

DRUG ABSTINENCE AMONG YOUTH IN MALTA

(non-drug-user young adults on drug abstinence)

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A. RESEARCH OUTLINE

This is the first study to look at the factors contributing to the decision to remain drug-free, providing a unique perspective compared to the more commonly studied aspect of drug consumption. While the study of drug use and addiction remains crucial, there has been a significant gap in understanding the preventative side. This research fills that gap by shedding light on the motivations, protective factors, and strategies that support young people in maintaining a drug-free lifestyle.

This study offers significant insights for professionals in drug prevention and youth development. By understanding the factors influencing young people's awareness and decisions about drug use and abstinence, policymakers, academics, and community workers can develop more targeted and effective prevention strategies. The comprehensive data collected provides a solid foundation for creating programmes that promote healthy, drug-free lifestyles among Malta's youth.

B. RATIONALE

The scope of this study was to unpack the reasons why young people in Malta choose to abstain from drugs by exploring psychological, physiological, social, and knowledge-based protective factors. The goal is that as a result of this study we develop a framework promoting youth development and healthier, drug-free lifestyles.

The research questions that governed this study are:

1. How do young people's perceptions of drug awareness and availability shape their attitudes towards drug use?
2. To what extent do psychological, physiological, social, and knowledge factors influence the decision-making process regarding drug abstinence?
3. How do young people in Malta perceive the effectiveness of various drug abstinence strategies and their confidence in maintaining a drug-free lifestyle?

C. DESIGN

- A quantitative questionnaire was specifically designed for this project, based on existing literature and similar international studies (Fountain et al., 1997; Lauritsen et al., 2018; Rosansky & Rosenberg, 2019).
- Age of participants was 18-30 years
- The questionnaire, which consisted of 20 questions, was divided into five sections. Questions 1-3 dealt with socio-demographic information on age, gender, and locality. Questions 4-5 focused on participants' history of drug use, if any. Questions 6-9 assessed perceptions of drug awareness and availability. Questions 10-12 explored reasons for drug abstinence, while questions 13-17 examined the effectiveness of strategies for avoiding drug use and confidence in maintaining a drug-free lifestyle. Finally, Questions 18-20 covered the remaining socio-demographic aspects, including level of education and occupation.
- The questionnaire, available in both Maltese and English, comprised a mix of open-ended and closed-ended questions, including multiple-choice, dichotomous, filter, and 5-point Likert scale questions.
- The quantitative questionnaire was administered telephonically to participants aged 18 to 30. Participants were randomly selected using a computer programme that generates non-sequential telephone and mobile numbers.
- A sample yielded 400 eligible responses.
- Measures were taken to ensure that the sample was stratified by age, gender, and region within the Maltese islands. Tables 1 and 2 show the demographic data of the participants.
- Before conducting the telephonic questionnaire, the participants were informed on the study's objectives
- Contact details for the research team were made available.
- Participants were asked for their consent to participate.
- Each questionnaire took approximately 10 to 15 minutes to complete.
- The research findings being presented in this study ensure a statistical significance at a 95% confidence level at a +/-5 confidence interval (margin of error).
- The statistical data was further analysed by using the Statistical Package for the Social Sciences (SPSS) tool.
- Ethical clearance was obtained from the Faculty for Social Wellbeing's Ethics Committee (FREC) at the University of Malta, with approval to proceed granted on May 20, 2024.
- Data collection took place between July and September 2024.
- M. Fsadni & Associates were commissioned to take care of the data collection.
- The quantitative questionnaire was administered in Maltese and English. Given that one in every five people in Malta are foreigners (National Statistics Office, 2023), I

Table 1: Demographic data of the participants by age and gender

Age bracket	Male	Female
18-24	88	81
25-30	131	100
	219	181
TOTAL	400	

Table 2: Demographics of participants by region

Region	Number of participants	Frequency %
Southern Harbour	60	15%
Northern Harbour	136	34%
South Eastern	60	15%
Western	45	11.3%
Northern	71	17.7%
Gozo and Comino	28	7%
TOTAL	400	100%

D. DEMOGRAPHICS

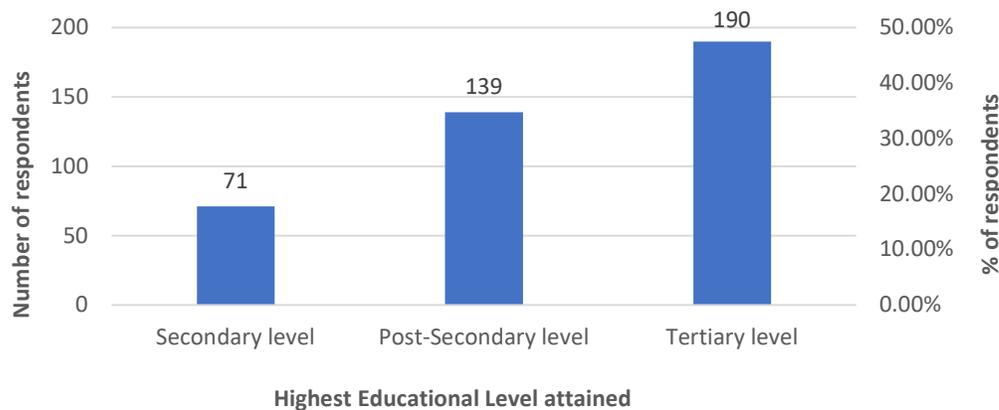
Eligible participants were aged between 18 and 30 years of age. These were categorised into two age groups as shown in the **table and figure 1 below**. 22% ($n=88$) of the 400 respondents were 18- to 24-year-old males, whilst another 20% ($n=80$) were 18- to 24-year-old females. Overall, 169 18–24-year-olds answered the questionnaire. On the other hand, 33% of total respondents ($n=132$) were 25- to 30-year-old males (i.e., total males represented 55% of total respondents), whilst the remaining 25% ($n=100$) were 25- to 30-year-old females (i.e., total females represented 45% of total respondents). This meant that respondents aged between the 25-30 age group amounted to 231.

When looking at the highest level of education completed by the respondents, the majority (47.5%, $n=190$) completed tertiary level education, another 34.8% ($n=139$) completed post-secondary level and 17.8% ($n=71$), completed secondary education. This is illustrated in the table and chart below:

Table 3: Respondents by highest level of education completed

	Frequency	Percent
Secondary level	71	17.8%
Post-Secondary level	139	34.8%
Tertiary level	190	47.5%
Total	400	100.0%

Figure 1: Respondents by highest level of education completed



It is worth noting that given that some of the respondents were still aged 18 -24, some might have not yet reached the age to complete tertiary education. Indeed, 17% ($n=68$) of participants were still students. Yet, the majority, 79.5% ($n=318$) were employed (full-time or part-time), as indicated in Table 4:

Table 4: Respondents by occupation

	Frequency	Percent
Student	68	17.0%
Employed (Part time or Full time)	318	79.5%
Self-employed	6	1.5%
Unemployed	1	0.3%
Homemaker	7	1.8%
TOTAL	400	100.0%

Most of the respondents (95.3%, $n=381$) were of Maltese nationality, as indicated in Table. This was due to the sampling approach, whereby it is known that foreign individuals are harder to reach via telephonic surveys and random sampling. Moreover, the languages in which the survey was administered, namely Maltese and English could have excluded respondents which might not have been comfortable with such languages. Yet, there were still 19 respondents (4.8%) who were foreign, including 4 Indian, 3 British, 3 Filipino, 2 Italian and others.

Table 5: Respondents by nationality

	Frequency	Percent
Maltese	381	95.3%
Non-Maltese	19	4.8%
Total	400	100.0%

E. KEY TAKEAWAYS

• Awareness and availability of drugs

- 41% of non-drug users feel they are somewhat familiar with 'hard' drugs, whilst a further 36% believe they are familiar/very familiar with same.
- Within their close circle of family, friends and acquaintances, non-drug users believe that drug use has been largely rare or non-existent (72%), whilst 1 in 10 non-drug users (11%) claimed that, within their close circle, drug use has been very common/associated with addiction.
- 40% of non-drug users believe that it would be difficult for them to obtain drugs, should they wish to do so, whilst just over 1 in 4 (27%) believe it would be easy to do same.
- Just over 1 in 2 (54%) non-drug users believe there is insufficient awareness and education about drug abuse in Malta. The remaining 46% believe there is.

• Reasons for abstinence

- 1 in 2 (53%) of non-drug users believe that drug use is always harmful and should be avoided.

• Psychological and Behavioural Concerns

- 95% of all non-drug users agree with the statement "I would rather maintain control over my actions and not have them affected by drug use".
- 77% of all non-drug users agree with the statement "Drugs might make me aggressive toward others".
- 93% of all non-drug users agree with the statement "I fear that I could develop mental health issues as a result of drug use".
- 96% of all non-drug users agree with the statement "I could develop an addiction from drug use".

• Somatic and Physiological Concerns

- 98% of all non-drug users agree with the statement "I don't want my health to be negatively affected by drug use".
- 95% of all non-drug users agree with the statement "Drug use might affect my memory, concentration and performance at work or study".
- 89% of all non-drug users agree with the statement "My concern is that drug use might affect my artistic or sports performance".
- 70% of all non-drug users agree with the statement "Drug use could potentially harm my sexual performance".

• Social Approval and Self-image Concerns

- 91% of all non-drug users agree with the statement "Drug use might affect negatively my intimate relationships".
- 91% of all non-drug users agree with the statement "I am concerned that my family, partner, or peers would disapprove of my drug use".
- 87% of all non-drug users agree with the statement "Drug use goes against my personal beliefs and values".
- 85% of all non-drug users agree with the statement "Legal consequences and the fear of getting caught discourage me from using drugs".

• Sufficient Knowledge and Limited Access

- 77% of all non-drug users agree with the statement "Education and awareness programmes on drug use have helped me make informed decisions".
- 77% of all non-drug users agree with the statement "I lack interest or curiosity about drugs".

- 62% of all non-drug users agree with the statement “Drugs are not easily available to me”. Just over 1 in 5 (22%) disagree with this statement.
- 61% of all non-drug users agree with the statement “Drugs are too expensive for me to consider using”. A further 1 in 5 (20%) disagree with this statement.

● **Strategies for abstinence**

- 80% of all non-drug users perceive “assertively refusing offers to use drugs” as effective/very effective.
- 80% of all non-drug users perceive “seeking support from friends, family, or mentors” as effective/very effective.
- 78% of all non-drug users perceive “seeking alternative activities or distractions” as effective/very effective.
- Almost 2 in 3 (61%) of all non-drug users perceive “avoiding situations where drugs may be offered or available” as effective/very effective. 23% find it somewhat effective.
- 58% of all non-drug users perceive “coming up with excuses to say no to drugs” as effective/very effective. 1 in 4 (25%) find it somewhat effective.
- 96% of all non-drug users feel safe/very safe in their relationship **with their family** in assisting them to maintain a drug-free lifestyle.
- 90% of all non-drug users feel safe/very safe in their relationship **with their friends** in assisting them to maintain a drug-free lifestyle.
- When asked if they were in a position of authority, which one of four proposed (prompted) strategies would they choose to discourage people living in Malta from using drugs and maintaining a drug-free life.
- 1 in 3 non-drug users (33%) opted for Strategy: “Implement stricter regulations on the sale and distribution of drugs”.
- 1 in 4 (26%) opted for Strategy: “Strengthen law enforcement for drug-related offences”.
- Whilst a further 1 in 5 (21% & 20%) opted for Strategies: “Improve community support and resources for at-risk individuals” and “Increase awareness through educational campaigns” respectively.
- 92% of all non-drug users feel confident in their ability to remain drug-free, even from legalised drugs, like cannabis.

F. DETAILED FINDINGS

This section outlines the salient findings but in further detail as obtained from the data collection. Respondents were asked two filtering questions, namely whether:

- (i) they ever consumed any drugs and
- (ii) whether they consumed other substances (including medicine), for non-medical purposes.

Anyone who answered yes to any of the above questions was excluded from the study. All 400 respondents that took part in this study claimed that they never used any drug or medicinal substance for non-medical reasons. This first subsection outlines the demographics of this sample, so that the reader can better contextualise the profile of respondents.

• Awareness and availability of drugs

The first few questions were aimed at understanding the respondents' awareness in terms of drugs, their possible exposure to them and how available such substances could be to them if they wanted to access them. To the question, "How much do you think you know about drugs and their effects?", around 40.5% (n=162) said they felt somewhat familiar to drugs, whilst another 35.8% (n=143), were either familiar or very familiar to drugs. This could indicate that the choice to abstain from drugs is not related to lack of knowledge for the most part. 23.8% of respondents (n=95) felt they were either not familiar or not at all familiar with such substances.

• Familiarity with drugs

Table 6: Familiarity with drugs

	Frequency	Percent
Not at all familiar	29	7.3%
Not familiar	66	16.5%
Somewhat familiar	162	40.5%
Familiar	103	25.8%
Very familiar	40	10.0%
Total	400	100%

A Pearson's Chi-square test, was carried out to identify whether any statistically significant relationship existed between age, gender, locality, educational level and occupation and the level of familiarity to drugs. A statistically significant relationship was found with age with a p-value of <0.001, being less than the 0.05 level of significance. It transpired that the individuals in the older age bracket feel more aware and familiar with drugs than the younger cohort. 45.9% of 25–30-year-olds felt they were familiar or very familiar with drugs, as opposed to 21.9% of 18–24-year-olds.

Table 7: Familiarity with drugs by age group

	18-24	25-30
Not familiar or not at all	31.4%	18.2%
Somewhat familiar	46.7%	35.9%
Familiar or Very Familiar	21.9%	45.9%

Table 8: Familiarity with drugs by gender

	Male	Female
Not familiar or not at all	23.3%	24.3%
Somewhat familiar	35.2%	47.0%
Familiar or very familiar	41.6%	28.7%

Table 9: Familiarity with drugs by region

	Southern Harbour	Northern Harbour	South Eastern	Western	Northern	Gozo & Comino
Not familiar or not at all	21.7%	19.9%	25.0%	31.1%	31.0%	14.3%
Somewhat familiar	53.3%	32.4%	45.0%	35.6%	39.4%	53.6%
Familiar or Very Familiar	25.0%	47.8%	30.0%	33.3%	29.6%	32.1%

The level of familiarity with drugs was also found to have a statistically significant association with the level of education ($p < 0.001$), with respondents completing the post-secondary being the most familiar (41%), followed by those at secondary level (38%) and by finally by those completing tertiary education.

This could indicate that people with higher educational attainment might be less familiar and more sheltered from drugs and substances and people who stop their studies at lower levels of education would be more exposed. Yet this would merit further research. As already mentioned, the younger cohorts seem to be less aware, so one could possibly rule out the hypothesis that younger generations (still concluding their studies) are becoming increasingly familiar with drugs.

- Familiarity with drugs by highest educational level attained**

Table 10: Familiarity with drugs by highest educational level attained

	Secondary level	Post-secondary	Tertiary
Not familiar or not at all	23.9%	23.0%	24.2%
Somewhat familiar	38.0%	36.0%	44.7%
Familiar or Very Familiar	38.0%	41.0%	31.1%

Participants were also asked about the use of drugs amongst their family, friends and acquaintances. This question was aimed to identify the level of exposure the respondents have to drugs. Interestingly, 71.5% ($n=286$) of respondents said that such use was rare or non-existent and 18% ($n=72$) said it was occasional. This indicates that the majority of respondents who have chosen to abstain from drugs, have a limited exposure to drugs in general. Nevertheless, there were also respondents, who despite being exposed to this commonly (8.3%, $n=33$) or seeing people around them in addiction (2.3%, $n=9$) still choose to abstain, as indicated in Table 11 and Figure 11. A Pearson Chi-Square test was run to identify statistical significance between such a variable and age, gender, locality, educational level and occupation. Yet, no such relationship was identified.

Table 1: Drug use by family, friends and/or acquaintances

	Frequency	Percent
Rare or non-existent	286	71.5%
Occasional	72	18.0%
Very Common	33	8.3%
Associated with addiction	9	2.3%
Total	400	100%

• **Perceived ease of access to drugs**

Additionally, participants were asked how easy or difficult it would be for them to obtain drugs, should they wish to do so. This was asked to identify the perceived accessibility of such substances by the respondents. 40.3% ($n=161$) stated that it would be difficult, whilst another 12.3% ($n=49$), said they did not know. 26.5% ($n=106$) believed that it would be easy.

Table 2: Perceived ease of access to drugs

	Frequency	Percent
Easy	106	26.5%
Neither easy nor difficult	84	21.0%
Difficult	161	40.3%
Do not know	49	12.3%
Total	400	100%

A Pearson's Chi-square test, revealed that there is a statistically significant relationship between this perceived ease of access to drugs and age. With the p-value standing at 0.012, lower than the 0.05 level of significance. A greater percentage of the younger cohort claimed that access would be difficult (47.9%, $n=81$), as opposed to the older age group (34.6%, $n=80$) who would probably have greater experience in terms of contacts and knowledge of from where to procure such substances, should they wish to do so.

Table 3: Perceived ease of access to drugs by age

	18-24	25-30
Easy	23.7%	28.6%
Neither easy nor difficult	14.8%	25.5%
Difficult	47.9%	34.6%
Do not know	13.6%	11.3%
Total	100%	100%

• **Perceived level of awareness and education about drug use**

Participants were enquired whether they believed that there is sufficient awareness and education with regards to drugs. In aggregate circa half of the respondents (53.8%, $n=215$), stated that there is not.

Table 4: Perceived level of awareness and education about drug use

	Frequency	Percent
Yes	185	46.3%
No	215	53.8%
Total	400	100%

Table 5: Perceived level of awareness and education about drug use by age

	18-24	25-30
Yes	39.6%	51.1%
No	60.4%	48.9%
Total	100.0%	100.0%

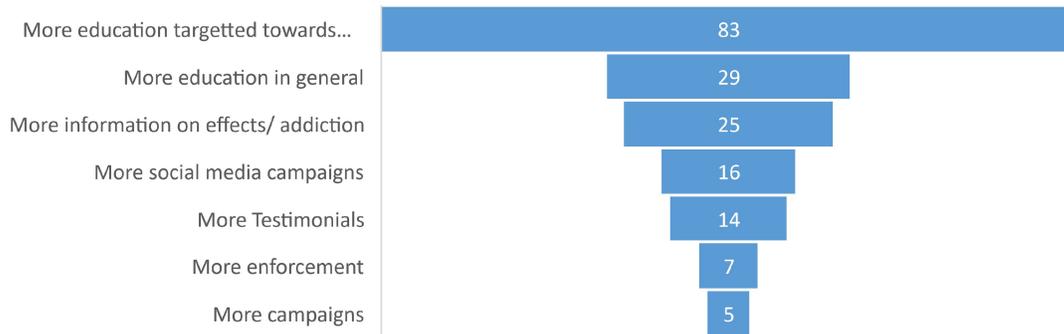
Surprisingly, even gender seems to have a significant relationship with the perceived level of awareness and education on drug use, with a greater percentage of females stating that they feel that there isn't enough awareness (61.9%), as opposed to males (47%). This is also in line with the findings which indicate that females feel they are less informed and familiar with drugs themselves.

Table 6: Perceived level of awareness and education about drug use by gender

	Male	Female
Yes	53.0%	38.1%
No	47.0%	61.9%
Total	100.0%	100.0%

From the 215 respondents who stated that there isn't sufficient knowledge on drugs, 187 individuals proposed possible additional measures which could be adopted to make sure that there is more awareness and information whereby some suggesting more than one measure. The following Figure indicates the top items mentioned.

Figure 2: Top measures mentioned to increase awareness and education



The majority mentioned that additional measures should be targeted towards the younger generations ($n=83$), including children and adolescents, with many suggesting increased information/educational campaigns shared in schools and other educational institutions (including post-secondary education institutions and the University). Other respondents ($n=29$) kept it quite general suggesting that there needs to be more education on drugs in general, not specifying the form. 25 individuals specified that such education should be specific either on the side effects and/or on the addictions which might result from drug use: some emphasized on the need to move away from fearmongering and rather focusing on giving facts and information for individuals to be able to make informed decisions. Some respondents mentioned that social media should be used ($n=16$), whilst others mentioned the power of having ex-users discuss the issues in the form of testimonials ($n=14$). More enforcement was also highlighted ($n=7$). Noteworthy was also the fact that a number of respondents mentioned

that in their opinion the legalization of cannabis was a bad move in this regard. Finally, need for more campaigns were also mentioned.

• **Reasons for abstinence**

In order to understand why the respondents have taken the decision to abstain from drug use, the researchers wanted to first understand the perception of the participants with regards to such substances.

Over half of the respondents, 53% ($n=212$), stated that drugs are always harmful and should be avoided. 18.5% ($n=74$), believed that some drugs might have some risks but others can be fine in moderation, whilst another 18% ($n=72$) stated that responsible drug use can be beneficial to some individuals, despite their own choice not to make use of drugs. The responses can be seen illustrated below:

Table 7: General thoughts on drug use

	Frequency	Percent
Drug use is always harmful and should be avoided	212	53.0%
Some drugs might have risks, but others can be okay in moderation	74	18.5%
People should be free to choose whether or not to use drugs	35	8.8%
Responsible drug use can have benefits for some individuals	72	18.0%
I'm not sure/I don't have strong feelings about drug use	7	1.8%
TOTAL	400	100%

Further testing through chi-square tests uncovered that there is no statistically significant relationship between such general thoughts and age groups ($p=0.382$), region ($p=0.084$), and occupation ($p=0.226$). However, the Pearson chi-square test indicated a positive relationship between such general beliefs on drug use and gender ($p < 0.01$)¹, which is smaller than the 0.05 level of significance. Despite nearly half of both Males (55.3%) and Females (50.3%) agreed that drug use is always harmful and should be avoided, a stark difference between genders was noted in response to the statement '*Responsible drug use can have benefits for some individuals*' with 10% ($n=22$) of males and 27.6% ($n=50$) of females choosing this option.

Table 8: General thoughts on drug use by gender

	Male	Female
Drug use is always harmful and should be avoided	55.3%	50.3%
Some drugs might have risks, but others can be okay in moderation	21.9%	14.4%
People should be free to choose whether or not to use drugs	10.0%	7.2%
Responsible drug use can have benefits for some individuals	10.0%	27.6%
I'm not sure/I don't have strong feelings about drug use	2.7%	0.6%
TOTAL	100.0%	100.0%

Moreover, the Pearson chi-square test also indicated a positive relationship between general beliefs on drug use and the highest level of education attained ($p < 0.01$)², which is smaller than the 0.05 level of significance. Interestingly, people who have completed post-secondary level of education seemed to be the most adamant that drug use is harmful and should be avoided by all with 63.3% stating so, compared to 45.1% who completed

¹ SPSS results found that 2 cells (20%) have an expected count less than 5. Since this level was less than 40%, the p-value was considered to be valid and the relationship considered statistically significant.

² SPSS results found that 3 cells (20%) have an expected count less than 5. Since this level was less than 40%, the p-value was considered to be valid and the relationship considered statistically significant.

secondary school and 48.4% who completed tertiary level. People who completed tertiary level education seemed to be the most inclined to choose the option that responsible drug use may be beneficial from some, with 23.2% choosing this option as opposed to 19.7% and 10.1% of the other cohorts.

Table 9: General thoughts on drug use by highest level of education

	Secondary level	Post-Secondary level	Tertiary level
Drug use is always harmful and should be avoided	45.1%	63.3%	48.4%
Some drugs might have risks, but others can be okay in moderation	12.7%	18.0%	21.1%
People should be free to choose whether or not to use drugs	16.9%	7.9%	6.3%
Responsible drug use can have benefits for some individuals	19.7%	10.1%	23.2%
I'm not sure/I don't have strong feelings about drug use	5.6%	0.7%	1.1%
TOTAL	100.0%	100.0%	100.0%

• **Choosing to abstain**

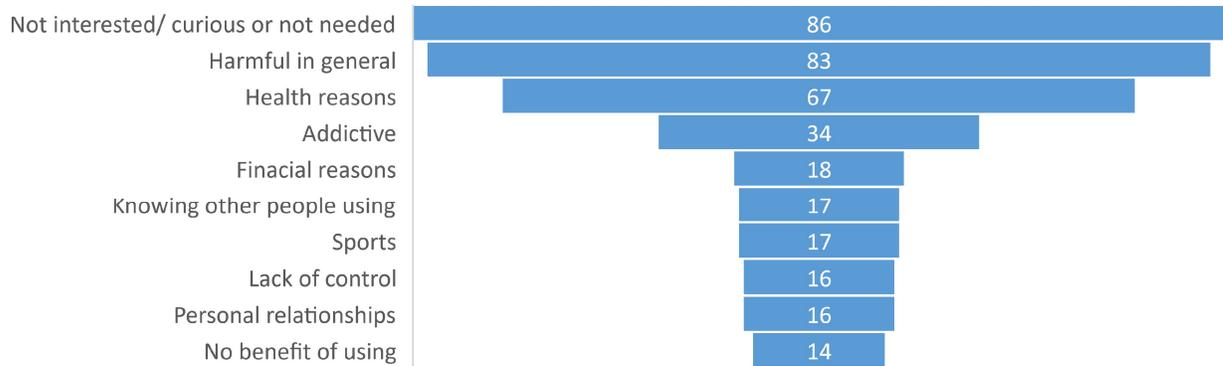
Respondents were then asked the following open question, “*What is the main reason why you have chosen not to use drugs and to maintain a drug-free lifestyle?*” Respondents were allowed to provide their own answers, without giving them any prompts. This allowed the researcher to get more in-depth answers and to avoid introducing any bias in the answers. Despite asking for the main reason, some individuals chose to give multiple reasons in one answer, clearly indicating that the choice of not taking drugs is complex and might involve different reasonings. For the 400 participants, 475 reasons were extracted from their qualitative answers and categorised into main themes, as indicate:

Table 10: Reasons for choosing to abstain from drugs

Theme	Number
1. Not interested/ curious or not needed	86
2. Harmful in general	83
3. Health reasons	67
4. Addictive	34
5. Financial reasons	18
6. Knowing other people using	17
7. Sports	17
8. Lack of control	16
9. Personal relationships	16
10. No benefit of using	14
11. Awareness/ educational campaigns	11
12. Better Things to do / Alternative ways to cope	11
13. Religious Beliefs, values and morals	11
14. Choice	8
15. Don't like them	8
16. Upbringing	8
17. No exposure / Not in circle of friends	7
18. Never used	6
19. Impact on Work/Study	6
20. Don't know	5
21. Not wanting to get in trouble	5

22.	Illegal	4
23.	Other	18
TOTAL		475

Figure 3: Top 10 reasons mentioned for choosing to abstain from drugs



The most common reason mentioned was that of people being **disinterested or not curious in trying drugs**, or else **not feeling the need**. This was mentioned in varying forms by 86 individuals (around 18% of respondents). For instance, one respondent mentioned:

“Drugs are readily available where I live, however I was never interested in or curious to use them.” (25-30, Male, Hamrun)

Around 17.5% (n=83) of respondents mentioned that they chose not to use drugs, since they know that they are **‘harmful’, ‘bad’ or ‘not good for you’**. Many respondents kept this general, without specifying what exact harm they are referring to, others tried to highlight the various harmful facets of drugs.

“[It is] harmful, [it] messes with brain and emotions, can lead to death” (18-24, Male, Attard)

“[M]any romanticise soft drugs like cannabis, however in the long run, they can still be harmful” (25-30, Male, Siġġiewi)

On the other hand, 67 respondents specifically mentioned that the harm is related to **health**, mentioning both physical and mental health. Moreover, around 4 individuals specifically mentioned that the reason for avoiding use is the fact that drugs could lead to death.

“[N]ot beneficial for health, even if it had to be medical, I don’t know whether I would use them” (18-24, Female, Kappara)

“Breaks the individual mentally, changes brain chemistry as well as one’s psychology” (18-24, Male, Gozo)

34 respondents also mentioned specifically that drugs can be **addictive** and therefore, they choose to avoid them entirely.

“I always believed that drugs open the door for addiction - life becomes dependent on them and one is not free - always with a chain” (18-24, Male, Mosta)

A number of respondents (n=18) also quoted **financial reasons** for not engaging in drug use, with some outrightly stating that they consider it a ‘waste of money’ whilst others stating that the addiction costs a lot of money and could bring trouble to their families financially. On the other hand, 17 participants also specifically mentioned

that having **witnessed what drugs have done to other people close to them**, such as family or friends, deterred them from engaging in similar activities.

"I have friends who were negatively impacted by drugs" (25-30, Female, Msida)

"I had a past history in my family and drugs give you a lot of problems" (18-24, Female, Mellieħa)

Interestingly, 16 individuals specifically mentioned their **involvement in sports** as one of the main reasons why they decide not to take drugs. This was mentioned by both people who classify themselves as professional sportsmen/ athletes, but also by those who simply practice sports as a past-time/hobby. Sports could deter the use of drugs, since the consumption of drugs could impact one's performance. Yet, it could also be seen as an alternative activity, as well as an outlet for stress. In line with this, 11 individuals mentioned that they **'have better things to do'** or **'alternative ways of coping'** when things get hard. This stands to show, that people who are involved in other activities and/or which have adequate support systems might find it slightly easier to abstain from substances.

16 respondents also made mention of **personal relationships**, mentioning that the love for their family, their responsibility as a parent and the wish to be good role models for their children keep them from using drugs.

"I respect my family too much" (25-30, Male, Mġarr)

"I have children and I need to lead by example" (25-30, Female, Dingli)

"I am a mummy and do not like for my children to do these things" (25-30, Female, Ħamrun)

Another 16 people mentioned that the reason why they do not engage in consuming drugs is due to the fact that they want to **retain control over their actions** and are therefore unwilling to put themselves in situations, whereby substances make them lose such control. Others, mentioned reasons such as their **religious beliefs, morals and values** ($n=11$), or else their **upbringing** ($n=8$) which kept them away from such substances, passing comments such as:

"I had a good upbringing" (25-30, Male, Rabat)

"I am not the kind of person who takes drugs" (18-24, Female, Mqabba)

"[F]aith and relationship with God - in the past when not so close to God, I was close to using drugs, but luckily, I didn't" (25-30, Male, Luqa)

Other reasons given by a smaller number of people included having little exposure ($n=7$), the impact that drugs would have on their work or studies ($n=6$), as well as not wanting to get in trouble ($n=5$). Interestingly only 4 people mentioned that the reason for not engaging in drug use was because drugs were illegal. Similarly, only 2 individuals outrightly said that they were scared of using drugs. This could indicate that the enforcement factor here is not strong enough to deter people from choosing not to consume drugs.

To be able to carry out a more structured quantitative analysis, participants were then presented with a list of different statements/ reasons for abstaining, which were based on literature, covering (i) psychological and behavioral reasons, (ii) somatic and physiological reasons, (iii) social approval and self-image reasons, as well as (iv) sufficient knowledge and limited access reasons. For each statement, respondents had to indicate whether they agree, feel neutral or disagree with the statement, or else it was simply not applicable or they did not know.

• Psychological and behavioral reasons

As indicated, nearly all respondents agreed that the following factors affected their decision to not use drugs, namely the fear of developing an addiction (96.3%, $n=385$), maintaining control over one's action (95.3%, $n=381$) and the fear of developing mental health issues (92.8%, $n=371$). In contrast, only 77.3% ($n=309$) agreed that the fear that drugs would make them aggressive towards others played a contributing factor in their decision of not taking drugs, with 12.5% ($n=50$) stating a neutral stance and another 8.3% ($n=33$) disagreeing.

Table 11: Psychological and behavioral reasons for abstaining from drugs

	I would rather maintain control over my actions and not have them affected by drug use.		Drugs might make me aggressive toward others.		I fear that I could develop mental health issues as a result of drug use.		I could develop an addiction from drug use.	
	N	%	N	%	N	%	N	%
Agree	381	95.3%	309	77.3%	371	92.8%	385	96.3%
Neutral	15	3.8%	50	12.5%	15	3.8%	10	2.5%
Disagree	4	1.0%	33	8.3%	13	3.3%	5	1.3%
Do not know	0	0.0%	7	1.8%	1	0.3%	0	0.0%
Not applicable	0	0.0%	1	0.3%	0	0.0%	0	0.0%
TOTAL	400	100.0%	400	100.0%	400	100.0%	400	100.0%

• **Somatic and physiological reasons**

As indicated the statement which most respondents agreed with under this category was that they feared that drug use would affect their physical health (97.8%, $n=391$), followed by 95.8% ($n=383$) fearing that drugs might affect their concentration, and 89.3% ($n=357$) agreeing that drugs would impact their artistic/ sports performance. The lowest level of agreement was that of 69.5% ($n=278$) stating that they feared it would impact their sexual performance. This was however the case, since 10.5% of respondents said they felt neutral to this remark ($n=42$), and another 12.5% ($n=50$), stated that this was not applicable, possibly signaling that they were not sexually active during the time of the questionnaire.

Table 12: Somatic and physiological reasons for abstaining from drugs

	Drug use could potentially harm my sexual performance		I don't want my health to be negatively affected by drug use.		Drug use might affect my memory, concentration and performance at work or study		My concern is that drug use might affect my artistic or sports performance.	
	N	%	N	%	N	%	N	%
Agree	278	69.5%	391	97.8%	383	95.8%	357	89.3%
Neutral	42	10.5%	5	1.3%	12	3.0%	30	7.5%
Disagree	13	3.3%	3	0.8%	1	0.3%	6	1.5%
Do not know	17	4.3%	1	0.3%	4	1.0%	1	0.3%
Not applicable	50	12.5%	0	0.0%	0	0.0%	6	1.5%
TOTAL	400	100.0%	400	100.0%	400	100.0%	400	100.0%

• **Social approval and self-image reasons**

Table 23 looks into a number of statements related to social approval and self-image concerns which might have played a role in the decision of respondents not to take drugs. The highest level of agreement was that of 91% of respondents ($n=364$), who agreed that “the concern that family or friends might not approve of their drug use” and “the impact on their intimate relationships” played a role in their decision to abstain. 87% ($n=348$), stated that they agree that their choice of not using drugs was/is influenced by their personal beliefs and values. In this case, though, 7.8% ($n=31$) were neutral and 5.3% ($n=21$), outright disagreed with this statement.

Interestingly, the lowest level of agreement was in relation to the possible legal consequences or the fear of being caught, with 84.8% ($n=339$), agreeing to the statement, 8.3% ($n=33$) claiming of being neutral and 6.8% ($n=27$) fully disagreeing. This substantiates the fact that only 4 out of 400 people mentioned illegality as a reason for abstaining, without being prompted (Table 20). This clearly indicates that the legal consequences seem to play the smallest part in making such a choice, at least in this category.

Table 13: Social approval and self-image reasons for abstaining from drugs

	Drug use goes against my personal beliefs and values.		I am concerned that my family, partner, or peers would disapprove of my drug use.		Drug use might affect negatively my intimate relationships.		Legal consequences and the fear of getting caught discourage me from using drugs.	
	N	%	N	%	N	%	N	%
Agree	348	87.0%	364	91.0%	364	91.0%	339	84.8%
Neutral	31	7.8%	22	5.5%	22	5.5%	33	8.3%
Disagree	21	5.3%	13	3.3%	10	2.5%	27	6.8%
Do not know	0	0.0%	1	0.3%	2	0.5%	1	0.3%
Not applicable	0	0.0%	0	0.0%	2	0.5%	0	0.0%
TOTAL	400	100%	400	100.0%	400	100.0%	400	100.0%

- Sufficient Knowledge and Limited Access Reasons**

Another category outlined as possible reasons for abstaining from drug use was that of the person either having sufficient knowledge or limited access to the drugs per se. It is worth nothing thought that the level of agreement with these statements was much lower than in other categories. The statement to which respondents agreed to most (76.8%, $n=307$) was that the person lacks interest or curiosity in such substances. Yet 11.5% ($n=46$) disagreed with this statement. Another 76.5% ($n=306$) agreed that education and awareness programmes played a role in their decisions not to take drugs. Around 20% ($n=78$) disagreed that price of drugs (too expensive) played a role in their decision, whilst another 21.5% ($n=86$) disagreed that their choice was affected by the lack of accessibility of substances. This might be an indication that such reasons play a smaller part in the decisions to abstain, when compared to the other statements mentioned above.

Table 14: Sufficient Knowledge and Limited Access Reasons for abstaining from drugs

	Education and awareness programmes on drug use have helped me make informed decisions.		Drugs are too expensive for me to consider using.		Drugs are not easily available to me.		I lack interest or curiosity about drugs	
	N	%	N	%	N	%	N	%
Agree	306	76.5%	244	61.0%	246	61.5%	307	76.8%
Neutral	55	13.8%	54	13.5%	59	14.8%	47	11.8%
Disagree	38	9.5%	78	19.5%	86	21.5%	46	11.5%
Do not know	0	0.0%	20	5.0%	8	2.0%	0	0.0%
Not applicable	0	0.0%	0	0.0%	1	0.3%	0	0.0%
TOTAL	399	100%	400	100.0%	400	100.0%	400	100.0%

- **Strategies for abstinence**

The last section of the questionnaire looked into the strategies that respondents use to maintain the drug-free lifestyle they decided to adopt. The first question of this section outlined a number of proposed strategies to the participants and they were asked to rate whether they believed such strategies were effective or otherwise (1, being non-effective and 5 being very effective) and maintaining such lifestyle.

As indicated, the strategy with the highest mean score (1-5), was that of seeking support from friends, family or mentors (Mean = 4.27), followed by assertively refusing offers to drugs (Mean=4.17), seeking alternative activities and distractions (Mean=4.16), avoiding situations where drugs could be offered or available (Mean=3.74), and the least effective was coming up with excuses to say no (Mean = 3.64).

Table 25: Mean score in terms of effectiveness of avoidance strategies

	Avoiding situations where drugs may be offered or available	Coming up with excuses to say no to drugs	Assertively refusing offers to use drugs	Seeking alternative activities or distractions	Seeking support from friends, family, or mentors
Mean Score (1-5)	3.74	3.64	4.17	4.16	4.27

Participants were also asked how safe they feel in their relationship with both their family and their friends, in helping them maintain a drug-free lifestyle. As indicated the majority felt that they are safe or very safe in both types of relationships, with however a marked difference in the family relationship, whereby 82.5% felt very safe, and with friends only 63.5% felt this level of safety and support.

Table 15: Level of safety in family and friends' relationships to help maintain a drug-free lifestyle

	Family	Friends
Not at all safe	0.5%	0.3%
Not safe	0.8%	2.0%
Neither safe, nor unsafe	3.0%	7.8%
Safe	13.3%	26.5%
Very safe	82.5%	63.5%
TOTAL	100.0%	100.0%

Participants were also asked which of a set of proposed actions would they choose to implement to discourage drug consumption, where they in a position of authority. The most common option chosen, as indicated was that of implementing stricter regulations on the sale and distribution of drugs (32.5%, n=130), yet it is also worth noting that all options gained a score of around 20% to 33%.

Table 16: Most efficient action the authorities could take to discourage use of drugs

	Frequency	Percent
Increase awareness through educational campaigns.	81	20.3%
Strengthen law enforcement for drug-related offences.	103	25.8%
Improve community support and resources for at-risk individuals.	85	21.3%
Implement stricter regulations on the sale and distribution of drug	130	32.5%
Other	1	0.3%
Total	400	100.0%

Running a Pearson's Chi-square test has shown that there is a statistically significant relationship between such strategies selected and the age group ($p=0.007$). The respondents in the older age group tended to favour stricter regulations on the sale and distribution of drugs (38.5%, $n=89$), whilst increasing awareness through educational campaigns was selected by the least number of respondents in this age group (15.6%, $n=36$). Conversely, the younger (18-24 years) cohort, actually preferred this option as the most efficient (26.6%, $n=45$), as indicated. This should be kept in mind when designing policies to discourage drug use, as different age cohorts might find different policies more appealing or effective. Possibly a blend of different policies might work best. No other statistically significant relationship was found in terms of other demographic variables.

Table 28: Most efficient action the authorities could take to discourage use of drugs by age group

	18-24		25-30	
	N	%	N	%
Increase awareness through educational campaigns	45	26.6%	36	15.6%
Strengthen law enforcement for drug-related offences	42	24.9%	61	26.4%
Improve community support and resources for at-risk individuals	41	24.3%	44	19.0%
Implement stricter regulations on the sale and distribution of drugs	41	24.3%	89	38.5%
Other	0	0.0%	1	0.4%
TOTAL	169	100%	231	100%

Lastly, participants were asked of how confident they would be in their ability to remain drug-free, even with drugs like cannabis, which has already been legalised. As indicated the majority stated that they were very confident (71%, $n=285$) or confident (21%, $n=82$) in doing so. No statistically significant relationship with any demographic variable was found when a Chi-Square test was run.

Table 17: Confidence in remaining drug-free

	Frequency	Percent
Not at all confident	7	2%
Not confident	2	1%
Somewhat confident	24	6%
Confident	82	21%
Very confident	285	71%
TOTAL	400	100%

G. REFERENCES

Fountain, J., Bartlett, H., Griffiths, P., Gossop, M., Boys, A., & Strang, J. (1999). Why say no? Reasons given by young people for not using drugs. *Addiction Research*, 7(4), 339-353. <https://doi.org/10.3109/16066359909004391>

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National Statistics Office. (2023). *Census of Population and Housing 2021. Final Report. Population, migration & other social characteristics. Vol. 1.*

Rosansky, J. A., & Rosenberg, H. (2019). Self-reported reasons for abstinence from illicit drugs. *Substance Use & Misuse*, 54(8), 1272-1285. <https://doi.org/10.1080/10826084.2019.1566364>

H. Questionnaire (English version)

Section 1: Demographics

1. What is your age? _____

- 18-24
- 25-30

2. Which gender/s do you primarily identify with?

- a) Male
- b) Female
- c) Other
- d) Rather not say

3. Can you please specify your nationality?

- Maltese
- Other: _____

4. In which locality do you currently reside?

5. What is the highest level of education that you have completed or are currently pursuing?

- a) No formal education
- b) Primary level
- d) Secondary level
- e) Post-secondary level
- f) Tertiary level

6. What is your current occupation?

- a) Student
- b) Employed (Part Time or Full Time)
- c) Self-employed
- d) Unemployed
- e) Homemaker
- f) Other (please specify): _____

7. Have you ever used any drugs (such as LSD, speed, cocaine, heroin, synthetic drugs, ecstasy, cannabis, crack, or cocaine) and excluding Cannabidiol (CBD) products)? _____

8. Have you ever used any other substances, including medicine, for non-medical purposes?

(If the answer to questions 7 and 8 is yes, the survey concludes here).

(If the answer to questions 7 and 8 is no, continue to the next question)

Section 2: Awareness and availability of drugs

9. How much do you think you know about drugs (such as the ones which were just mentioned) and their effects? (Rate on a scale from 1 to 5, where 1 = Not at all, 5 = Very Familiar)

10. Within your close circle of family, friends, and acquaintances would you say that drug use has been...

(Please select the option that best matches your opinion)

- Rare or non-existent
- Occasional
- Very common

- Associated with addiction

11. How easy or difficult would it be for you to obtain drugs, should you wish to do so?

- Easy
- Neither easy nor difficult
- Difficult
- Do not know

12. Do you believe there is sufficient awareness and education about drug use? (Yes/No) If not, what additional measures do you suggest? _____

Section 3: Reasons for abstinence

13. What are your general thoughts on drug use? (Please select the option that best matches your opinion)

- Drug use is always harmful and should be avoided.
- Some drugs might have risks, but others can be okay in moderation.
- People should be free to choose whether or not to use drugs.
- Responsible drug use can have benefits for some individuals.
- I'm not sure/I don't have strong feelings about drug use.

Other (please specify): _____

14. What is the main reason why you have chosen not to use drugs and to maintain a drug-free lifestyle?

15. To what extent do you agree or disagree that the following factors influenced your decision not to use drugs?

Please indicate your level of agreement or disagreement with each statement (Agree / Neutral / Disagree)

Psychological and Behavioural Concerns³	Agree	Neutral	Disagree	Not applicable	Do not know
I would rather maintain control over my actions and not have them affected by drug use.					
Drugs might make me aggressive toward others.					
I fear that I could develop mental health issues as a result of drug use.					
I could develop an addiction from drug use.					

³ The themes were informed by Lauritsen et al. (2018):<https://www.tandfonline.com/doi/full/10.1080/00952990.2017.1289214>

Somatic and Physiological Concerns	Agree	Neutral	Disagree	Not applicable	Do not know
Drug use could potentially harm my sexual performance.					
I don't want my health to be negatively affected by drug use.					
Drug use might affect my memory, concentration and performance at work or study.					
My concern is that drug use might affect my artistic or sports performance.					

Social Approval and Self-image Concerns	Agree	Neutral	Disagree	Not applicable	Do not know
Drug use goes against my personal beliefs and values.					
I am concerned that my family, partner, or peers would disapprove of my drug use.					
Drug use might affect negatively my intimate relationships.					
Legal consequences and the fear of getting caught discourage me from using drugs.					

Sufficient Knowledge	Agree	Neutral	Disagree	Not applicable	Do not know

and Limited Access					
Education and awareness programmes on drug use have helped me make informed decisions.					
Drugs are too expensive for me to consider using.					
Drugs are not easily available to me.					
I lack interest or curiosity about drugs					

Section 4: Strategies for abstinence

16. How effective do you find the following strategies in avoiding drug use? (Rate on a scale from 1 to 5, where 1 = Not Effective, 5 = Very Effective)

Strategies	1	2	3	4	5
Avoiding situations where drugs may be offered or available					
Coming up with excuses to say no to drugs					
Assertively refusing offers to use drugs					
Seeking alternative activities or distractions					
Seeking support from friends, family, or mentors					

17. How safe do you feel in your relationship with your family in helping you maintain your drug-free lifestyle? (Rate on a scale from 1 to 5, where 1 = Not Safe, 5 = Very Safe)

18. How safe do you feel in your relationship with your friends in helping you maintain your drug-free lifestyle? (Rate on a scale from 1 to 5, where 1 = Not Safe, 5 = Very Safe)

19. If you were in a position of authority, which of the following options would you choose to discourage people living in Malta from using drugs and maintaining a drug-free life? (Please select the option that you believe would be most effective)

- Increase awareness through educational campaigns.
- Strengthen law enforcement for drug-related offences.
- Improve community support and resources for at-risk individuals.
- Implement stricter regulations on the sale and distribution of drugs.

Other (please specify): _____

20. How confident are you in your ability to remain drug-free, even with drugs like cannabis, which has already been legalised? (Rate on a scale from 1 to 5, where 1 = Not Confident, 5 = Very Confident)

At the end of the survey, the researcher will read the following information and the list of services that offer free and fee-paying professional support services that the participant might find helpful:

I would like to take this opportunity to thank you for your participation in this study. I appreciate your involvement and cooperation throughout this entire process. This study was not anticipated to cause distress, and the interview questions were formulated in a sensitive manner as much as possible. However, if participation has led you to experience any distress or discomfort for any reason, I will share information about services that offer free and fee-paying professional support services that you might find helpful:

FREE SERVICES

Caritas Malta

2219 9000 - www.caritasmalta.org

Counselling and support group services also supporting individuals and families struggling because of drug addiction. All services are free.

Victim Support Malta

2122 8333 – info@victimsupport.org.mt <https://victimsupport.org.mt/>

The services are delivered to individuals aged 16+ via psychological intervention and legal information. The team is populated by a vast array of professionals including Psychotherapists, Counsellors, Family Therapists, Psychiatrists and more.

Richmond Foundation

info@richmond.org.mt +356 21224580/ 21482336/ 21480045

Supports both individuals who are experiencing mental health problems as well as those around them. Apart from supporting individuals by offering therapeutic help, Richmond Foundation also guides individuals by teaching the necessary skills to live and work independently. Their services include support groups, assisted living solutions, educational programmes, as well as counselling services.

Supportline 179 (24/7 access)

This is Malta's national helpline acting to provide support, information about local social welfare and other agencies, as well as a referral service to individuals who require support. It is also a national service to individuals facing difficult times or a crisis. Their primary mission is to provide immediate and unbiased help to whoever requires it.

Kellimni.com (24/7 access)

<http://kellimni.com/> +356 21244123/21335097

kellimni.com is an online support service in which trained staff and volunteers are available for support 24/7 via email, chat and smart messaging. This service is managed by SOS Malta.

Crisis Resolution Malta

crisismalta@gmail.com/ +356 99339966

Offers immediate care. Crisis resolution 24/7. The team of volunteers who answer the phone are all professionals, and the consultation service is free.

PAID PROFESSIONALS

Counsellors:

ccp.msfc@gov.mt

Malta Association for the Counselling Profession (MACP) www.macpmalta.org

Council for the Counselling Profession (CCP)

Family Therapists:
www.ift-malta.com

Psychologists:
Malta Chamber of Psychologists
mcp.org.mt

Malta Psychology Profession Board
mppb.msfc@gov.mt

Malta Association of Psychiatrists: map.org.mt

Psychotherapists: www.facebook.com/MaltaAssociationForPsychotherapy