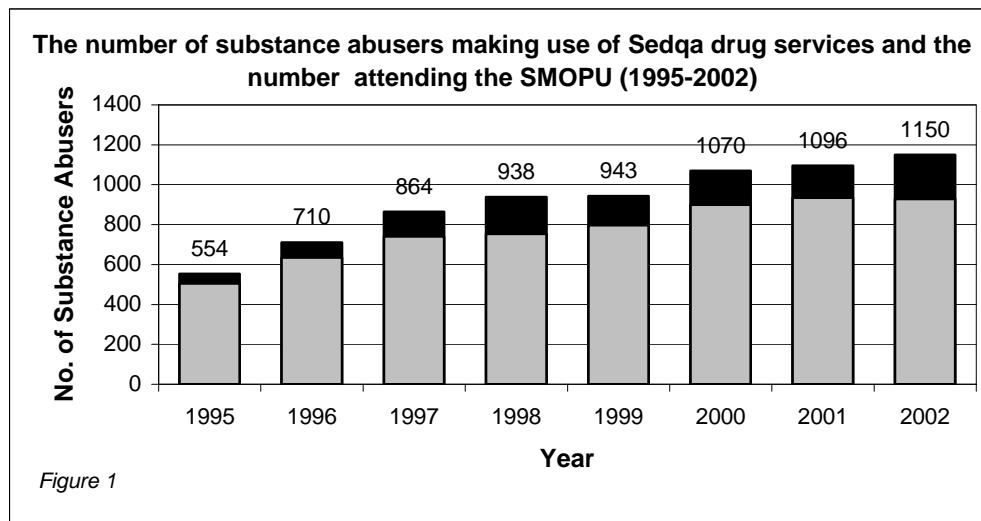


Epidemiological Report: 1994 – 2002

By Vivienne Mallia

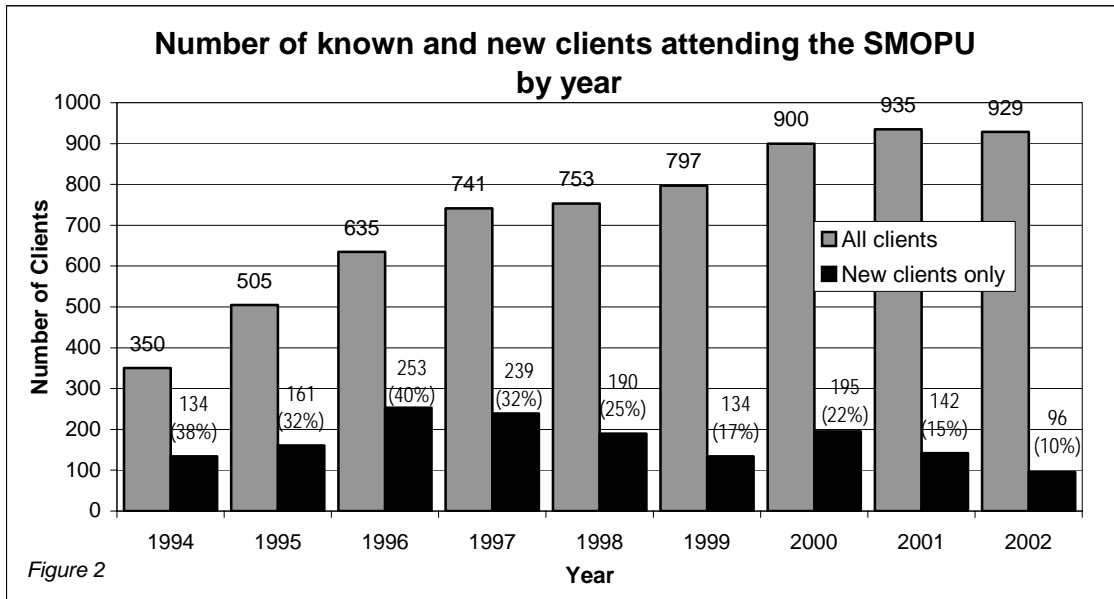
Since its inception in 1994, *sedqa*, the National Agency Against Drug and Alcohol Abuse, has been engaged in data collection and collation. Treatment demand data from several Agency services provide policy makers with information on which to base their decisions.

This epidemiological report will provide an indication of drug use trends and socio-demographic characteristics of drug users between 1994 and 2002. It will start by showing the total number of substance abusers using *sedqa* drug services and the number attending the Substance Misuse Out-patients Unit (SMOPU) by year. The remainder of this report will focus on the treatment demand data collated from substance abusers making use of the SMOPU. This unit caters mainly for heroin users and offers substitution therapy (Methadone), in addition to providing medical, psychiatric and psycho-social interventions on an out-patient basis.



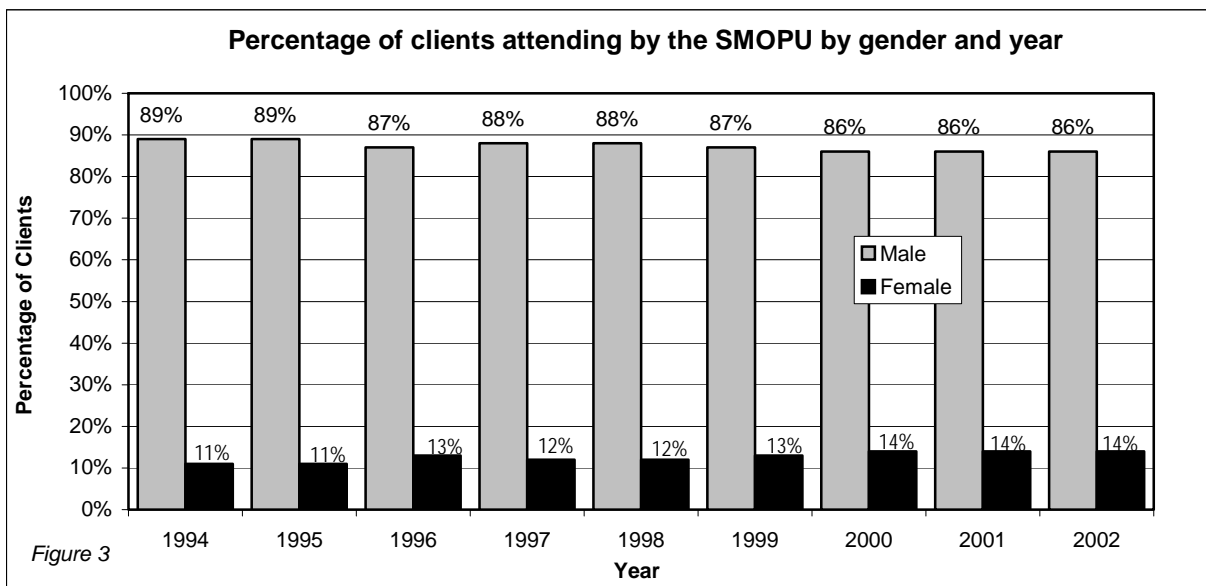
Throughout the recorded period, the number of substance misusers has increased from year to year (see Figure 1). Over the years under consideration, between 80% and 91% of substance misusers seeking support from *sedqa*'s Drug Services were attending services at the SMOPU.

Known and New Clients



The number of new clients making use of the SMOPU increased considerably between 1994 and 1996 from 134 to 253. It declined to 96 in 2002. The total number of clients attending the SMOPU has increased yearly, whilst the percentage of new clients has tended to decrease between 1994 and 2002. This is because many of the clients attending the Unit within a given year will have been retained from previous years.

Gender



Although males are the predominant users of the service at the SMOPU, the percentage of females attending the Unit has been risen slightly from 11% in 1994 to 14% in 2000. Since 2000 the figure has remained constant.

Clients by Age

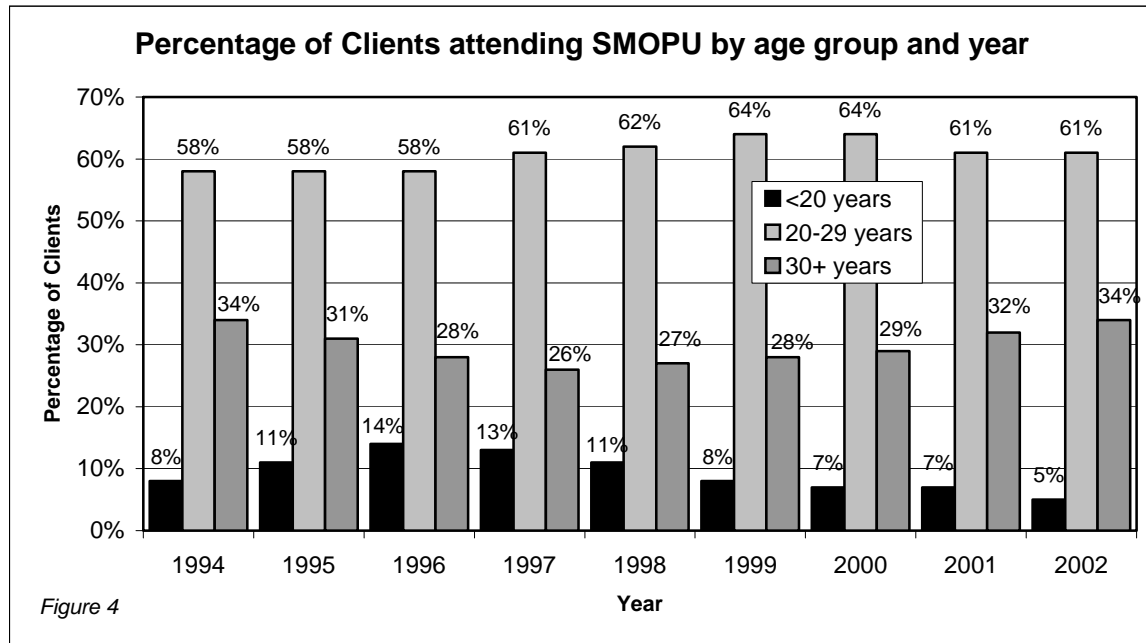


Figure 4 shows that the majority of clients attending the SMOPU are aged between 20 and 29 years, whilst the minority are aged under 20. It is interesting to note that the youngest person seeking treatment during 2002 was 16 years of age whereas the eldest was 65 years of age.

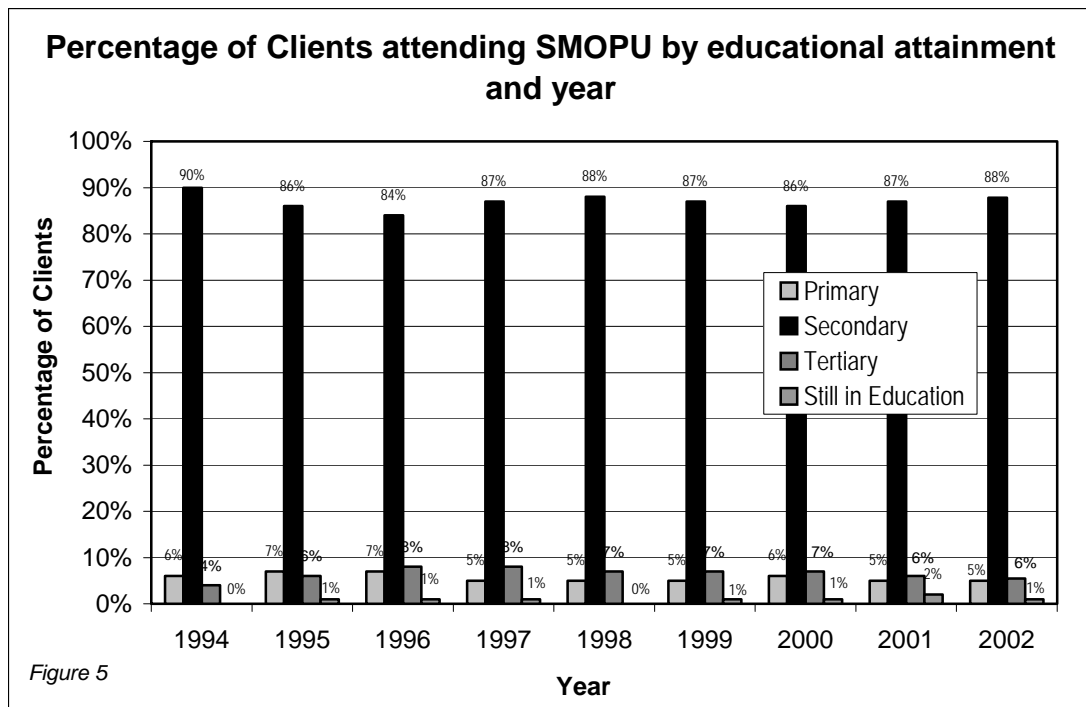
Region

Table 1: Rate of substance abusers per 1000 population aged 16 years of age or over by region¹ and year

| | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 |
|-----------------------------|------|------|------|------|------|------|------|------|
| Inner Harbour Region | 2.69 | 3.10 | 3.82 | 3.91 | 4.16 | 4.52 | 4.93 | 4.93 |
| Outer Harbour Region | 1.39 | 1.55 | 1.9 | 2.16 | 2.38 | 2.82 | 2.84 | 3.04 |
| South Eastern Region | 0.93 | 1.67 | 1.85 | 1.77 | 1.93 | 2.01 | 2.35 | 2.75 |
| Western Region | 0.69 | 1.33 | 2.3 | 2.41 | 2.38 | 2.64 | 2.64 | 2.28 |
| Northern Region | 1.69 | 2.65 | 2.44 | 2.32 | 2.5 | 2.84 | 3.26 | 3.14 |
| Gozo & Comino | 0.13 | 0.13 | 0.05 | 0.13 | 0.09 | 0.23 | 0.32 | 0.27 |

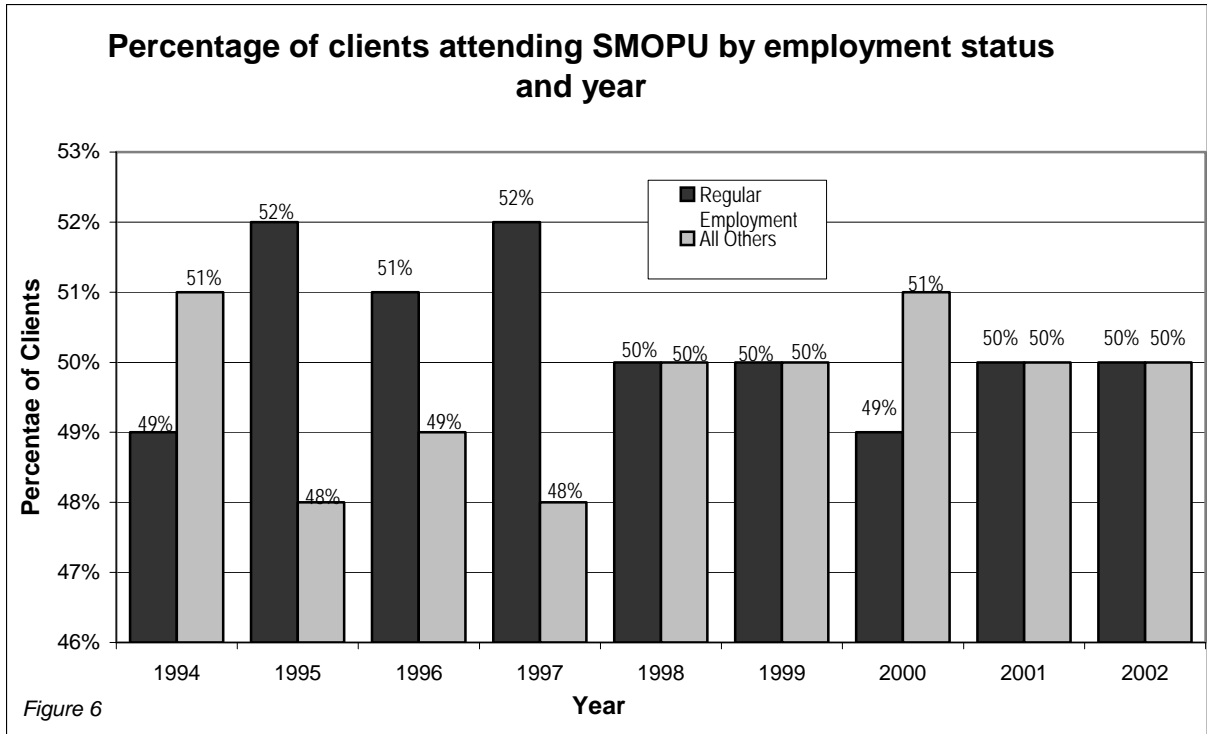
The regions and population aged over 16 years of age were classified according to the 1995 census. It should be borne in mind that the census was conducted in 1995 and the calculated rates do not take into account any change in the size of the population that have occurred since then. Nevertheless, data show that all regions, excluding Gozo, have recorded an increase in the rate of substance abusers making use of the SMOPU from year to year. During the recorded years the Inner Harbour Region had the highest rate of substance abusers making use of the SMOPU's services. The Western Region recorded the largest increase in the rate of substance abusers over the years. Gozo remained relatively constant throughout the recorded period.

Educational Attainment



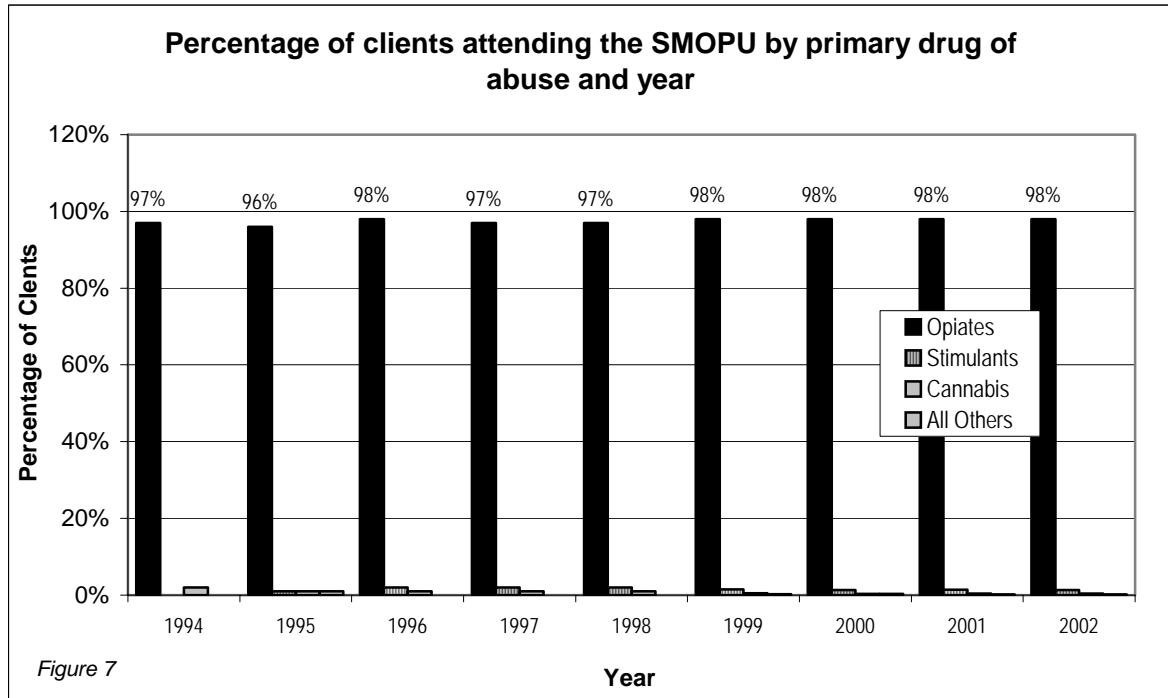
Since school is obligatory till 16 years of age, the majority of clients attending the SMOPU have at least a secondary level of education. Throughout the recorded eight year period, there has been only small variations in the educational attainment of substance misusers attending the SMOPU.

Employment



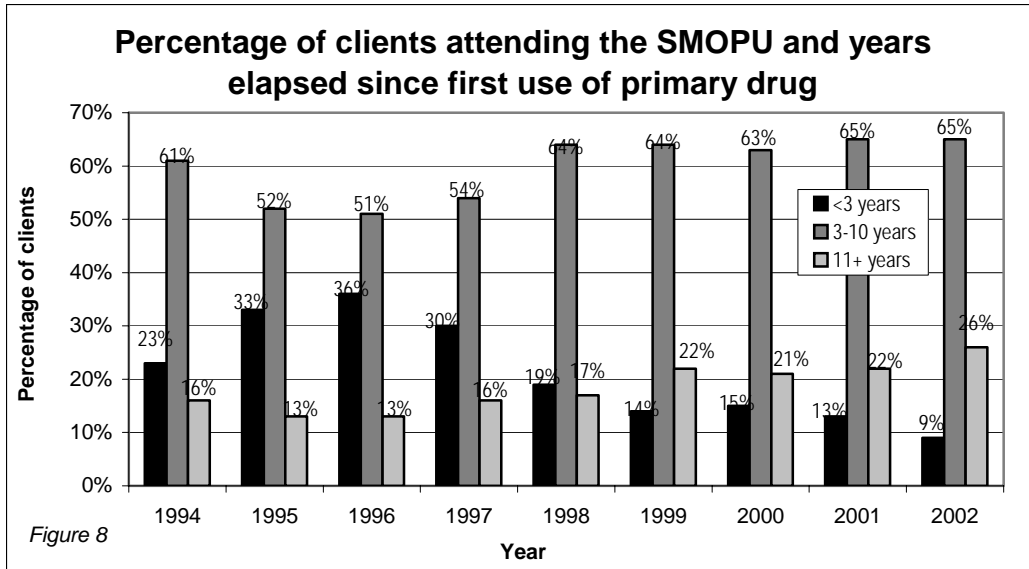
Throughout the period under consideration the percentage of clients who were gainfully employed was relatively stable with approximately half of all clients being in regular employment and half falling under the category or 'all others'. This includes persons who are unemployed as well as housewives, students and retired persons.

Primary Drug of Abuse



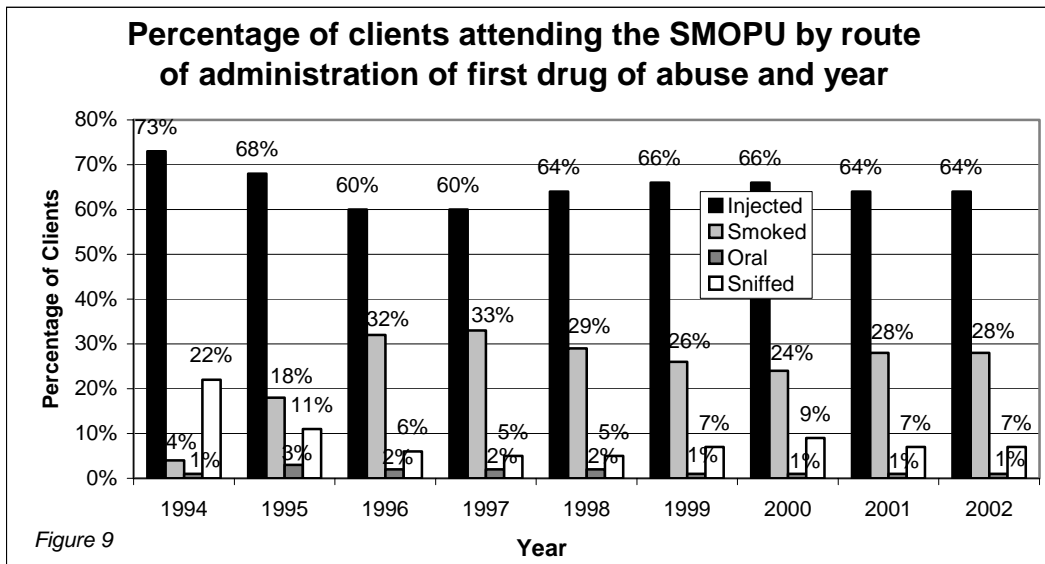
Since the SMOPU provides substitution therapy to heroin abusers, the majority of those attending the Unit use heroin as their main substance of abuse. Others use 'stimulants' which include cocaine and amphetamines, 'cannabis' and 'other drugs' including hallucinogens and benzodiazepines as the main substance of abuse. Worth noting is that most clients are poly-drug users.

Years elapsed since first use of primary drug



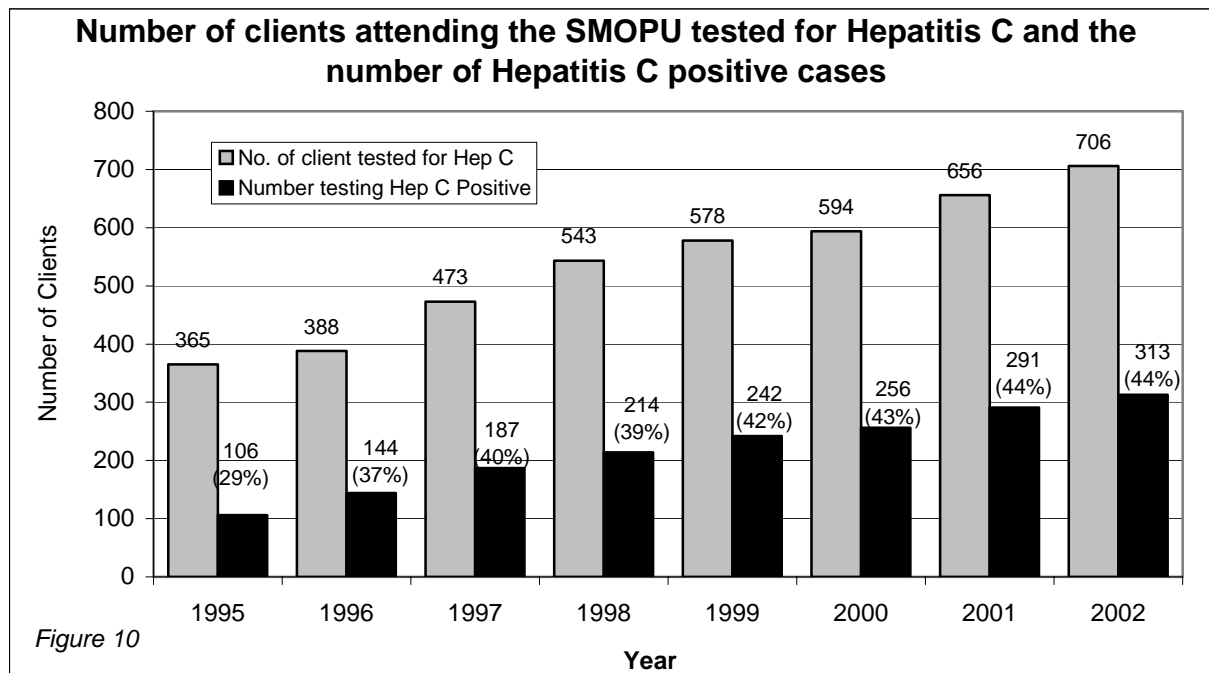
Almost two thirds of the SMOPU's clients have been abusing their main substance of abuse for between 3 and 10 years. These figures suggest that most clients are retained clients, since the number in contact with the service for less than 3 years is declining progressively, whereas those who have been abusing their main substance of abuse for more than 3 years is on the increase.

Route of Administration



A large shift was noticed between 1994 and 1995 in the route of administration of the first drug of abuse from injecting to smoking and sniffing heroin. The reason may be due to the large amount of missing data for this variable in 1994. After 1995, figures were more constant although injecting remained the predominant route of administration.

Hepatitis C



One of the risks of intravenous (injecting) drug use is infection with blood-borne viruses such as Hepatitis C and HIV. Throughout the recorded years, there was an increase in the percentage of clients at the SMOPU being tested for Hepatitis C who tested positive.

Syringe Distribution

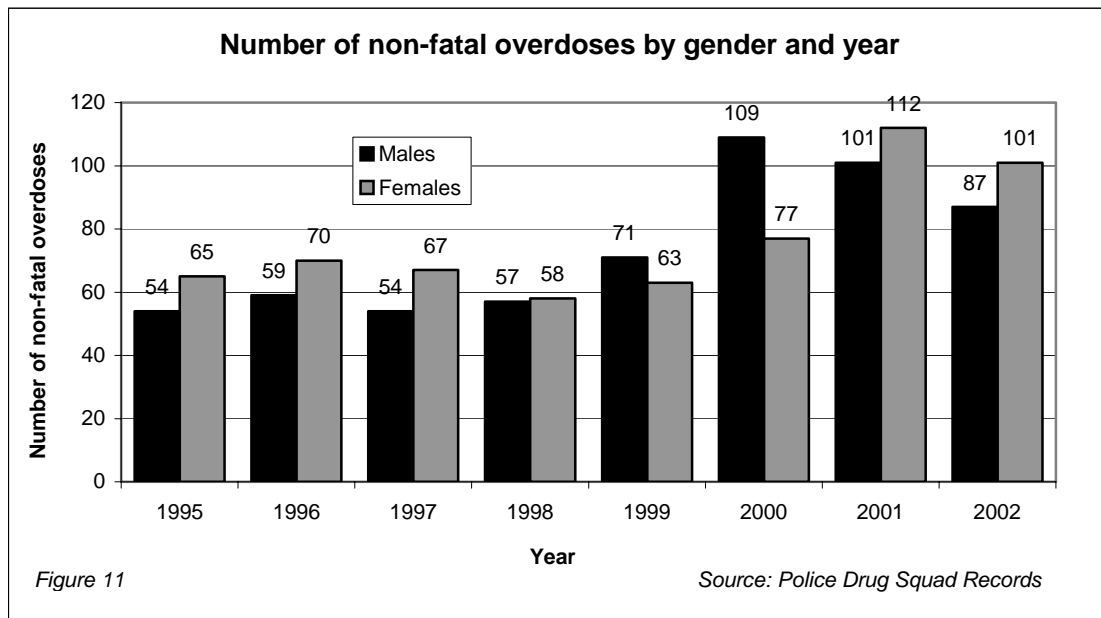
Table 2: Number of syringes distributed by health centre and year

| | Floriana | Mosta | Qormi | Cospicua | Paola | Gzira | Rabat | Gozo | Total |
|------|----------|-------|-------|----------|-------|-------|-------|------|--------|
| 1994 | 5834 | 252 | 3479 | 3215 | 491 | 8484 | 0 | 0 | 21755 |
| 1995 | 3185 | 882 | 6177 | 2966 | 1842 | 20168 | 0 | 0 | 35220 |
| 1996 | 8325 | 1787 | 11395 | 4231 | 16593 | 18825 | 355 | 0 | 61511 |
| 1997 | 9317 | 4132 | 13191 | 8344 | 25171 | 22673 | 1197 | 0 | 84025 |
| 1998 | 7220 | 9378 | 21332 | 11971 | 31759 | 21232 | 3285 | 0 | 106177 |
| 1999 | 12550 | 20930 | 13650 | 16734 | 49580 | 23300 | 8072 | 0 | 144816 |
| 2000 | 19100 | 21729 | 12037 | 11050 | 47420 | 31271 | 10018 | 0 | 152625 |
| 2001 | 19500 | 17408 | 10474 | 9400 | 45052 | 34104 | 9142 | 0 | 145080 |
| 2002 | 35272 | 19064 | 15373 | 15500 | 59180 | 39785 | 9068 | 0 | 193242 |

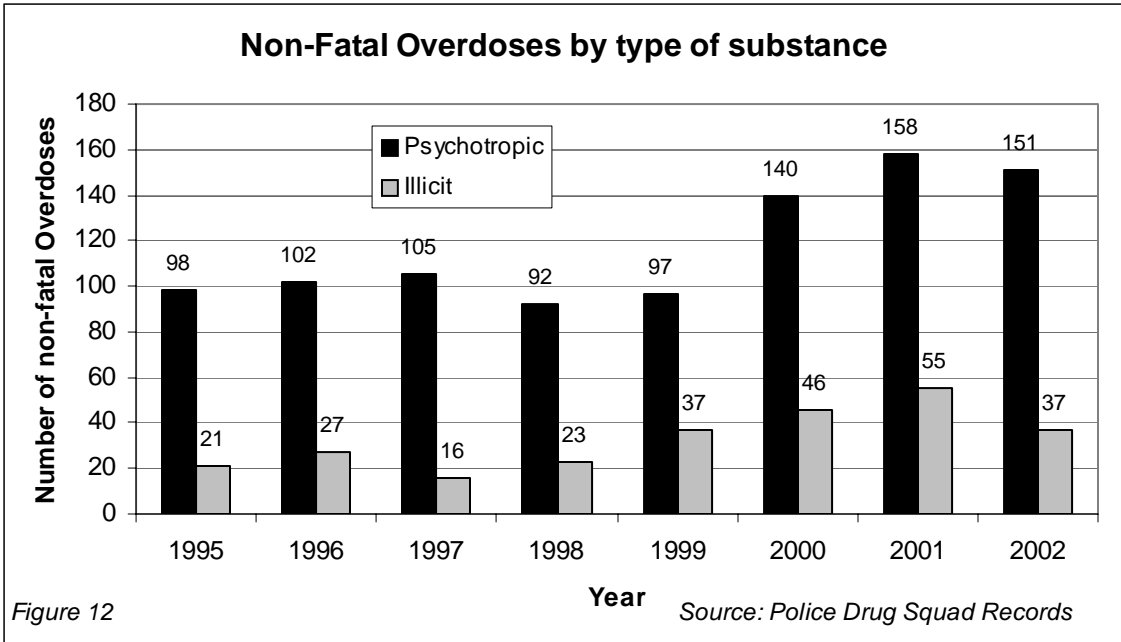
Source: Primary Health Care Administration Office Records

Free syringes are distributed from all health centres to promote harm reduction and reduce the risk of spreading infectious diseases such as Hepatitis and HIV through needle sharing among injecting drug users. The number of syringes distributed to substance abusers escalated rapidly over the recorded period. In some instances, the increase was huge, such as in the case of Paola Health Centre. This has mainly arisen because initially staff at the centre would ask for substance misusers' identification. When identification was no longer requested, more persons started making use of this centre. It now distributes the highest number of syringes. Although the total number of syringes distributed has increased greatly over the years (with the exception of 2001), the increase was not equally distributed among all health centres. This shift could be attributed to various factors including *inter alia* the fact that the maximum number of syringes that are allowed to be collected at one time varies by Health Centre.

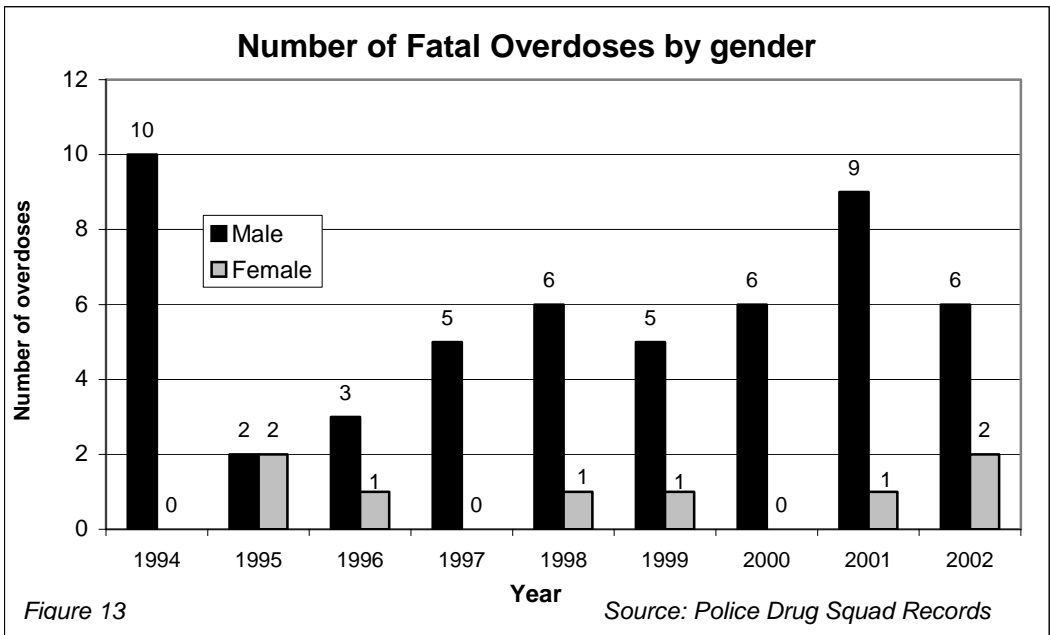
Non-Fatal Overdoses



The number of non-fatal overdoses admitted to St. Luke's Hospital and reported to the Police Drug Squad increased between 1995 and 2001 and declined in 2002. A large increase was noted among males, with the number of cases doubling between 1995 and 2000. In 2001 and 2002 the incidence of non-fatal overdose was higher among females than males.



The majority of those admitted to hospital with an overdose had allegedly abused psychotropic substances (prescribed medicine). The main cause could be suicidal attempts. The number of persons admitted to hospital for an overdose of illicit substances has increased over the years. These mostly accidental non-fatal overdoses will possibly arise as a result of very high drug purity and lower tolerance to substances following a period of abstinence from substance use.



1994 and 2001 saw the highest number of fatal overdoses from substance misuse. Heroin was predominantly the main substance of misuse for all recorded fatalities between 1994 and 2002, followed by over the counter pills mixed with other substances such as alcohol. The use of ecstasy proved fatal for two persons.

¹ Inner Harbour Region – Vittoriosa, Cospicua, Floriana, Gzira, Hamrun, Isla, 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.