multi-disciplinary team consisting of social workers, community workers, careworkers, a psychologist, a doctor and, where necessary, a psychiatrist.

Rationale

Society tolerates alcohol, but frowns upon its misuse, especially if it results in behaviour deleterious to the abusing individual or to others. *sedqa's* Alcohol Services attempt to help those who are experiencing the negative effects of drinking because of their own habit, or due to other individuals' alcohol abuse. The ways alcohol affect individuals, families and social groups can vary widely, which is why those attempting to intervene must come up with a repertoire of responses which permit an approach suitable to particular persons and situations: hence the Alcohol Services' emphasis on the need for a multi-disciplinary approach, and for the availability of a multiplicity of services. At the same time, the Alcohol Services' ability to respond is necessarily limited by the amount of resources society can make available to it. This places responsibility on all operators within the Services to seek solutions for alcohol problems which utilise resources in a rational manner.

Current Trends

Over the two-year period under review, referrals have increased compared to previous years. The demand for residential services fluctuated, but remained generally at acceptable levels. On the other hand, the number of individuals seeking group support

increased so much that logistical problems resulted. However, the number of parents seeking the services of child-care during spouses' groups was rather low that we decided it was not worth the resources allocated to it, and the service was stopped.

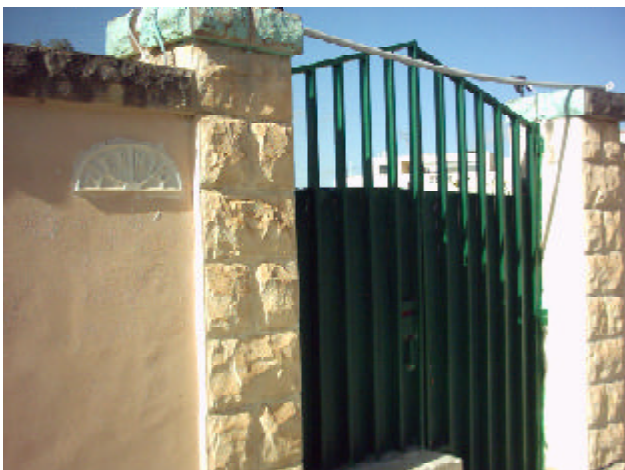
Salient Developments/New Initiatives

In October 2004, the Day and Residential Rehabilitation Services moved near the Komunita' Santa Marija complex in Luqa. The programme has not changed in any major way, although the location and the different physical features have necessitated a few modifications to the structure and to some practices. However, the general thrust of the service with its emphasis on the inculcation of values and attitudes necessary for one to live a fulfilling alcohol-free life, and the acquisition of skills essential for problem-solving and social living, remains the same.

In order to cope with the increased demand for services, yet another two therapy groups needed to be introduced: one for male drinkers and one for English-speaking clients and their relatives, bringing the total number of such groups to nine each week. Both groups were immediately successful in so far as attendance is concerned, and, at the end of the period under review, the number of clients making use of them exceeded expectations.

Accomplishments

Both the Alcohol Community Team and the Rehabilitation Programme supported a large number of clients. Group attendance, arguably the most significant indicator for both arms of the service – given that we make it a point



The new alcohol residential premises - Dar Zerniq

The Alcohol Community Team

Indicator	Year	Actual
1. Referrals	2003	367
	2004	302
2. Individual Session	2003	1,885
	2004	2,371

The Rehabilitation Service

Indicator	Year	Actual
Day & Residential Programme	2003	47
	2004	33

of mixing all types of clients in groups in an effort to harness the boundless potential of the heterogeneity of the population of drinkers referred to us – continued to highly exceed expectations. But beyond these figures, one can also discover other realities which appear to confirm that the approach being adopted is essentially correct. For example, the number of stable (i.e. sober alcoholics) and their spouses who continue to attend groups as part of their aftercare is considerable. In any open group, more so those which are held in the evening, the proportion of drinkers who have been abstinent for at least one year amounts to up to 40%.

Challenges

- The services still tend to attract almost exclusively highly-dependant individuals, and the proportion of clients who abuse alcohol (as opposed to being addicted to it), though growing, is still small.

- Due to the Residential Facility's move from a central location (Floriana) to one which requires two buses to reach (Hal-Farrug, I/o Luqa), a certain degree of difficulty is being experienced by community clients who wish to attend morning groups. Our efforts to organise transport from Floriana have encountered more than the occasional hiccup, and this has rendered life somewhat less comfortable for our clients.

- At the end of the period under review, the Alcohol Services were considerably

undermanned. Each arm of the services lacks at least one full-time worker, and both teams have to contend with the requirements of the Data Protection Act, which make it an incumbent on workers to give priority to recording of data over other types of work, including contact with clients. At the same time, demand for services continues to be high.

The Way Forward

Our vision for the future must include a scenario free from the challenges listed above, although it also goes beyond that.

The Alcohol Services must firstly find ways and means of refining the service it is rendering to drinkers and their families, despite that it is encumbered by greater demand on its stretched resources. The search for excellence must not be abandoned: settling for mediocrity due to problems with resources is simply not acceptable. It would appear that intensifying and increasing group-work is one way we can cope with demand in the face of diminishing capacity for meeting the demands placed upon us by our mission statement and our objectives, while at the same time ensuring a high level of service delivery.

Care Services Overview, 2003-2004: Gambling Services

Mr. Manuel Mangani
Alcohol Services Division Co-ordinator

Background

S*edqa* has been offering a service to individuals with a gambling problem for the past 6 years. While in the absence of research one cannot make categorical statements about the extent of the problem on a national level, all operators agree that the number of individuals referred to us for help is indeed small in relation to the magnitude of the phenomenon in the Maltese islands. From the outset, it was agreed that the service would consist mainly of assessments, medical and psychiatric help where necessary, support counselling on an individual and family level, social support and interventions and referral to self-help groups (Gamblers Anonymous and Gam. Anon.) and NGO services for specialised help (Caritas for assistance with usury problems).

Virtually since the inception of these services, the referrals and all subsequent work were divided between a number of workers, some of whom were part of the Alcohol Community Team, while others were Community Drug workers.

Rationale

Gambling can become an addiction which can inflict havoc in people's lives in much the same way as dependence on legal or illegal substances does. Both gamblers and their families suffer tremendously once the habit takes over, both on a physical as well as psycho-social level. Material deprivation results because of financial difficulties, and various psychological pathologies spring from the stress engendered by conflicts within the family and from the insecurities connected with the constant efforts required to lay hands on enough money to stave off angry creditors, and to satisfy the urge to indulge in the habit. Expert help has been known to help victims of this addiction to

get back on their feet and start anew.

Current Trends

Referrals have settled at a relatively low level, while interventions tend to be short. This is mainly because the majority of clients seek immediate help for their financial difficulties, rather than assistance with the root condition. Once it is made clear that we cannot supply them with money, nor inform them of ways and means of how to obtain it, the tendency is for clients to stop contact. However, a small number do keep in touch and, with these, therapeutic interventions are possible. These take the forms of counselling about ways and means of dealing with the urge to gamble, and of going about finding medium-term solutions for financial problems and psycho-social difficulties. Clients tend to refuse referral to Gamblers Anonymous, despite the fact that workers state quite emphatically that this is essential for long-term stability.

Salient Developments/New Initiatives

During the period under review, patterns of service delivery remained stable. Our workers gained greater expertise, but the fact that a small number of clients access the service and an even smaller number are actually interested in long-term help militates against the taking of initiatives to expand the service. However, during 2003 and 2004, a number of clients were referred for psychiatric help, the expanded psychiatric services offered by *sedqa* facilitating this type of contact quite markedly.

Accomplishments

All clients referred were seen within a few days of referral. With a considerable number, counselling was carried out, and some behavioural change achieved. The number of persons who made use of services delineates the efforts of *sedqa* workers who are entrusted

with work with individuals with a gambling problem.

Challenges

As stated above, the number of individuals and/or families seeking help is low. Moreover, clients tend to maintain contact only for short periods, possibly because they tend to look for financial solutions that bail them out of acutely dire financial straits, rather than the sort of help that would guarantee long-term stability, but would necessitate quite strenuous efforts extended over a longish span of time. For problematic gamblers, Gamblers Anonymous is the only resource available, other than our own counselling service. This tends to limit the choices of those clients who do not feel comfortable with G. A., as some inevitably must, despite G.A's good track record. Most importantly, we lack knowledge of the extent and exact nature of the problematic gambling situation in Malta.

The Way Forward

Seeking ways to tackle challenges and shortcomings should occupy much of our efforts in this field over the next two years. While keeping in mind the need to rationalise resources, we would do well to see that research is conducted which would shed light on the gambling situation in Malta. *sedqa* should also consider whether a dedicated gambling services should be set up, or at least direct all referrals to one, rather than to both of the Community Teams, as is the current practice. Thirdly, we need to train all workers responsible for helping gamblers in motivating problem clients to seek real solutions for their problems. Fourthly, we must ensure that we proffer the right sort of advice to the authorities who, being constantly under pressure to increase sources of revenue, will inevitably be tempted to introduce new forms of gambling which would bring in the cash but also engender a new breed of gamblers who will, in due course, also require help.

Primary Prevention Services Overview, 2003-2004

Mr. Paul Pace
Manager, Primary Prevention Division

Mr. Albert Buttigieg
Division Coordinator, Primary Prevention Division

Background

In my closing reflection for the previous biennial report, I ventured the opinion that in the coming years, there would be further budgetary reductions, changes in our target audience, and that these would result in a *“change in strategy that could influence our current working partners, our investments (in personnel and other resources) and, perhaps our sources of income”*. Some of these predictions have already come through in the past two years.

This biennium was perhaps the period wherein investment in prevention programmes operations reached its lowest level ever since *sedqa* was set up. However, this challenge did not deter the Primary Prevention Team from updating some of its material and from embarking on the production of new publications and from doing our best to restructure certain vital programmes to make more financially viable.

These two years were also characterized by the resignation of one part-timer and the transfer of two employees to other units with another executive requesting a 30-hour reduced load. None of these personnel were replaced. In October 2004, another teacher was added to *sedqa*'s Primary Prevention Team by the Education Division, bringing to 4 the number of teachers loaned to the Agency.

Besides the above, during a seminar held with the Manager for Change Initiatives, it was agreed that there was to be a change in the Primary Prevention strategy so that, while safeguarding the fundamental programmes for schools, the Team was to focus as much as possible on vulnerable groups. In the

beginning of 2004, with the appointment of a new Chief Executive Officer, the Primary Prevention Team's main target audience was re-defined to deal almost exclusively with schools and to rely more on electronic means for the dissemination of information. The budget for 2004 reflected these new criteria.

Naturally, the reductions in budget allocation and in staff complement, and the redefinition of our target audiences, meant that restructuring of several programmes had to be resorted to. In fact, for 2005, some programmes are totally self-sustaining while others are being projected to be accessed directly from *sedqa*'s website. In the long run, these two measures will hopefully release some funds to make it possible to expand prevention programmes to audiences within our strategy.

School-based programmes: Primary Schools

There were five new initiatives during these two years that merit mention.

a) The first was the revision of programme for Year 2 students to bring it in line with that for Year 1. In fact, the new characters introduced in 2002 - Amy, Max, and Gremx - also featured in this students' booklet. Naturally, lesson notes to accompany the new format were also produced and distributed. Initial feedback is that both programmes have been well received by this audience.

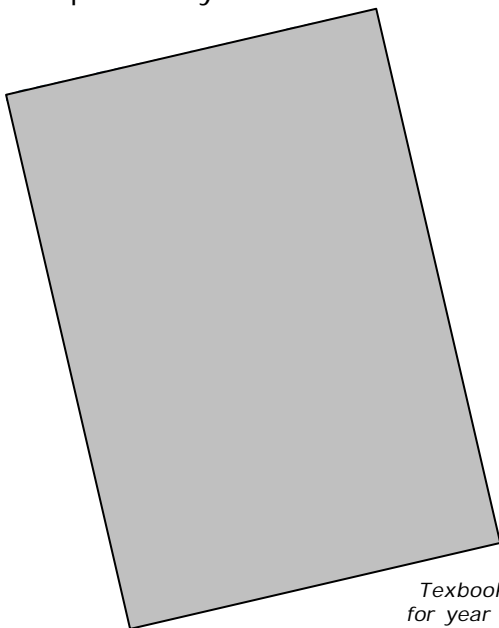
b) There was also a major update of students' workbooks for Years 3, 4, 5, and 6. All

superfluous material was discarded, without sacrificing the essential contents. This resulted in substantial saving of printing costs.

c) A new programme was also formulated to accommodate students with special needs. In fact, this programme was delivered by *sedqa* personnel across all Special Schools and even in some community settings. Our aim is to be able to repeat this programme at least once every two years.

d) A new video was produced for the Parental Skills programme, with two new corresponding booklets: a reader and an exercise book for parents. Although the content has remained practically the same, this new video adopts a more modern approach to the issues involved and reflects more the current situation of family composition.

e) In October 2004, a second PSD teacher was loaned to the Primary Prevention Team to help in the execution of prevention programmes in Primary Schools. This made it possible for us to target all Year 5 students in State schools with a three-session programme directly delivered by *sedqa* personnel. New material and various teaching aids were developed to make this initiative as pleasant and informative as possible for students. Initial feedback is quite positive, and it is predicted that in 2005 the number of sessions will be increased to four per class. With regards to Church and Private Schools, they were still making use of the TFAL material as in previous years.



*Texbook T.F.A.L. 2
for year 2 students,
which was completely revised.*

Statistical Data Analysis

Figures for Year 3 show that during these two years, the Prevention programme in Primary Schools was delivered to over 95% of all State, Church and Private Schools in Malta. This is one of the mainstays of prevention programmes in Primary Schools and it has been always popular since its introduction in 1995.

As already indicated above, as from October 2004, the programme for Year 5 students in all State Schools was delivered directly by *sedqa* personnel. This means that now we have two strong programmes being delivered directly by *sedqa* staff.

In previous years, it was noted that there were schools to which preventive material was sent but it was not being utilised. To avoid as much waste as possible, in 2004 a request form was sent to all schools in June and material was only sent to those schools who answered back. All in all, the result was satisfactory. Out of all Primary Schools in Malta, only 16 (mainly Church Schools) declined such invitation. Each class teacher from the schools requesting Prevention material, received students' booklets and an updated version of lesson notes. This applied to Years 1, 2, 4, and 6. An evaluation form was also included in the pack for teachers to give feedback on the programme.

For the eighth and ninth consecutive year, *sedqa* was invited to participate in SKOLA SAJF. The Executive in charge of Primary Schools, in collaboration with the whole team, always come up with innovative ideas. In 2004, three distinct but complementary programmes were created for Years 4, 5 and 6 with the intention that these would be updated each year. During the period covered by this report, close to 30 schools took part in *sedqa*'s prevention programmes.

Between 2003 and 2004, over 150 parents' meetings were held in Primary Schools, mainly for parents of Year 3 and Year 5 students, to explain the programme that their children would be receiving. About 71 other meetings aimed at all parents, but treating more open topics, were also delivered by the Primary Prevention Team. Over 4,000 parents participated.

These parents' meetings also operate as a platform for promoting Parental Skills programmes. These consist of six 90-minute weekly sessions. Sessions are video based. A reader on each issue and a discussion workbook form part of a package and are distributed to each participant. Over this period, nearly 60 courses were held reaching close to 1,000 parents.

Primary Schools were also given additional support through three conferences held for Head Teachers, interventions during a number of Staff Development seminars and meetings with small groups of teachers.

School-based programmes: Secondary Schools

Among the new initiatives to keep programmes as relevant as possible but at the same time reducing costs, one can mention the following initiatives:

a) The *JeaNS* programme is being gradually phased out and is being replaced by packs for teachers in six specific subjects (PSD, Social Studies, Religion, Physical Education, Home Economics and Science). During the last two years, this new programme entitled *CROSSROADS* was developed for PSD and Social Studies. Some difficulties were encountered in the publishing of the Social Studies pack. However, these have since been addressed and printing was scheduled for 2005. In the long run, this would save thousands of liri in printing. It is envisaged that in the near future, it would also be possible to access these teachers' manuals directly from the Agency's new website.

b) One of the most costly programmes to run during the past years was the Peer Leadership course. It was in great demand by schools, and client evaluation feedback was always very positive. Thus, the Primary Prevention Team has now introduced a new format for this course, keeping the essential substance but keeping costs at a fraction of what it used to be. The first programme was piloted in November 2004, and 7 programmes have been included in the operational plans for 2005.

c) Another highly demanded programme in senior classes of Secondary and Post-secondary Schools is a live intervention **by residents** undergoing residential rehabilitation at Komunta' Santa Maria, which involves a deep discussion between students and residents on reflections in the life of a substance abuser. One can understand that the residents have a very tough time-table of their own and several requests for this type of intervention had to be turned down. As an alternative, a video interview with some of the residents is being produced so that this could be used for discussion in senior classes.

d) Another initiative was the attempt to hold a **Students' Conference** dedicated to Form III students and their parents. The aim of the conference was to serve as a forum wherein students would present papers and projects on factors influencing their lives, including alcohol and drug use. This plan was quite ambitious, but it had to be scaled down for various reasons. However, the Conference was convened and 11 schools took part. Feedback from students and schools was positive and the Primary Prevention Team has learned quite a lot from the experience. This would be repeated the following year and it is projected that the number of schools participating would double.

Statistical Data Analysis

As I have already noted above, the *JeaNS* programme is being gradually phased out to be replaced by *CROSSROADS*. Lessons for PSD teachers were prepared, printed and delivered, to be followed by those for Social Studies. The main aim of this change was to ensure that the material that *sedqa* produced with so much work and expense, would have a greater chance of being delivered. Through *CROSSROADS* the Team is working in very close collaboration with the Executive Officers in the Education Division who keep their respective teachers responsible for delivering the programme.

The two teachers on loan with *sedqa* delivered over 200 courses and reached close to 4,000 students, mainly in State Schools, during these two years. They also collaborated in the delivery of leadership classes in over 20 Secondary Schools reaching close to 1,000 students.

The Primary Prevention Team has been fortunate to have received the services of the Canadian troupe LIFEFORCE during these two years. These young people prepared short sketches which they performed in schools and community settings around Malta. This voluntary group performed its sketches and collaborates with the Primary Prevention Team for contacts and coordination. Their stay took between 5 and 9 weeks, depending on the sponsorship they receive. During these two years, they gave performances in close to 80 different places and reached close to 8,000 students and young people. Upon our suggestion, in 2004 they performed in a few Primary Schools and they also delivered a special programme to residents at Komunita' Santa Marija. It is amazing how well they were received and that language barriers never hindered their audiences from understanding their messages and from developing discussions.

During 2003, the Executive in charge of Secondary Schools, with the help of other members of the Team, took part in a substantial number of Staff Development meetings in Secondary Schools. During this biennium, the entire schools' team (Primary and Secondary), combined their efforts to deliver two In-service Courses for teachers. Both courses, even though offered on a voluntary basis, were very well attended and were much praised by participants.

Community-based Programmes

Community-based programmes went through a drastic reduction in budget, however, there were still projects that were completed and are worth mentioning.

a) A new leaflet in a quarterly series of productions entitled PAPER CUT was issued for the first time in January 2004. The aim of this production was to provide research-based information on topics that were in the limelight. It is one of the few productions in English and it is meant to reach youth clubs and the senior classes of Secondary and Post-secondary schools.

b) Another initiative was the production of articles on issues relating to alcohol and drug abuse in both Maltese and English for inclusion



A selection of leaflets issued by the division.

in publications by Local Councils, Band Clubs and other community-based organizations. These articles were and still are very much in demand, especially in connection with Malta's festive season.

Statistical Analysis

Over 100,000 leaflets, booklets, posters and other material were distributed over this biennium. While one of the outreach programmes had to be discontinued because of financial restrictions, dissemination of informative material was still effected, mainly through Local Councils, Health Centres and various youth organizations.

These two years also brought the phasing out of Zazu, the Prevention mascot used in children's programmes especially in schools and TV. Partly as result of this, Klabb Zazu which started off with over 400 members in 2003, only increased marginally in 2004. A newsletter was printed and sent to members once every few months.

The Executive in charge of community-based programmes designed and produced six different postcards, each with a prevention message. These postcards were aimed at Post-secondary and University students, and youth club members. The aim was for young people to send these postcards to other teenagers, adding their own message, thus reinforcing prevention messages from peer-to peer.

'Grants to NGOs' was another programme that has seen substantial financial reductions. However, during this period the Primary Prevention Team still managed to assist and

support close to 30 youth organizations, either through monetary grants, through provision of material (leaflets, booklets etc.) and equipment (OHP, Data-projector, etc.) or through direct interventions by staff members.

Workplace

The Substance Abuse-Free Employees (SAFE) programme was also one of the main programmes delivered by the Primary Prevention Team, focusing mainly on people at the workplace. During the two years under review, this programme was also managed to be self-sustaining, apart from being reviewed and restructured. Six main initiatives were undertaken during this two-year period.

a) A final draft of a policy regarding substance abuse in the workplace was approved and is being used with entities that take part in this programme. Considering the fact that this policy was only introduced recently, many firms are already including parts of it within new collective agreements.

b) Another initiative was the printing of a booklet which is being used during management courses. This 16-page A4 booklet was highly appreciated by participants and looked more professional.

c) With the collaboration of the Works Department, a number of syringe containers and safe-disposal bins were distributed to street cleaners and gardeners so that, instead of the previous practice of ignoring syringes, these are now being collected and properly disposed of. This initiative resulted in a safer physical environment for all concerned.



During a session aimed at the staff of the Works Department.

d) Attempts have been made to include the SAFE programme within the wider issue of Health and Safety at the workplace. In fact, one course was held in collaboration with the Institute for Health and Safety. Hopefully, in the near future, Health and Safety will not only focus on the physical aspects but would increasingly deal with psychological and social issues. The Primary Prevention Team is prepared to meet this challenge.

e) Another initiative was the production of a booklet, in Maltese and English, entitled SAFE DRIVING. This booklet is being distributed particularly during courses held in collaboration with the Malta Transport Authority. The production was sponsored by a local firm.

f) The sixth initiative was the inclusion of a lecture on Stress Management in the SAFE Programme. This lecture was introduced through the constant feedback that was received as well as to be in line with practices in Europe.

Statistical Analysis

During the two years under review, there was a change of staff regarding this programme. Although new in such role, the Executive in charge of the workplace programme was successful from the outset in maintaining and even increasing both contacts and output. In fact, during these two years, no less than 40 exhibitions were set up in as many different venues and over 157 courses for managers and employees were held, attracting close to 3,000 workers.

Social Marketing

This section has been through several modifications during the two years under consideration. Besides the reduction in budget that made it impossible to sustain some programmes, the Executive in charge of Social Marketing has since been transferred within the Corporate Services to form part of the Marketing Team. Still, there were several important initiatives that were completed.

a) A radio quiz on RTK running into 16 programmes was organized for Primary School students. Participation was very lively and it proved a valid alternative of conveying

information, especially on tobacco and alcohol, to this young audience.

b) The Executive in charge of Social Marketing, together with others, produced a CD, containing a quiz and information on alcohol and other drugs. This CD, entitled A:MAZE has been widely distributed to youth organizations and schools. It is a valid example of self-help material.

Statistical Analysis

During 2003, several Public Service Announcements were screened on the various Maltese TV stations. The same consistency was kept also on radio programmes, where several interventions were made by Primary Prevention staff.

Furthermore, 200 talks were held for parents, youths, and other community members reaching over 6,000 persons. A closer look at each individual year reveals that 2003 had a greater output than the following year, mainly due to the discontinuation of some programmes, such as the Peer Leadership course.

The Executive who was in charge of this section has excellent computer skills and nearly all the work connected with articles, adverts, and features for children's magazines (*Saghtar* and *Taghna t-Tfal*), was produced internally. This saved considerable amounts of money for *sedqa*, which was then mostly used to reprint brochures and other material.

Conclusion

During these two years, *sedqa* underwent major restructuring. These changes have affected *sedqa* as a whole and, naturally, the Primary Prevention Team's programmes.

Whenever changes take place, there has to be adequate time for people to adapt to new work practices. There has also to be time for reflection and re-evaluation.

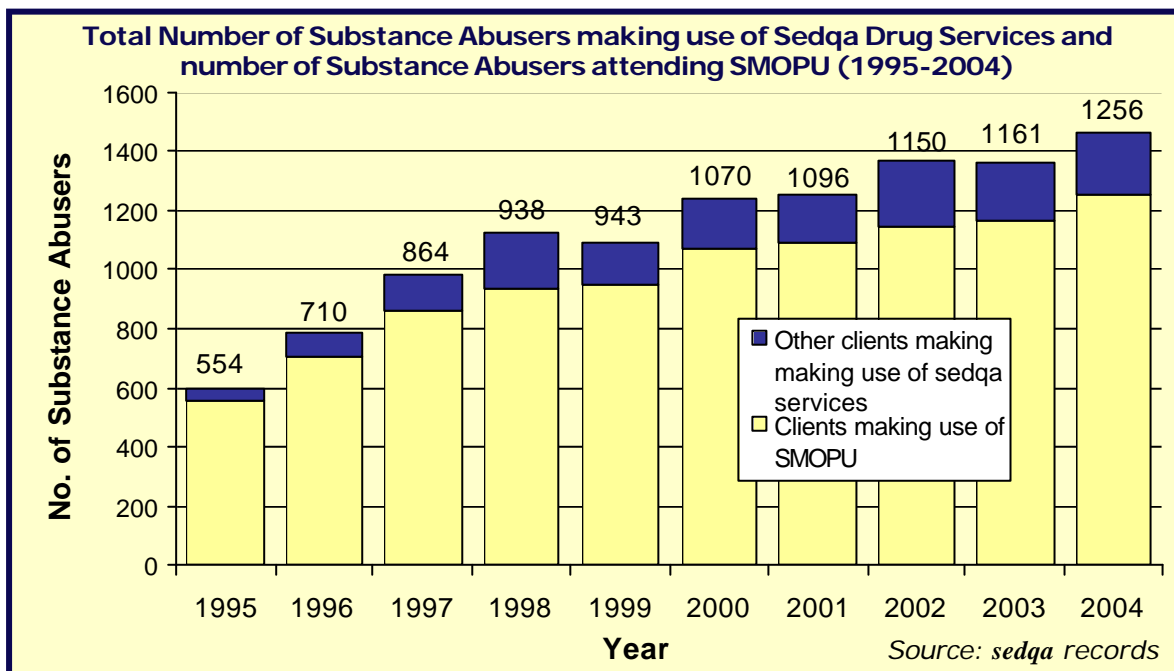
As Manager of this Division, my overall assessment is that the Primary Prevention Team is trying hard to be able to "*meet the challenges ahead with courage, conviction and a will to change*". (Biennial Report 2001-2002)

Epidemiological Report, 1994-2004

Ms. Vivienne Mallia Goham
Corporate Services Division Co-ordinator

This Epidemiological Report outlines epidemiological and demographic characteristics of clients making use of *sedqa* services. Great care has been taken to collate accurate statistical information and trends on substance abuse covering a ten-year period from 1994 till 2004. Since its inception in 1994, *sedqa*, the National Agency Against Drug and Alcohol Abuse, has prioritised data collection as a vital function. Data emanating mainly from the demand of several services provided by the Agency, have an essential role in providing Policy making with information about drug use and trends.

Although this report will primarily focus on the treatment demand data, collated from substance abusers making use of the Substance Misuse Out-Patients Unit (SMOPU - formerly known as Detox Out-Patients), the first part will delineate the total number of substance abusers making use of *sedqa* Drug Services.



Graph 1

Throughout the recorded period, the number of substance abusers has increased year after year. *Graph 1* depicts that over the years a total average of 85% of substance abusers seeking support from *sedqa* Drug Services were in fact making use of Substance Misuse Out-patients Unit (Detox Centre). The years that recorded the lowest average of 80% were 1998 and 2002 respectively.

The following treatment demand data was collated from substance abusers making use of SMOPU. This centre caters mainly for Heroin substance abusers, whereby clients are offered substitute therapy (Methadone), besides providing medical, psychiatric and psycho-social interventions on an out-patient basis.

Known and New Clients (Table 1)

Substance abusers making use of the SMOPU services have increased considerably during the first years of *sedqa*. During the subsequent years, the increase was gradual, with an eventual decrease in the number of clients occurring in 2002. During the following years, a slight increase was recorded in the percentage of new clients attending SMOPU. Although throughout the years the total number of clients has increased, the percentage of new clients has decreased by almost half during the same period, with the lowest percentage of new clients being 10% reported during 2002. A possible interpretation of this is that most clients are retained clients.

Clients by Gender (Table 2)

Although males are still predominant users of the service, the female cohort attending is on the increase. During 1994, 89% of Detox Clients were male, and 11% were female, whereas between the years 2000 and 2003 the percentage of female clients increased to 14%. A slight increase in female cohort when compared to male cohort was reported in 2004.

Clients by Age (Table 3)

Contrary to general perception, data show that the age of people under 20 years of age seeking treatment is decreasing. Even so, the majority of those in the under 20 years age bracket are between 17 and 19 years of age. The modal age group has constantly been the 20-29 years bracket. The older age group has fluctuated over this ten year period. When comparing 2001 and 2002, there was a 2% shift from the under 20 years age bracket to the over 30 years of age. A further increase was recorded during the following two years in the over 30 years of age bracket. The significant shift was particularly evident in 2004.

Number of clients attending yearly			
	All Clients	New Clients Only	% of New Clients
1994	350	134	38%
1995	505	161	32%
1996	635	253	40%
1997	741	239	32%
1998	753	190	25%
1999	797	134	17%
2000	900	195	22%
2001	935	142	15%
2002	929	96	10%
2003	958	114	12%
2004	1053	140	13%

Source: *sedqa* Substance Misuse Out-Patients Unit

Table 1

Gender of clients attending SMOPU			
	n	Male	Female
1994	350	89%	11%
1995	505	89%	11%
1996	635	87%	13%
1997	741	88%	12%
1998	753	88%	12%
1999	797	87%	13%
2000	900	86%	14%
2001	935	86%	14%
2002	929	86%	14%
2003	958	86%	14%
2004	1053	85%	15%

Source: *sedqa* Substance Misuse Out-Patients Unit

Table 2

Age Group				
	n	<20	20-29	30+
1994	350	8%	58%	34%
1995	505	11%	58%	31%
1996	635	14%	58%	28%
1997	741	13%	61%	26%
1998	753	11%	62%	27%
1999	797	8%	64%	28%
2000	900	7%	64%	29%
2001	935	7%	61%	32%
2002	929	5%	61%	34%
2003	958	7%	56%	37%
2004	1053	6%	52%	42%

Source: *sedqa* Substance Misuse Out-Patients Unit

Table 3

Clients by Region (Table 4)

The classification of regions and population of those over 16 years of age was as that of the 1995 Census (see *Appendix*). One has to take into consideration that the numbers presented delineate some limitations, since in the last ten years the Census was published once in 1995, and therefore accurate comparison would be difficult to obtain. Nevertheless, data show that almost all regions have recorded an increase in the number of substance abusers making use of Substance Misuse Out-patients Unit per 1,000 population. During the recorded years, the Inner Harbour Region had the highest number of substance abusers making use of *sedqa's* services. Although up to 2002, the Western Region recorded the largest increase in the number of substance abusers per 1,000 population over the years, a decline was noted in 2003. The region of Gozo and Comino, remained with the lowest number of notified substance abusers throughout the recorded period.

Locality by Region and number of substance abusers per 1,000 population of persons over 16 years of age (as Census of Malta Housing and Population 1995)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Inner Harbour Region	2.69	3.1	3.82	3.91	4.16	4.52	4.93	4.93	5.09	5.62
Outer Harbour Region	1.39	1.55	1.9	2.16	2.38	2.82	2.84	3.04	3.22	3.46
South Eastern Region	0.93	1.67	1.85	1.77	1.93	2.01	2.35	2.75	3.04	3.52
Western Region	0.69	1.33	2.3	2.41	2.38	2.64	2.64	2.28	1.71	1.89
Nothern Region	1.69	2.65	2.44	2.32	2.5	2.84	3.26	3.14	3.50	3.77
Gozo & Comino	0.13	0.13	0.05	0.13	0.09	0.23	0.32	0.27	0.32	0.45

Source: *sedqa* Substance Misuse Out-Patients Unit

Table 4

Educational Attainment (Table 5)

Since school in Malta is obligatory till 16 years of age, the majority of clients attending SMOPU have at least a secondary level of education. Throughout the recorded ten year period, there was a variation in the number of substance abusers attending SMOPU pursuing tertiary level education. The highest percentage among this cohort with high educational attainment was of 8% recorded between 1996 and 1997. This percentage decreased gradually during the following years, with 2004 registering the lowest percentage of those pursuing tertiary education. Those included under the heading 'Others', are those who are still in education.

School level last attended

	Primary	Secondary	Tertiary	Others
1994	6%	90%	4%	0%
1995	7%	86%	6%	1%
1996	7%	84%	8%	1%
1997	5%	87%	8%	1%
1998	5%	88%	7%	0%
1999	5%	87%	7%	1%
2000	6%	86%	7%	1%
2001	5%	87%	6%	2%
2002	5%	88%	6%	1%
2003	5%	88%	5%	2%
2004	4%	89%	4%	2%

Source: *sedqa* Substance Misuse Out-Patients Unit

Table 5

Employment (Table 6)

Prior to 1998, some shift in the percentage of clients attending SMOPU who were gainfully occupied, was recorded from one year to another. Following that period, the percentage was more stable, with half of this cohort being registered as having a regular employment. Worth noting is the fact that from 2002 to 2004 those clients having regular employment decreased by 3%. This could be attributed to more clients attending SMOPU who are either unemployed or who are not in the labour force. As a matter of fact, the 'All others' category includes all those who did not fall under the category of 'Regular Employment' and thus include all those who are unemployed, housewives, students and retired persons.

	Regular Employment	All others
1994	49%	51%
1995	52%	48%
1996	51%	49%
1997	52%	48%
1998	50%	50%
1999	50%	50%
2000	49%	51%
2001	50%	50%
2002	50%	50%
2003	49%	51%
2004	47%	53%

Source: *sedqa* Substance Misuse Out-Patients Unit

Table 6

Clients by Primary Drug of Abuse (Table 7)

Since SMOPU treats substance abusers with a Heroin problem by providing substitute therapy (Methadone), the majority of those attending have Heroin as their main substance of abuse. Others have 'Stimulants' which include Cocaine and Amphetamines, 'Cannabis' and 'All others' including Hallucinogens and Benzodiazepines. Worth noting is that most clients attending SMOPU are poly-drug users.

	n	Opiates	Stimulants	Cannabis	All Others
1994	350	97%	0%	2%	0%
1995	505	96%	1%	1%	1%
1996	635	98%	2%	1%	0%
1997	741	97%	2%	1%	0%
1998	753	97%	2%	1%	0%
1999	797	98%	1.5%	0.5%	0.3%
2000	900	98%	1.3%	0.3%	0.3%
2001	935	98%	1.4%	0.4%	0.2%
2002	929	98%	1.3%	0.4%	0.2%
2003	958	98%	1.2%	0.9%	0.1%
2004	1053	98%	1.3%	0.6%	0.1%

Source: *sedqa* Substance Misuse Out-Patients Unit

Table 7

Years elapsed since first use of Primary Drug (Table 8)

Up till 2003, almost two thirds of the SMOPU clients have been abusing their main substance of abuse between three to ten years. However, a significant shift was registered in 2004, whereby the percentage of those abusing their main substance for over 11 years increased from 26% to 44%. When compared to 2002 and 2003, the year 2004 denoted an increase in the number of clients who have been abusing their main substance of abuse for less than three years. Nevertheless, Table 8 suggests that the vast majority of clients have been abusing their primary drug of abuse for more than three years.

	n	<3	3-10	11+
1994	350	23%	61%	16%
1995	505	33%	52%	13%
1996	635	36%	51%	13%
1997	741	30%	54%	16%
1998	753	19%	64%	17%
1999	797	14%	64%	22%
2000	900	15%	63%	21%
2001	935	13%	65%	22%
2002	929	9%	65%	26%
2003	958	7%	66%	26%
2004	1053	10%	46%	44%

Source: *sedqa* Substance Misuse Out-Patients Unit

Table 8

Route of Administration (Table 9)

For the route of administration of the first drug of abuse, a large shift was noticed from those who injected to those who smoked and sniffed, between 1994 and 1995. The reason may be due to the fact that during 1994, there was a lot of missing data in this regard. Following those years, percentages indicated a more constant situation, although the predominant route of administration remained intravenous.

Route of administration of first drug of abuse					
	<i>n</i>	<i>Injected</i>	<i>Smoked</i>	<i>Oral</i>	<i>Sniffed</i>
1994	350	73%	4%	1%	22%
1995	505	68%	18%	3%	11%
1996	635	60%	32%	2%	6%
1997	741	60%	33%	2%	5%
1998	753	64%	29%	2%	5%
1999	797	66%	26%	1%	7%
2000	900	66%	24%	1%	9%
2001	935	64%	28%	1%	7%
2002	929	64%	28%	1%	7%
2003	958	64%	28%	1%	2%
2004	1053	63%	28%	1%	8%

Source: sedqa Substance Misuse Out-Patients Unit

Table 9

Hepatitis C (Table 10)

One of the consequences of predominantly high intravenous drug users, is the risk of spreading infectious diseases such as Hepatitis C. Throughout the recorded years, there was an increase in those who tested positive for Hepatitis C among SMOPU clients. Although between 1999 and 2003 an increase was gradually reported from year to year of those who tested HCV positive, a noteworthy decrease in the percentage of those tested HCV positive was registered during 2004. This augurs well with *sedqa*'s policy of harm minimisation.

Number of clients attending SMOPU by those tested positive for Hepatitis C			
	<i>No. of clients tested for</i>	<i>No. of clients testing Hep C</i>	<i>Percentage of clients testing Hep C Positive</i>
	<i>Hep C</i>	<i>Positive</i>	<i>Hep C Positive</i>
1995	365	106	29%
1996	388	144	37%
1997	473	187	40%
1998	543	214	39%
1999	578	242	42%
2000	594	256	43%
2001	656	291	44%
2002	706	313	44%
2003	739	310	42%
2004	822	327	38%

Source: sedqa Substance Misuse Out-Patients Unit

Table 10

Syringe Distribution (Table 11)

Free syringes are distributed from all Health Centres in order to promote harm reduction and reduce the risk of spreading infectious diseases such as Hepatitis and HIV through needle sharing among injecting substance abusers. This table corroborates the contention that intravenous users are on the increase. The number of syringes distributed to substance abusers has escalated rapidly throughout the recorded years. Although the total number of syringes distributed has recorded a significant increase over the years, with the exception of the year 2001, the increase was not equally distributed among health centres. This shift could be attributed to various factors including *inter alia* the size of syringes available and the opening hours of certain health centres.

Number of syringes distributed from Health Centres

	Floriana	Mosta	Qormi	Cospicua	Paola	Gzira	Rabat	Gozo	Total
1994	5,834	252	3,479	3,215	491	8,484	0	0	21,755
1995	3,185	882	6,177	2,966	1,842	20,168	0	0	35,220
1996	8,325	1,787	11,395	4,231	16,593	18,825	355	0	61,511
1997	9,317	4,132	13,191	8,344	25,171	22,673	1,197	0	84,025
1998	7,220	9,378	21,332	11,971	31,759	21,232	3,285	0	106,177
1999	12,550	20,930	13,650	16,734	49,580	23,300	8,072	0	144,816
2000	19,100	21,729	12,037	11,050	47,420	31,271	10,018	0	152,625
2001	19,500	17,408	10,474	9,400	45,052	34,104	9,142	0	145,080
2002	35,272	19,064	15,373	15,500	59,180	39,785	9,068	0	193,242
2003	42,295	15,942	13,872	17,860	73,300	39,667	7,213	0	210,149
2004	44,986	20,734	17,161	15,327	64,600	47,369	7,582	0	217,759

Source: Primary Health Care Administration Office Records

Table 11

Non-Fatal Overdoses (Tables 12 and 13)

The number of non-fatal overdoses admitted to St. Luke's hospital and reported to Police Drug Squad, has increased between 1995 and 2001, whereas 2002 and 2003 recorded a decrease. An increase was once again recorded in 2004. A large increase was noted among the male cohort, with the frequency doubling between 1995 and the year 2000. Subsequently, between 2001 and 2004 the female incidence was higher than the male.

The majority of those admitted to hospital with an overdose had allegedly abused psychotropic substances (prescribed medicine). The main cause could be suicidal attempts. On the other hand, persons admitted suffering from a non-fatal overdose of illicit substances has increased over the years. In fact, from 1995 to 2001, there was an increase of 260%. A significant decrease in illicit non-fatal overdoses was recorded in 2003 when compared to previous years. Usually, among individuals abusing illicit substances, the main causes for these mostly accidental non-fatal overdoses would be due to the unusually high percentage of drug purity and due to a lower tolerance level to substances following an abstention period from substance abuse.

Non-Fatal Overdoses

	Male	Female	Total
1995	54	65	119
1996	59	70	129
1997	54	67	121
1998	57	58	115
1999	71	63	134
2000	109	77	186
2001	101	112	213
2002	87	101	188
2003	69	96	165
2004	90	115	205

Source: Police Drug Squad Records

Table 12

Non-Fatal Overdoses by type of substance (Psychotropic or Illicit)

	Psychotropic	Illicit	Total
1995	98	21	119
1996	102	27	129
1997	105	16	121
1998	92	23	115
1999	97	37	134
2000	140	46	186
2001	158	55	213
2002	151	37	188
2003	150	15	165
2004	180	25	205

Source: Police Drug Squad Records

Table 13

Appendix

Regions

Inner Harbour Region – Vittoriosa, Cospicua, Floriana, Gzira, Hamrun, Senglea, Kalkara, Marsa, Msida, Paola, Pieta', Santa Lucia, Sliema, Ta' Xbiex, Valletta.

Outer Harbour Region – Birkirkara, Fgura, Luqa, Pembroke, Qormi, San Giljan, San Gwann, Santa Venera, Swieqi, Tarxien, Xghajra, Zabbar.

South Eastern Region – Birzebbugia, Ghaxaq, Gudja, Kirkop, Marsascala, Marsaxlokk, Mqabba, Qrendi, Safi, Zejtun, Zurrieq.

Western Region – Attard, Balzan, Dingli, Iklin, Lija, Mdina, Rabat, Siggiewi, Zebbug.

Northern Region – Gharghur, Mellieha, Mgarr, Mosta, Naxxar, San Pawl il-Bahar.

Gozo and Comino

Financial Analysis Summary, 2003-2004

Mr. Franco Privitelli
Financial Controller FSWS

Government's contribution for 2003 & 2004 has been maintained at Lm850,000 annually, signifying that over the previous year the agency did not benefit from any increases in its budgeted revenues. Notwithstanding increased costs, primarily brought about by salary increments, the Management was able to support the same level of activity in its operations and to deal with the clients' demands timely and effectively.

2003 Reviewed

It is positive to note that unlike in previous years, in 2003, *sedqa* was able to register an operating surplus of Lm3,533. Payroll amounted to 77.9% of *sedqa's* recurrent budget, while the remaining 22.1% went to

cover operating expenses of which 17% went towards prevention and other programmes.

2004 Reviewed

Once again *sedqa* was able to register an operating surplus of Lm63,196, following a restructuring exercise at top management level. The accumulated deficits registered in prior years were addressed, thus placing the agency on track and in line with operating budgets. Payroll continued to absorb the best part of the recurrent budget (79%) with the remaining 21% covering operating expenses.

Effective financial management thus ensured that resources were placed to best use and the cost cutting exercise initiated in 2002 was paying dividends.

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Foundation for Social Welfare Services
Ministry for the Family and Social Solidarity