



OASI FOUNDATION CONTRIBUTION

To the National Drug Policy 2023-2033

OASI Foundation

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1. Introduction

We welcome the second National Drugs Policy. This document presents the OASI Foundation's contribution to various aspects of this policy. It also highlights concepts related to the general approach to tackling substance use.

2. Background

Substance use has increased worldwide, and Malta is no exception. During the past 15 years, since the release of the first National Drugs Policy, the drug scene has endured huge changes (Coomber, R. et al., 2015; Parker et al., 2002; Pennay & Measham, 2016). The ongoing normalisation process has its undesired socio-economic impact on the individuals who make use of drugs (including 'recreational' use), their families, their work environment, their communities and eventually our society are continuously being felt (Coomber, R. et al., 2015; Gellel et al., 2022; Goosdeel, 2022; Pennay & Measham, 2016; World Health Organization, 2016). In 2021, Malta officially legalized the private use and cultivation of cannabis. This had a negative impact when it comes to the provision of prevention and rehabilitation services. In the same instance, this legislation did not diminish the cannabis negative physical and social consequences.

As mentioned in the proposed policy document, apart from the increase in cannabis use and cannabis-related treatment demands, the drug scene in Malta saw an increase in cocaine use in its various forms (Gellel et al., 2022). OASI Foundation registered the same trends. 43% of those requesting treatment and rehabilitation at OASI reported cocaine as their primary drug of choice, while 39% stated alcohol and 7% reported cannabis as their primary drug.

The drugs normalisation has also made an impact on the persons facing substance use difficulties. We note a reduction in the drive to cooperate with therapeutic plans, while at the same time, the social support networks have heavily diminished.

While we concur with the actions mentioned in the draft document, we would like to add the following points for consideration.

3. Contribution

3.1. Drug Culture

One cannot address the substance use and abuse phenomenon without considering the culture that surrounds it. The draft policy refers to the importance of prevention strategies to educate the general public. There are no hard and fast rules that state what is effective and what is not. On the other hand, one needs to acknowledge that there are strategies that are counterproductive to prevention measures. A clear example of this is the campaigns that promote responsible use of any drug or addictive behaviour. Such campaigns do not promote a Healthy and Responsible Lifestyle. A culture shift is envisaged here which requires the collaboration of all the social actors.

3.2. Stigma

On the other hand, while drug use has become more normalised, stigma is still a challenge for those who have drug use-related difficulties (Barry et al., 2014). These persons need to feel safer asking for help and encourage to seek help by acknowledging their efforts.

3.3. Bring back to life and rephrasing Article 338ff in Chapter 9 of the Laws of Malta

This clause in the criminal code, established in the late 1800s, refers to a person's diminished self-control when under the effects of alcohol (Parliament of Malta, 1854). This clause has become more pertinent in today's society and should be updated to include all drugs. For the safety reasons, including that of children, persons under the effect of any immediate effect of any kind of substance need to taken care of till they are fully in control of their decision making abilities.

3.4. Addictive Behaviours

One cannot address the drug use problem without putting into the equation the psychosocial effects of addictive behaviours, such as gambling, the internet, social media, etc. Addictive behaviours go hand-in-hand with drug use, where very often one drifts from one problem into another. Measures to address substance use and abuse need to include addictive behaviours, especially when strategizing preventive measures.

3.5. Alcohol

Alcohol is another drug, which has addictive properties. From a medical point of view, alcohol is treated as a drug. It is also being consumed with other drugs, mostly cocaine. 25% of those who approach the Foundation for their alcohol abuse problem have cocaine as their secondary drug of choice. Hence, including alcohol as another drug helps in solidifying this policy.

3.6. Mental Health and Dual Diagnoses

All those who have substance use difficulties experience mental health difficulties in one way or another. This does not mean that these mental health difficulties are permanent. Research shows that most of these difficulties will subside with psychotherapy and the acquisition of healthy living skills (Khantzian, 2012). Encouraging persons to strive for their recovery process, rather than expecting miracles from professionals, is a crucial part of healing.

3.7. Self-help groups.

The incorporation of Self-Help Groups such as Alcoholics Anonymous and Narcotics Anonymous as part of the treatment plans for those with addiction difficulties is to be encouraged. Self-Help Groups have proven to be effective in long-lasting recovery after intensive therapy but serve also as an important support network, making them a very cost-effective tool in addiction treatment processes.

3.8. Drug Use Cost Estimation

A periodical cost estimation of the country's drug use will lead to the understand of the impact on society. The estimation should include the amount of monies that are directly and indirectly leaving the country.

3.9. Training the Frontliners

Police officers, nurses (especially the ones working in Emergency and Casualty Units and Poly Clinic), Human Resources officials, employers and teachers are the professionals who meet persons with substance use difficulties. These professionals will benefit from specialized training on how to direct persons with substance use difficulties towards further professional assistance while ensuring anonymity.

3.10. Training the Leaders

Leaders (and leaders to be) are role models for those who follow them. Their leadership role may be at the work or community level. Incorporating specialized substance use and addiction training in leadership and management courses increases awareness and enhances support for persons who are encountering difficulties due to their substance use. Local consils

3.11. Zero Tolerance in the Role Model Professions

Persons working in the caring field should be encouraged and supported towards zero-tolerance practice, including that second-hand exposure to and intake of substance use. Institutions whose role is to enforce and/or support persons with substance use difficulties and/or advocate towards a substance use-free society are to be supported in encouraging their employees in testing drug-free at all times.

3.12. Drug-Induced Violence and Family Members' Safety

We note an increase in the number of family members who need to revert to police assistance and court protection due to multiple instances of threats and violent incidents caused by their drug-using family members. The need for an immediate intervention unit is needed to ensure the physical safety of these families. Personnel operating in this unit may need to employ restraining actions, and thus require the facilities for this.

3.13. Data Collection

Data is one of the fundamentals for effective policy implementation and redirection. It is not always possible to achieve full data collection due to several reasons: lack of awareness and lack of resources included trained personel, amongst others. Following data areas provide differen light on the subject:

3.13.1. Professionals submitting data

As already mentioned, stigma is still highly present when it comes to substance abuse, especially when substance abuse problems are experienced middle and upper levels of society. We are aware that several persons are asking for the assistance of professionals in private practice. Collecting data from these professionals increases the empirical grounds for policymaking.

3.13.2. Regular General Population Data Collection on Drug Use

No data collection method gives a clear picture of reality. Although cross-checking data from different societal cohorts will give a picture of what is happening on the ground, general population surveys provide evidence from an entirely different angle.

3.13.3. Domestic Violence and Drug Use Data

Drugs use increases the likelihood of violence (*The 'Unleashing' Of Domestic, Familial and Intimate Partner Violence: The Drug Factor*.2023; Coomber, K. et al., 2021; Crane et al., 2021; Zhong et al., 2020). Establishing the link between violence and substance use on the Maltese Islands and assuring up-to-date data provided on the matter helps in saving lives and preventing intergenerational violence and substance use.

3.13.4. Data related to Drug Use and Traffic Accidents

There is a link between substance use and traffic accidents. Mandatory traffic accident drug testing and data reporting help monitor the issue, save lives and serve as an indicator.

3.14. Ten-year Policy Span

We note the policy will cover a 10-year period after which an updating process is planned. We note that the drug scene is becoming increasingly volatile over time and hence increased review frequency, between 5 to 7 years, would be optimal.

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