Performance Audit

Tackling Problem Drug Use in Malta

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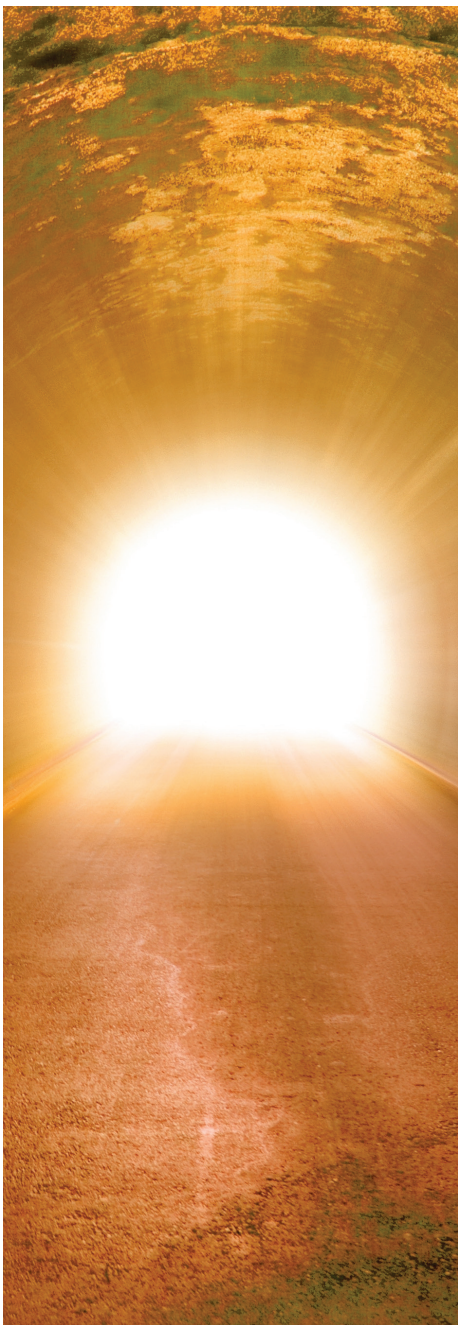
List of Abbreviations

ARS	Arrest Referral Scheme
BTG	Bridging The Gap
CIU	Central Intake Unit
DSWS	Department for Social Welfare Standards
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ETC	Employment and Training Corporation
MCCAA	Malta Competition and Consumer Affairs Authority
MEU	Management Efficiency Unit
NAO	National Audit Office
NFP	National Focal Point
SATU	Substance Abuse Therapeutic Unit



Executive Summary

Executive Summary

1. There are currently an estimated 2,000 drug users who are in contact with care services offered across Malta and Gozo. The total population of problem drug users is in effect larger than the above-indicated figure, with users who do not seek any form of care service and others resorting to private care remaining undetected. In this context, the 2011 European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) annual report defined problem drug use as injecting drug use or long duration/regular use of opioids, cocaine and/or amphetamine. The 2011 EMCDDA report further states that Malta reported the fourth highest per capita estimate of problem drug use across Europe.

2. During 2010, 1,909 persons were undergoing treatment for drug rehabilitation, representing an increase of nine per cent from the previous year. The district that registered the highest proportion of Outpatient Unit clients was the Southern Harbour, which accounted for 36 per cent of clients, followed by the Northern Harbour, which in turn represented 30 per cent.

3. Addressing a multifaceted and complex issue such as that presented by problem drug use necessitates the provision of different types of services. Such services are in fact offered by the three main drug rehabilitation organisations, namely Sedqa, Caritas and OASI Foundation. Equally important is the role played by Government, central in the coordination of efforts, formulation of policy and establishment of standards.

4. In trying to mitigate the problem of drug use across Malta, Government set up the National Commission on the Abuse of Drugs, Alcohol and Other Dependencies (hereinafter referred to as the Commission), the National Coordinating Unit for Drugs and Alcohol (hereinafter referred to as the Coordinating Unit), and the National Focal Point (NFP). Furthermore, the Department for Social Welfare Standards (DSWS) is responsible for, among other functions, the oversight of the quality of services provided to clients utilising drug rehabilitation services.

5. In view of the above, NAO undertook a performance audit to evaluate how problem drug use is being tackled in Malta on a national level. The audit sought to determine what is currently being done by Government to mitigate problem drug use, while reference to the relevant service providers was also made throughout the course of the study. This proved to be insightful in the elicitation and identification of areas of concern within the sector.

6. The audit sought to carry out an assessment of the supporting Government services in place with regard to care service providers within this sector. In so doing, this assessment served a two-fold purpose, that is, the identification of gaps in the overall system and the establishment of the level of coordination between Government, service providers, as well as other stakeholders. Furthermore, this audit evaluated the initiatives taken with respect to the social reintegration of problem drug users. Finally, attention was

directed at determining whether this sector is appropriately regulated and monitored.

Conclusions

7. NAO noted that programmes specifically dedicated at addressing reintegration into society from an employment perspective were generally limited across the various service providers. Nonetheless, Caritas' practice of assigning an employee, albeit on a part-time basis, to organise suitable training for residents, provide assistance in job seeking, and subsequently follow up when actually in employment is commended. The other service providers also delivered similar support functions; however, these were less formal in terms of design and delivery.

8. Employment of problem drug users emerges as a clear concern, particularly when analysing the employment history of persons registered with the Employment and Training Corporation (ETC) Unit specifically designed for this subgroup, which is the Former Substance Abusers section that in effect forms part of the Special Cases Unit. An analysis of ETC data corresponding to this Unit reveals a number of concerns, most notable among which is that over half of the clients registered with the Former Substance Abusers section from 2007 to date have never been in employment. The 256 persons registered with this Unit for well over three years, and who have yet never been employed, raise concern with respect to the effectiveness of programmes and policies intended at reintegrating problem drug users into employment.

9. Further to the above, NAO is also concerned with the number of training courses attended by persons registered as Former Substance Abusers, which progressively and drastically declined as their length of registration with this Unit increased. NAO considers this poor attendance record to reflect negatively upon the clients concerned, who seem to lack the necessary motivation to skill themselves, thereby diminishing their prospects of employment. In addition, this poor attendance record, coupled with the diminishing number of courses offered to clients, may be indicative of a system that is inadequately enforcing and encouraging client attendance, thereby negatively affecting ETC's performance.

10. The issue of poor training attendance is accentuated in the case of the 106 persons who never attended any course while being simultaneously unemployed during their time registered as Former Substance Abusers, and it is here that NAO's concern further intensifies. While 61 of the 106 persons were enlisted for training failed to attend, which is an issue addressed in the preceding text, the remaining 45 ETC clients were never provided with a training opportunity. When one considers that these 45 clients have been registered with the Former Substance Abusers section for an average of over four years, and unemployed throughout, this statistic is of concern and negatively impacts upon ETC's performance.

11. A clearly apparent lacuna in terms of service delivery relates to the specific provision of services catering for minors who are problem drug users. The absence of appropriately corresponding services tailored for this age group was highlighted by the various stakeholders involved in this audit, who unanimously put forward and supported the need for specialised services addressing this sub group of problem drug users.

12. Significant progress has been registered with respect to data collection methods employed in the field of problem drug use, with the double counting of clients now adequately contained and a more accurate understanding of statistical implications attained. Undoubtedly, one of the main instigators of this progress was EMCDDA, which influentially and categorically required NFPs within European Union Member States to provide standardised data on their country's situation with respect to problem drug use.

13. Although measures have been taken in order to minimise gaps in data provided by service providers, NAO noted that shortcomings with respect to the comprehensiveness of data still emerged, which subsequently warranted NFP attention. NAO considers the design

of appropriate information management structures as an invaluable tool aiding decision-making as well as policy design and formulation. It is in this context that the address of such limitations assumes central relevance.

14. NAO considers the introduction of a Central Intake Unit (CIU) as integrally conducive to and fundamentally important in the development of a significantly enhanced data gathering mechanism across service providers. Such an information management system would feed back into NFP, thereby enabling it with effective real time data of all service providers. NAO is of the understanding that this would set the stage for continuous monitoring of the drug situation in Malta, while also facilitating information sharing across service providers. In this sense, should a client opt to move from one service provider to another, it should be a duly designated entity's role to balance the granting of access to client data with data protection considerations.

15. The number of pending drug-related offences increased exponentially from a mere 70 in 1999 to over 1,200 in 2012. In this context, NAO supports the work of the Commission with respect to the divisionary system represented by the Arrest Referral Scheme (ARS). Distinguishing between first-time and repeat offenders is beneficial, mostly, for the former, essentially due to the more efficient resolution of cases. NAO supports the concerns voiced by various stakeholders relating to how delays in the judicial process resulted in significant disruption to the social reintegration process. Specific concern gravitates around the issue of testing for drug use prior to court hearings, which in certain circumstances proves to be counterproductive to the rehabilitation process, particularly when contextualised against the significant delays in court judgement.

16. NAO noted that the drafted standards did not establish the level of qualifications that should be held by persons working in the field of substance abuse residential rehabilitation. This is, in NAO's opinion, an issue of central importance, critical in ensuring uniformly high standards of professionalism in terms of service delivery across service providers.

17. National legislation recognises the Malta Competition and Consumer Affairs Authority (MCCAA) as the sole authority responsible for the establishment of National Standards. To this effect, the Authority adopted a system whereby relevant stakeholders for each set of prospective standards were identified for the purposes of drawing up National Standards. Nevertheless, DSWS opted to operate independently of MCCAA even though the system it adopted in this regard was similar. The latter point should have given DSWS more motive to go through the Authority when developing standards.

18. NAO supports the efforts of DSWS at introducing legislation that will further establish and delineate its organisational identity. However, NAO is of the opinion that such legislation should reflect DSWS's role, which would ideally synchronise along roles occupied by other stakeholders. NAO considers the delineation and segregation of standard setting, policy formulation, monitoring, enforcement and regulation, as well as service provision, to represent good corporate governance. To this end, and as backed by national legislation, NAO considers the setting of national standards to fall within the exclusive remit of MCCAA, while DSWS should then be entrusted with the responsibility of applying, monitoring adherence to, and instigating review of these standards. This does not inherently mean that DSWS should be excluded from participating in technical committees set up by MCCAA, especially since the Department holds relevant expertise in associated subject areas.

19. While the option to recognise DSWS as the entity responsible for setting standards with respect to social welfare is certainly an option that could be exercised through relevant legislation still at drafting stage, NAO nonetheless considers this scenario as representing two drawbacks. The first relates to the duplication of roles by two Government entities, while the second revolves around corporate governance issues, with the setting of standards regulated and enforced by the same Department that set them.

Recommendations

20. NAO recommends the further development and refinement of efforts undertaken by service providers with respect to the employment component of social reintegration. While good practices should be sustained and capitalised upon, NAO is of the opinion that a more formal and organised approach towards employment assistance would ultimately be of benefit to the clients undergoing a residential rehabilitation programme. The opportunity for improved coordination among the various stakeholders is key to the anticipated success of such efforts, and of particular relevance in this context are the working relationships between the service providers and clients, employers, as well as the ETC.

21. With respect to the issue of unstable accommodation, NAO opines that should demand ever exceed the capacity of existing services, efforts should be directed at expanding already established services. NAO considers this course of action to represent greater value for money, effectively ensuring the optimal use of funds through economies of scale. The running of such a service is undoubtedly resource-intensive, and establishing a parallel service would detract resources from other avenues that represent greater need.

22. NAO recommends a two-tiered review to ETC employment support services provided to problem drug users. The first tier essentially focuses on the strategic design of programmes and services offered, which warrant due attention in seeking to improve upon the effectiveness of performance. Former Substance Abusers client employment records are poor, as evidenced by the 256 persons registered with the Unit for over three years and unemployed throughout. This is undoubtedly a highly complex and multifaceted issue, yet one facet certainly within ETC's immediate control is the provision of training, centrally important in rendering clients more employable. However, the poor attendance records, particularly when viewed from a longitudinal perspective are indicative of inadequate long-term planning, with the early impetus clearly not being appropriately sustained. To this effect, NAO recommends that ETC's strategic management of client training requirements is appropriately designed and structured so as to adequately address this issue.

23. In this context, NAO considers the greater coordination of efforts between ETC and the various service providers to more effectively contribute towards increasing client employability. It is NAO's opinion that the fusion of ETC's employment expertise with the service providers' specialised knowledge of rehabilitation addresses a clear gap in efforts at rendering persons with problem drug use more employable.

24. The second tier of NAO's proposed review relates to the operational aspect of ETC's services offered, particularly focusing on the stepping up of compliance and enforcement efforts. NAO considers the case of the 61 persons registered with the Former Substance Abusers section from 2007 up to 2012, who did not attend any training offered, and who were simultaneously unemployed, as warranting in-depth review. NAO recommends the enforcement of already established counter-measures and the implementation of fresh sanctions should circumstances so warrant (and established counter-measures prove to be ineffective), in the address of this poor attendance.

25. Given the unanimous support and agreement relating to the perceived need for residential rehabilitation services tailored for minors, NAO fully recommends that the necessary action be taken to address this shortcoming. NAO considers the combined efforts of all stakeholders as key in the eventual establishment of such a service. Similarly, such coordination should preside in the design and operation of this service. It is therefore, in NAO's opinion, sensible to focus all efforts and resources into one specialised programme that adresses the needs of minors.

26. On a general note, there is a need for increased collaboration between all stakeholders, which NAO considers as integral in leading to improved

levels of knowledge sharing. The Commission and Coordinating Unit may serve as the ideal fora and platforms for such collaboration.

27. The substantial progress observed in the collection and collation of data across service providers is commended. In fact, NAO encourages NFP and the Coordinating Unit to continue to address data gaps in order to consistently achieve further refined data characterised by minimal or no omission of client information. The attainment of comprehensive statistics would enable NFP and the Coordinating Unit to achieve a better and more accurate understanding of the Maltese context. In addressing the drug problem, information is a valuable tool that shapes decision-making and policy direction. Limitations in terms of information management will therefore, by implication, result in limitations in terms of management action.

28. NAO recommends the further development of information management structures, which are centrally important in decision-making and policy design. Furthermore, NAO considers the evolution of such structures as serving a more latent, yet equally important function, that of strengthening coordination among stakeholders and empowering management control.

29. NAO encourages the Commission, the Coordinating Unit and NFP to resume discussions relating to the establishment of the CIU. Although the CIU would be of benefit to all stakeholders involved, a financial exercise should nevertheless be carried out to determine possible feasibility concerns related to the undertaking of such a project.

30. The ARS proposal put forward by the Commission should be accorded due attention. The system for the administration of justice for first-time and repeat offenders has shortcomings, which are represented by the ever-increasing number of court cases, coupled with the fact that such cases take so long to be decided. NAO considers it important for this situation to be addressed and is of the opinion that the ARS represents part of the solution.

31. Although NAO is of the opinion that MCCAA should draw up National Standards, it has some considerations to put forward with regard to the standards that DSWS is due to be launching. These standards should clearly indicate the minimum level of qualifications that should be held by employees of residential rehabilitation programmes, as well as the ratio of carers to clients. NAO is hence of the considered opinion that levels of qualifications, as well as the ratio of carers to clients, should not be stipulated through an agreement with DSWS and each of the rehabilitation programmes, but addressed through the application of a uniform standard.

32. NAO recommends that the regulatory legislation being proposed by DSWS should clearly identify its role without simultaneously impinging upon the already established role of MCCAA. As highlighted in section 3.5.9, National Standards should be the sole responsibility of MCCAA, although it should endeavour to include DSWS in technical committees set up to establish National Standards that are relevant to the Department's field. NAO also recommends that should DSWS consider introducing new standards within the field, it should work with MCCAA from the outset. This would therefore ensure that standards set are indisputably National Standards while also taking into consideration the expertise and standpoint of stakeholders involved.

Chapter 1

Tackling Problem Drug Use: A Contextual Backdrop

Chapter 1 – Tackling Problem Drug Use: A Contextual Backdrop

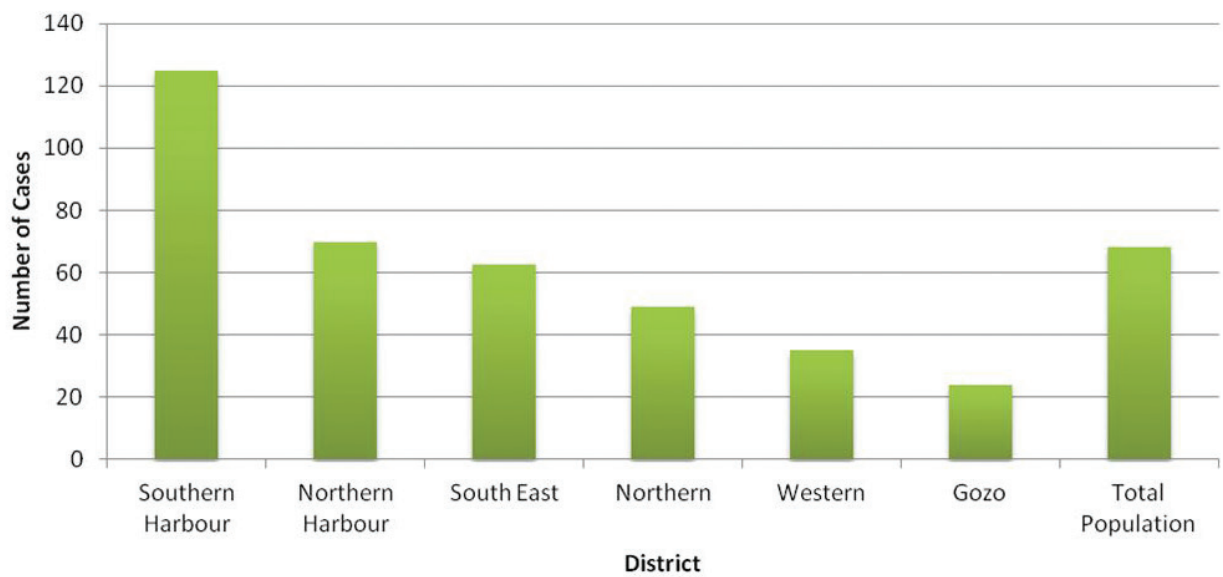
Chapter 1 defines what is meant by the term 'problem drug use', and describes the types of services that are available across the Maltese Islands, effectively providing a contextual backdrop key to understanding drug rehabilitation in Malta. Furthermore, this chapter outlines the responsibilities of Government with regard to drug rehabilitation, which have been intrinsically embodied by the National Commission on the Abuse of Drugs, Alcohol and Other Dependencies, the National Coordinating Unit for Drugs and Alcohol, as well as the National Focal Point. This chapter also introduces the Department for Social Welfare Standards, specifically exploring its role with respect to problem drug use.

1.1 Facts and Figures

1.1.1 There are currently an estimated 2,000 drug users who are in contact with care services offered across Malta and Gozo. The total population of problem drug users is in effect larger than the above-indicated figure, with users who do not seek any form of care service and others resorting to private care remaining undetected.

1.1.2 In this context, the 2011 European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) annual report defined problem drug use as injecting drug use or long duration/regular use

Figure 1: Cases by District (per 10,000) for 2010



Source: National Commission on the Abuse of Drugs, Alcohol and Other Dependencies, National Focal Point for Drugs and Drug Addiction

of opioids, cocaine and/or amphetamine. The 2011 EMCDDA report further states that Malta reported the fourth highest per capita estimate of problem drug use across Europe.

1.1.3 During 2010, 1,909 persons were undergoing treatment for drug rehabilitation, representing an increase of nine per cent from the previous year. The district that registered the highest proportion of Outpatient Unit clients was the Southern Harbour, which accounted for 36 per cent of clients, followed by the Northern Harbour, which in turn represented 30 per cent. Appendix A presents the corresponding localities, categorised under the relevant districts. Figure 1 illustrates the population of persons treated for drug use during 2010, distributed according to the various districts across Malta.

1.1.4 Noteworthy is the fact that actual consumption of methadone increased by 30.44 per cent between 2006 and 2010. The cost of methadone averaged around €78,000 per year over a period of five and a half years. Figure 2 refers.

1.1.5 Addressing a multifaceted and complex issue such as that presented by problem drug use necessitates the provision of different types of services. Such services are in fact offered by the three main drug rehabilitation organisations, namely Sedqa, Caritas and OASI Foundation. Equally important is the role played by Government, central in the coordination of efforts, formulation of policy and establishment of standards. Further details regarding the functions and responsibilities of all of the aforementioned stakeholders are explored in greater detail in the ensuing sections of this audit report.

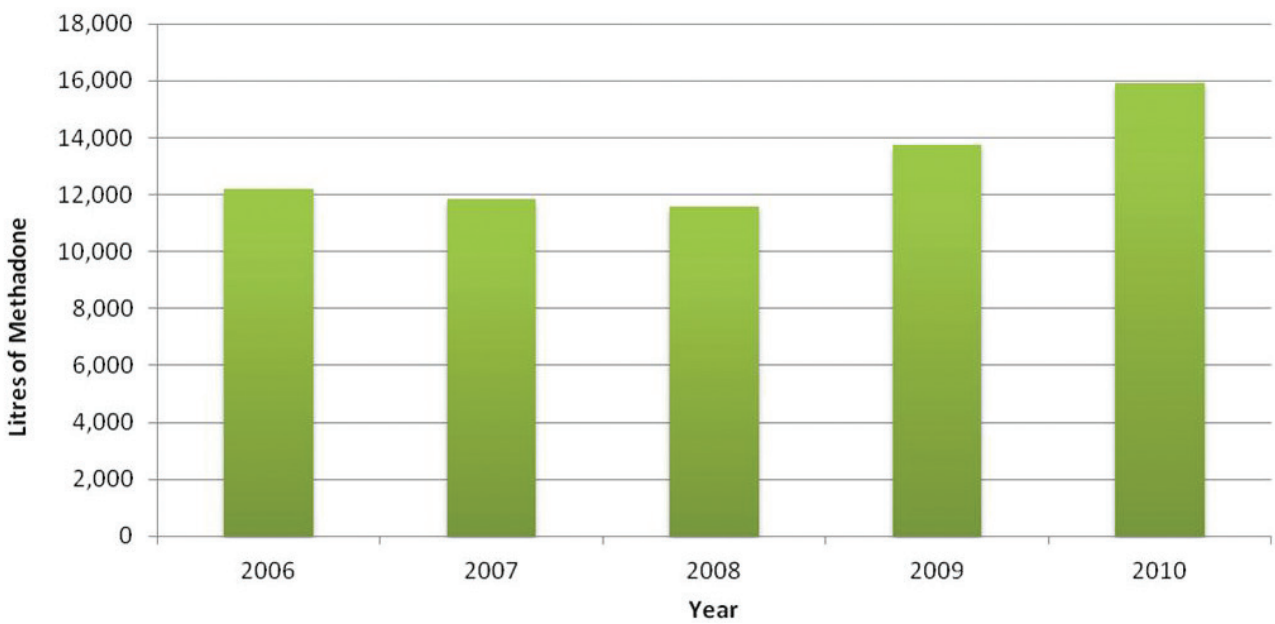
1.2 Aġenzija Sedqa

1.2.1 Aġenzija Sedqa, the Maltese national agency against dependencies, was set up in 1994 and provides a spectrum of services targeted at persons with drug, alcohol and/or compulsive gambling problems. Such services include prevention, treatment and rehabilitation services, as well as the promotion of health. The Agency's approach is two-pronged, essentially revolving around the areas of care and prevention. For the purpose of this study, the ensuing paragraphs provide a description of the care services.

Drugs Community Services

1.2.2 The Drugs Community team offers support according to each client's and their family's needs,

Figure 2: Consumption of Methadone (in Litres)



Source: Medicines Authority

with the principal aim being that of motivating the client to undertake major lifestyle changes. Through one-to-one counselling sessions, clients are assisted in achieving and maintaining abstinence from drugs. Each client is assigned a key worker, who follows his/her progress from the first day of contact with Sedqa through to the social reintegration stage, and sometimes even after that.

1.2.3 Other care services offered by this team include:

(a) Initial and ongoing assessments – the 'First Contact Sheet' is used as an assessment tool, intended at assisting in the understanding of a client's overall situation;

(b) Harm reduction – this constitutes efforts targeting the reduction of the social, medical, legal and psychological harm of drug use, incorporating a spectrum of strategies from safer use, to managed use, to abstinence;

(c) Crisis intervention – this refers to the methods used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioural distress or problems;

(d) Assistance at the Law Courts – a Sedqa representative testifies at the law courts, takes on new referrals from court, and collaborates with magistrates, probation officers, as well as prosecuting officers for the implementation of care plans. In addition, such assistance is provided through follow-ups on cases and the reporting of client progress in court;

(e) Aftercare and social re-integration – during this phase, focus is shifted towards the reintegration of the client back into society, mainly by helping him/her with issues regarding employment, housing, and the creation of new healthy social networks, among others;

(f) Social work interventions – these are intended to correctly identify the stage at which the client is, and carry out interventions accordingly; and

(g) The preparation of individuals who choose to start a residential rehabilitation programme – this is a task that involves holding sessions with the client and his/her family so as to inform them about the philosophy of the residential rehabilitation programme and how this philosophy is in turn reflected in the structure of the residential rehabilitation programme.

Substance Misuse Outpatient Unit

1.2.4 This Unit provides a centralised service with regard to, mainly, basic medical interventions. The vast majority of medical interventions include the daily provision of methadone, which

essentially reflects the harm reduction philosophy characterising the service. These services are supported by professional social and psychological assistance. It is mandatory for clients to be referred to the Outpatient Unit by either of the Sedqa, Caritas or OASI community service teams before availing of detoxification services.

Substance Misuse In-Patients Unit

1.2.5 Substance Misuse In-Patients Unit (hereinafter referred to as the In-Patient Unit), or as it is alternatively referred to, Dar l-Impenn, provides in-patient detoxification services to individuals with drug and/or alcohol problems. The Unit is an intensive medical ward and clients are normally referred here when clinically indicated. Such referrals can only be made by Outpatient Unit medical officers.

1.2.6 During their stay at the In-Patient Unit, clients may benefit from the support provided by other members of the multidisciplinary team, including key workers. Patients of the In-Patient Unit include persons who are listed to start a residential rehabilitation programme, so as to ensure that these persons are free from drug use before joining a rehabilitation programme.

Residential Drug Rehabilitation Programme - Komunità Santa Marija

1.2.7 This residential drug rehabilitation programme is an intensive, long-term, residential programme offering a structured communal living environment. Persons who intend to stop using drugs are assisted in modifying behavioural patterns, learning how to adopt a drug-free lifestyle and reintegrate into society. Individual psychotherapy and family therapy is an integral part of the programme. Admissions require referral and preparation by the respective key worker from the Drugs Community team.

1.3 Caritas Malta

1.3.1 Caritas Malta's principal aim is to "*alleviate poverty and promote human development and social justice.*" In this regard, Caritas Malta provides services to the following social groups:

- Persons with social, psychological, emotional, psycho-spiritual problems;
- Persons with drug abuse problems;
- Homeless persons with drug abuse problems;
- Persons at risk with HIV/AIDS;
- Persons with alcohol problems;
- Persons with gambling problems;
- Victims of usury;
- Youths;
- Widowed and separated persons; and
- Older people.

1.3.2 The following paragraphs provide a descriptive brief of the services offered with regard to drug rehabilitation services.

Community Outreach

1.3.3 This is the first point of reference for persons with drug-related problems and serves as preparation prior to the more intensive phases of rehabilitation. Upon contacting the Outreach Unit, an initial assessment of the client is carried out for the identification of the client's particular needs and requirements. Individual sessions, treatment plans, and referrals constitute an integral part of this service. Within this Unit, relatives of drug abusers are also offered support and encouraged to be involved in the rehabilitation process.

1.3.4 A further branch of this Unit is the Drop-in Service. Homeless users who have not yet decided to give up their addiction may call at the Outreach Centre in Floriana, within a specified timeframe, for food, washing facilities and shelter from the weather. While there, they may make use of counselling and support services. This service was discontinued during the course of the performance audit.

Harm Reduction Shelter

1.3.5 This Shelter, situated at the San Blas residence, offers help to homeless persons with a drug use problem. The aim of this Shelter is to offer an environment that is conducive towards stability and support. The Shelter looks and feels like a normal home, purposely designed in such a manner so as to facilitate the therapeutic process. The Harm Reduction Shelter also aims to be a means of containing criminal activity associated with drug use and homelessness.

San Blas Therapeutic Community

1.3.6 At the San Blas residence, male clients follow a full rehabilitation programme, which is structured in the following phases:

(a) The Residential Phase

(i) This eight-month three-phase residential programme aims to provide problem drug users with the tools to rebuild a life outside of the programme. Orientation groups held at the Community Outreach premises precede this programme. The eight months are structured into two three-month phases and one two-month phase. For a person to move from one phase to another, he must first be evaluated and considered fit to move on to the next phase. Evaluations are based upon behavioural patterns and individual progress registered.

(ii) After approximately six months, clients are normally granted leave from San Blas in order to start going out and spending time with family members. For such permission to be granted, clients must plan their activities in detail from well in advance, and forward them to their respective key worker for approval.

(b) The Semi-Residential Phase

(i) This part of the programme enables clients to go out between Friday evening and Sunday evening. During this phase, clients prepare themselves for re-integration into society by searching for jobs and attending vocational training, among other things.

(c) The Re-Entry Phase

(i) Social reintegration prepares clients who would have successfully completed the residential programme for their return to life in society. The Re-Entry programme aims to provide clients with a continual and realistic opportunity for further self-development. This programme caters for group sessions as well as individual sessions.

(ii) Clients graduate following successful completion of the Re-Entry programme. Before a client graduates it must be ensured that, at least, six to eight months would have lapsed from the completion of the residential rehabilitation programme. The graduation ceremony takes place every June.

(d) Aftercare

(i) Aftercare, which is essentially a support network, consists of fortnightly group sessions for graduates and their families. Its principal aim is that of helping clients maintain drug abstinence following graduation. Former participants of different rehabilitation programme intakes feed into this aftercare service.

Prison Inmates Programme

1.3.7 This programme caters specifically for persons who are serving a prison sentence and have a record of problem drug use. The Prison Inmates Programme developed from the San Blas Programme and started functioning independently in January 1998. Although Caritas manages the Programme, it is financed by the Correctional Services under the Ministry for Justice, Dialogue and the Family. Apart from rehabilitating clients, this programme aims to educate clients on the impact that their crimes have on their respective victims, families and communities. In principle, the general framework of this residential therapeutic community is similar to that of San Blas.

1.3.8 The clients within this programme are referred to Caritas by the Prison Substance Abuse Assessment Board within the Ministry of Home Affairs. A defining characteristic of this programme is the fact that clients are not allowed to abandon it, unless they are willing to go back to Corradino Correctional Facility and continue serving their sentence there.

Evening Programme

1.3.9 The Evening Programme is specifically designed for persons who are drug free, recovering from a drug addiction, and who are unable to attend a residential programme due to other valid commitments. Such persons may attend individual and group therapy during weekly evening sessions. The objective of this programme is to help clients enhance their personal growth and possibly move towards the Re-Entry phase, and eventual graduation.

1.3.10 Caritas stipulates that if someone would have left a residential programme before its completion, there needs to be a six-month gap before s/he can attend the Evening Programme. According to Caritas, the absence of this clause could lead to a higher number of persons abandoning a residential programme.

Dar il-Vittorja

1.3.11 This is a residential rehabilitation programme for female problem drug users. Clients follow a residential and/or a non-residential rehabilitation programme in a similar style to that offered at San Blas.

1.4 OASI Foundation

1.4.1 OASI Foundation, established in 1991 and based in Gozo, provides prevention and treatment care services with regard to addictive behaviours. This non-profit organisation initially limited its service provision to preventive care, as well as an outpatient treatment and rehabilitation programme. During 1998, the Foundation subsequently extended its range of services to encompass residential care services. The services offered by OASI are summarily delineated hereunder.

Motivation and Assessment Service

1.4.2 Persons seeking help with regard to a drug addiction problem may refer to this service offered by the OASI Foundation. Employees of the Foundation assess client needs and submit a corresponding referral to the most suited rehabilitation programme for him/her.

Motivation and Support Service

1.4.3 The Motivation and Support Service sessions primarily address the preparation of persons with respect to their admission into the Residential Phase of the programme, or alternatively motivate them to commit to another OASI programme. Sessions are held on a twice weekly basis, and attendance to other group sessions, such as the Narcotics Anonymous, is also encouraged.

Outpatient Programme

1.4.4 At the assessment stage, the OASI team may determine that a person does not need an intensive residential rehabilitation programme. In such cases, the person is referred to the Outpatient Programme, which is evening-based. This is comprised of individual and group sessions, each held twice a week and ordinarily structured around a nine-month timeframe.

OASI Residential Rehabilitation Programme

1.4.5 This programme is based on the Minnesota Model, which is typically characterised by a thorough and ongoing assessment of all aspects of the client through multimodal therapeutic approaches. The model is staged in 12 steps, which include frequent meetings with other recovering persons and changes in daily behaviours.

1.4.6 The main aim of this programme is to detach clients from the chaotic lifestyle they were leading prior to entry into residential rehabilitation and to focus on personal needs. Clients are taught to identify the need for total abstinence and the triggers that lead to their relapse. The length of this programme varies from six weeks to three months, with the possibility of a further extension in service provision should this be determined necessary.

OASI Half-Way House

1.4.7 Upon completion of the residential rehabilitation programme, clients normally chose to participate in the residential social reintegration programme. This programme built on the lessons learned from the other residential phases of rehabilitation. It enhanced total abstinence and enabled a smooth transition from the residential setup to society. OASI have indicated that these services have recently been discontinued due to a lack of funds.

Continued Care Service

1.4.8 This service marks the end of a highly structured programme for many of OASI's clients. It is aimed at providing continued support for total abstinence and helping clients in their recovery process by maintaining the principles of the 12-step process.

1.4.9 Clients attend weekly sessions on an individual basis. Attendance to other group sessions, such as the Narcotics Anonymous, is also encouraged. On occasion, relatives and employers are invited to participate in such sessions.

Aftercare Service

1.4.10 This service is made available to persons who previously had an addiction problem and wish to maintain abstinence. Sessions are held in accordance with clients' requests, while family members and employers may occasionally be invited to participate should their presence be considered conducive to the therapeutic service.

1.5 The Role of Government

1.5.1 In trying to mitigate the problem of drug use across Malta, Government set up the National Commission on the Abuse of Drugs, Alcohol and Other Dependencies (hereinafter referred to as the Commission), the National Coordinating Unit for Drugs and Alcohol (hereinafter referred to as the Coordinating Unit), and the National Focal Point (NFP). Furthermore, the Department for Social Welfare Standards (DSWS) is responsible for, among other functions, the oversight of services provided to clients utilising drug rehabilitation services.

1.5.2 The first Maltese drug commission, set up in 1973, focused on the establishment of educational programmes targeted against drug abuse. A working committee was subsequently set up in 1993, whose recommendations resulted in the formation of the Commission Against Drug and Alcohol Abuse. The Commission was relaunched in 1999 and referred to as the National Commission on the Abuse of Drugs, Alcohol and other Dependencies. At present, the Commission is in the process of securing legal status, and, to this effect, an Act has been drafted for this purpose.

1.5.3 The Commission is tasked with formulating and updating policy proposals and standards of practice for the Minister's consideration on

prevention, treatment and enforcement matters related to dependencies. The Commission also conducts surveys, studies and submits reports to Government on the ongoing situation in this regard. Furthermore, it oversees the coordination and participation between Government entities and other organisations involved in the implementation of measures, services and initiatives.

1.5.4 The National Drugs Policy for Malta was launched in January 2008 and is aimed at improving the quality and, where necessary, increasing the provision of drug-related services. The Policy also addresses means by which the supply and demand for illegal drugs may be curtailed. To this effect, and as stipulated by the Policy, DSWS is entrusted with reviewing the practice of service provision within this field. The Policy consists of 48 actions, structured across nine different sections. Actions proposed by the Policy include the setting up of the Coordinating Unit, as well as a National Law Enforcement Body. To date, the latter has not been set up, although the then Ministry for Justice and Home Affairs had organised informal meetings with the Police Department, the Armed Forces of Malta, the Department of Customs, and Malta Security Services in this regard.

1.5.5 One of the Policy's proposed actions was the establishment of a Central Intake Unit (CIU) that was envisaged as responsible for the monitoring and regulation of service needs and provisions, thereby minimising fragmentation across service providers. An additional proposal with respect to the Unit related to the introduction and administration of a national standardised form of client assessment, which would render the development of individual care plans more comprehensive. To date, this Unit has not been set up and the Coordinating Unit indicated that a number of service providers responsible for care resisted the proposal of this measure.

1.5.6 An additional function that was to be assumed by CIU was the compilation of uniform and comparable data that would then enable the analysis of trends. This task is presently carried out by NFP through the annual collection of data with regard to drug abuse, although this function is not carried out in real time. NFP collects and collates data from the three main service providers in as standardised a manner as possible. This data includes, mainly, demographic characteristics, as well as trends in drug usage. NFP is contractually bound to EMCDDA to submit such data on a yearly basis for the compilation of an annual European-wide report. This is in effect the principal role of NFP.

1.5.7 The principal objective of the Coordinating Unit, set up in October 2010, is that of implementing the National Drugs Policy. The execution of this duty corresponds to the constant update of the aforementioned 48 recommendations made by the Commission. The Coordinating Unit is also assigned the duty of coordinating the facilitation of the National Drugs Policy among all stakeholders. The Unit indicated that synergy between the respective service providers is low and more work needs to be done to strengthen relationships between them all. The Coordinating Unit also assumes reporting responsibility of NFP and in turn reports to the Commission with regard to all of its functions.

Regulating the Services

1.5.8 DSWS is responsible for the monitoring and assessment of care services across Malta. This function is notionally carried out through the application of established standards to the various dimensions of care service delivery. In this context, care services inherently include drug rehabilitation programmes.

1.5.9 DSWS had, in 2008, drafted regulatory legislation that would provide it with the required legal framework to operate as a regulatory body for social welfare and care services (including the regulation of addiction residential services), and establish its standard-setting function. The Department envisaged that the enactment of this legislation would further delineate its identity, provide legal backing to the work of the Assessment Unit within DSWS, while simultaneously serving to more finely outline its role. The first draft of the proposed regulatory legislation was forwarded to the then Ministry for Social Policy in 2008.

1.5.10 Further to advice provided by the Ministry of Education, Employment and the Family in 2011 (which had by then assumed the responsibilities previously held by the Ministry for Social Policy), the first draft of the regulatory legislation underwent

a number of changes during the same year, and a second draft was proposed. DSWS is currently waiting for the Ministry's comments in this regard.

1.5.11 It should also be noted that, in July 2010, the National Audit Office (NAO) had already, through a Performance Audit report entitled 'Child Care Arrangements for Public Employees', indicated the need for such legislation. The report underscores how the required legislation, once enacted, will enable DSWS to focus on the licensing of social welfare services, the monitoring and assessment of established standards, and on ensuring compliance with regulations set out by Government.

Standards on Residential Services for Persons with Difficulties relating to Drugs, Alcohol and Gambling

1.5.12 The need for standards that address service provision with respect to addictive behaviours was identified as a concern through the National Drugs Policy (2008). A working group was subsequently set up by DSWS towards the end of 2010, and consisted of representatives from the main service providers. The main service providers consulted in this process were Caritas Malta, OASI Foundation, the Substance Abuse Therapeutic Unit (SATU) and Sedqa. The intended principal aims of the standards are to ensure a widespread good quality of service and to help service providers in better addressing the needs of adult clients, while simultaneously safeguarding them and their respective caregivers. DSWS envisages that the introduction of the standards will bring about increased financial commitments within care services, especially residential programmes. Further details with respect to what each standard aims to bring about are presented in tabular format in Chapter 3.

1.6 Objectives and Scope of Audit

1.6.1 NAO undertook a performance audit to evaluate how problem drug use is being tackled in Malta on a national level. The audit sought to determine what is currently being done by Government to mitigate problem drug use, while reference to the relevant service providers was also made throughout the course of the study. This proved to be insightful in bringing out and identifying areas of concern within the sector.

1.6.2 The audit's research focus gravitated towards a macro, rather than a micro perspective with regard to how problem drug use is tackled. The assessment of services provided by the different service providers was not verified by NAO due to the fact that such a function falls within the remit of DSWS. Such assessments have not been formally carried out yet, as this function is intricately linked to the eventual establishment of standards regulating services in this regard. In this context, and by means of example, the day-to-day operations of the service providers, the level of professional preparation of staff employed within the sector, and the actual content of the therapeutic programmes, did not constitute part of this performance audit.

1.6.3 The main objectives of the audit were to:

(a) Carry out an assessment of the supporting Government services in place with regard to care service providers within this sector;

(b) Identify gaps in the overall system that need to be addressed by Government;

(c) Determine the level of coordination between Government, service providers, and other stakeholders;

(d) Evaluate the initiatives taken with respect to the social reintegration of problem drug users; and

(e) Determine whether this sector is appropriately regulated and monitored.

1.6.4 Unless otherwise stated, the findings in this report reflect conditions up to the end of March 2012. Determining the effectiveness of drug rehabilitation services was a limiting factor in this performance audit due to the high subjectivity of the topic as well as its volatility and other factors that come into play in the clients' lives.

1.6.5 Although this audit focused on a wide spectrum of services associated with treatment for problem drug use, the particular characteristics presented by rehabilitation among prison inmates was only summarily addressed. This brief focus was intended by NAO, as it considers this specific area of problem drug use to merit a separate study

that would focus and incorporate all aspects of rehabilitation services provided to inmates.

1.6.6 NAO would like to thank all the participating organisations for their collaboration during the performance audit.

1.7 Methodology

1.7.1 A range of information sources and analytical techniques were used in evaluating the manner by which problem drug use is tackled in Malta on a national scale. Prior to the official launch of this audit, in-depth and insightful discussions were held with the Commission and the Coordinating Unit. These discussions helped in the identification of problem areas with regard to the topic at hand. In parallel, desk research on problem drug use, as well as rehabilitation from it, was undertaken in order to:

(a) obtain the necessary insight into the subject at hand;

(b) identify applicable legislation and standards;

(c) determine what supporting Government services are available; and

(d) gain awareness of critical underlying issues and concerns.

1.7.2 Desk research carried out entailed a comprehensive review of national and international reports on the current drug situation. National reports refer to reports compiled by the Reitox National Focal Point (Malta) as well as other ad hoc commissioned reports. The international reports refer to, in the main, annual reports that presented collated data from EU Member States intended for cross-country comparisons. Other international reports that were referred to include those published by the United Nations, the European School Project on Alcohol and other Drugs, UK (National) reports, the National Treatment Agency for Substance Misuse, as well as Europol.

1.7.3 During the course of the audit, NAO endeavoured in meeting all local service providers with the aims of eliciting general processes and procedures adopted by them and identifying gaps in service provision across Malta, as well as good practices employed.

1.7.4 Fieldwork was carried out between September 2011 and March 2012 and consisted of key informant interviews with service providers and stakeholders, as well as the review of corresponding documentation. The aforementioned stakeholders were comprised of the Commission, the Coordinating Unit, NFP, DSWS, the Employment and Training Corporation (ETC), as well as other professionals in the field. It should also be noted that organisations such as the Malta Competition and Consumer Affairs Authority (MCCAA) and the Management Efficiency Unit (MEU) were contacted for the elicitation of their viewpoints with regard to the regulatory and standardisation aspects of the audit.

1.7.5 NAO also facilitated a dual moderator focus group with Sedqa employees, which further substantiated the qualitative findings of the performance audit undertaken. This was achieved through content analysis, where open-ended questions were asked during this focus group and the participants proceeded to expand upon them, citing informative examples in the process.

1.8 Report Structure

1.8.1 The ensuing two chapters centre on service provision and the supporting Government services afforded to these organisations. Each of the chapters contains relevant conclusions and recommendations.

(a) Chapter 2: Structure and Resource-Sharing across Service Providers

This chapter focuses on the services currently in place with regard to drug rehabilitation within a residential setting. The principal findings of a survey carried out by DSWS, which primarily focused on the service users' perceptions of residential rehabilitation services offered to them, are presented in this chapter. Good practices employed by the different service providers are also underscored in this chapter, while simultaneously highlighting existing lacunas across the service. Employment initiatives taken by ETC that seek to reintegrate problem drug users into employment and an analysis of their resultant implications

are set out in the chapter.

(b) Chapter 3 – Supporting Services across Government

This final chapter adopts a broad view of the changing landscape characterising the drug rehabilitation service environment, specifically focusing on issues relating to information management as well as the topical Arrest Referral Scheme. Attention is subsequently directed at the standards drafted by DSWS, particularly noting the process employed in their formulation, and issues of concern arising thereafter. Finally, the concepts underpinning the notional establishment of a Central Intake Unit are explored.

(c) Appendix A – Localities Categorised by District

Appendix A lists the various localities according to the district they form part of. This categorisation corresponds to section 1.1 of the report, where reference was made to statistical data relating to the districts.

(d) Appendix B – Extract from the DSWS Survey Results

This Appendix presents a selection of results extracted from the Service Users' Perception survey carried out by DSWS. For the purposes of this audit, results are categorised under four subheadings, namely, Availability of Key Workers, Information Provided Prior to and Upon Entry, Help with Reintegration into Society, Psychological Advice and Therapy, as well as Health and Relationships.

(e) Appendix C – Comparison of EMCDDA Treatment Demand Indicator Protocols

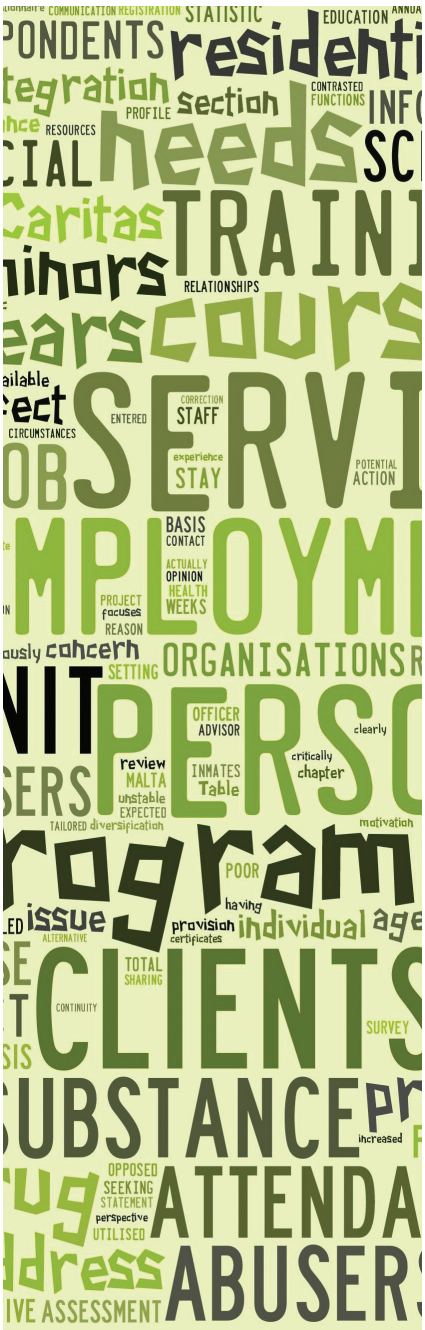
The two EMCDDA Treatment Demand Indicator Protocols of 2000 and 2012 are juxtaposed for ease of reference and comparison. Data requirements are comprehensively listed, indicating the fields that are to be completed through submitted returns by NFP.

(f) Appendix D – Extract from DSWS Draft Standards

Appendix D reproduces clauses sourced from the DSWS draft standards intended for residential rehabilitation programmes for problem drug users. Maltese to English translations of these clauses are presented in section 3.2 of this report.

(g) Appendix E – Extract from 'Access for all Design Guidelines'

This Appendix constitutes part of section 3.5 of the 'Access for all Design Guidelines', which specifies the requirements for facilities that provide accommodation for the public to be considered accessible for all.



Chapter 2

Structure and Resource Sharing across Service Providers

Chapter 2 – Structure and Resource Sharing across Service Providers

This chapter focuses on the services currently in place with regard to drug rehabilitation within a residential setting. The principal findings of a survey carried out by DSWS, which primarily focused on the service users' perceptions of residential rehabilitation services offered to them, are presented. Good practices employed by the different service providers are also underscored in this chapter, while simultaneously highlighting existent lacunas across the service. Employment initiatives taken by the Employment and Training Corporation that seek to reintegrate problem drug users into employment and an analysis of their resultant implications are set out.

2.1 The Experience of Service Users

2.1.1 The field of drug rehabilitation has incorporated within it a number of aspects that require due attention. The main idiosyncrasies and possible areas of concern within this subject matter have been assimilated into this chapter and include, among others, issues of social reintegration, service coordination and diversification, as well as the address of particular groups such as minors. In order to provide a better overview of what particular areas are characteristic to this field of study, and in so doing establish the relevance of the local context, NAO set out the main findings of a study carried out by DSWS. This study was finalised in November 2011 and reflects the perceptions of service users during the same year. Apart from being timely, this study targeted areas of high relevance with respect to residential rehabilitation services.

2.1.2 From the Service Users' Perceptions survey conducted by DSWS, it emerged that service users were, on the whole, satisfied with the assistance provided to them by eight rehabilitation programmes across Malta and Gozo (Table 1 refers). NAO noted that employees working directly with problem drug users exhibited general motivation on their job and were aware of the risks associated with the misuse of drugs.

Table 1: Rehabilitation Programmes Addressed in DSWS Study

Service Providers	Rehabilitation Programmes
Aġenzija Sedqa	Dar iż-Żerniq
	Santa Marija Formazione
	Santa Marija Merħba
	Santa Marija Re-Entry
Caritas Malta	San Blas Therapeutic Community
OASI Foundation	OASI Halfway House
	OASI Residential
Substance Abuse Therapeutic Unit	Substance Abuse Therapeutic Unit, Mtaħleb

2.1.3 It should be noted that the following are the perceptions of service users, except when explicitly indicated otherwise. A tabular representation of these results may be found in Appendix B.

Availability of Key Workers

2.1.4 Of the 66 surveyed persons, 85 per cent stated that they were provided with a key worker within, or before, a week of their entry into the relative residential programme. In this context, a key worker is a member of staff at the drug treatment service responsible for maintaining regular contact with clients as well as coordinating care. Of particular note is the fact that five persons claimed they did not have a key worker. Another two persons stated that they were provided with a key worker within one to four weeks of their entry into the residential programme, with three others claiming that the services of a key worker were provided to them one to three months into their stay at the relevant residence.

2.1.5 With respect to whether end users opined that they were being allotted adequate individual time with their key worker, 76 per cent of the participants responded in a positive manner, as opposed to the remaining 24 per cent who either disagreed or asserted that the concept of a key worker was not applicable in their context.

2.1.6 Notwithstanding the results reflected in the preceding paragraph, when asked whether participants were satisfied with sessions with their respective key worker, 88 per cent indicated their satisfaction. Only one person was dissatisfied with this service, while the rest stated that this service was not offered at their residence.

Information Provided Prior To and Upon Entry

2.1.7 When the participants were asked whether their respective key worker had told them about how their personal information would be treated and used, replies were predominantly positive. In this regard, 83 per cent agreed with the appropriate use of their personal information. This percentage is contrasted by the 11 per cent who were in disagreement with respect to the manner in which they perceived their personal information to be treated and used.

2.1.8 Similar results were obtained when participants were asked whether they were helped by their key worker in adequately understanding what to expect from the respective residence. While 88 per cent concurred with the above statement, only 11 per cent had opposing views. Furthermore, when asked whether their respective key worker provided them with advice on adapting to the residential experience, 83 per cent of respondents answered in the affirmative, whereas 14 per cent disagreed.

Help with Reintegration into Society

2.1.9 Help with reintegration into society is a multifaceted issue, including, among others, the relearning of social skills, planning for departure from the programme, finding suitable accommodation, job searching, as well as money management advice.

2.1.10 The majority of respondents (76 per cent) stated that they were satisfied with the service offered in relation to relearning social skills. Furthermore, while 11 per cent of the respondents were not satisfied with this service, nine per cent stated that such a service was not made available to them.

2.1.11 Of concern is the clients' perspective on training offered to them for the purposes of acquiring skills to find a job. Only 27 per cent of the respondents stated that they were satisfied with this service, half of which were residents of the San Blas programme, which forms part of Caritas' services. In fact, Caritas employed a part-time Employment Officer whose duties incorporated the coordination of a training programme aimed at providing the residents with skills conducive towards them eventually finding a job. A further 11 per cent of the overall respondents stated that this service was made available to them but they did not need or want it, whereas another 11 per cent were not satisfied with the service offered. Additionally, 42 per cent of the respondents said that this service was not being offered to them.

2.1.12 Most of the respondents (62 per cent) answered positively to the question relating to whether or not they were satisfied with the money management advice afforded to them during their stay at their respective residential programme, with only six per cent purporting a negative reply.

Furthermore, 27 per cent of the respondents noted that this type of service was not offered to them.

2.1.13 With regard to help with living arrangements following the residential rehabilitation programme, 30 per cent were satisfied with this service, whereas 26 per cent stated that although the service was offered to them, they did not need it. This implies that the latter proportion of residents believed that, at the time of responding, they already had a home to go to following their stay at the residential programme. Additionally, 20 per cent of the service users who participated in this survey stated that this service was not made available to them, and 11 percent were not satisfied with the service afforded to them.

2.1.14 On the whole, most respondents (70 per cent) were in accordance with the statement that the service took their family and home situation into consideration when planning their departure from the residential programme, as opposed to the 18 per cent who disagreed.

Psychological Advice and Therapy

2.1.15 In general, the vast majority of participants (82 per cent) were satisfied in terms of the service offered with respect to group sessions. On the other hand, 12 per cent of the participants stated that they were not satisfied with this particular service.

2.1.16 In contrast with feedback obtained regarding group sessions, only 58 per cent of respondents were satisfied with the individualised counselling and psychotherapy services afforded to them. A considerable segment of respondents, corresponding to 24 per cent of the study's participants, stated that such services were not offered to them. The remainder of responses were classified under various categories, with three per cent commenting negatively on the service that was provided.

2.1.17 Of all the respondents, 77 per cent replied to the question on relapse prevention services, with 47 per cent stating that they were satisfied with this service, nine per cent adopting an opposing viewpoint, and 26 per cent stating that this service was not offered to them.

2.1.18 Overall, the respondents appeared to be content with the services offered in the areas of stress and anger management, with 73 and 76 per cent respectively reporting positively in this regard, and only eight and nine per cent respectively contrasting this view.

Health and Relationships

2.1.19 This aspect of the study elicited near unanimous positive responses in terms of satisfaction with improvement to health and relationships. In fact, 92 per cent of respondents indicated notable improvements to their general health following their admission to the service. On a related note, 79 per cent of the participants stated that their mental health had improved pursuant to their admission into the programme, while a similarly substantial 85 per cent perceived improvements in their personal relationships following commencement of their current programme.

2.2 Reintegration into Society

2.2.1 According to EMCDDA, "*the level of social exclusion among drug treatment clients is generally high, potentially preventing individuals from making a full recovery and undermining treatment gains*." For this reason, the need for effective systems that enable former problem drug users to enter into employment and be in stable accommodation is deemed to be critically influential, especially following the therapeutic intervention delivered by staff at the residential rehabilitation programmes.

Training for Job Skills

2.2.2 According to EMCDDA EU-wide data, most clients who entered drug treatment in 2009 were unemployed (59 per cent). This figure clearly correlates with data obtained from NFP, which collects and collates data on clients who benefit from the services of one or more of the drug treatment organisations across Malta and Gozo. The total population consisted of 1,909 individuals who at some point during 2010 utilised treatment services. It is pertinent to note that this data does not only encompass persons who are in rehabilitation programmes but adopts a wider

catchment of all persons in receipt of services by any of the service providers. From NFP's data, it can be asserted that, with the exception of 104 persons whose occupational status was not specified and 42 who were still attending school, 55.4 per cent of persons benefiting from these services were, in fact, unemployed.

2.2.3 Low educational attainment is common among clients undergoing treatment, with 23.6 per cent of clients utilising locally provided services having only completed primary education, and 65.5 per cent having obtained a secondary level of education. Only nine per cent of these persons had obtained some form of post secondary education, whereas two per cent held a university degree. It should be noted that such information was not available in the case of 853 persons due to incomplete records provided to NFP, thereby signifying that this analysis was based on data corresponding to the remaining 1,083 persons.

2.2.4 With regard to training programmes offered to residents of rehabilitation programmes, and as already indicated earlier, Caritas employed a part-time Employment Officer/Mentor whose duties incorporated coordinating training courses and identifying individuals' needs with respect to job skills. The principal aim of this post was that of helping residents find job placements, a prerequisite for successful completion of the programme, and a key aspect of social reintegration.

2.2.5 The identification of job skill needs is carried out through one-to-one contact with each individual resident, as well as through a duly completed questionnaire that residents are requested to complete eight months into their stay. The regularity of meetings with residents could not be established, as logs of these meetings were incorporated into the clients' personal database, thereby rendering the task of retrieving such data highly time-consuming and unfeasible.

2.2.6 Caritas also held regular meetings with ETC officials in order to identify suitable training courses for the clients. This latter statement was corroborated by ETC. Following the identification of training needs, the Employment Officer/Mentor arranges for residents (or former residents) to either attend a course at the ETC premises, or for an ETC trainer to deliver a course at the relevant rehabilitation programme. The latter courses normally encompassed basic skills in languages and Information Technology.

2.2.7 The Employment Officer/Mentor stayed in contact with former residents in order to ensure that further training needs were met when circumstances warranted such action. The Employment Officer/Mentor adopted a system characterised by continuous communication with the former resident's employer, proactively seeking means by which the overall wellbeing of the former

resident could be maintained or improved within the context of his/her wider social reintegration. Such arrangements only took place when all stakeholders involved agreed to such information exchanges.

2.2.8 A further good practice that was observed at Caritas relates to the questionnaire (developed by the Employment Officer/Mentor) that tapped into residents' feedback three months into their job. This questionnaire assists the organisation in the process of evaluating the level of job satisfaction of persons being monitored. The questionnaire also helps in identifying any challenges encountered by the residents who are to imminently finish the rehabilitation programme, thereby facilitating the likelihood of Caritas staff anticipating possible social reintegration problems.

2.2.9 Sedqa, on the other hand, adopted a more informal approach with respect to the identification of training courses intended at rendering residents more employable. It was indicated to NAO that courses were offered on an ad hoc basis and no formal needs assessments had been carried out during any given client's social reintegration phase of the programme. Rather, Sedqa staff members identified training needs of individual residents through one-to-one contact and from information provided to them upon the client's entrance to the residential rehabilitation programme. Matching exercises were subsequently carried out, where identified training needs were reconciled with courses available at ETC. Sedqa indicated that a log of courses that were attended by the residents was not kept on a central database, but maintained in each client's individual case file.

2.2.10 In the case of job searching, clients who were willing to commence employment were referred to an ETC Employment Advisor. The latter worked with the corresponding Sedqa social worker in order to help the client evaluate job opportunities.

2.2.11 OASI Foundation adopted a similarly informal arrangement, with no in-house training courses being offered to residents during 2011. The reason put forward by OASI Foundation with respect to the above situation relates to the fact that their residential programme is relatively short (between six and 10 weeks), which implies that it would have been highly improbable to identify a training course that would have been required by a minimum of eight clients at the same point in time. Nevertheless, OASI Foundation indicated to NAO that during 2011, one of its younger clients was successfully referred to a third party training institute for the attendance of lessons with the aim of obtaining a number of Ordinary Level subjects.

2.2.12 With regard to job searching exercises, OASI Foundation staff members held discussions with residents who were in the final stages of their residential phase and hence, during their Social Reintegration Phase. These discussions were aimed at identifying and selecting job vacancies that matched the residents' skills and capabilities. Curricula vitæ were subsequently circulated among the shortlisted employers. OASI Foundation indicated that its level

of involvement with employers depended upon the respective resident's receptiveness towards this aspect of social reintegration.

Unstable Accommodation

2.2.13 Unstable accommodation is a common issue prevalent among these organisations' clients. In fact, this was noted to be higher in Malta than in all the European countries that contributed to the formulation of the EMCDDA report. EMCDDA reported that, as at 2009, nine per cent of persons being treated for drug rehabilitation were not in stable accommodation, whereas in the case of Malta, this percentage stood at 26.6 per cent.

2.2.14 NAO noted that the Harm Reduction Shelter, which forms part of the umbrella of services offered by Caritas, is by design intended to address this issue of unstable accommodation. This service targets persons who do not have stable accommodation, have a drug addiction problem, and are not in a rehabilitation programme. The length of a person's stay at the Harm Reduction Shelter is ordinarily limited to three months. In this context, NAO reviewed data relating to the Harm Reduction Shelter over a two-year period, corresponding to 2010 and 2011.

2.2.15 Out of a total population of 154 persons who stayed at the Harm Reduction Shelter between 2010 and 2011, a sample of 132 persons was selected. This sample was selected on the basis of persons having commenced and completed their stay at the Shelter during this period. Out of the sampled persons, 12 had resided there for more than three months. This period ranged from just over three months up to approximately six months. Caritas indicated to NAO that a longer stay was deemed to be beneficial to certain clients that were receiving this service. From the data provided to NAO, it was noted that there was no apparent issue of capacity at any point in time.

2.2.16 Sedqa, on the other hand, further commented that the Agency lacked a service similar to that offered by Caritas' Harm Reduction Shelter. It indicated that, as a consequence, there was a lacuna in the array of services it provided. The absence of a shelter-like service for persons who were still addicted to drugs did not enable an integrated scaffolding effect, especially when dealing with new clients. In this sense, the establishment of some form of stable accommodation serves as a critical foundation, a catalytic role in view of other facets of the overall therapeutic process.

2.2.17 To this end, Sedqa indicated that a new service is to be launched, that is to be provided by the Assessment and Stabilisation Unit. The service offered in this regard covers a period of not more than eight weeks, and is intended to provide the correct setting where clients could be stabilised and an assessment of their needs carried out with a view to drawing up a long-term individualised action plan.

2.3 The Employment and Training Corporation

The Special Cases Unit – Former Substance Abusers

2.3.1 Former substance abusers may opt to benefit from an employment support scheme offered by ETC. More specifically, the functions of the Supported Employment Section include the provision of employability and training guidance to disadvantaged groups, thereby aiming at reducing economic burdens brought about by unemployment. The aforementioned disadvantaged groups are effectively categorised under three major subgroups, with the requirements of each subgroup addressed by corresponding specialised Units. Of interest in this context is the Special Cases Unit, which is tasked with overseeing the needs of the following groups of persons: former substance abusers, former prison inmates, and social cases.

2.3.2 The Special Cases Unit allocates a specialised Employment Advisor to each of its clients, provides ad hoc training courses and job coaching, as well as offers learning support assistance when required. The Employment Advisors are expected to follow up on clients' progress and guide them accordingly. Each client undergoes a profiling exercise, which entails the compilation of personal information, including: occupational preferences, qualifications, training needs, skills assessment, and employment needs.

2.3.3 Following this profiling exercise, job seekers, with the help of their Employment Advisor, develop what are referred to as Personal Action Plans. The latter is, effectively, an interactive booklet with guidance on the steps involved in finding a job. Employment Advisors also enrol their clients on relevant training courses and schemes.

2.3.4 The ensuing paragraphs provide a detailed analysis of the Former Substance Abusers section within the Special Cases Unit. The following analysis is based on data corresponding to the time period ranging from January 2007 up to February 2012.

2.3.5 As at February 2012, there were 604 former problem drug users that were registered with the Former Substance Abusers section, 550 of which were males. Formal academic qualifications were held by 58 persons of those registered under this Unit, whereas 370 held a school leaving certificate and the rest were listed as 'knowledgeable'. Table 2 presents a more comprehensive summary of the statistics provided by ETC in this regard.

2.3.6 NAO observed that 332 persons had never had a job while registered with the Special Cases Unit from 2007 up to February 2012. Of these, 33 were provided with work experience through an ETC subsidised scheme, entitled Bridging the Gap. Of note is the fact that 77 per cent of the 332 persons who had not found a job had been registered with the Special Cases Unit for at least three years, whereas only five per cent had been registered with this Unit for less than a year.

2.3.7 On the other hand, the average cumulative time spent in jobs by the remaining 272 persons who were placed in at least one employment between 2007 and February 2012 was one year and eight months per person. This figure assumes particular relevance when seen in the context of the years spent (by the same persons) registered with the Former Substance Abuse section, which averages at four and a half years. It can therefore be deduced that the 272 persons who were placed in at least one employment spent an average of two years and nine months unemployed. Conversely, the 332 persons who had not been in employment between 2007 and February 2012 were recorded to be idle for four years and one month while registered with the Former Substance Abuse section.

2.3.8 An analysis of the number of courses attended in light of the duration of registration with the Former Substance Abuse Unit revealed that there was an inverse relationship between the two. In carrying out this exercise, NAO filtered out all persons who had been in employment for at least one year as at February 2012. Persons registered with the Former Substance Abuse Unit for less than six months attended, on an annualised average, 2.88 courses. On the other hand, clients registered with the same Unit for over four and a half years attended an approximate annualised average of 0.25 courses. Figure 3 refers.

2.3.9 As was indicated in the preceding paragraph, attendance to courses was noted to

be generally low. Specifically, of the 1,654 courses that clients were enrolled on, actual attendance was recorded, or certificates of achievement awarded, only for 739 courses. This, in effect, means that 55 per cent of courses enrolled for were not attended by Former Substance Abuse clients. This observation alludes to the fact that a significant portion of this category of clients appeared to have difficulties with respect to ameliorating their prospects of being recruited. The fact that the absolute majority of clients did not hold any formal qualifications (excluding school leaving certificates), further points to the need for attendance to courses offered to them.

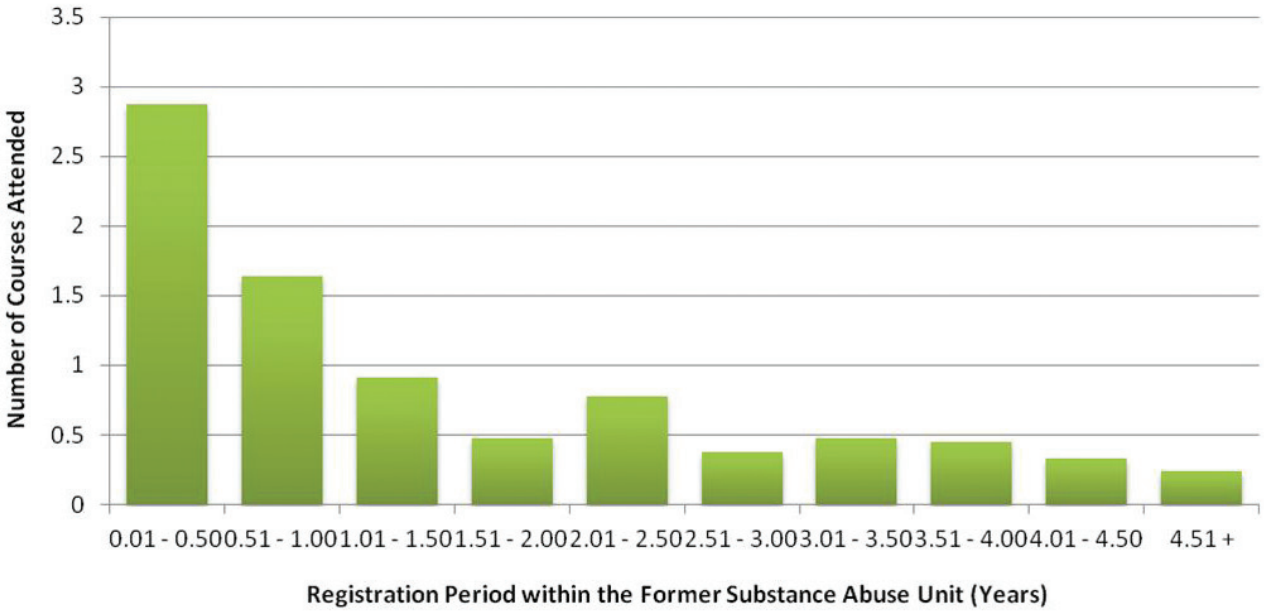
2.3.10 NAO further analysed the data provided by ETC with respect to courses offered and subsequent client attendance. Clients were categorised according to their duration of registration within the Supported Employment Unit. The numbers of courses offered and attended were averaged on an annualised basis. From Figure 4 it can be clearly noted that courses offered were always considerably in excess of those actually attended. Furthermore, a progressive decline in the number of courses attended, as well as those offered, is also clear.

2.3.11 Of concern to NAO was the fact that 106 of the persons who were listed as never having held a

Table 2: Profile of Persons Registered with the Former Substances Abusers Section

Criterion	Sub-Criterion	Total No. of Persons Registered	Currently Unemployed	Currently Employed	Persons Employed at least Once
Total		**604**	**490**	**114**	**272**
Gender	Male	550	448	102	250
	Female	54	42	12	22
Age	16 – 20	5	4	1	2
	21 – 25	58	41	17	31
	26 – 30	143	110	33	75
	31 – 35	142	114	28	70
	36 – 40	121	100	21	50
	41 – 50	109	97	12	39
	51 – 65	26	24	2	5
Duration of Registration with Former Substance Abusers Section	4+ years	455	371	84	216
	3 – 4 years	34	23	11	17
	2 – 3 years	46	37	9	23
	1 – 2 years	41	32	9	13
	6 months – 1 year	15	15	0	1
	0 – 6 months	13	12	1	2
Education	Diploma	6	1	5	6
	A-Level	5	1	4	4
	Intermediate	5	3	2	3
	O-Level	42	30	12	27
	Competent	370	307	63	170
	Knowledgeable	176	148	28	62
Computer Literate	Yes	215	171	44	112
	No	389	319	70	160

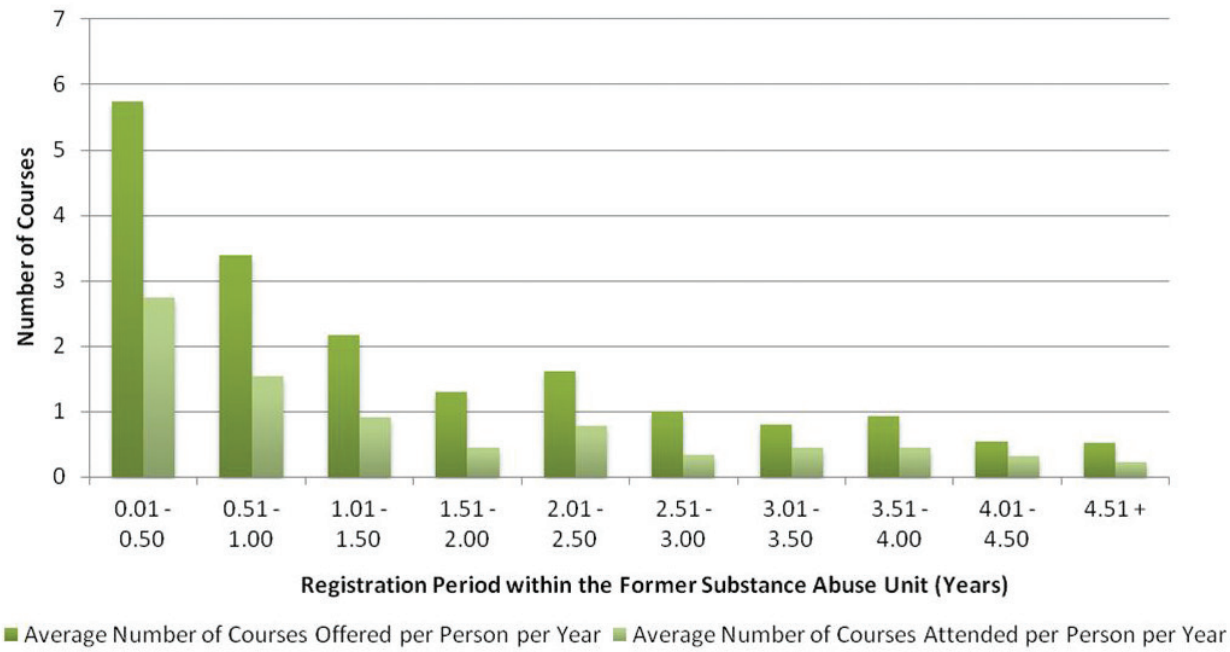
Figure 3: Annualised Average Courses Attended by Former Substance Abuse Unit Clients



job between 2007 and February 2012 were either never enrolled on an ETC course or did not attend the courses they were enrolled on. Further analysis of this statistic reveals two issues that merit due scrutiny. From the aforementioned 106 persons, 61 individuals were offered training opportunities yet failed to attend such courses. This statistic is particularly of concern since it further reinforces the notion that these particular clients may not be interested in enhancing their chances of actually finding employment.

2.3.12 The second issue in this regard relates to the remaining 45 persons, who were correspondingly unemployed during the same period and were never offered the opportunity to attend training while under the Former Substance Abusers programme.

Figure 4: Annualised Average Courses Offered to and Attended by Former Substance Abuse Unit Clients



2.3.13 ETC indicated to NAO that most of the courses that clients were enrolled on were in fact compulsory, and failure to attend without justification resulted in them being struck off the unemployment register. This would, in turn, render them ineligible for social security unemployment benefits. Justified reasons include sickness, court hearings, and medical appointments.

2.3.14 NAO noted that 455 of the 604 persons registered as Former Substance Abusers had been benefiting from this service for over four years. In attempting to profile this segment of former problem drug users, it is pertinent to note that 84 of the 455 persons, constituting 18.5 per cent, were in employment during February 2012. Determining stability of employment at a two-year cut-off period, the aforementioned 84 persons were further reduced to a group of 36. Of these 36 persons, the vast majority (30) were in full-time employment, and four of these simultaneously held other part-time jobs.

2.3.15 It was also observed that of the 490 persons who were not in employment as at February 2012, only 158 were employed at least once between 2007 and 2012, while they were under the Former Substance Abusers Unit. Of these 158, 55 had been in employment for at least one year during the same period. It should be pointed out that 476 employers were ready to recruit persons registered as Former Substance Abusers with ETC, which implies that a significant number of Maltese employers are open to the idea of employing former problem drug users. This statistic refers to previous and current employers of persons registered as Former Substance Abusers as at February 2012.

2.3.16 The statistical data provided by ETC showed that, since 2007, there were 32 instances where unemployed persons who had been registered for at least one year had not had their Personal Action Plan reviewed. The reason put forward by ETC was that in such cases clients failed to call in for appointments, which was always justified with a sick certificate, attendance to a course or a community work scheme

Bridging the Gap

2.3.17 Bridging the Gap (BTG), a Scheme aimed at helping disadvantaged persons find employment, was introduced within the Supported Employment Section in 2006. Through this Scheme, the prospective employer and ETC enter into an agreement whereby the client, whose salary is funded through this ETC programme, reports to work on a daily basis. The funding arrangements corresponding to this Scheme effectively entail the client's receipt of a weekly allowance equivalent to 80 per cent of the national minimum wage, while simultaneously renouncing the right to any Social Security benefit due should the work exposure phase exceed a 28-week period. This Scheme, the length of which varies between 4 and 52 weeks, allows the employer to evaluate the client prior to engagement in formal and unsubsidised employment.

2.3.18 NAO carried out an analysis of the statistical data provided in order to measure the results obtained after the application of this Scheme with respect to former substance abusers. It was noted that out of the 604 persons who were registered with the Former Substance Abusers Unit, 68 (11 per cent) benefited from the BTG scheme. The beneficiaries' average age stood at 35 years and the absolute majority of them were male. Of the total 68, 30 managed to find a job after benefiting from the Scheme. Fifteen of those who managed to find a job were still in employment as at February 2012.

2.3.19 A further observation carried out by NAO was the fact that 24 of the 30 aforementioned persons had found a job after less than a year. The average age of this group stood at 33. Of note is the fact that only 14 persons were employed with the same BTG employer after the Scheme came to an end. Of the above-indicated 14, nine were still in employment as at February 2012, and only three of them were still employed by their BTG employer. Table 3 summarily represents the number of Former Substance Abusers Unit clients who utilised the Scheme from 2006 up to 2011.

2.3.20 Following NAO's review of BTG-related employment data, it was noted that, out of the 68 persons who benefited from this Scheme, 15 were in employment as at February 2012. To this effect, the BTG success rate stands at 22 per cent, which represents a marginal increase over the population of Former Substance Abusers' employment rate, which stood at 16 per cent. This latter figure excludes Former Substance Abusers who did not form part

Table 3: Former Substance Abusers Unit Clients Utilising the BTG Scheme

Year	Former Substance Abusers Unit Clients Utilising BTG Scheme
2006	2
2007	11
2008	9
2009	17
2010	16
2011	13

of the BTG Scheme during the period 2007 and February 2012.

Cooperation Agreements with Rehabilitation Programmes

2.3.21 ETC entered into a 36-month long agreement with two drug rehabilitation organisations, namely Caritas and OASI Foundation in July and August 2011, respectively. These agreements stemmed from a project entitled 'Employment for All', and, as the title implies, was aimed at facilitating the process of job-hunting for persons who are undergoing drug rehabilitation. More specifically, it endeavoured to "*provide specialised and personalised services*" to clients of these rehabilitation programmes in order to "*enhance their entry into the labour market and retain employment and to offer specialist staff training.*"

2.3.22 ETC's part of the agreement stipulates that it must "*subsidise the Project by a sum not exceeding €16,650 per annum based on performance criteria as per provisions and schedules.*" Furthermore, the sum of €950 is payable to the rehabilitation programmes for every client placed in gainful employment for at least three months.

2.3.23 On the other hand, the rehabilitation programmes were expected to "*refer participants to suitable training courses organised by ETC as the need may be*", as well as "*design and deliver pre-training motivational courses for clients*." Other obligations included the actuation of individual needs assessments, the distribution of a list of ETC's job vacancies, and the monthly submission of an overall progress report.

2.3.24 NAO confirmed that the progress reports of both organisations were, in fact, being forwarded to ETC on a monthly basis. Under this agreement, eight persons had been placed in employment. Given the relatively short period of time that the project has been operational, NAO considers the analysis of results achieved at this stage to be premature and untimely. It is envisaged that the results of this project can be more appropriately analysed following completion of a lengthier period of operation, possibly by making reference to the evaluation reports that the rehabilitation programmes are expected to forward to ETC on a yearly basis.

2.4 Services Offered to Minors

2.4.1 Throughout the course of this Performance Audit, it was indicated to NAO that services tailored to the particular needs of minors were limited. This statement was reiterated and corroborated by the Commission, the Coordinating Unit, DSWS, Sedqa, Caritas and OASI. In this context, and according to national legislation, (Protection of Minors (Registration) Act, 2012, Cap. 518; Broadcasting Code for the Protection of Minors, 2010, S.L. 350.05) minors refer to persons below the age of 18 years. Although the number of persons who would, at any one point in time, be notionally eligible for such a service was relatively low, the stakeholders indicated that this service was critically necessary so as to enable the early address of such problems, thereby mitigating the risk that these minors end up in a dire condition later on in their life.

2.4.2 Minors who require residential care for drug addiction have no alternative but to make use of a service that caters for the needs of adults, since eligibility criteria for residential programmes that

specifically cater for minors categorically exclude persons with an addiction problem.

2.4.3 Sedqa noted that there was no specified age range for a client to be able to attend a residential rehabilitation programme. The Agency explained that there may be certain unwarranted implications not conducive to the overall rehabilitative process when there are striking differences in the ages of residents. To this effect, Sedqa also noted that during 2009, 2010 and 2011, it had admitted seven persons between the ages of 15 and 19 (which corresponds to the age range of minors as classified by Sedqa) to its residential rehabilitation programmes.

2.4.4 The present situation, characterised by the absence of specific services tailored to the needs of minors, presents somewhat of a lacuna. Minors requiring services that address problems related to addiction were left with no alternative but to attend a standard residential programme designed for adults, irrespective of their specific needs. Sedqa employees also expressed the need for and the advantages of a specialised service that addresses the needs of minors, specifically stating that the illusion of invulnerability and the perceived innocuousness of problem drug use could lead to regression, rather than progression. This further stresses the need to introduce specialised services for minors.

2.4.5 In light of the above existent situation, the Foundation for Social Welfare Services had, in 2006, drawn up a detailed proposal specifically aimed at setting up rehabilitation services that address the particular needs of minors. Apart from incorporating research on the subject matter, the report, entitled 'New Light', proposed the types of services and settings that would be conducive towards the rehabilitation of minors. Such services include day programmes as well as residential services, and total costs were estimated to amount to €137,000.

2.4.6 In 2012, DSWS also embarked on a study that primarily entailed the identification of the aspects of service that should be offered in this regard. These include:

(a) Treatment duration, which is normally shorter for minors than it is for adults;

(b) Developmental dimensions;

(c) Levels of confrontation to be adopted throughout the programme;

(d) Level of involvement in programme;

(e) Type and level of supervision accorded;

(f) Assessments for disabilities;

(g) Education;

(h) Therapy for family members;

(i) Collaboration with schools, juvenile justice agencies, etc.;

(j) Awareness of specific legislation applicable to minors;

(k) Accessibility of written materials directed at children and young people; and

(l) Specialised training with regard to working with minors and adolescents.

2.4.7 It was noted, in the draft report by DSWS, as well as that of the Foundation for Social Welfare Services, that the abovementioned service requirements cannot be fully addressed in a service that caters for adults and minors alike. For this reason, both organisations are calling for the introduction of services targeted specifically at minors.

2.5 Services Provided to Inmates

2.5.1 Inmates who were identified by the Prison Substance Abuse Assessment Board as having a problem with regard to drug use were referred to SATU, Caritas or Sedqa. SATU is a government-run service that forms part of the Corradino Correction Facility. This Unit addresses the needs of a contained cohort of the Maltese prison population who have their special and specific needs. SATU, which was established in 1995, aimed to provide an in-house service with regard to drug rehabilitation in light of the growing prevalence of problem drug use among prisoners.

2.5.2 During the course of the performance audit, SATU was undergoing a restructuring exercise and was in the process of winding down services prior

to preparation for the launching of a new service. The discontinuation of the former service inherently meant that the subject areas analysed within the other residential rehabilitation programmes were not accorded the same consideration in the case of SATU.

2.5.3 In order to undergo a complete revamp of its services, which also included structural changes, SATU required the help of other service providers. It therefore needed to allocate its clients to related service providers and, in fact, the assistance offered by these service providers proved pivotal to the launch of the reform. The Unit's name has been changed to the Mtaħleb Unit.

2.5.4 This revamp took place during the course of the performance audit, driven forward by the need to deliver a more cost-effective service, and in so doing targeting as many persons as possible. The change was instigated by the introduction of parole in January 2012 through the Restorative Justice Act (2012, Cap. 516). With the introduction of this Act, the Offender Assessment Board is now entrusted with the responsibility of individually assessing each sentenced prisoner upon entry to Corradino Correction Facility. When a prisoner is found to require rehabilitation to address problem drug use, the Prison Substance Abuse Assessment Board, together with the service providers coordinates entry to one of the programmes that is most fitting to the needs of the said prisoner.

2.5.5 With the old system, a maximum of 16 persons could benefit from this service at any one point in time, with access to the service lasting for up to two years. Under this former system, inmates would spend the final portion of their prison sentence (capped at a maximum of two years) at SATU. The structure of the Mtaħleb Unit now allows for the service to be accessible to a larger pool of persons, also allowing for continuity of service if properly applied.

2.5.6 The revised programme shall address various addictive behaviours such as gambling and problem drug use and will not exclusively focus on drug addiction. As a result, the structure of the programme has been considerably shortened. With a capacity of 16 beds (male only – there are, however, plans in the pipeline for another building to house female inmates), the Mtaħleb Unit plans to provide a rotating service with multiples of peers (consisting of four inmates in each peer) simultaneously undergoing a programme at any one time.

2.6 Diversification of Services

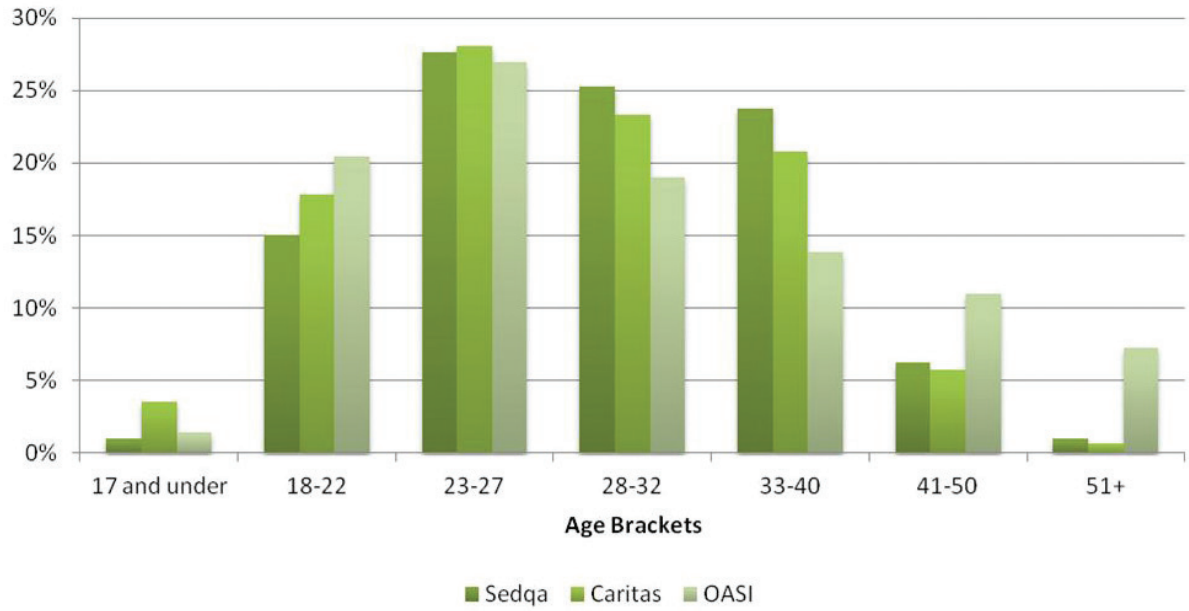
2.6.1 NAO noted significant diversification in terms of services provided by residential rehabilitation programmes across the various service providers. The difference in philosophies does not in any way imply that one service is better than the other, but simply provides prospective clients with a wider choice with regard to which programme to enrol to. Before selecting a service provider, clients have the option to 'shop around' for the service that best suits their needs at the time.

2.6.2 Sedqa indicated to NAO that when a client first seeks treatment with the Agency, a key worker discusses the best-suited service within its organisation applicable to the client's particular circumstances. Further to the above, Sedqa representatives stated that clients were, occasionally, referred to alternative services provided by third parties when such services were deemed to better suit their specific needs at that particular point in time.

2.6.3 The programme offered by OASI Foundation is shorter than those offered by Caritas and Sedqa. Intrinsically, this programme provides persons with problem drug use the possibility of attending a shortened programme, yet nonetheless one that is intensive and structured.

2.6.4 From data provided by the rehabilitation programmes, it was noted that the age demographics of Sedqa, Caritas and OASI were largely similar in profile, although it was observed that in the case of the OASI Foundation, clients over 40 years of age continued to represent a significant percentage when compared to its overall client population. Figure 5 refers.

Figure 5: Age Brackets of Rehabilitation Programmes' Clients



2.7 Coordination between the Service Providers

2.7.1 All the interviewed residential rehabilitation programmes across Malta and Gozo had their distinctive policies and procedures, and functioned in relatively segregated working environments. The fact that the residential programmes had their individual work policies was not considered by NAO to be a negative aspect. Rather, as already alluded to, it was deemed to constitute a positive diversification of services while providing clients with a range of options when selecting which residential rehabilitation programme to attend.

2.7.2 NAO noted that although clients could move from one service provider to another, coordination between the organisations at management level was somewhat low. Moreover, NAO also observed that a competitive environment prevailed, and information-sharing was generally close to nonexistent. However, despite the above, when SATU requested help from Sedqa and Caritas in assuming additional responsibility for its clients (until operations are fully functional within the Mtaħleb Unit), both organisations cordially obliged. Despite the above, Sedqa indicated that a certain element of informal coordination did in fact exist at the operational level, brought about by the need to liaise with the various unique services provided by the Outpatient and In-Patient Units.

2.7.3 NAO also noted that training organised by the different rehabilitation programmes for their respective employees was, in most cases, not shared or coordinated among stakeholders.

2.8 Conclusions

2.8.1 NAO commends the efforts made by DSWS in carrying out research targeted at establishing the level of satisfaction of residents within rehabilitation programmes. Such research projects are pivotal in identifying service gaps and areas that merit potential redress. The results of the survey were largely positive, indicating positive client perception with respect to the current services offered, which by implication underscores a general level of satisfaction with regard to service provision. Among the most prominently featuring aspects of these positively perceived standards of service were factors such as the timeliness of allocation of key workers, assistance and information provided by staff, group sessions, as well as improvement to personal health.

2.8.2 Despite the overall positive response, NAO considers the provision of individualised counselling and psychotherapy services to represent an area with potential for improvement. Furthermore, NAO noted that client perceptions relating to training aimed at enhancing job skills were predominantly negative. This subsequently assumes particular relevance when viewed in context with other results

presented in this chapter relating to ETC training course attendance.

2.8.3 NAO noted that programmes specifically dedicated at addressing reintegration into society from an employment perspective were generally limited across the various service providers. Nonetheless, Caritas' practice of assigning an employee, albeit on a part-time basis, to organise suitable training for residents, provide assistance in job seeking, and subsequently follow up when actually in employment is commended. The other service providers also delivered similar support functions, however, these were less formal in terms of design and delivery. These considerations, together with the aforementioned poor client perceptions relating to this specific aspect of service delivery, indicate that further attention must be channelled towards this function.

2.8.4 NAO's analysis of data relating to unstable accommodation, more specifically, the service currently offered by Caritas at the Harm Reduction Shelter, indicated adequate supply to address present needs. Should the need to expand this service in order to accommodate a larger capacity emerge, NAO considers it appropriate for Caritas to scale up its operations at the Harm Reduction Shelter. In NAO's opinion, expanding capacity of existent services, as opposed to establishing parallel services, would represent greater business sense, most notably through the attainment of greater economies of scale.

2.8.5 Employment of problem drug users emerges as a clear concern, particularly when analysing the employment history of persons registered with the ETC Unit specifically designed for this subgroup, which is the Former Substance Abusers section that in effect forms part of the Special Cases Unit. An analysis of ETC data corresponding to this Unit reveals a number of concerns, most notable among which is that over half of the clients registered with the Former Substance Abusers section between 2007 and February 2012 had never been in employment. The 256 persons registered with this Unit for well over three years, and who have yet never been employed, raise concern with respect to the effectiveness of programmes and policies intended at reintegrating problem drug users into employment.

2.8.6 Further to the above, NAO is also concerned with the number of training courses attended by persons registered as Former Substance Abusers, which progressively and drastically declined as their length of registration with this Unit increased. NAO considers this poor attendance record to reflect negatively upon the clients concerned, who seem to lack the necessary motivation to skill themselves, thereby diminishing their prospects of employment. In addition, this poor attendance record, coupled with the diminishing number of courses offered to clients, may be indicative of a system that is inadequately enforcing and encouraging client attendance, thereby negatively affecting ETC's performance.

2.8.7 The issue of poor training attendance is accentuated in the case of the 106 persons who never attended any course while being simultaneously unemployed during their time registered as Former Substance Abusers, and it is here that NAO's concern further intensifies. While 61 of the 106 persons were enlisted for training failed to attend, which is an issue addressed in the preceding paragraph, the remaining 45 ETC clients were never provided with a training opportunity. When one considers that these 45 clients have been registered with the Former Substance Abusers section for an average of over four years, and unemployed throughout, this statistic is of concern and negatively impacts upon ETC performance.

2.8.8 The success rate of the BTG Scheme, recorded at 22 per cent, represents a marginal improvement over the wider population success rate of 16 per cent. NAO opines that a clearer indication of the success, or otherwise, of this Scheme will become more evident as its use is further extended to incorporate more ETC clients. Other variables seem to indicate that factors external to the ETC's direct control will persist in influencing the outcome of any undertaken initiatives, mostly centring on the levels of motivation of clients. Testament to this are indicators such as the ratio of courses offered against those attended, as well as statistics relating to long-term unemployment of this particular subgroup.

2.8.9 A clearly apparent lacuna in terms of service delivery relates to the specific provision of services catering for minors who are problem drug users. The absence of appropriately corresponding services

tailored for this age group was highlighted by the various stakeholders involved in this audit, who unanimously put forward and supported the need for specialised services addressing this sub group of problem drug users.

2.9 Recommendations

2.9.1 NAO recommends the further development and refinement of efforts undertaken by service providers with respect to the employment component of social reintegration. While good practices should be sustained and capitalised upon, NAO is of the opinion that a more formal and organised approach towards employment assistance would ultimately be of benefit to the clients undergoing a residential rehabilitation programme. The opportunity for improved coordination among the various stakeholders is key to the anticipated success of such efforts. Of particular relevance in this context are the working relationships between the service providers and clients, employers, as well as the ETC.

2.9.2 With respect to the issue of unstable accommodation, NAO opines that, should demand ever exceed the capacity of existing services, efforts should be directed at expanding those already established. NAO considers this course of action to represent greater value for money, effectively ensuring the optimal use of funds through economies of scale. The running of such a service is undoubtedly resource-intensive, and establishing a parallel service would detract resources from other avenues that represent greater need.

2.9.3 NAO recommends a two-tiered review to ETC employment support services provided to problem drug users. The first tier essentially focuses on the strategic design of programmes and services offered, which warrant due attention in seeking to improve upon the effectiveness of performance. Former Substance Abusers client employment records are poor, as evidenced by the 256 persons registered with the Unit for over three years and unemployed throughout. This is undoubtedly a highly complex and multifaceted issue, yet one facet certainly within ETC's immediate control is the provision of training, centrally important in rendering clients more employable. However, the poor attendance records, particularly when viewed from a longitudinal perspective, are indicative of inadequate long-term planning, with the early impetus clearly not being appropriately sustained. To this effect, NAO recommends that ETC's strategic management of client training requirements is appropriately designed and structured so as to adequately address this issue.

2.9.4 In this context, NAO considers the greater coordination of efforts between ETC and the various service providers to more effectively contribute towards increasing client employability. It is NAO's opinion that the fusion of ETC's employment expertise with the service providers' specialised knowledge of rehabilitation addresses a clear gap in efforts at rendering persons with problem drug use more employable.

2.9.5 The second tier of NAO's proposed review relates to the operational aspect of ETC's services offered, particularly focusing on the stepping up of compliance and enforcement efforts. NAO considers the case of the 61 persons registered with the Former Substance Abusers section from 2007 up to 2012, who did not attend any training offered, and who were simultaneously unemployed, as warranting in-depth review. NAO recommends the enforcement of already established counter-measures and the implementation of fresh sanctions should circumstances so warrant (and established counter-measures prove to be ineffective), in the address of this poor attendance.

2.9.6 In principle, it is NAO's considered opinion that the BTG Scheme represents the potential success that may be achieved through the ongoing cooperation between ETC, possibly accompanied by service providers, on one side, and employers as the counterparty to such an arrangement. NAO recommends that this Scheme is sustained and proliferated to further ascertain, or otherwise, the extent of its success.

2.9.7 Given the unanimous support and agreement relating to the perceived need for residential rehabilitation services tailored for minors, NAO fully recommends that the necessary action be taken to address this shortcoming. NAO considers the combined efforts of all stakeholders as key in the eventual establishment of such a service. Similarly, such coordination should preside in the design and

operation of this service. It is therefore, in NAO's opinion, sensible to focus all efforts and resources into one specialised programme, which would represent the most cost-effective way of addressing this service gap. In this regard, NAO considers the New Light report drawn up by the Foundation for Social Welfare Services as a more than adequate point of departure.

2.9.8 On a general note, there is a need for increased collaboration between all stakeholders, which NAO considers as integral in leading to improved levels of knowledge sharing. The Commission and Coordinating Unit may serve as the ideal fora and platforms for such collaboration.

Chapter 3

Ancillary Services and Issues in Transition

Chapter 3 – Ancillary Services and Issues in Transition

This final chapter adopts a broad view of the changing landscape characterising the drug rehabilitation service environment, specifically focusing on issues relating to information management as well as the topical Arrest Referral Scheme. Attention is subsequently directed at the Standards on Residential Services, particularly noting the process employed by DSWS in their formulation, and issues of concern arising thereafter. Finally, the concepts underpinning the notional establishment of a Central Intake Unit are explored.

3.1 The Auxiliary Services in Place

Data Collection

3.1.1 The collection of data relating to drug profiling in Malta falls under the remit and responsibility of the NFP, which subsequently reports to the Coordinating Unit for synchronisation purposes.

3.1.2 The issue of data collection emerged as an area of concern in a report (Bless, 2001) that evaluated drug services in Malta, which notably discerned that the periodic information provided by drug treatment providers to the Maltese Government did not portray a realistic profile of the clientele in question. The report claims that it was highly probable for figures of different agencies to overlap one another, since there was no way of establishing (from this data) whether a person used the services of two or more distinct providers, hence creating a high risk of inaccurately recording inflated figures. Corollary to this, Bless identified the need for the establishment of a central register of clients.

3.1.3 From research conducted by NAO, and with the Bless (2001) report as a baseline, it was established that significant progress had been made in this area. NFP now collects data from all service providers, who are supplied with a list of data fields to complete for each client, including the last three digits of their identification cards and dates of birth. The latter two criteria allowed for the effective identification of clients when the data was merged, provided that these identifiers were correct, thereby eliminating the risk of double counting. The need for more accurate record keeping also hailed from the contracts entered into with the EMCDDA.

3.1.4 Established in 1993, the EMCDDA is one of the European Union's decentralised agencies. It is primarily tasked with the dissemination of factual data that is intended to provide an overview on European drug problems across Member States. To achieve its core task of providing information on drugs in Europe, the EMCDDA entered into contractual agreements with the different national drug monitoring centres. The principal aim of these contracts is to collect country data in a harmonised manner, essentially through the Treatment Demand Indicator Standard Protocol. The latter has allowed the EMCDDA to draw up reports that comparatively analyse data emanating from the different Member States across the European Union. The main information product that results from this analysis is the annual report, entitled 'The State of the Drugs Problem in Europe', which is normally published every November.

3.1.5 The EMCDDA reviews its standard protocol from time to time and, if necessary, effects corrections

and additions to it. The different protocols detail the data fields that the EMCDDA submits in the form of requests to the national drug monitoring centres. In the case of Malta, it is the role and responsibility of the NFP to collect data corresponding to the aforementioned Standard Protocol from all service providers across the country. The EMCDDA has recently created a new Standard Protocol, with new data requirements expected to be implemented for the base year 2013. The previous protocol was issued in 2000, whereas the new one was issued in 2012. Appendix C presents the requirements of both protocols, highlighting the data fields that have been removed and those that have been newly introduced.

3.1.6 Although the EMCDDA eliminated the requirement to collate particular data, such as the clients' date of birth, the NFP still requests this information from service providers. The rationale supporting this course of action relates to the fact that the date of birth is considered to be a highly relevant source of information when collating data and aids in the elimination of double counting. Other data fields, such as the nationality of clients and whether they were previously treated, will continue to be requested despite their exclusion from the new Standard Protocol. NFP considers this information as centrally important in its efforts at constructing a profile of the Maltese drug situation. Furthermore, this data allows the NFP and the Commission to better identify courses of action that may be taken in order to effectively target the drug situation in Malta.

3.1.7 The NFP is currently drafting a local protocol with respect to the additional data it intends to collect. NFP indicated that the main aim of this protocol was to acquire standardised data from all service providers so as to enable the harmonisation of data, while simultaneously serving to:

- Ensure consistency and quality of treatment data collected in Malta;
- Ensure that double counting of clients at national level is excluded; and
- Facilitate evaluation and improvement of treatment interventions in Malta by providing relevant, consistent and reliable statistics about treatment demand and treatment provision.

3.1.8 The local protocol will mainly be geared at practicality in terms of identifying persons who are listed twice in the collated data gathered for the EMCDDA, harmonisation of data, as well as encouraging data providers to operate in as standardised a manner as possible with regard to data collection. It will also provide guidelines on the tools by which data is assembled, aimed at facilitating the process for service providers.

Data Gaps

3.1.9 NAO noted certain shortcomings with respect to the comprehensiveness of data provided to NFP, which subsequently warranted the Unit's attention in efforts directed at addressing data gaps when the qualitative and quantitative information was collated. NFP indicated to NAO that this issue was addressed by means of meetings held during February and March 2012. Despite the missing data, NFP nonetheless proceeded in its conduct of an analysis of the drug situation across Malta; however, more complete information would enable NFP to provide a more accurate and realistic picture of this situation.

3.1.10 The abovementioned meetings were instrumental in addressing the shortcomings in the data provided to the NFP. The meetings also served to introduce the new protocol issued by the EMCDDA, which was to apply to the data collection that is scheduled to take place in 2013. The meetings were held as early as February and March 2012 in order to provide the service providers with sufficient lead time so as to have the necessary infrastructure in place in providing NFP with the newly required data, while simultaneously decreasing the gaps in data.

3.1.11 From the aforementioned meetings, it emerged that certain data requested by the EMCDDA was in effect impossible to provide. For example, service providers were not always aware whether clients that they had treated during a certain year were employed during the same year, especially if they were treated before they found employment, which was very often the case.

3.1.12 Other problems were identified with the data field entitled 'Frequency of Use', which can be found in Appendix C under clause 14 for the new protocol, and 17 for the old protocol. The old protocol required national drug monitoring centres to report the number of clients whose frequency of drug use was between two and six times a week, apart from other categories. The new protocol further refined this category by subdividing it into two (two to three times a week, and four to six times a week). The difficulty that was brought to NFP's attention by service providers was that this information would only be available for new clients, as older clients were inputted according to previous categories. This difficulty was also applicable to the 'Needle Sharing' criterion. With regard to this criterion, it was further indicated that clients may not always be truthful about whether they ever shared needles, or otherwise.

3.1.13 Problems were also encountered with the data field 'Ever Injected', as the categories related to information on clients with respect to the last 30 days. Service providers stated that the current system used for data collection, which records such details on the clients' first admission, does not allow for the periodic update of information.

3.1.14 It was noted that the database corresponding to the Outpatient Unit did not allow for linear comparisons with previous years, as a new database was compiled on an annual basis. A client who absents from the Outpatient Unit for a period of time and recommences utilisation of service the following year was, by default, registered as a new client. This implies that the actual history with regard to the Outpatient Unit would not be readily available for this client. Sedqa indicated that the Agency is working on this shortcoming in order to provide a more realistic and accurate picture of the situation.

Arrest Referral Scheme

3.1.15 The Commission has, in recent years, been working towards introducing an Arrest Referral Scheme (ARS). It embarked on a project related to the idea of establishing a drugs court and drew up a proposal for the development of an ARS and an Extra Judicial Body for the processing of first time drug offenders (drug possession only). This proposal was forwarded to the Commissioner of Police and subsequently presented to the Ministry for Justice, Dialogue and the Family in February 2012.

3.1.16 The National Drugs Policy (Malta) specifically states that the amendments made to the Dangerous Drugs Ordinance (2009, Cap. 101) "*provide for a distinction between drug sharing and drug trafficking. In distinguishing between traffickers and victims, these amendments determine the type of action that is to be meted out in different cases*." Nevertheless, the National Drugs Policy (Malta) called for these amendments to be further strengthened through the following actions:

- "*The setting up of a Drugs Court that streamlines drug offence cases;*
- *Facilitating a restorative justice approach in legal and judicial interventions and in those related interventions conducted by various complementary bodies and departments;*

- *An analysis of the current legal provisions so as to ensure that relevant laws cover new types of drugs and trends. As the law presently stands, it may not address the growing emergence of new drugs and trends thus inferring that the legal and judicial framework may lack the mechanism to effectively deal with cases involving new forms of drugs and related activities. This analysis will be made by the National Commission on the Abuse of Drugs, Alcohol and Other Dependencies in conjunction with the National Law Enforcement Body*."

3.1.17 The main aim of the introduction of an ARS is to set apart cases that involved first time offenders (accused of possession for personal use of an illicit substance or a licit substance without the control card) and cases involving persons that were repeat offenders. This segregation is viewed by the Commission as constituting a fairer judicial system that would most likely, and if applied correctly, decrease the number of pending drug offence cases.

3.1.18 The Commission noted that pending drug offences before the Magistrate's Court increased from 70 as at December 1999 to 655 as at July 2011. NAO also established that, as at end February 2012, pending drug offences amounted to 1,202. To this end, the Commission opined that this cumulative increase was indicative of the fact that the system of justice was stretched, and that a divisionary scheme would prove to be a welcome development in the field. According to Clark (2004), the immediate processing of first time offenders' cases outside the criminal justice system would secure a more effective response from these offenders.

3.1.19 In light of the above, the Commission proposed the combination of an ARS with a diversionary form of proceedings to an Extra Judicial Body for the hearing of cases of first time offenders with regard to possession for personal use. In essence, the Commission proposed a system that would allow first time offenders (who are being investigated by the Malta Police Force for possession for personal use of an illicit substance or a licit substance without the necessary control card) to choose whether they wanted to undergo proceedings through an ARS system or through the conventional system currently in place.

3.1.20 The process starts when the person in question is arrested, where an Arrest Referral Officer would advise the arrestee on the workings of the scheme and the options at hand. One of the requirements set out by the ARS is the confidential interviewing of the arrested persons in order to establish their backgrounds, severity of substance abuse difficulties, and the anticipated extent of motivation for intervention. Furthermore, the arrested would be expected to sign forms binding them to appear before the Extra Judicial Body. Conversely, if the arrested person is not eligible or opts not to go through this Scheme, regular proceedings will apply.

3.1.21 Following the hearing of the case, and as proposed by the Commission (2012), the Extra Judicial Body would ascertain that the person concerned follows interventions that are deemed fit by the Body and may consist of the following:

- Brief crisis intervention;

- Motivational interviewing and specialised drug counselling;
- Community service;
- Supervision;
- Leisure education;
- Clean urine for a stipulated number of months; or
- Other.

3.1.22 On a similar note, Sedqa indicated to NAO that court cases related to repeat drug offenders normally took a relatively long time to be heard and decided upon. This resulted in a number of pending court cases which, in the case of Sedqa, amounted to 23.5 per cent of its client base as at end 2011, with some even dating back five years.

3.1.23 Sedqa noted that the fact that court cases took long to be heard disrupted the timeliness of the process of social reintegration. By the time a case is heard, certain clients might have recovered from the problem of drug addiction, be in employment, and might have even started a family. Court sentences at this point in the clients' lives might once again disrupt their social and family life, especially if they have to serve time. Furthermore, until the court sentences are finalised, the accused would still be required to call at Sedqa or the relevant service provider on a weekly basis in order to undertake urine tests so as to be able to confirm in court that they were clean all throughout this period.

3.1.24 Although service providers agreed, in principle, with checking whether accused persons were still using drugs, they reiterated their concern that there were certain cases where the persons in question had clearly fully recovered and had been socially reintegrated for years. Under such circumstances, the need for them to be checked on a weekly basis was, in effect, counterproductive and needless. Sedqa suggested that in such cases, urine tests could be carried out in a random manner, instead of constraining the persons in question to take the test on a weekly basis.

3.2 Standards on Residential Services

3.2.1 DSWS is the organisation responsible for monitoring services within the social welfare sector across Malta and Gozo. Drug rehabilitation services (including outreach programmes and harm reduction community-based services) fall under this category and have existed for decades. Caritas was the first service provider established in Malta, with OASI and Sedqa following suit, establishing similar yet differentiated services.

3.2.2 The provision of residential rehabilitation programmes set the stage for the introduction of national standards on services provided to persons with difficulties relating to drugs and alcohol, which would therefore streamline their fundamental aspects. DSWS endeavoured to draw up these standards, which were envisaged for eventual use in the monitoring of service providers. The Department adopted an approach that allowed for the contribution of as many stakeholders as possible. In this regard, a working group was set up towards the end of 2010, composed of representatives from the different service providers, as well as DSWS officials.

3.2.3 The aim of this working group was to capitalise on the experience of service provision across Malta and on best practices employed by service providers in order to create standards of care for persons who receive residential rehabilitation services within specialised establishments. The Standards were intended to ensure that service users are provided with good quality service by the various agencies within the field.

3.2.4 The Standards amount to 16 in total and will include guidance and rules as per Table 4.

Service User Survey

3.2.5 DSWS endeavoured to include former service users in the working group, which attempts proved futile. The Department subsequently embarked on a separate study in order to elicit the views of service users. This study consisted of a quantitative questionnaire (already amply elaborated upon in section 2.1) that was used solely for information purposes and not for the assessment of the residential programmes, as well as qualitative interviews carried out with former service users who also commented on the drafted standards.

3.2.6 Although DSWS endeavoured in adopting a holistic approach with regard to the drawing up of standards, certain difficulties were inevitable.

Table 4: Standards on Residential Services

Standard Area 1 – Prior to utilisation of the service
1. Information provided to clients prior to admittance
2. Agreement entered into
3. Environment
4. Quality of care provided by qualified employees
5. Care plan
Standard Area 2 – Utilisation of the service
6. Reaching personal aims with the help of qualified employees
7. Security and responsibility
8. Individual rights
9. Freedom of speech
10. Personal beliefs
11. Nutrition
12. Health and safety
13. Medical requirements
14. Privacy
15. Communication requirements
16. Aftercare

Namely, there was no register of persons who were considered to be unsuitable to care for other persons, such as paedophiles and sex offenders. Although a child offenders' register does exist, the law only protects minors, and it does not consider other vulnerable groups, such as individuals undergoing drug rehabilitation. Related to this point is the issue of and need for the setting up of a register of care workers, which was indicated by DSWS.

Standard on Minimum Level of Qualifications of Care Workers

3.2.7 The Working Group indicated the need for the establishment of standards stipulating a minimum level of qualification to be achieved by all persons employed in the residential care of persons with difficulties relating to addictive behaviour. In this regard, DSWS embarked upon a mapping exercise intended to identify the different roles within the various programmes, as well as the responsibilities assimilated within these diverse roles and working conditions. This exercise should then enable DSWS to liaise with the Malta Qualifications Council in order to set relevant occupational standards.

3.2.8 However, the drafted Standards do not clearly indicate the minimum level of qualifications that persons caring for residential clients should possess. The document states that the competent authorities should establish the minimum qualification level according to available resources:

> "I*n order for the standards to be implemented, the competent authorities must establish the level of qualifications of persons providing care to you, while also assuring that adequate resources are available in this respect. To this effect, DSWS will be able to ensure that persons providing you with care would at least be in possession of the minimum qualifications that are required.*"

The document also states the following:

> "*The number of qualified and appropriately skilled employees should always suffice in the provision of necessary care and supervision. An agreement should be reached between DSWS and the owner or director of the rehabilitation programme with respect to the required staffing levels.*"

The original text pertaining to the above-quoted clauses may be referred to in Appendix D.1 and D.2.

Financial Implications of Applied Standards

3.2.9 An unintended yet nonetheless significant repercussion of the introduction of standards is the envisaged increase in costs incurred with regard

to service provision. Following implementation, service providers will be bound to abide by the new provisions established by the standards, and to this effect, Caritas, OASI Foundation, SATU and Sedqa all expressed their concerns on the sharp increase in anticipated costs with the introduction of the Standards. It was indicated by DSWS that it was standard practice for the Department to append a memorandum to the proposed Standards forwarded to the Ministry, which would identify any concerns or issues that need to be addressed before the Standards are implemented.

3.2.10 Increased costs may also include formal training, as well as increased administrative work necessitated by virtue of the newly introduced Standards. Other financial costs include changes to the various premises' physical structures, in order to render them accessible to all, as set out in the 'Access for all Design Guidelines' of the National Commission Persons with Disabilities. Section 3.5 of these guidelines, entitled 'Facilities providing accommodation for the public' specifies what should be carried out in order to ensure compliance. Apart from having to comply with the first two sections of the Guidelines (the titles of which are listed in Table 5 below), other provisions have to be adhered to with regard to residential buildings. Appendix E refers.

3.2.11 Other structural changes refer to new standards regarding dimensions of rooms and outdoor areas. DSWS has been in contact with the Building Regulation Office in order to establish what the standards should specify in terms of space and safety.

3.2.12 Concerns on increased financial burdens were a commonly recurring theme emerging regularly during the Working Group meetings. While it was established that certain standards can be adhered to without incurring further costs, it was anticipated that other standards will result in additional costs. In this regard, DSWS liaised with MEU in order to identify and better understand the particular financial burdens that would be incurred by each programme through the introduction of these Standards. DSWS and MEU agreed that this exercise was to be carried out once the Standards are finalised.

3.3 The Malta Competition and Consumer Affairs Authority

3.3.1 The Malta Competition and Consumer Affairs Authority Act (2011, Cap. 510) stipulates that for standards to be formally considered as National Standards, they need to be endorsed by MCCAA and in so doing go through a formal process established

Table 5: Extract relating to Facilities Providing Accommodation for the Public

Part 1 – General principles of accessible design
1.1 The outside environment and approach to facility
1.2 Entrances
1.3 Internal environment
Part 2 – Design guidelines
2.1 Surfaces
2.2 Pavements and pedestrian crossings
2.3 Parking
2.4 Ramps
2.5 Stairs
2.6 Handrails / Grab rails
2.7 Doors, lobbies, ante-rooms and corridors
2.8 Lifts
2.9 Sanitary facilities / Changing rooms
2.10 Counters and reception desks
2.11 Control systems
2.12 Lighting
2.13 Signage
2.14 Aural environment

by the Authority itself. This process would have required DSWS to fill in the relevant application forms, detailing the purposes of its intended standards. Under such circumstances, MCCAA would subsequently proceed to set up a Technical Committee by engaging the relevant stakeholders.

3.3.2 In the case of standards on residential services for persons with difficulties relating to drugs, alcohol and gambling, MCCAA indicated that the relevant technical committee would include stakeholders representing the three main service providers, effectively mirroring the Working Group set up by DSWS. The draft version of the standards would then be subject to public consultation before their launch as National Standards.

3.3.3 Furthermore, Article 22 (1) (a) and (b) of the same Act sets out the responsibilities of the Standards and Metrology Institute, notably:

(a) to make, adopt and publish standards, in relation to any class, category or type of products and, or services, and

(b) to co-ordinate, monitor and promote standardisation and related activities at the various corporate, national, regional and international levels, and to supply and, or ensure the existence of adequate supporting related services.

3.3.4 This process effectively commences when the organisation that intends to introduce national standards on certain products or services goes through an application stage, and forwards a draft of the proposed standards to the Authority, which then sets up a technical committee that prepares the document for its launch. DSWS did, on occasion, contact MCCAA regarding the way forward with respect to these standards and even held a meeting with the Authority. However, this meeting was inconclusive as DSWS already had a Working Group that met regularly in order to draw up the standards for their launch.

3.3.5 Other than the Working Group that was set up for the drawing up of the standards, DSWS embarked on a separate study that brought the views of service users into perspective. DSWS anticipated that the survey could be used to measure whether the introduction of the standards would benefit end users. An internal statistical report was drawn up in this regard and its main findings are underscored in section 2.1 of this report.

3.3.6 During the course of the performance audit, it was noted that there was an ongoing disagreement between DSWS and MCCAA, which stemmed from the launch of the 'National Standards for Child Day Care Facilities' in 2006. MCCAA had held that it is the sole organisation that is authorised to formally launch national standards.

3.3.7 Meanwhile, DSWS has been working on draft legislation that will recognise it as the regulator for social care services, which has been pending for four years. The legislation, when introduced, will delineate the Department's identity and provide the required legal backing, especially with regard to the work carried out by its Assessment Unit. Furthermore, this legislation will empower DSWS to establish "*criteria for the granting, refusal or revocation of licensing*" as well as "*the minimum standards for social care and support services*."

3.3.8 The National Drugs Policy states that DSWS is one of the entities responsible for "*implementing, in collaboration with voluntary organisations, the interventions that are necessary to achieve the social welfare goals of this policy.*"

3.3.9 In light of the above, DSWS sought the advice of MCCAA in July 2011, by which time the Working

Group had held nearly all of its required meetings. DSWS's intentions were those of reaching some form of agreement with MCCAA and, eventually, publish national standards.

3.3.10 By the time DSWS sought the advice of MCCAA, the standards had already been drawn up and the setting up of a new technical committee was seen to constitute duplication of work. MCCAA suggested the setting up of a Technical Working Group and DSWS has, to date, not accepted this proposal.

3.3.11 Following deliberation on this grey area, DSWS sought the advice of MEU. Feedback provided by this Unit centred on the principles that should guide a consultation process such as this. In essence, MEU reiterated and emphasised the importance of robust and comprehensive internal consultation prior to the widening of the consultative process, thereby incorporating external stakeholders. MEU also supported the use of working groups in the fine-tuning of its policy initiatives, and generally agreed with the mechanisms employed by DSWS in the drafting of such standards.

3.3.12 Notwithstanding the above, DSWS was reluctant to go through MCCAA in order to launch the Standards on Residential Services, thereby limiting their upgrade to national standard level as established and understood in terms of the Malta Competition and Consumer Affairs Authority Act (2011, Cap. 510).

3.4 The Central Intake Unit

3.4.1 As indicated in section 1.5, the CIU has been discussed by professionals in the field, including the Commission. The function of this Unit would be to monitor service needs in this sector, and to implement a standard system of client assessment that is characterised by a person-centred individualised care plan.

3.4.2 The CIU would essentially be characterised by a synchronised data collection network. More specifically, rehabilitation service providers would input data on a uniform and shared information system, which would then feed into that of NFP, thereby allowing it to access such data in real time and in a standardised manner. Furthermore, the conceptualisation of the role of the CIU was not strictly limited to data collection, but also incorporated the coordination of efforts in order to provide the best possible service to substance abusers.

3.4.3 The Coordinating Unit indicated to NAO that discussions on this proposed action have been going on for a good number of years, however, seem to have reached somewhat of an impasse. The CIU has never been set up and plans for its establishment are not in the pipeline. It was also indicated that the proposal of this measure was met with some apprehension from service providers responsible for the care of problem drug users.

3.4.4 Of note is the fact that the introduction of the CIU was also articulated in the National Drugs Policy (2008). More specifically, Action 25 of the same policy states that one of the actions that should be taken by Government is the "*…setting up of an independent Central Intake Unit that monitors and regulates service needs and provisions so as to reduce the fragmented approach that is presently adopted. Besides promoting better use of resources, such a Unit would introduce and administer a national form of client assessment, facilitate the development of individual care plans, set standards for the compilation of data that is uniform and comparable, and analyse trends in the area of drug abuse. In view of its central role, the setup and operations of such an independent Central Intake Unit need to be regulated.*"

3.4.5 Further to a review of the status of Actions elaborated upon in the National Policy (2008), it was noted that the Commission intends to reintroduce the discussion with stakeholders, with the aim of establishing the Unit.

3.5 Conclusions

3.5.1 Significant progress has been registered with respect to data collection methods employed in the field of problem drug use, with the double counting of clients now adequately contained and a more accurate understanding of statistical implications attained. Undoubtedly, one of the main instigators of this progress was EMCDDA, which influentially and categorically required NFPs within European Union Member States to provide standardised data on their country's situation with respect to problem drug use.

3.5.2 NAO commends NFP in its conceptualisation of the local protocol, which will certainly contribute towards the further understanding and appreciation of the influential role played by the local context in relation to problem drug use. This measure will serve to refine the valid European-wide protocol administered by EMCDDA, honing in to Malta's particular characteristics. Although measures have been taken in order to minimise gaps in data provided by service providers, NAO noted that shortcomings with respect to the comprehensiveness of data still emerged, which subsequently warranted NFP attention.

3.5.3 The database used by the Outpatient Unit does not allow for annual comparisons to be effectively carried out. NAO considers the availability of data relating to client history to be an important information source for NFP, as well as to Sedqa itself. Through the drawing of inferences from the Outpatient Unit case, NAO considers the design of appropriate information management structures as an invaluable tool aiding decision-making as well as policy design and formulation. It is in this context that the address of such limitations assumes central relevance.

3.5.4 NAO considers the introduction of a Central Intake Unit as integrally conducive to and fundamentally important in the development of a largely enhanced data gathering mechanism across service providers. Such an information management system would feed back into NFP, thereby enabling it with effective real time data availability of all service providers. NAO is of the understanding that this would set the stage for continuous monitoring of the drug situation in Malta, while also facilitating information sharing across service providers. In this sense, should a client opt to move from one service provider to another, it should be a duly designated entity's role to balance the granting of access to client data with data protection considerations.

3.5.5 The number of pending drug-related offences increased exponentially from a mere 70 in 1999 to over 1200 in 2012. In this context, NAO supports the work of the Commission with respect to the divisionary scheme represented by the ARS. Distinguishing between first-time and repeat offenders is beneficial, mostly for the former, essentially due to the more efficient resolution of cases. NAO supports the concerns voiced by various stakeholders relating to how delays in the judicial process resulted in significant disruption to the social reintegration process. Specific concern gravitates around the issue of testing for drug use prior to court hearings, which in certain circumstances proves to be counterproductive to the rehabilitation process, particularly when contextualised against the significant delays in court judgement.

3.5.6 Of note is the fact that, when introduced, the standards drawn up by DSWS are expected to increase costs for the residential rehabilitation programmes, which are mostly funded through Government. MEU's involvement in determining the financial implications brought about by the standards is sensible as it ensures objectivity while undoubtedly introducing relevant expertise in the conduct of such an exercise.

3.5.7 NAO noted that these drafted standards did not establish the level of qualifications that should be held by persons working in the field of substance abuse residential rehabilitation. This is, in NAO's opinion, an issue of central importance, critical in ensuring uniformly high standards of professionalism in terms of service delivery across service providers.

3.5.8 National legislation recognises MCCAA as the sole authority responsible for the establishment of National Standards. To this effect, the Authority adopted a system whereby relevant stakeholders for each set of prospective standards were identified for the purposes of drawing up National Standards. Nevertheless, DSWS opted to operate independently of MCCAA even though the system it adopted in this regard was similar. The latter point should have given the Department more motive to go through the Authority when developing standards.

3.5.9 NAO supports the efforts of DSWS at introducing legislation that will further establish and delineate its organisational identity. However, NAO is of the opinion that such legislation should reflect DSWS's role, which would ideally synchronise along roles occupied by other stakeholders. NAO considers the delineation and segregation of standard setting, policy formulation, monitoring, enforcement and regulation, as well as service provision, to represent good corporate governance. To this end, and as backed by national legislation, NAO considers the

setting of national standards to fall within the exclusive remit of MCCAA, while DSWS should then be entrusted with the responsibility of applying, monitoring adherence to, and instigating review of these standards. This does not inherently mean that DSWS should be excluded from participating in technical committees set up by MCCAA, especially since the Department holds relevant expertise in associated subject areas.

3.5.10 While the option to recognise DSWS as the entity responsible for setting standards with respect to social welfare is certainly an option that could be exercised through relevant legislation still at drafting stage, NAO nonetheless considers this scenario as representing two drawbacks. The first relates to the duplication of roles by two Government entities, while the second revolves around corporate governance issues, with the setting of standards regulated and enforced by the same Department that set them.

3.6 Recommendations

3.6.1 The substantial progress observed in the collection and collation of data across service providers is commended. In fact, NAO encourages NFP and the Coordinating Unit to continue to address data gaps in order to consistently achieve further refined data characterised by minimal or no omission of client information. The attainment of comprehensive statistics would enable NFP and the Coordinating Unit to achieve a better and more accurate understanding of the Maltese context. In addressing the drug problem, information is a valuable tool that shapes decision-making and policy direction. Limitations in terms of information management will therefore, by implication, result in limitations in management action.

3.6.2 NAO recommends the further development of information management structures, which are centrally important in decision-making and policy design. Furthermore, NAO considers the evolution of such structures as serving a more latent, yet equally important function, that of strengthening coordination among stakeholders and empowering management control. By means of example, and with respect to the Outpatient Unit, NAO is of the opinion that Sedqa should develop a system of information gathering that would enable the traceability of a client's history and thereby aid in the identification of previous clients.

3.6.3 NAO encourages the Commission, the Coordinating Unit and NFP to resume discussions relating to the establishment of the CIU. Although the CIU would be of benefit to all stakeholders involved, a financial exercise should nevertheless be carried out to determine possible feasibility concerns related to the undertaking of such a project.

3.6.4 The ARS proposal put forward by the Commission should be accorded due attention. The system for the administration of justice for first-time and repeat offenders has shortcomings, which are represented by the ever-increasing number of court cases, coupled with the fact that such cases take so long to be decided. NAO considers it important for this situation to be addressed and is of the opinion that the ARS represents part of the solution.

3.6.5 Although NAO is of the opinion that MCCAA should draw up National Standards, it has some considerations to put forward with regard to the standards that DSWS is due to be launching. These standards should clearly indicate the minimum level of qualifications that should be held by employees of residential rehabilitation programmes, as well as the ratio of carers to clients. NAO is hence of the considered opinion that levels of qualifications as well as the ratio of carers to clients should not be stipulated through an agreement with DSWS and each rehabilitation programme, but addressed through the application of a uniform standard.

3.6.6 NAO recommends that the regulatory legislation being proposed by DSWS should clearly identify its role without simultaneously impinging upon the already established role of MCCAA. As highlighted in section 3.5, national standards should be the sole responsibility of MCCAA, although it should endeavour to include DSWS in technical committees set up to establish national standards that are relevant to the Department's field. NAO also recommends that should DSWS consider introducing new standards within the field, it should work with MCCAA from the outset. This would therefore ensure that standards set are indisputably national standards while also taking into consideration the expertise and standpoint of stakeholders involved.

Appendices

Appendix A – Localities Categorised by District

Southern Harbour	Northern Harbour	South Eastern
Valletta	Ħal Qormi	Żejtun
Vittoriosa	Birkirkara	Birżebbugia
Senglea	Gżira	Gudja
Cospicua	Ħamrun	Ħal Għaxaq
Ħaż-Żabbar	Msida	Ħal Kirkop
Fgura	Pembroke	Marsaskala
Floriana	Tal-Pietà	Marsaxlokk
Kalkara	San Ġiljan	Mqabba
Ħal Luqa	San Ġwann	Qrendi
Marsa	Santa Venera	Ħal Safi
Paola	Tas-Sliema	Żurrieq
Santa Luċija	Swieqi	
Ħal Tarxien	Ta' Xbiex	
Xgħajra		
Western	**Northern**	**Gozo and Comino**
Mdina	Għargħur	Victoria
Ħaż-Żebbuġ	Mellieħa	Fontana
Siġġiewi	Mġarr	Għajnsielem and Comino
Ħ'Attard	Mosta	Għarb
Ħal Balzan	Naxxar	Għasri
Ħad-Dingli	St. Paul's Bay	Ta' Kerċem
Iklin		Munxar
Ħal Lija		Nadur
Rabat		Qala
Mtarfa		San Lawrenz
		Ta' Sannat
		Xagħra
		Xewkija
		Żebbuġ

Source: National Statistics Office, 2010

Appendix B – Extract from the DSWS Service Users' Perception Survey Results

A. Availability of Key Workers			
A1. When were you given a key worker?			
Before entry / Upon entry into the residential programme	1 – 4 weeks after entry	1 – 3 months after entry	I do not have a key worker
43	15	3	5
A2. I get enough personal key working at this programme.			
Strongly agree / Agree	Disagree / Strongly disagree	Don't know / Not applicable	
50	13	3	
A3. Sessions with your key worker.			
Service is not offered at this residence	Service is not offered but I would like it to be	Service is offered but is not available to me although I would like it	Service is offered but I don't need or want it
4	0	1	0
I am not satisfied with this service	I am quite / very satisfied with this service	I will start this soon	Don't know / Not applicable / No reply
1	58	0	2
B. Information Provided Prior to and Upon Entry			
B1. My key worker told me about how information about me will be treated and used.			
Strongly agree / Agree	Disagree / Strongly disagree	Don't know / Not applicable / No reply	
55	7	4	
B2. My key worker helped me adequately understand what to expect from the residence.			
Strongly agree / Agree	Disagree / Strongly disagree	Don't know / Not applicable / No reply	
58	7	1	
B3. My key worker gave me advice about how to fit into the residence.			
Strongly agree / Agree	Disagree / Strongly disagree	Don't know / Not applicable / No reply	
55	9	2	
C. Help with Reintegration into Society			
C1. Social skills.			
Service is not offered at this residence	Service is not offered but I would like it to be	Service is offered but is not available to me although I would like it	Service is offered but I don't need or want it
4	2	0	0
I am not satisfied with this service	I am quite / very satisfied with this service	I will start this soon	Don't know / Not applicable / No reply
7	50	0	3

C2. Training that could help you find a job.			
Service is not offered at this residence	Service is not offered but I would like it to be	Service is offered but is not available to me although I would like it	Service is offered but I don't need or want it
15	9	4	7
I am not satisfied with this service	I am quite / very satisfied with this service	I will start this soon	Don't know / Not applicable / No reply
7	18	0	6
C3. Money management advice.			
Service is not offered at this residence	Service is not offered but I would like it to be	Service is offered but is not available to me although I would like it	Service is offered but I don't need or want it
9	6	3	1
I am not satisfied with this service	I am quite / very satisfied with this service	I will start this soon	Don't know / Not applicable / No reply
4	41	0	2
C4. Help to find accommodation.			
Service is not offered at this residence	Service is not offered but I would like it to be	Service is offered but is not available to me although I would like it	Service is offered but I don't need or want it
7	5	1	17
I am not satisfied with this service	I am quite / very satisfied with this service	I will start this soon	Don't know / Not applicable / No reply
7	20	0	9
C5. This service is taking into consideration my family and home situation into account when planning my departure from the residential programme.			
Strongly agree / Agree	Disagree / Strongly disagree	Don't know / Not applicable / No reply	
46	12	8	
D. Psychological Advice and Therapy			
D1. Groups.			
Service is not offered at this residence	Service is not offered but I would like it to be	Service is offered but is not available to me although I would like it	Service is offered but I don't need or want it
0	0	0	0
I am not satisfied with this service	I am quite / very satisfied with this service	I will start this soon	Don't know / Not applicable / No reply
8	54	4	0
D2. Counselling / Psychotherapy.			
Service is not offered at this residence	Service is not offered but I would like it to be	Service is offered but is not available to me although I would like it	Service is offered but I don't need or want it
8	4	4	4
I am not satisfied with this service	I am quite / very satisfied with this service	I will start this soon	Don't know / Not applicable / No reply
2	38	2	4

D3. Relapse prevention sessions.			
Service is not offered at this residence	Service is not offered but I would like it to be	Service is offered but is not available to me although I would like it	Service is offered but I don't need or want it
8	5	0	1
I am not satisfied with this service	I am quite / very satisfied with this service	I will start this soon	Don't know / Not applicable / No reply
6	31	0	15
D4. Stress management advice.			
Service is not offered at this residence	Service is not offered but I would like it to be	Service is offered but is not available to me although I would like it	Service is offered but I don't need or want it
6	4	1	2
I am not satisfied with this service	I am quite / very satisfied with this service	I will start this soon	Don't know / Not applicable / No reply
5	48	0	0
D5. Anger management advice.			
Service is not offered at this residence	Service is not offered but I would like it to be	Service is offered but is not available to me although I would like it	Service is offered but I don't need or want it
3	4	1	0
I am not satisfied with this service	I am quite / very satisfied with this service	I will start this soon	Don't know / Not applicable / No reply
6	50	0	2
E. Health and Relationships			
E1. My general health has improved since I was admitted to this service.			
Strongly agree / Agree	Disagree / Strongly disagree	Don't know / Not applicable / No reply	
61	4	1	
E2. My mental health has improved since I was admitted to this service.			
Strongly agree / Agree	Disagree / Strongly disagree	Don't know / Not applicable / No reply	
52	10	4	
E3. My relationships have improved since I was admitted to this service.			
Strongly agree / Agree	Disagree / Strongly disagree	Don't know / Not applicable / No reply	
56	6	4	

Appendix C – Comparison of EMCDDA Standard Protocols

2012 Treatment Demand Indicator Protocol	2000 Treatment Demand Indicator Protocol
1. Treatment Centre Type • Outpatient treatment centres/programmes • Inpatient treatment centres/programmes • Treatment units in prison/programmes • General practitioners/programmes • Low threshold agencies/programmes • Other (please specify which type of treatment centre/programme) • Not known	**1. Treatment Centre Type** • Outpatient treatment centres • Inpatient treatment centres • Low threshold/drop-in/street agency • General practitioners • Treatment units in prison
2. Year of Treatment	**2. Date of Treatment Month** **3. Date of Treatment Year**
3. Ever Previously Treated • Never previously treated • Previously treated • Not known	**4. Ever Previously Treated** • Never • Previously treated • Not known
4. Source of Referral • Court/probation/police • General practitioner • Other drug treatment centre • Other health, medical, or social service • Educational services • Self-referred, referral from family, friends, etc./ no other agency/ institution involved • Others (please specify) • Not known	**5. Ever Previously Treated** • Self-referred • Family/friends • Other drug treatment centre • GP • Hospital/other medical source • Social services • Court/probation/police • Other • Not known
5. Sex • Male • Female • Not known	**6. Gender** • Male • Female • Not known
6. Age at Treatment Start (in years) • Age • Not known	**7. Age** **8. Year of Birth**

7. Living Status (with whom) • Alone • With the family of origin (parents, etc.) • With partner/children • With friends or other people (with no family relation) • In detention • In institutions/shelters (not detention) • Others • Not known	**9. Living Status (with whom)** • Alone • With parents • Alone with child • With partner (alone) • With partner and children • With friends • Other • Not known
8. Drug Clients with Children • Not having children • Having children - Not living with children - Living with children • Not known	
9. Living Status (where) • Stable accommodation • Unstable accommodation and/or homeless • In detention • Others • Not known	**10. Living Status (where)** • Stable accommodation • Unstable accommodation • In institutions (prison, clinic) • Not known
	11. Nationality • National of this country • National of EU member states • National of other countries • Not known
10. Labour Status • Occasionally employed • Regularly employed • Student • Unemployed/discouraged • Receiving social benefits/pensioners/house-makers/disabled • Others • Not known	**12. Labour Status** • Regular employment • Pupil/student • Economically inactive (pensioners, house-makers/invalids) • Unemployed • Other • Not known

11. Highest Educational Level Completed • Never went to school/never completed primary school • Primary level of education • Secondary level of education • Higher education • Not known/missing	**13. Highest Educational Level Completed** • Never went to school/never completed primary school • Primary level of education • Secondary level of education • Higher education • Not known
12. Primary Drug • Opioids - Heroin - Methadone misused - Buprenorphine misused - Fentanyl illicit/misused - Other opioids (please specify) • Cocaine (total) - Powder cocaine HCl - Crack cocaine - Others (please specify) • Stimulants other than cocaine (total) - Amphetamines - Methamphetamines - MDMA and derivatives - Synthetic cathinones - Other stimulants (please specify) • Hypnotics and sedatives - Barbiturates misused - Benzodiazepines misused - GHB/GBL - Other hypnotics and sedatives misused (please specify) • Hallucinogens (total) - LSD - Ketamine - Other hallucinogens (please specify) • Volatile inhalants • Cannabis (total) • Other substances (total) (please specify which substance) • Not known	**14. Primary Drug** • Opiates (total) - Heroin - Methadone - Other opiates • Cocaine (total) - Cocaine - Crack • Stimulants (total) - Amphetamines - MDMA and other derivatives - Other stimulants • Hypnotics and Sedatives (total) - Barbiturates - Benzodiazepines - Others • Hallucinogens (total) - LSD - Others • Volatile Inhalants • Cannabis (total) • Other Substances (total)

	15. Already Receiving Substitutional Treatment • Heroin • Methadone • Other opiates • Other substances - Yes - No - Not known
13. Usual Route of Administration of Primary Drug • Inject • Smoke/inhale • Eat/drink • Sniff • Others • Not known	**16. Usual Route of Administration (Primary Drug)** • Inject • Smoke/inhale • Eat/drink • Sniff • Others • Not known
14. Frequency of Use of Primary Drug • Daily • 4-6 days per week • 2-3 days per week • Once a week or less • Not used in the last 30 days • Not known	**17. Frequency of Use (Primary Drug)** • Not used in the past month/occasional • Once per week or less • 2-6 days per week • Daily • Not known
15. Age at First Use of Primary Drug (In Years) • Age: /____/ • Not known	**18. Age at First Use of Primary Drug**
16. Secondary Drugs • Opioids - Heroin - Methadone misused - Buprenorphine misused - Fentanyl illicit/misused - Other opioids (please specify) • Cocaine (total) - Powder cocaine HCl - Crack cocaine - Others (please specify) • Stimulants other than cocaine (total) - Amphetamines - Methamphetamines - MDMA and derivatives - Synthetic cathinones	**19. Other (=Secondary) Drugs Currently Used** • Opiates (total) - Heroin - Methadone - Other opiates • Cocaine (total) - Cocaine - Crack • Stimulants (total) - Amphetamines - MDMA and other derivatives - Other stimulants • Hypnotics and Sedatives (total) - Barbiturates - Benzodiazepines - Others

- Other stimulants (please specify) • Hypnotics and sedatives - Barbiturates misused - Benzodiazepines misused - GHB/GBL - Other hypnotics and sedatives misused (please specify) • Hallucinogens (total) - LSD - Ketamine - Other hallucinogens (please specify) • Volatile inhalants • Cannabis (total) • Other substances (total) (please specify which substance) • Not known	• Hallucinogens (total) - LSD - Others • Volatile Inhalants • Cannabis (total) • Other Substances (total)
17. Polydrug Use Problem Existing • Yes • No • Not known	
18. Opioid Substitution Treatment (OST) • Never been in OST • Ever been in OST • Not known	
19. Age at First Opioid Substitution Treatment (OST) (in years) • Age at first OST: /___/ • Not known	
20. Ever Injected or Currently Injecting any Drug • Never injected • Ever injected - Injected, but not in the last 12 months - Injected in the last 12 months, but not in the last 30 days - Currently injecting (in the last 30 days) • Don't want to answer • Not known	**20. Ever/Currently (last 30 days) injected** • Ever injected, but not currently • Currently injected • Never injected • Not known
21. Age at First Injection (in years) • Age: /___/ • Not known	

22. HIV Testing • Never tested • Ever tested - Tested, but not in the last 12 months - Tested in the last 12 months • Don't want to answer • Not known	
23. HCV Testing • Never tested • Ever tested - Tested, but not in the last 12 months - Tested in the last 12 months • Don't want to answer • Not known	
24. Needle/syringe sharing • Never shared a needle or syringe • Ever shared a needle or syringe - Shared but not in the last 12 months - Shared in the last 12 months, but not in the last 30 days - Currently shared (in the last 30 days) • Don't want to answer • Not known	

Source: European Monitoring Centre for Drugs and Drug Addiction

Appendix D – Extract from DSWS Draft Standards

D.1 "*Biex jiġu implimentati dawn l-istandards iridu jiġu stabbiliti mill-awtoritajiet kompetenti l-kwalifiki tal-persuni li jieħdu ħsiebek u jrid jiġi assigurat li hemm riżorsi meħtieġa biex jintlaħqu dawn il-kwalifiki. B'hekk id-DSĦS jkun jista` jassigura li l-persuni li jieħdu ħsiebek, għall-inqas jilħqu l-kwalifiki minimi li għandhom bżonn.*"

D.2 "*L-għadd ta ħaddiema mħarrġa u bil-ħiliet neċessarji, se jkun dejjem biżżejjed sabiex tingħata l-għajnuna u l-ħarsien li teħtieg. Jintlaħaq qbil bejn id-DSĦS u s-sid tar-residenza jew id-direttur dwar x'għandhom ikunu l-livelli meħtieġa.*"

Appendix E – Extract from 'Access for all Design Guidelines'

Facilities providing accommodation for the public (e.g. hotels, residences for the elderly and so on).

E.1 All common facilities such as dining rooms, reading rooms etc. shall be accessible to all.

E.2 In facilities providing accommodation for the public the following provisions shall be made in respect of bedrooms:

- One guest bedroom out of every twenty guest bedrooms (or part thereof) shall be suitable, in terms of dimensions and layout, for use by a person using a wheelchair.
- The entrance door to wheelchair accessible bedrooms shall be accessible to all.
- The entrance door to any other guest bedroom shall have a clear opening width of at least 850mm but with the option to dispense with the 300mm space at the side of the door.
- Bathroom facilities in guest bedrooms that are suitable for use by a person in a wheelchair shall be en suite if that is the arrangement for the remainder of the bedrooms and should include shower facilities whereby a wheelchair user is not required to get off the wheelchair to use the shower.

E.3 Wheelchair-accessible bedrooms should be sufficiently spacious to enable a wheelchair user to transfer to one side of a bed without assistance.

E.4 Wheelchair accessible rooms should have an accessible balcony where such a facility is provided in other rooms.

E.5 Wheelchair accessible rooms should have a connecting door to an adjacent bedroom.

E.6 In residences primarily for the elderly:

- All bedrooms should be accessible to all.
- All facilities that are for common use should be accessible to all.
- 50% of all bedrooms with en suite facilities should have the bathrooms accessible to all including walk in showers.

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