PRESIDENZA DEL CONSIGLIO DEI MINISTRI
Dipartimento Politiche Antidroga

European Monitoring Centre for Drugs and Drug Addiction

Reitox
Italian Focal Point

2010 NATIONAL REPORT (2009 data) TO THE EMCDDA
by the Reitox Italian Focal Point

ITALY

New Development, Trends and in-depth information on selected issues

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    - Ufficio III - Protezione e tutela dei diritti dei minori. Promozione di interventi a favore dei soggetti a rischio di maggiore esclusione sociale.

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SUMMARY

1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS

National and European Community legislative acts

A total of 11 national or European Community legislative acts pertaining to matters that fall under the competence of the Department for Anti-drug Policies were approved in 2009, of which 7 where national legislative acts, of which the most salient was the law "Regulating public safety and containing amendments to Articles 186 and 187 of Legislative Decree 285/1992 regarding drunk or drug driving."
Of the 4 European Community legislative acts approved, the most salient was the one approving the so-termed "Community Law" for 2009 (the procedure of passing it came to a conclusion in 2010), within which the power is delegated to the Government to arrange the implementation of national regulations and their adaptation to Community regulations dealing with drug precursors.

The Fifth National Conference on Anti-drug Policies

In March 2009, in preparation for activities that will get the Action Plan up and running, the Fifth National Conference on Anti-Drug Policies was held in Trieste. Based on the issues and ideas that emerged during this conference, the Department for Anti-drug Policies was able to lay down the primary courses of action that it will pursue over the next three-year period. Specifically, 22 main objectives were identified, a number of which (organisation of services, treatment, prevention, penitentiaries and international relations) were explored in a more in-depth fashion over the months following the conference during the course of ad hoc meetings.

2009/10 Projects Plan: €26,000,000.00 budget investment

In order to provide operational support for the Italian government's action strategies to deal with the phenomenon of drug use, in 2009, the Department for Anti-drug Policies drew up and provided funding for an impressive projects plan that will be implemented in the course of 2010, at an overall expense of over 26 million Euros.

Coordination of international activities by the Ministries

Once again in 2009, the Department for Anti-drug Policies has played an intense, active and fruitful role in the coordination of the international activities of the various Ministries responsible for social and health policy areas that relate to the control of narcotic drugs and psychotropic substances and to prevention.

Principal Objectives of the Department for Anti-drug Policies (DPA)

Among the principal goals pursued by the Department for Anti-drug Policies in 2009 are, on one hand, boosting international relationships on both Community and multilateral levels and, on the other hand, creating a bidirectional information flow that allows our country to offer a contribution to the drafting of European documents and to share its experiences and best practices with other Member States.

2. DRUG USE IN THE GENERAL POPULATION AND SPECIFIC TARGETED GROUPS

Decrease in drug use in the general population

The percentages of persons surveyed in the general population (based on a sample group of 12,323 subjects between 15-64 years of age) who reported having tried drugs at least once in their lives were, respectively, 1.29% for heroin (1.6% in 2008), 4.8% for cocaine (7% in 2008), 22.4% for cannabis (32% in 2008), 2.8% for stimulant drugs – amphetamines – ecstasy (3.8% in 2008), and 1.9% for hallucinogenic drugs (3.5% in 2008).

Drop in drug use in the student

The percentages are different among the student population surveyed (a sample group of 34,738 subjects between 15-19 years of age) and are,

respectively, 1.2% for heroin (2.1% in 2008), 4.1% for cocaine (5.9% in 2008), 22.3% for cannabis (31.5% in 2008), 4.7% for stimulant drugs – amphetamines – ecstasy and 3.5% for hallucinogenic drugs (4.7% in 2008).

population

The surveys thus showed a general decline in drug use, which is summarised in the table that follows.

The prevalence of polydrug use, however, remains high in both the general and student populations, with strong concomitant or consecutive use of alcohol above all (ranging between 91.2% and 79.2% in the general population and between 98.6% and 97.6% in the student population) and of cannabis (ranging between 64.0% and 54.2% in the general population and between 96.0% and 95.9% in the student population) as well as of other substances.

The trend in polydrug use continues to remain strong

In 2009, the Department for Anti-drug Policies put the DTLR Project into effect. Its principal goal was to create a system for evaluating the drug tests carried out throughout the country on workers in high-risk professions.

The DTLR Project

The data collected and made available to the Department for Anti-drug Policies covered a sample group of 54,138 workers subjected to first level testing for drug use in 2009, most of whom were employed by the Italian State Railway network, as well as a sample group of 292,434 workers belonging to the Armed Forces, also tested in 2009.

The confirmation test results (confirmation tests are performed if the initial screening test shows positive results) provided a positive result for first level tests in 1.2% of the subjects tested in the “civil” sector. Of these, almost two-thirds tested positive for cannabinoids, while approximately 12% tested positive for cocaine and 9% for opioids.

1.2% of results positive after confirmation tests

The results that emerged from the drug tests conducted in the Armed Forces sample group showed a returned 1.1% positive results for the Army, 0.02% for the Navy, 0.04% for the Air Force and 0.94% for the subjects tested in the Carabinieri Corps.

1.1% positive results in the Army, 0.02% positive results in the Navy, 0.04% positive results in the Air Force and 0.94% positive results in the Carabinieri Corps

3. PREVENTION

From the reports sent by the single regions one can see that there has been in increase in the number of both universal and selective prevention initiatives undertaken and in the amount of funding invested in this area, especially during the course of the years 2008 and 2009.

The regions who invested the most in prevention, based on the “Amount spent per drug addict treated” indicator, were Bolzano, followed by Calabria, then Emilia Romagna and, in fourth place, Tuscany.

The total amount invested in selective prevention in 2009 was approximately 14,500,000 Euros, and another 15,500,000 were invested in universal prevention, for a total of 30 million Euros.

Approximately 30 million Euros invested in prevention by the Regions

The Department for Anti-drug Policies financed a total of 6,842,000 projects throughout 2009, of which some were universal prevention projects (national campaign) and some were selective prevention projects (for parents, schools, workplaces, traffic accident prevention).

Approximately 7 million Euros invested in prevention by the DPA

4. PROBLEM DRUG USE

There were an estimated 393,490 subjects with who were suffering from addictions in 2009 (drug addicts in need of treatment), which corresponds to a prevalence of 9.95 per 1000 residents aged between 15 and 64 years. Of these, 216,000 were addicted to opioids (5.5 per 1000 residents) and 178,000 to cocaine (4.5 per residents).

Estimate of the number of subjects in need of treatment

There were 33,984 subjects requesting treatment for the first time, with an estimated 5.5-year latency period between the initiation of drug use and the first treatment request, ranging between 4 and 8 years depending on the substance of addiction. The average age of new clients was approximately 30 years of age, which is later than in previous years. This means that there is an increase in the amount of time spent outside of treatment exposed to all the consequent risks as subjects continue to be older at the time of their first treatment request. It should be noted that the average age of European drug addiction services clients is younger than that of Italians.

33,984 new clients in 2009 (4% less than in 2008)

The age of subjects coming to drug addiction services for the first time is increasing

During the three-year period from 2006-2008, the number of inpatient and outpatient treatments remained largely stable at a little less than 13 million[1] per year (12,857,813 in 2006, 12,342,537 in 2007 and 12,112,389 in 2008); the hospital discharge records showing (principal or secondary) diagnoses related to drug use are about 2 per thousand (26,359 in 2006, 26,601 in 2007 and 25,910 in 2008) of the countrywide total (this figure remained largely stable during the entire three-year period).

2.6% decrease in drug-related hospitalisations

5. DRUG – RELATED TREATMENT: TREATMENT DEMAND AND TREATMENT AVAILABILITY

During 2009, the Regions and Autonomous Provinces approved a total of 44 regional regulatory acts, of which 13, equal to approximately 30%, had to do with resolutions regarding the establishment, organization or reorganization of drug addiction services or the implementation of new information systems within said services.

On and not after 31 December 2009, according to Ministry of Health and Interior Ministry Sources, there were a total of 1,641 active social-healthcare structures dedicated to the treatment and rehabilitation of individuals with drug treatment needs. Of these, 533 (32.5%) were public drug-addiction treatment units and 1,108 were social-rehabilitative structures.

- 1,641 treatment structures
- 533 SerTs (local public drug treatment units)
- 1,108 social-rehabilitative structures

In 2009, in comparison with the previous year, we can see the most increase in drug addiction services in Emilia Romagna and in Sicily. Meanwhile, as far as social-rehabilitation structures are concerned, there has been a decrease in the number of inpatient structures mainly in the Marche and Campania regions..

A slight decrease in the number of social-rehabilitative structures

From the profile of the percentage distribution of treatment types provided during the two year period 2008-2009, one can observe an approximate 18.5% decrease in the number of pharmacological treatments with Clonidine and Naltrexone being provided.

A decrease in Clonidine and Naltrexone treatments

When looking more closely at the psycho-social / rehabilitation treatments,

An increase in the number of psycho-

[1] *Source: Annual report on hospital admissions (inpatient and outpatient) – Hospital discharge records 2008 – Ministry of Health*

we can see that, in 31.5% of cases, the treatment provided is of the psychological support type, while 10% of the treatments are psychotherapy and 58.5% are social service interventions. In comparison with 2008, the number of psychological support treatments is down 3%, followed by psychotherapy treatments, which have fallen 2%, making way for a slight increase in the number of social service interventions (2.1%).

social treatments: there are also social service interventions

In the following three-year period (2007-2009) there was a perceptible decrease in the number of drug addicted persons requesting treatment from the services network for the first time (new cases).

A decrease in the number of new clients

In 2009, the percentage of clients undergoing treatment who reported heroin as their primary drug remained unchanged, while the number of clients whose primary drug was cocaine continued to rise. There is also an ongoing increase in the use of cocaine as a secondary drug. It overtook cannabis in this category in 2007.

Heroin users highest prevalence among subjects undergoing treatment; number of cocaine users on the rise

6. HEALTH CORRELATES AND CONSEQUENCES

Data on drug-related infectious diseases highlights the fact that, for many years now, there has been a tendency not to test clients in undergoing treatment for drug addiction for the principal infectious diseases related with drug use, HIV, HCV and HBV.

The prevalence of positive test results in first-time drug addiction service clients in 2009 was recorded at 2.0%, lower than in the previous year (2.9%). The number of first-time service users testing positive for HBV was 18.9%, higher than the prevalence of positive results for HIV and higher than the corresponding 2008 percentage (13.7%). Lastly, the prevalence of HCV among new clients was at 24.7% in 2009, in comparison with 25.6% in 2008.

Prevalence of drug-related infectious diseases among new clients

In the year 2008, the number of accidents caused by drug and/or alcohol use on the part of the driver and/or the pedestrian stood at 6,763, accounting for over 3% of total traffic accidents (218,963), a figure which is largely similar to the 2007 numbers.

As far as the seriousness of these accidents is concerned, it should be pointed out that the number of drug related deaths and injuries are much lower than in the previous year, which could be explained as the consequence of the new legislative measures that have come into effect.

Drug-related traffic accidents

There has been an ongoing reduction in the number of drug-related deaths, which have been dropping more appreciably in Italy than in the rest of Europe. Italy recorded 484 deaths in 2009. The average age of death is increasing, as is the number of these deaths among the foreign population.

Drug-related acute mortality rates

Among patients who died after being admitted to hospital for drug related conditions, there was an increase in the number of deaths resulting from opioid use over the last three-year period under consideration (39% in 2006, 43% in 2007 and 46% in 2008) and in the number of deaths resulting from barbiturate use (10% in 2006, 15% in 2007 and 17% in 2008), while the percentage of deaths resulting from cocaine use has gone down (5% in 2007 and 4% in 2008) as have the number of deaths resulting from the use of other drugs (36% in 2006, 30% in 2007 and 27% in 2008).

Mortality rates for subjects hospitalised for drug-related reasons

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

In 2009, the Department for Anti-drug Policies published its “guidelines for identifying and applying Essential Levels of Care”, regarding “concrete

Guidelines for actions and

measures and actions for the Prevention of Drug-Related Diseases".

measures to be taken for the Prevention of Drug-Related Diseases (PPC)

The goal of this document is to bring into focus the most ideal and realistic methods for preventing the risks and reducing the harm that are the consequences of using narcotic drugs and psychoactive substances, as well as reducing the diseases and deviant behaviours drug use causes.

In 2009, the results of a multicentric study conducted in 2008 were published. This study consisted of a census of low-threshold service facilities in Italy, providing an analytical description of a sample group of these structures, assessing the type of clientele they serve and the type of services they provide.

The "Drug addictions – Low-threshold services and access to the services system" research project

In 2009, the Department for Anti-drug Policies funded the "National investigation of drug-related disease prevention activities and an analysis of the feasibility of identifying and applying the Essential Levels of Care (LEA)" project, Project development began in 2010.

The DPA Drug-Related Diseases (PPC) project

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

Social exclusion

70% of Public Drug Treatment Unit (SerT) clients are employed (occasional or steady employment). The highest percentage of unemployment was among women. Moreover, the percentage of the unemployed is higher among heroin users than among cocaine and cannabis users. 4.9% of SerT clients are homeless.

Almost 12 million Euros for social reintegration programmes

All of the Regions and Autonomous Provinces who responded to questionnaire SQ 28 reported having put social reintegration programs for current and former drug users into effect. Total funds for these programmes reached over 12 million Euros in 2009.

9. DRUG-RELATED CRIME, PREVENTION OF DRUG RELATED CRIME AND, PRISON

Cases to the Courts for crimes and offences in violation of Presidential Decree DPR 309/90 (Articles 73 and 74)

Regarding operations to fight against crimes and offences related to the production, trafficking and sale of illicit substances, there were 23,000 anti-drug operations in 2009 (3.2% more than in 2008) and over 35,000 crime reports filed (3.4% more than in 2008) and over 28,000 arrests for crimes and offences in violation of DPR 309/90.

Persons reported pursuant to Art. 75 of Presidential Decree D.P.R 309/90 and the amendments thereof

28,494 persons were reported to the Prefectures for possession of illicit substances for personal use (pursuant to Art. 75 of Presidential Decree DPR 309/90), a decrease compared with the 2008 figure (35,632). In 2009, 15,923 administrative sanctions were imposed by the Prefectures, an increase over the previous year's number (14,993).

A sharp increase in checks based on reasonable suspicion (14.9%)

The number of checks based on reasonable suspicion of DUI carried out by Law Enforcement Agencies (FFOO) in 2009 rose yet further (going up by 14.9%) with respect to the previous year. This rise can be largely traced back to the fact that there has been an ongoing increase in the number of tools (breathalyzers) that the FFOO have at their disposal.

A 48% increase in the number of subjects granted probation

In 2009, 7,116 persons were put on probation pursuant to Art. 94 of DPR 309/90, a 34% increase with respect to the previous year, after a three-year period (2005 – 2007) in which the overall number of persons put on probation had taken a significant dip.

17.5% decrease in the number of persons with drug-related social and

In 2009, the number of subjects with drug-related social and health problems entering the prison system from outside had fallen in comparison with the previous year (30,528 in 2008 as opposed to 25,180

in 2009), showing a return to the percentage values observed at the beginning of this most recent ten-year period (17.5% less than in 2008).
Approximately one-thousand (1,035) juvenile drug-users passed through the juvenile justice system in 2009 after being charged with offences or crimes, showing a slight decrease with respect to the figures from the previous year.

health problems entering the prison system
A slight decrease in the number of juveniles with respect to 2008

10. DRUG MARKETS

In 2009, Law Enforcement Agencies conducted a total of 23,187 anti-drug operations, a 1.6% increase in comparison with the previous year, and in keeping with the continuing increase that has been registered since 2004. The number reached in 2009 marked a new historical maximum for the past decade.

Number of anti-drug operations increasing: in 2009 they reached a new historical maximum

In 2009 there was a marked decrease in the number hashish seizures (-43.7%), while marijuana seizures doubled (+ 211.8%). We can also see a reduction in the quantities of cocaine and heroin seized by Law Enforcement Agencies (4.0 and 1.1 tons, respectively), with corresponding decreases in comparison with 2008 data, of 1.3% for cocaine and 12.1% for heroin.

- Decrease in volume of: cocaine, heroin, hashish and cannabis plants
- Increase for: marijuana and synthetic drugs

In 2009, as in the past, the maximum and minimum prices of heroin (both black and white) continue to fall, as do the prices of cocaine, lysergic acid (LSD) and single doses of ecstasy. We can, however, see an increase in the minimum and maximum prices of cannabinoids starting in 2004.

Fall in the cost of cocaine, heroin, LSD and ecstasy; rise in the cost of cannabinoids

Between 2001 and 2009, the average percentage of active ingredient found in the samples analyzed decreased in the case of cocaine, falling from 66% to 46%; there was also a slight decrease in the percentage of active ingredient in cannabinoids (THC), which was at about 5% in 2009.

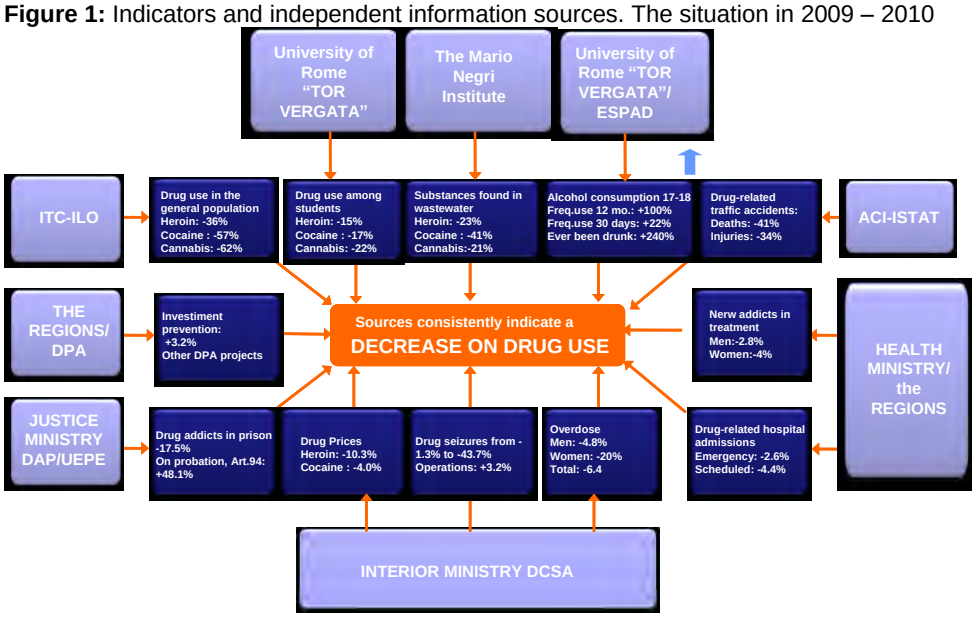
A decrease in the purity of cocaine and cannabinoids

As far as the percentage of MDMA is concerned, after the drop in percentage recorded in 2008, 2009 saw a new increase (30% active ingredient). The percentage of pure drug in heroin has remained stable at the value observed in 2008 (21%).

Increase in the quantity of active ingredient in MDMA products

CONCLUSIONS

Figure 1: Indicators and independent information sources. The situation in 2009 – 2010



Source: DPA

The data included in this report comes from multiple, independent sources

and, when compared, offers interesting perspectives for putting together a picture of the state of this phenomenon. Based on available data, the most likely hypothesis based on the evidence is that there has been a downturn in drug use in both the general and student populations, a hypothesis consistent with corresponding decreases in other areas in the sphere of drug use related issues: the response area, meaning healthcare assistance, the decrease in production, dealing and sales of narcotics, the decrease in the number of traffic accidents related to alcohol and/or drug use and, lastly, the number of persons incarcerated who have drug-related social and health problems. All these groups of data show the same downward trend, supporting the hypothesis of a decrease in drug use in 2008 – 2010.

The decrease in occasional drug use affects mostly the youngest age-group of school-age minors between 15-19 years of age, and the oldest age group of adults up to 64 years of age. Drug use figures that emerged from the population studies carried out among the student and general populations were corroborated by a further study carried out in Milan and Como investigating the concentration of metabolites linked with drug use present in wastewater.

A decrease in illicit drug use is also corroborated by other indicators which, measured in different contexts, consistently support the results obtained from epidemiological studies. Specifically, there has been a perceptible decrease in the number of alcohol and drug related traffic accidents, as well as decreases in the number of deaths by overdose and of drug-related hospital admissions (both emergency and scheduled).

Figure 2: Variations among indicators and consistency assessment

VARIATION IN INDICATORS	2008	2009/2010	Difference	Difference %	INFORMATIVE SOURCES
Decrease in drug use in the general population (previous 12 months)	Heroin: 0.39% Cocaine: 2.1% Cannabis: 14.3%	Heroin: 0.25% Cocaine: 0.9% Cannabis: 5.2%	Heroin: -0.14 Cocaine: -1.2 Cannabis: -9.1	Heroin: -35.9% Cocaine: -57.1% Cannabis: -63.6%	ITC– ILO
Decrease in student drug use (previous 12 months)	Heroin: 0.13% Cocaine: 3.6% Cannabis: 24.1%	Heroin : 0.11% Cocaine: 3.0% Cannabis: 18.9%	Heroin: -0.02 Cocaine: -0.6 Cannabis: -5.2	Heroin: -15.4% Cocaine: -16.7% Cannabis: -21.6%	University of Rome "Tor Vergata"
Decrease wastewater concentrations (doses per day per 1.000 res.)	Heroin: 5.3 Cocaine: 6.9 Cannabis: 38	Heroin: 4.1 Cocaine: 4.1 Cannabis: 30	Heroin: -1.2 Cocaine: -2.8 Cannabis: -8	Heroin: -22.6% Cocaine: -40.6% Cannabis: -21.1	The Mario Negri Institute
Decrease in new SerT clients	Men: 29,847 Women: 5,173 Total: 35,020	Men: 29,019 Women: 4,965 Total: 33,984	Men: -828 Women: -208 Total: -1,036	Men: -2.8% Women: -4.0% Total: -3.0%	Ministry of Health/ the Regions
Decrease in drug-related hospital admissions	Men: 15,317(1) Women: 11,284(1) Total: 26,601(1)	Men: 15,028(2) Women: 10,882(2) Total: 25,910(2)	Men: -289 Women: -402 Total: -691	Men: -1.9% Women: -3.6% Total: -2.6%	Ministry of Health/ the Regions
Decrease in drug related traffic accidents	Deaths: 237(1) Injuries: 10,716(1)	Deaths: 139(2) Injuries: 7,092(2)	Deaths: -98 Injuries: -3,624	Deaths: -41.4% Injuries: -33.8%	ACI-ISTAT (Automobile Club of Italy– National Institute of Statistics
Decrease in deaths by overdose	Men: 462 Women: 55 Total: 517	Men: 440 Women: 44 Total: 484	Men: -22 Women: -11 Total: -33	Men: -4.8% Women: -20.0% Total: -6.4%	Interior Ministry DCSA (Central Directorate for Anti-Drug Services)
Decrease in quantity of drugs seized (Kg)	Heroin: 1,307 Cocaine: 4,133 Hashish: 34,616	Heroin: 1,149 Cocaine: 4,078 Hashish: 19,474	Heroin -158 Cocaine: -55 Hashish: -15,142	Heroin: -12.1% Cocaine: -1.3% Hashish: -43.7%	Interior Ministry DCSA (Central Directorate for Anti-Drug Services)
Decrease in drug prices (Euros)	Heroin: 38,7 Cocaine: 61,3	Heroin: 34,7 Cocaine: 58,8	Heroin: -4,0 Cocaine: -2,5	Heroin: -10.3% Cocaine: -4.1%	Interior Ministry DCSA (Central Directorate for Anti-Drug Services)
Decrease in drug addiction in prison – Increase in probations granted	In prison: 30,528 On probation: 1,382	In prison: 25,180 On probation: 2,047	In prison: -5,348 On probation: 665	In prison: -17.5% On probation: +48.1%	Justice Ministry (DAP– UEPE [Office for the Execution of External Sentencing])

(1) The year 2007; (2) The year 2008

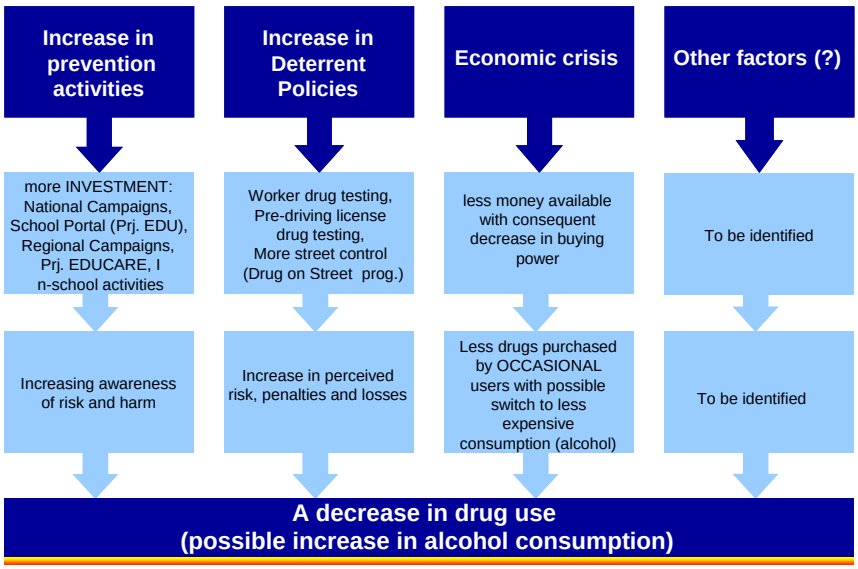
Source: DPA

Thus, the profile of the phenomenon under consideration essentially shows a decrease in occasional illicit drug use which can be estimated at between 20-30%, with a possible evolution of the phenomenon towards a suspension of drug use on the part of some, with a transformation in a tendency towards alcohol consumption, and especially binge drinking, on the part of others.

Among the factors to which the results found by the different information sources can be attributed are certainly the intensification, on many levels, of universal prevention programmes and programmes targeting youth, the

increase in deterrent policies for persons who use drugs or alcohol while driving, during work or before attempting to get a driving licence, and the economic crisis has certainly had its impact on the phenomenon as well.

Figure 3: Possible major factors conditioning use and consumption. The situation in 2009 - 2010



Source: DPA

Part A

New Developments and Trends

1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS

1.1. Legal framework

Reference regulations

The legal framework applicable in cases related to illegal psychotropic substances essentially consists of a consolidated law, concentrating in a single text of law the regulations in the field of drugs and psychotropic substances, the prevention and treatment of drug addiction and the rehabilitation of drug addicts, approved with Presidential Decree (D.P.R.) No. 309 on 9 October 1990 and its subsequent amendments.
The principal amendments to DPR 309/90 are constituted by Law 49 of 21 February 2006, converting Law-Decree 272 of 30 December 2005 and published in the Official Gazette (G.U.) n. 62 on 15 March 2006 which, with the aim of strengthening repressive measures, principally and forcefully altered regulations for the imposition of drug-related criminal and administrative sanctions, amending Articles 73 and 75 which are now comparable to, on the one hand, the new Article 73 and, on the other hand, with the new Articles 75 and 75 bis.
The new legal framework, in accordance with the constitutional principle of protecting individual health, and out of respect for human dignity, provides for the introduction of care services for drug addicts. Under the new legal framework, even those addicts deprived of their liberty, either because they are being held in preventative custody or because they are serving prison time, whether their crimes were committed while suffering from drug addiction or not, are able to receive drug addiction assistance and treatment, promoting the rehabilitated drug addicts' definitive reintegration into society.

1.1.1 National and international regulations approved in 2009

Matters which fall within the scope of competence of the Department for Anti-drug Policies are among those most subject to constant change. This is due to the number of new drugs constantly appearing on the market, some undisguised, others passed off as licit drugs, as well as to the growing number of criminal organizations thronging the drug trafficking and drug dealing arenas and, lastly, to the growing ease with which forbidden substances can be purchased even on the Internet. The scope of competence of the Department for Anti-drug Policies has therefore expanded to cover not only the activities that traditionally have fallen under its dominion according to the decree that regulates it, but also the task of studying the regulations currently in force in this sphere in order to understand, firstly, whether it is possible, with regard to future amendments to regulations, to institute changes that could ideally limit, control, repress and monitor the phenomenon of drug addiction and its consequences to the largest possible extent and, secondly, (but not in order of importance) to determine whether it is possible to establish an ever-more effective network of operations to prevent and treat drug addiction.
On this topic and to this end, during the course of 2009, the Department for Anti-drug Policies was responsible for the passage of a number of regulatory measures, of which the most noteworthy is the one approving

the so-termed “Community Law” for 2009 (the procedure of passing it came to a conclusion in 2010), within which the power is delegated to the Government to arrange the implementation of national regulations and their adaptation to the following Community regulations: Regulation (EC) No 273/2004 of the European Parliament and of the Council of 11 February 2004, Council Regulation (EC) No 111/2005 of the Council of 22 December 2004, and of Commission Regulation (EC) No 1277/ 2005 of 27 July 2005 as amended by Commission Regulation (EC) No 297/2009 of 8 April 2009, dealing with drug precursors. The same regulatory measure confirms the Government’s authorisation to issue legislative decrees laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking (Council Framework Decision 2004/757/GAI of 25 October 2004).
Furthermore, during the course of 2009, as a consequence of the passing of Law No. 94 of July 2009 (dealing with public safety regulations), there has been an important change in regulations: all penalties incurred for violations of the traffic code which occur at night, and in particular those that occur as a result of drunk or drug driving, have been made harsher, as has the traffic code itself, through amendments to its Articles 186 and 187 (Legislative Decree 285/1992).
As far as legislation is concerned, we deem it appropriate to point out the role the Department played in 2009 in the technical task-force conducting studies regarding the bill regulating access to palliative care and pain therapy: within the task-force, the Department provided technical and scientific contributions to assist in the formulation and drawing up of regulations.
Lastly, we cannot omit the mention of the activities that the Department’s technical offices conducted during the course of 2009 to ensure consonance between domestic and international regulatory policies. From this standpoint, the drafting of the national action plan – legislation section, which constitutes the bridge between international inputs and domestic policy objectives, was of crucial importance.
Below is a table summarising the principal domestic and European Community legislative acts approved during the course of 2009 and pertaining to matters that fall under the competence of the Department. In addition, there is also a table summarising regional legislation. Legislation having to do strictly with internal organisation issues in the Department have been omitted, as it is irrelevant to the Department’s outside activities.

Table 1.1: Domestic and international legislation issued in 2009.

Legislative Acts	Sphere of Application
Decree of 7 October 2009 of the Under-Secretary of State in charge of anti-drug policies. Sen. Carlo Amedeo Giovanardi	Regarding the establishment of a Group dedicated to drug-related international activities.
Decree of 10 September 2009 of the Under-Secretary of State in charge of anti-drug policies. Sen. Carlo Amedeo Giovanardi.	Regarding the composition of the Council on drug addiction composed of experts and social workers established under Art. 132 of the Consolidated Law regulating narcotic drugs and psychotropic substances, the prevention, treatment of conditions of drug addiction and rehabilitation therefrom, as provided for under the requirements of Presidential Decree DPR 309 of 9 October 1990 and the amendments thereof, due to the incompatibility of one of its members.

continued

Legislative Acts	Sphere of Application
Decree of 7 September 2009 of the Ministry of Labour, Health and Social Policies in concert with the Department for Anti-drug Policies of the Prime Minister's Office of 7 September 2009	Pertaining to the establishment of the Scientific and Technical Committee of the news bulletin on addiction under the requirements of Art. 15 of the Consolidated Law regulating narcotic drugs and psychotropic substances, the prevention, treatment of conditions of drug addiction and rehabilitation therefrom, as provided for under the requirements of Presidential Decree DPR 309 of 9 October 1990 and the amendments thereof.
Law 94 of 15 July 2009	Regulating public safety and containing amendments to Articles 186 and 187 of Legislative Decree 285/1992 regarding drunk or drug driving, as well as amendments to Articles 75 and 75 bis of the Consolidated Law regulating narcotic drugs and psychotropic substances, the prevention, treatment of conditions of drug addiction and rehabilitation therefrom, as provided for under the requirements of Presidential Decree DPR 309 of 9 October 1990 and the amendments thereof.
Ministerial Ordinance of 8 October 2009, issued by the Ministry of Labour, Health and Social Policies	Amendments to the Ordinance of 16 June 2009, stating: "The temporary addition of certain medicinal compounds to Table II, Section D of the annex to the Consolidated Law regulating narcotic drugs and psychotropic substances, the prevention, treatment of conditions of drug addiction and rehabilitation therefrom".
Ministerial Ordinance of 2 July 2009, issued by the Ministry of Labour, Health and Social Policies	Additions to the Ordinance of 16 June 2009, stating: "The temporary addition of certain medicinal compounds to Table II, Section D of the annex to the Consolidated Law regulating narcotic drugs and psychotropic substances, the prevention, treatment of conditions of drug addiction and rehabilitation therefrom".
Ministerial Ordinance of 16 June 2009, issued by the Ministry of Labour, Health and Social Policies	The temporary addition of certain medicinal compounds to Table II, Section D of the annex to the Consolidated Law regulating narcotic drugs and psychotropic substances, the prevention, treatment of conditions of drug addiction and rehabilitation therefrom.
Community (EC) Legislative Acts	**Sphere of Application**
The Treaty of Lisbon, which entered into force on 1 December 2009	The Treaty of Lisbon, signed by the EU Member States on 13 December 2007 and ratified by Law 130 of 2 August 2008, entered into force on 1 December 2009, amending the Treaty on European Union and the Treaty establishing the European Community.
Commission Regulation (EC) No 297/2009 of 8 April 2009	Amending Regulation (EC) No 1277/2005 laying down implementing rules for Regulation (EC) No 273/2004 of the European Parliament and of the Council on drug precursors and for Council Regulation (EC) No 111/2005 laying down rules for the monitoring of trade between the Community and third countries in drug precursors.

continued

Community (EC) Legislative Acts	Sphere of Application
EU Council Decision of 6 April 2009	Providing for the establishment of the European Police Office "EUROPOL", with the purpose of assisting and supporting the competent authorities of Member States responsible for dealing with drugs and drug addiction.
EU Commission Decision of 23 February 2009	Regarding the implementation of the second programme of Community action in the field of health (2008 to 2013).

Source: Office of the Prime Minister – Department for Anti-drug Policies

1.2. National action plan, strategy, evaluation and coordination

Action plan

During the course of 2009, there were a series of meetings held by Central Administrations, the Regions and Autonomous Provinces and private non-profit organisations to begin the drafting of the new action plan. The National Conference on Anti-drug Policies held at Trieste and the principles set forth in the European Action Plan for 2009-2012 were the basis for the design of the new National Action Plan against drugs.

1.2.1 The 5th National Conference, Trieste 2009

Foreword

The Fifth National Conference on Anti-drug Policies was held in March 2009, in Trieste. Over 1,400 professionals from the public and private non-profit sectors participated in this important event. It was during this conference that the primary courses of action that the Department of Anti-drug Policies will pursue over the next three-year period were lain down. The work accomplished during the conference was later published in a bulletin entitled *Summary of Ideas and Aims Expressed by the Professionals Attending the 5th Conference*, which was distributed to all the Italian services working in the field and which can be downloaded (t.n. in Italian) from the website: www.conferenzadroga.it. Below, in the interests of providing a complete picture, we provide a table summarising the areas of interest and the main objectives set forth in the conference, and invite readers to consult the above-mentioned publication for more detailed information on the subject.

Post-conference meetings

Furthermore, in order to explore some topics in greater depth, a number of ad hoc meetings were organized in the months following the conference to discuss the organisation of services, treatment, prevention, penitentiaries and international relations.

Main objectives that emerged from the conference

Table 1.2: Summary of the ideas and aims expressed by the professionals attending the 5th Conference

	Area of Interest	Main Objectives
1	New General Strategies and Action Plan 2009 - 2012	Redefine national general operational strategies, moulding them into a realistic and viable Action Plan 2009 - 2012 through the concerted effort of three parties: • Central Administrations • Regions and Autonomous Provinces • Non-governmental organisations operating in the field
2	Relationship between the Regions and the Central Administrations (the Department for Anti-drug Policies)	To further downscale the relationship in order to render the actions, programmes and initiatives more coordinated and similar across the whole of the country
3	Enforcement of the acts within the State-Regional Accord	To request and obtain the enforcement of the State-Regional Accord Act, which currently remains unimplemented in many Regions and Autonomous Provinces
4	The national "Fight Against Drugs" fund (*Fondo nazionale "Lotta alla Droga"*)	Re-establishing and recentralising the National "Fight Against Drugs" Fund (*Fondo nazionale "Lotta alla Droga"*)
5	Health sector pool funds transferred to the Regions (2nd level quota of health expenditure) for use against drug addiction	Designation of funds, with a restriction on the application of a small percentage (not less than 1.5%) of these funds to be set aside for initiatives in every single Region having to do with the fight against drugs.
6	Public and private services reform	Rethink and redesign the services network, introducing structural and functional changes to make it more suitable for the present-day situation
7	Addiction Departments	• To put the Addiction Departments into action in all the Regions and Autonomous Provinces • To enhance and maintain early diagnosis capabilities and specific treatments targeting infectious diseases • Clinical and toxicological diagnostic units
8	Prevention of drug-related conditions and diseases (Harm Reduction – HR)	• Lay down new national operational guidelines to activate, maintain and/or establish new directions for drug-related disease prevention activities • PPC (secondary prevention, also defined as harm reduction) on a national level • Create a strong link between these activities and treatment and rehabilitation programmes for drug addicts.
9	Credits accumulated by communities / debts accumulated by the Regions and Autonomous Provinces (approximately 26 million Euros left unpaid for activities carried out in recent years – minimum estimate)	Implement a project to create a temporary Association/Consortium of entities (bringing together all the communities with credits) in order to be able to access DPA funding in the amount of their credits from Regions and Autonomous Provinces.

continued

	Area of interest	Main Objectives
10	Disparity in fees in therapeutic communities	To establish uniform rates for fees in therapeutic communities on a national level (for ISO-standard services provided)
11	Assessment of tax credit with “Equitalia”	Resolve the tax liability issue for communities which have tax credits with the Regions
12	To put true social and work reintegration projects (change of focus) into action	Encourage a drastic change of focus towards rehabilitation and social and work reintegration through a nationwide project
13	Re-launch of a new, true national prevention plan	Draw up innovative guidelines that will have a concrete impact in the prevention of drug use and in the early identification and resolution of risk situations
14	Drug addicts and high risk professions	Establishing national standardised second-level testing procedures in Public Drug Treatment Units (SerTs)
15	The prevention of alcohol/drug related traffic accidents (priority area)	• To put the DOS protocol (clinical and toxicological testing “on site” or at SerTs), which has already been tried and tested for effectiveness and viability in large contexts in Italy, into permanent action • To lay down integrated guidelines for the different sectors involved
16	Data flows, the information system and permanent monitoring	• Creation of a centralized Integrated Data Base (DBI) within the DPA • To create and activate a permanent national monitoring centre for Addictions within the DPA (Art. 1, DPR 309/90) • To Activate the SIND (National Information System on Addictions) data flow from the Central Administrations into said Monitoring Centre
17	Chronic drug users and research into factors that lead to drug use becoming chronic	To understand the determining factors of chronic drug use in order to reduce its incidence among patients
18	Women and Addictions: the greatest vulnerability	To activate specific initiatives and programmes and create guidelines focusing on female drug addicts
19	Legislation	To improve procedural aspects and rehabilitation programmes
20	National Early Warning System	To activate and maintain the National Early Warning System ensuring it is centralised and connected to the European early warning system
21	Assessing outcomes	To activate permanent systems to assess treatment outcomes (effectiveness) and to establish the existence and use of such systems as a necessary criterion for the funding of systems and projects
22	The new role of the DPA	To identify new responsibilities, functions and possible new areas for national coordination, as requested during the 5th National Conference

1.2.2 Coordination arrangements

The 2009-2010 Projects Plan

2009/10 Projects Plan: €26,000,000.00 budget investment

In order to provide operational support for the Italian government's action strategies to deal with the phenomenon of drug use, in 2009, the Department for Anti-drug Policies drew up and provided funding for an impressive projects plan that will be implemented in the course of the year 2010. This plan is divided into logical areas: Prevention, Prevention of drug-related diseases, Treatment and support through Public Drug Treatment Units (SerTs) and Therapeutic Communities, Reintegration, Epidemiology and assessment, the Warning System and technological innovations, Planning and organisation, Research, Training and Ongoing training, International activities.
Specifically, the Department launched 49 projects, at a total expense of over 26 million Euros, all entrusted to institutionally recognized entities with proven experience in the field, some national and others local, able to provide full assurance of their trustworthiness and of the reliability of their results.
An acknowledged characteristic of the plan is that the coordination of all these projects will be centralised within the Department, which will carry out the in-progress verification of results achieved. While we will not go into detail here about each single project, but we will provide a very brief list of some of these activities.

Prevention (23% of budget invested)

23% of the Projects Plan budget was set aside for Prevention, which shows the level of importance given to "early detection" and to "early support and treatment", essential for reducing the length of time for which subjects are exposed to the harmful effects of drug use. The sphere of Prevention is further divided into subcategories according to the target group to which the prevention activities are directed. The first subcategory consists of adolescents, families and schools. One project that falls under this subcategory is the EDU project, launched in collaboration with the Ministry of Education, Universities and Research, whose aim is to create a national network of interactive information portals for schools, with the objective of providing support and information to students, teachers and parents for the prevention of drug use through, among other methods, the transmission of in-depth material and news on the topic. Another project that falls under this first subcategory is the Edu.Care project, launched in collaboration with the International Training Centre of International Labour Organization. This project's principal objective is to enhance the ability of the parents and mentors of preadolescents and adolescents to educate their charges about the problems related to drug use as well as improve these adults' early detection abilities and provide scientifically oriented information on the topic. In this subcategory, because of the higher risk of drug use on the part of young girls, we also find the DAD.NeT project, created especially for women. The project calls for the creation of a series of micro-programmes within the sphere of prevention, care and reintegration. These will focus on three specific target groups within the female population: young women who do not use drugs but who are considered to be at risk (this part of the programme will therefore focus mainly on prevention); girls and women who use drugs occasionally; girls and women who have already developed addiction problems and/or are suffering from drug-related diseases and require services providing

gender-respectful care and reintegration programmes. The second subcategory comprises workers in particularly high-risk professions. This project was put together with the collaboration of the Italian State Railway System (*RFI – Rete Ferroviaria Italiana*) as part of the DTLR project. The project's main objective is to put together a network of existing operative units in order to develop monitoring and standardized assessment systems to apply to the results obtained from testing by Local Health Authorities for the presence of narcotic drug or psychoactive substance use by workers in high-risk professions. The third subcategory regards the prevention of traffic accidents, on which the "Drugs on street" programme focuses. Put together with the collaboration of 29 municipalities and with the assistance and support of their relative Prefectures, the main objective of this project is the prevention of night-time and weekend traffic accidents caused by drunk and/or drug driving.

Prevention of drug-related diseases and health conditions (1% of budget invested)

1% of the budget is dedicated to the prevention of diseases and of deviant behaviours related to the use of narcotic drugs and psychoactive substances. Specifically, this portion of the budget is dedicated to the creation of a nationwide study whose aim is to measure the effectiveness of drug-related disease prevention activities, as these activities often employ different indicators which do not allow for comparison between them.

Treatment and support in SerTs and Therapeutic Communities (9% of budget invested)

9% of the total budget was dedicated to encouraging an improvement in the organisation and functionality of Italian services in this field (Public Drug Treatment Units [SerTs] and Therapeutic Communities). For instance, the goal of the Comunitalia project is to create a nationwide permanent technical coordination system with the ability to bring together all the private non-profit organisations working in the drug addiction field in a consortium, in order to concert and share their strategies. Specifically, the plan is to establish a permanent and systematic monitoring system for Therapeutic Community data (patient's personal information, information about the structure itself, volume and type of activity carried out, financial information regarding credit control and relative credits receivable).

Reintegration (34% of budget invested)

34% of the available budget was dedicated to social and work reintegration, which the Department considers a priority action area in need of special attention. The RELI project's aim is to design, promote and promulgate a social and work reintegration model to be integrated into public services as well as private non-profit ones. The model will initially be based on support and on the creation of "productive units" where drug addicted persons undergoing rehabilitation can stay, thus easing their reintegration into the work world.

Another goal is to steer the productive units in the direction of social enterprise work, with workers receiving regular pay and with managed and regulated credit lines.

Epidemiology and Assessment (17% of budget invested)

17% of available funds were dedicated to epidemiology and assessment activities, indispensable for monitoring trends in the drug phenomenon and gauging the type of actions required to contain it, as well as for giving policy makers the possibility of making decisions based on real needs.

Warning systems (5% of budget invested)

Early warning systems are a great asset in pursuing department policies, as they identify drug-related risks and their possible health consequences for the population and allow for a rapid and concrete response on the part of local and regional operative units, due in part to the involvement of the Regions and Autonomous Provinces, the Police Forces, and a series of other relevant entities (scientific and laboratoristic organisations working in the drug field throughout the nation) as well. The project plan for N.E.W.S. 2010 includes a series of activities aimed at improving the procedures for

managing warnings and alerts by, among other steps to be taken, applying new information technologies and expanding the system's pool of information resources.
5% of the budget was set aside for the maintenance and implementation of this system. The project plan for the Alert system is divided into four sub-projects: the bio-toxicological sub-project area, the clinical toxicological sub-project area, drugs and the internet, rave parties. The last two sub-projects are carried out in collaboration with the Postal and Communication Police and have been entrusted to the Red Cross, and are intended to help solve two emergency situations that exist on an international level that regard the selling of drugs, mainly to minors, through internet sites or social networks, and the planning of unauthorized events which are often the cause of myriad health problems and disturbances of public order. To this end, these two sub-projects have the main objective of establishing a surveillance system for drug supply and demand, capable of providing alerts about narcotic drugs, medicines and uncontrolled psychoactive substances being sold on the internet and, at the same time, detect trends and types of demand on the internet, in order to identify possible preventative courses of action in both the social and healthcare sphere and in the sphere of prevention and control. In addition to this, it has been proposed that a preventative monitoring system for rave parties be set up in Italy, capable of intervening in an appropriate matter through a coordinated effort involving both health services and law enforcement agencies.

Planning and Organisation (3% of budget invested)

3% of the available budget has been set aside for planning improvements in the structure of services in the field. The Department has created a specific fund for the Region of Abruzzo's *Progetto Ricostruire* (t.n. Project Rebuild) to assist in re-establishing its drug addiction services network following the earthquake that struck the area. Apart from this, there is also project *Integra*, aimed at designing an organisational model that leans heavily toward the integration of public services with private non-profit ones.

Research (4% of budget invested)

Research activities primarily focused on the creation of a National Network for Addiction Research (NNRD) comprised of 15 collaborating centres, to whom research projects funded by 4% of the invested budget were entrusted. Specifically, the Network's main objective is to encourage and create applied research projects in specialised areas focusing on and based on neuroscience.
To this end, 15 Collaborating Centres were chosen whose work will be used to begin the process of providing all workers in drug-related fields with up to date knowledge about their fields, making new information available to them and giving them a new perspective in the field of drug-related issues and, in general, introducing innovations to a system that all too often has been behind the times with respect to the rapid evolution of phenomena relating to drugs and drug addiction. The projects set in motion range from cerebral mapping of the Craving and Resisting areas using Transcranial Magnetic Stimulation and Neurotraining to the study of cerebral alterations, alterations in the immune system, emotional alterations and genetic damage resulting from the use of, in particular, cannabis and cocaine, to the study of addiction progression, of risk conditions and of the advent of psychiatric conditions as a result of drug use.
The pool of knowledge available to workers in the sector can only be enriched by the introduction of a new, more scientific perspective on the phenomenon from which to interpret events, a perspective that begins with

an understanding of cerebral function and activity and of how drugs alter these functions. Thus, their therapeutic decision-making process will be improved not only from a medical standpoint, but from social, psychological and pedagogical standpoints as well.

Training and ongoing training (2% of budget invested)

One of the Department's strategic objectives in 2009 was to create a widespread, wide-range information campaign able to reach the majority of the population, since experience has taught us that only through the supply and spread of information is it possible to prevent and contain a phenomenon that effects mostly the youngest and most inexperienced part of the population, feeding on the fact that they are reckless and uninformed. For the above-mentioned reasons, the Department has decided to add to its projects the creation of a series of information portals whose aim is to keep the population and workers in the field up to date on the topic. These portals are regularly updated at set intervals and said updates are immediately sent to all the Therapeutic Communities and SerTs on a monthly basis. The Department dedicated 2% of the budget to these activities, and specifically to the creation of the "Droganews" Project which, with the collaboration of UNICRI and the Ministry of Health, led to the creation of an information portal subdivided by topics and capable of distributing a newsletter providing new and up to date information, of a scientific and institutional nature, on drug-related topics.

International Activities (2% of budget invested)

The last sector we will discuss, although not least in importance, is the sector comprising International Activities, to which 2% of the budget was dedicated. The development of activities focusing mainly on prevention, research and personnel training, carried out in collaboration with European organisations and with the United Nations, fell under this sector heading.

Institutional activities in the international arena

Coordination of international activities by the Ministries

Once again in 2009, the Department for Anti-drug Policies has played an intense, active and fruitful role in the coordination of the international activities of the various Ministries responsible for social and health policy areas that relate to controlling narcotic drugs and psychotropic substances and to prevention.

Principal Objectives of the Department for Anti-drug Policies (DPA)

Among the principal goals pursued by the Department for Anti-drug Policies in 2009 are, on one hand, boosting international relationships on both Community and multilateral levels, in the knowledge that only a united effort on the part of all the entities involved can have a significant impact in the fight against drugs and, on the other hand, creating a bidirectional information flow that allows our country to offer a contribution to the drafting of European documents and to share its experiences and best practices with other Member States.

These objectives are ensured through a proper representation of our country in the various international assemblies, either directly or by delegations competent in the topics at hand, avoiding duplicate actions and ensuring, on the contrary, the maximum coordination possible, without forgetting differences in institutional competencies.

We deem it appropriate to mention that the Department carried out activities together with the following entities: The Horizontal Drugs Group of the Council of the European Union (HDG), the European Monitoring Centre for Drugs and Drug Addiction in Lisbon (EMCDDA), the Pompidou Group of the European Council, The United Nations Commission on Narcotic Drugs (CND) and the Dublin Group.

Participation in the Horizontal Drugs Group

The Department's role at a Community level concretized foremost as an active and productive participation in the monthly meetings of the Horizontal Drugs Group, a technical cooperation group of the Council of the European Union. One of the fundamental functions of this working group was to lay out a universal drug policy and pursue its implementation, without, however, infringing on the areas of competence of other European Community groups. Many topics having to do with reduction in supply and demand called for the Department's proactive participation and the participation of competent professionals.

Activities carried out for the EMCDDA

In 2009, the DPA also carried out activities for the European Monitoring Centre for Drugs and Drug Addiction, a European agency based in Lisbon. The DPA ensured Italian participation in the biannual reunions of the Board of Directors and coordinated all the cooperation and data and information exchange activities for the liaison for the National Reitox Focal Point, headquartered in the Department. Specifically, during the course of the year 2009, based on the contract that is renewed annually with the EMCDDA, the Italian Focal Point, the operative unit of the DPA's Technical and Scientific Office, initiated the following activities:

- implementation of the so-termed "5 key epidemiological indicators", including a) General population surveys and youth surveys b) Treatment Demand Indicator c) Drug Related Deaths and Mortality d) Problem Drug Use e) Drug Related Infectious Diseases
- Early Warning System
- European Legal Database on Drugs
- Exchange on Drug Demand Reduction Action
- Working group on Wholesale Drug Prices of drugs being dealt
- Ad hoc working groups to revise a number of information gathering tools for the collection of data regarding social and work reintegration, primary and selective prevention and new information technology used by the Reitox Focal Point network to input statistical and epidemiological data requested online (Fonte)
- Restricted meetings regarding the creation, by the EMCDDA, of a model manual for the establishment of national monitoring centres.

Participation in the Pompidou Group of the European Council

In the European arena, the Department is also involved with the Pompidou Group of the European Council, an international forum where the Member States participate, sharing their national experiences in order to standardise policies and create concrete links between policy makers and workers from the different sectors involved. The different sectors are developed by platforms comprised of experts, professionals and researchers of the subjects delegated by the States.

The Department, depending on the topics being discussed, has chaired technical tables, nominating experts on each occasion who, as a result of their professionalism and competence in the subjects at hand, were able to run the groups on different topics.

The MedNET Mediterranean Network

The MedDET Mediterranean network has been established within the Pompidou Group. It is a network for co-operation on drugs and addictions (including alcohol and tobacco) and it aims to foster cooperation, exchange and transfer of two-way knowledge between the countries of the Mediterranean Basin and the European countries which are members of the Pompidou Group and donors, they also being part of the Mediterranean Basin.

In 2009, Italy was one of the most important supporters of this network, assisting with the creation of training programmes in Morocco, Lebanon and Algeria through the creation of university degrees and seminars in

Addictology and in putting together statistical surveys to monitor the drug phenomenon in these countries MedSPAD).
One special event of this platform was the organisation of the high level conference that took place in December, in which the Italian delegation led by Under-Secretary the Hon. Carlo Giovanardi, Attorney at Law, participated.

The international conference for drug control

Apart from this, another important event was the participation in the celebration held in Shanghai in February 2009 to commemorate a century of drug control. On this occasion, the Italian government's anti-drug strategies for the areas of communication, prevention, treatment, social reintegration and supply reduction were presented.
During the course of this event, the participating countries, through their representatives, signed a declaration which confirmed not only the countries' continuing support to be given to the United Nations for the fight against drugs, but also their common commitment to mobilise their resources and work together with the United Nations Office on Drugs and Crime and with the International Narcotics Control Board.

United Nations Commission on Narcotic Drugs

On a multilateral level, the Department for Anti-drug Policies played a key role in reviving debate on the idea of whether or not it is necessary to limit use of the term "harm reduction".
One of the first occasions for such debate, in which the Italian delegation participated, was the 52nd session of the United Nations Commission on Narcotic Drugs (CND), one of the most important international policy-making bodies in drug-related matters including the prevention of drug abuse and its secondary effects.
In November 2009, in the Third Committee of the General Assembly, the Department made productive contributions to the approval of the Drug Resolution. On the same occasion, through their Permanent Representative to the United Nations, the Department for Anti-drug Policies, in concert with the Ministry of Foreign Affairs, were able to get the UK and the NL to see eye to eye, despite the fact that those two countries are well-known for their opposite viewpoints on the issue of harm reduction.

Italy's participation in the European Action on Drugs

In the sphere of communications, Italy took part in the launch of the European Action on Drugs, which took place in Brussels on 26 June 2009, on the occasion of World Drug Day. The action is an initiative launched by the Directorate General of the European Commission's "Justice, Freedom and Security", pursuant to the European Drugs Action Plan (2009-2012), Objective 4 (the participation of civil society in drugs policy), Action 8. It is designed to provide public and private subjects with interests in this field with a platform to increase the population's awareness of topics related to drugs and of the risks related to drug abuse, promoting dialogue and exchanges of best practices. To this same end, in December 2009, the Department organised, in collaboration with the European Commission, an Italian launch day for the action.

Bilateral meeting with the MILDT

Remaining in the sphere of communications, in September 2009, the Department sponsored a bilateral meeting with the French body responsible for coordinating French anti-drug policy, the MILDT (Mission Interministerielle de la lutte contre la drogue et la toximanie). This meeting took place in Rome, and its objective was to promote information exchange regarding our respective countries' anti-drug policies at national and international levels, with particular regard to our respective national information campaigns and the presentation of Italian information campaigns in the mass media.

Collaboration with

It should be noted that the Department also collaborated with two

UNODC and INCB

important bodies within with the United Nations: the UNODC (United Nations Office on Drugs and Crime) and the INCB (International Narcotics Control Board). Italy was an active participant in conferences and seminars that were organised periodically to deal with specific topics (prevention in the workplace, obligatory treatment and therapeutic alliance) and collaborated with these two bodies in the drafting of documents. Among other activities, in 2009, the Department for Anti-drug Policies hosted the presentation of the UNODC's World Drug Report, which focused a great deal of attention on the issue of political and social 'pollution' caused by 'narco-mafias', and demanded harsher measures in the fight against organised crime, with more resources being set aside for the prevention and treatment of persons who use drugs. Moreover, an important chapter of the report is dedicated to the spread of narcotic drugs among the youth population. This issue demands an essential commitment which must play a determining factor in deciding the direction of efforts and operations for all institutions on national and international levels.

Participation and coordination for meetings of the Central Dublin Group

Lastly, during 2009, the Department, together with the other competent national administrations, ensured the participation in and the coordination for meetings held by the Central Dublin Group, an informal regional policy coordination group providing assistance to countries where drugs are produced or where they pass in transit. 27 EU Member States belong to the Central Dublin Group, as well as the United States, Australia, Norway and Japan.

Among the important topics covered during the course of the January 2009 meeting was the debate on drug precursors. Both the representatives of the INCB and of the UNODC emphasized that the main part of this problem comes from Afghanistan where, despite a decline in opium production, heroin production has been on the rise since 2004, thanks to a greater on-site use of precursors that allow for the transformation of the raw substance.

2. DRUG USE IN THE GENERAL POPULATION AND SPECIFIC TARGETED-GROUPS

Methodological limitations of general population surveys and low response rate

The well-known structural limits of epidemiological studies conducted using these methodologies, with their low response levels in the surveys and the consequent problems in terms of the weight of the information collected, call for careful reflection on methodology and create incentive to put thought into new, alternative and comprehensive information collecting strategies, in order to obtain a profile that reflects the actual situation as faithfully as possible.

Launch of new multi-observational complementary methodologies

In 2010, this thought process led the Department of Anti-drug Policies to launch, in addition to the traditional population surveys, two innovative studies in eight cities spread throughout the country, whose results will be compared with those of the profiles drawn from the population surveys.

Analyses of wastewater and of airborne microparticles

Both of these studies adopt alternative methodologies for gathering data on drug use, the first through the microbiological analysis of wastewater in water catchments areas, and the second through the analysis of the atmospheric concentrations of certain substances. In 2010, following experimental studies carried out in a number of Italian cities over the course of the last three years, these methods were applied in eight urban areas where parallel general population and student population studies were also being conducted. Although these methods do not allow for a direct estimate of drug use prevalence (in terms of percentage of the population), they are able to provide information on the quantity of drugs used in specific places at specific times.

A periodic use of these analyses, moreover, makes it possible to assess the development of drug use trends over time, providing data which can be used to make a direct comparison with the information gleaned from other types of studies conducted on drug use.

Figure 2.1: Projects launched by the Department for Anti-drug Policies for monitoring drug use among the general and student populations

Estimates based on multi-dimensional observations



Source: Department for Anti-drug Policies – DPA

In this chapter, we will present the preliminary results of the studies conducted on the general and student populations, and a last section will be dedicated to drug use among targeted groups. Comparisons with data provided by water and atmospheric analyses, as well as the analyses of risk perception profiles, will be provided in the next edition, as the preliminary results are not yet available.

2.1. Drug Use in the general population (GPS-ITA survey)

Surveys of population 15-64 years of age

The preliminary data on the prevalence of drug use in Italy was drawn from the nationally representative survey GPS-ITA 2010 (General Population Survey) promoted by the Department for Anti-drug Policies and conducted during the first half of the year 2010 in collaboration with the International Training Centre in Turin.

Methodology

Sample groups

The general population survey was conducted using a paper, postal questionnaire drawn up according to the instructions provided in the EMCDDA document, “Handbook for survey on drug use among general population”. From a methodological standpoint, the statistical sampling units were selected using the 15-18 year-old, 19-24 year-old, 25-34 year-old and 35-64 year-old age groups and the geographic divisions of north-western, north-eastern, central, southern and the islands of Italy as stratification variables. The sample size was designed to produce significant estimates for each of the aforementioned population strata. In order to compensate for the effect of the expected high level of non-response (typical in these types of surveys) in the drug use prevalence rates estimates, the sample was appropriately designed based on the non-response rates observed in previously conducted surveys.
The design of the statistical sampling units selected for the survey consisted of two stages: during the first stage, the selection of the statistical sampling units (city selection) and during the second stage, the selection of residents from the census data supplied by the selected cities.
The selection of the cities in the first stage was carried out using a stratified sampling plan in two strata in self-representative cities (cities of a larger size, with a population of over 150,000 inhabitants) and non-self-representative (cities with 1,000 – 150,000 inhabitants) belonging to the different provinces (two cities per province). Each of these chosen cities then underwent the selection of the second stage statistical units (residents) divided into strata according to age group through a simple random sampling procedure in order to guarantee the random nature of the statistical units selected.

Table 2.1: Distribution of subjects to be interviewed as part of the postal population survey - GPS/ITA 2010 – according to the sample design, by age and geographic area

Geographic area	15 - 18	19 - 24	25 - 34	35 - 64	Total
North-eastern Italy	1,105	1,552	3,803	11,911	18,371
North-western Italy	1,386	1,978	4,653	15,147	23,164
Central Italy	1,507	2,168	4,810	15,043	23,528
Southern Italy	1,668	2,354	4,338	11,745	20,105
Islands of Italy	1,169	1,654	3,038	8,371	14,232
Total	**6,835**	**9,706**	**20,642**	**62,217**	**99,400**

Source: GPS-ITA Survey 2010 – Department for Anti-drug Policies

The survey was carried out in the first half of 2010 through two separate mailings. The first mailing consisted of the questionnaire, and the second of a reminder.

The results contained in this document are based on the questionnaires which had been completed and had been received by the Department for Anti-drug Policies by and not after May 15, 2010, a total of 12,323, equal to 12.7% of the sample selected for the survey (99,400, of whom 2,000 were excluded for failed delivery of the questionnaire), with response rates varying between 9.2% in the islands of Italy to 16.3% in the north-east (Table 2.2).

Table 2.2: Distribution of percentage of response rate for the postal population survey - GPS/ITA 2010 by geographic area

Geographic area	Questionnaires sent	Questionnaires undelivered	Questionnaires collected	% of response rate for survey
North-eastern Italy	18,371	364	2,943	16.3%
North-western Italy	23,164	447	3,238	14.1%
Central Italy	23,528	482	2,911	12.6%
Southern Italy	20,105	416	1,949	10.0%
Islands of Italy	14,232	308	1,282	9.2%
Total	**99,400**	**2,017**	**12,323**	**12.7%**

Source: GPS-ITA Survey 2010 – Department for Anti-drug Policies

In light of the low rate of response for the survey, although the number nationwide sample is greater than 12,000 questionnaires, the profile of drug use provided in this chapter will nonetheless aim to provide only a general and indicative picture of the phenomenon of drug use in the Italian general population.

To verify the consistency of the data gathered during the general population survey, another analysis was conducted on the prevalence of psychotropic medication use (tranquiliser, sedatives, benzodiazepine, etc.) according to type of medication and user age group, the results of which confirmed the known use profiles for these types of medication.

A brief summary of drug use

A comprehensive analysis of the trends in drug use (for individuals who use drugs one or more times in the 12 months prior to the survey) from 2008 to 2010 shows an overall decrease in use for all the drugs included in study.

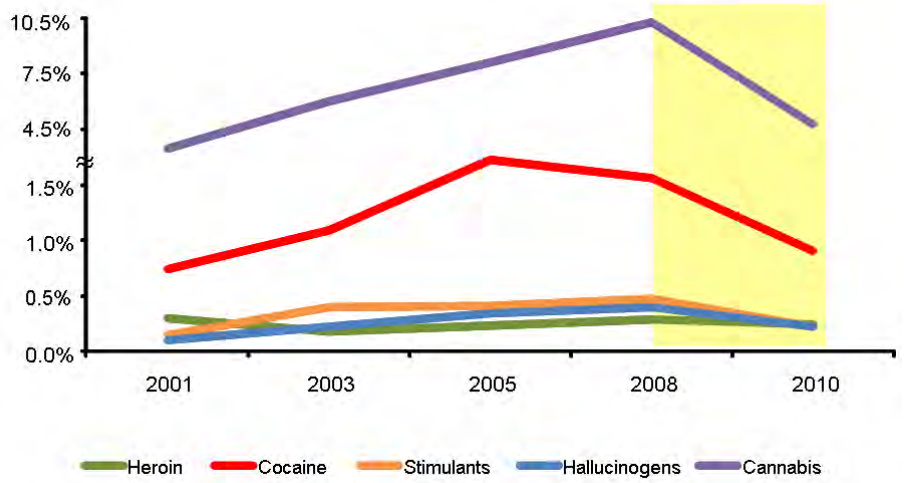
Table 2.3: Prevalence of drug use in the general population aged 15-64 (one or more times in the last 12 months). The year 2010

Type of drug	Prevalence 2008	Prevalence 2010	Difference 2008-2010	% Difference 2008-2010
Heroin	0.39%	0.25%	-0.14 % points	-35.9 %
Cocaine	2.1%	0.9%	-1.2 % points	-57.1%
Cannabis	14.3%	5.2%	-9.10 % points	-63.6%
Stimulants	0.74%	0.22%	-0.52 % points	-70.3%
Hallucinogens	0.65%	0.22%	-0.43 % points	-66.2%

Source: GPS-ITA Survey 2010 – Department for Anti-drug Policies

Figure 2.2: Drug use in the general population aged 15-64 (at least once in the last 12 months) The years 2001 - 2010

Overall decrease in drug use in the general population



Source: Based on data from the IPSAD Italy 2001 – 2008, and data from the SPS-ITA 2010

Heroin use

According to the preliminary results from the general population survey conducted in the first half of 2010, 1.29% of the Italian population sample aged between 15-64 years appears to have tried heroin at least once in their lives, while 0.25% had used it over the course of the twelve months prior to filling out the questionnaire.
0.16% of the Italian population had used heroin over the course of the thirty days prior to the survey, a percentage falling mostly in the 15-34 age group for men and the 15-25 age group for women (0.46% and 0.2% respectively).

Table 2.4: Heroin use in the general population aged 15-64. The year 2010

Heroin use	Men	Women	Total
LTP, LYP, LMP			
At least once in their lives	1.79	0.78	1.29
At least once in the previous 12 months	0.38	0.12	0.25
At least once in the previous 30 days	0.26	0.06	0.16
Age group (Last Year Prevalence)			
15-24 years of age	0.68	0.26	0.48
25-34 years of age	0.66	0.16	0.41
35-44 years of age	0.19	0.13	0.16
45-54 years of age	0.26	0.07	0.16
55-64 years of age	0.22	0.00	0.11
Frequency of use (%)			
1-5 times	40.0	100.0	53.8
6-19 times	40.0	0.0	30.8
20 or more times	20.0	0.0	15.4

Source: Based on data from the GPS-ITA 2010

99.7% of the general population has never used heroin, while 1.3% has used heroin at least once in their lives

Only 0.16% had used heroin during the 30 days prior to taking the survey

There are significant differences to be found between the male and female populations, especially as far as regards having tried heroin at least once

during the course of their lives, although, in terms of percentage, the largest difference can be seen in those who had used heroin in the thirty days prior to the survey (women –75% compared to men).
Although heroin use began to rise again between 2003 and 2008, especially in the young-adult male population (18-24 years of age), we can assert, with due caution, that the 2010 heroin use statistics seem to show a reversal of the previous trend, with the exception of use among the female population, which was already in decline in the period from 2005-2008.

Trend in heroin use showing a slight decrease among the general population

Cocaine use

4.8% of Italians between 15-64 have tried cocaine at least once in their lives (LTP), while 0.9% admits to having used it in the course of the previous year (LYP). 0.4% of subjects surveyed declared their current cocaine use, meaning within the thirty days prior to the conducting of the survey (LMP). In comparison with 2008, 2010 preliminary data shows the most significant decrease in use rates among those who declared having used cocaine in the 12 months prior to the survey.

Table 2.5: Cocaine use in the general population aged 15-64. The year 2010.

Cocaine use	Men	Women	Total
LTP, LYP, LMP			
At least once in their lives	6.59	3.04	4.81
At least once in the previous 12 months	1.28	0.52	0.90
At least once in the previous 30 days	0.68	0.17	0.42
Age group (Last Year Prevalence)			
15-24 years of age	1.50	1.36	1.43
25-34 years of age	3.15	0.80	1.99
35-44 years of age	0.93	0.40	0.67
45-54 years of age	0.70	0.26	0.48
55-64 years of age	0.15	0.00	0.07
Frequency of use (%)			
1-5 times	66.7	77.8	70.3
6-19 times	25.9	11.1	21.6
20 or more times	7.4	11.1	8.1

Source: Based on data from the GPS-ITA 2010

95.2% of the general population has never used cocaine, while 4.83% have used it at least once in their lives

In 2010, only 0.4% had used cocaine in the 30 days prior to the survey

As with heroin, significant differences can be found between the men and women surveyed, especially with reference to having tried cocaine at least once in their lives, although the largest difference in terms of percentage can be found under the heading of use in the 30 days prior to taking the survey (women –75% compared to men).
The reversal in trend towards a decrease in cocaine use in the Italian population shown in the data collected during the last five surveys seems to confirm the trend observed in the period between 2005 and 2008, with a greater propensity for use among men than among women.
When making a comparison with cocaine use among the European young adult population at large (15-34 years of age), Italy is among the EU States with the highest cocaine use rate, still significantly lower than Spain and the United Kingdom. Since 2005, a slight reversal of trend compared to the previous period has been observed.

Cannabis use

In Italy, according to the data gathered in the first half of 2010, 22.4% of the population between 15-64 years of age has tried cannabis, while 5.2% had continued to use it over the course of the year prior to the survey (Figure I.1.12). Prevalence figures decrease further when examining the heading of use during the month prior to the survey, involving only 3.0% of the Italian population sample.

Table 2.6: Cannabis use in the general population aged 15-64. The year 2010

Cannabis use	Men	Women	Total
LTP, LYP, LMP			
At least once in their lives	27.32	17.44	22.38
At least once in the previous 12 months	6.90	3.57	5.23
At least once in the previous 30 days	4.09	1.89	2.99
Age group (Last Year Prevalence)			
15-24 years of age	16.50	10.63	13.64
25-34 years of age	12.48	7.10	9.82
35-44 years of age	5.13	1.67	3.41
45-54 years of age	1.67	0.65	1.16
55-64 years of age	0.74	0.07	0.40
Frequency of use (%)			
1-5 times	47.2	58.6	51.9
6-19 times	28.8	22.4	25.8
20 or more times	23.9	19.0	22.3

Source: Based on data from the GPS-ITA 2010

Decrease in cannabis use;

77.6% of the general population has never used cannabis, while 22.4% has used it at least once in their lives.

3.0% had used it in the 30 days prior to the survey

The differences between the male and female population groups are less marked for cannabis use than for heroin and cocaine. As for the previous two drugs, however, the largest difference between men and women was to be found under the heading of use in the 30 days prior to the survey (women 54% less than men). According to information collected during the population surveys conducted from 2001 to 2010, there was a progressive and steady increase in the period from 2001-2008, followed by a marked drop in 2010 (Figure I.1.13), which, according to the data gathered, would appear to signal a return to the use rates from the beginning of the millennium. Although it must still be put to careful examination, this decreasing trend is confirmed by comparison with other data sources.

Cannabis use is shown to be more prevalent among subjects between 15-24 years of age (m=16.5%; f=10.6%) and between 25-34 years of age (m=12.5%; f=7.1%), and to decrease progressively with the increase in age of those surveyed. Among women, the greatest drop in use can be found in the move between the 25-34 age group and the following age range (7.1% vs. 1.7%), while for men, the greatest drop is between 35-44 and the following group (5.1% vs. 1.7%). Among subjects 45-54 years of age, cannabis use rates are at 1.7% for men and 0.7% for women.

Cannabis users: highest prevalence among the 15-24 year-old age group

High prevalence rates for women as well as for men

Stimulant use

2.8% of the Italian population aged between 15-64 years has tried amphetamines, ecstasy or other stimulants at least once in their lives,

while 0.2% had used this type of drug at least once during the 12 months prior to the survey and 0.2% in the prior 30 days.

Table 2.7: Stimulant use in the general population aged between 15-64. The year 2010

Stimulant use	Men	Women	Total
LTP, LYP, LMP			
At least once in their lives	3.53	2.13	2.83
At least once in the previous 12 months	0.30	0.14	0.22
At least once in the previous 30 days	0.21	0.09	0.15
Age group (Last Year Prevalence)			
15-24 years of age	0.83	0.24	0.55
25-34 years of age	0.53	0.24	0.38
35-44 years of age	0.00	0.07	0.03
45-54 years of age	0.18	0.13	0.15
55-64 years of age	0.15	0.07	0.11
Frequency of use (%)			
1-5 times	33.3	40.0	35.8
6-19 times	44.4	60.0	50.0
20 or more times	22.2	0.0	14.2

Source: Based on data from the GPS-ITA 2010

Stimulant use has decreased;

97.2% of the general population has never used stimulants, while 2.8% has used stimulants at least once.

0.1% had used them during the 30 days prior to the survey

When drawing a distinction between different types of psychoactive stimulant drugs used, there are no differences to be seen between the use rates for ecstasy and amphetamines among those who had used them during the 12 months prior to the survey, although significant differences emerge from a comparison with the use rates in 2008, especially for ecstasy, down from 0.66% to 0.17%. (Figure I.1.17). The trends for those who had used stimulants at least once in the 12 months prior to the survey over the period from 2001 to 2010 are found to be different according to gender: the use rates for men showed an increasing trend until 2008, followed by a drop in 2010. Use rates for women had already dropped in 2005, followed by a further decrease in 2010.

Polydrug use in the 15-64 year-old age group

Strong trend towards polydrug use:

- Strong trend toward the concomitant or consecutive use of alcohol and tobacco in association with all of the other drugs

- Cannabis users: 10.8% also use cocaine; 2.5% also use heroin

- Cocaine users: 64.0% also use

The assessment of polydrug use gives a complete picture of the overall prevalence of illegal psychoactive substance use in the general population. Table I.1.6 shows the distribution of prevalence of the concomitant or consecutive use of two different licit and illicit drugs among the population sample who declared having used illegal drugs during the 12 months prior to the survey.

Approximately 3% of the population surveyed declared that they had used cannabis during the month prior to the survey, of whom 91.2% had also consumed alcoholic beverages during the same time period, 56.9% had smoked at least one cigarette per day, 10.8% had used cocaine and 2.5% had used heroin.

0.4% of subjects between 15 and 64 years of age reported having used cocaine at least once during the 30 days prior to the survey. Of these, 94.2% declared that they had also consumed alcoholic beverages, 76.7% had smoked every day, 64.0% had used cannabis and approximately 15% reported concomitant or consecutive use of heroin.

Of all the subjects interviewed, 0.16% reported having used heroin during

the 30 days prior to the survey. Of these users, 79.2% reported having consumed alcohol during the same period, while 95.8% reported having smoked cigarettes every day, 54.2% had used cannabis and 54.2% had used cocaine.

cannabis; 15.1% also use heroin

- Heroin users 54.2% also use cannabis 54.2% also use cocaine

Table 2.8: Conditional prevalence distribution of polydrug users in the general population aged 15-64 who had used drugs in the 30 days prior to the survey

Drug type	Alcohol	Tobacco (≥ cigarette per day)	Cannabis	Cocaine	Heroin
Cannabis	91.2	56.9	-	10.8	2.5
Cocaine	94.2	76.7	64.0	-	15.1
Heroin	79.2	95.8	54.2	54.2	-

Source: Based on data from the GPS-ITA 2010

2.2. Drug Use in the school and youth population (SPS-ITA Survey)

Assessment of 34,738 students between 15-19 years of age

Data regarding the prevalence of licit and illicit psychoactive substance use among the Italian student population between 15-19 years of age was taken from the SPS Italy (Student Population Survey) conducted in the first half of 2010 by the Department for Anti-drug Policies in collaboration with the Ministry of Education, Universities and Research and with the technical and scientific support of the University of Rome “Tor Vergata”. The objective of the sample survey, conducted using a self-reported anonymous questionnaire, was to provide an estimate of the number of 15-19 year-old students who used psychoactive substances, in accordance with the ESPAD protocol.

Description of methods

Chosen sampling techniques ideal for ensuring reliability of data gathered

The population sample was selected using a two-stage sampling model, where the first stage units were higher secondary schools and the second-stage units were students attending those schools for the duration of the curriculum.
This procedure allowed, on the one hand, the design of a sample that faithfully represents the student population and, on the other hand, significantly improved sampling efficiency.
The variables taken into consideration for the stratification of the first-stage units (Region, type of academic institute and whether accredited non-public or public) were held to be of particular importance in reaching the objective of representing the entire population in relation to the phenomenon being assessed.
The decision to stratify by region and type of institute (secondary school or high school formerly specializing in education, polytechnic institute, vocational institute or arts institute) (Table 2.9) is a response to the need to use a sample representative of the entire student population in the country, with the hypothesis that the morphological characteristics of the different geographic areas and the different types of academic career choices might influence drug use prevalence. In order to ensure that the entire population of students attending academic institutions throughout the country was represented, the additional variable of whether the institute was accredited non-public or public was also applied.

Table 2.9: Distribution of the first-stage units by region and type of academic institution

Region	Secondary schools and *ex-magistrali*[1]	Polytechnic institutes	Vocational institutes	Arts high secondary schools and colleges	Total
Abruzzo	6	6	5	2	19
Basilicata	5	5	4	3	17
Calabria	12	8	3	4	27
Campania	26	21	14	3	64
Emilia Romagna	9	12	7	3	31
Friuli Venezia Giulia	4	5	4	2	15
Latium	21	13	13	3	50
Liguria	7	5	4	2	18
Lombardy	27	12	19	8	66
Marche	4	5	6	5	20
Molise	3	3	4	2	12
Piedmont	11	11	8	3	33
Apulia	10	17	7	3	37
Sardinia	10	6	6	3	25
Sicily	23	19	14	3	59
Tuscany	9	11	5	4	29
Trentino Alto Adige	8	5	3	2	18
Umbria	4	5	4	2	15
Valle d'Aosta	3	2	3	1	9
Veneto	12	16	8	3	39
Total	**214**	**187**	**141**	**61**	**603**

Source: Survey SPS-ITA 2010 – Department for Anti-drug Policies

During the second stage of sampling, the statistical units represented by the students attending classes as part of a complete four- or five-year academic curriculum were selected using the bunching method, where the bunch was the class in which they were enrolled.

A computerised innovation in data transmission

In comparison with previous nationwide surveys conducted in this field, this new edition of the survey was drastically changed during its creation, so that the questionnaire could easily be completed using computerised data transmission methods.

Advantages of online surveys

The advantages of using online instruments to conduct surveys in schools are numerous and can be broken down as follows:

1. rapidity of organization and of conducting the survey thanks to the elimination of most of the practical problems which can be attributed to a paper-based survey method;
2. more privacy for the subject while filling out the questionnaire;
3. real time monitoring of the survey's progress, and the ability to immediately substitute academic institutions which are not participating in the survey;
4. elimination of the data entry errors implicit to surveys conducted using paper questionnaires;
5. reduction of possible errors made due to distraction while filling out the questionnaire, thanks to the implementation of systems to check answers provided for contradictions and inconsistencies;
6. immediate availability of the database in order to process the information gathered, resulting in a reduction in the time required to analyze data and draw up reports.

[1] *t.n.* ex-magistrali *are high schools which formerly specialized in education*

High response percentages

The study was conducted during the first half of 2010, and according to preliminary results up to and not after May 21, 480 of the schools participating in the initiative had already completed the information gathering phase, equal to 79.6% of the planned sample of schools.

Data quality: a decrease in the number of questionnaires containing inconsistencies

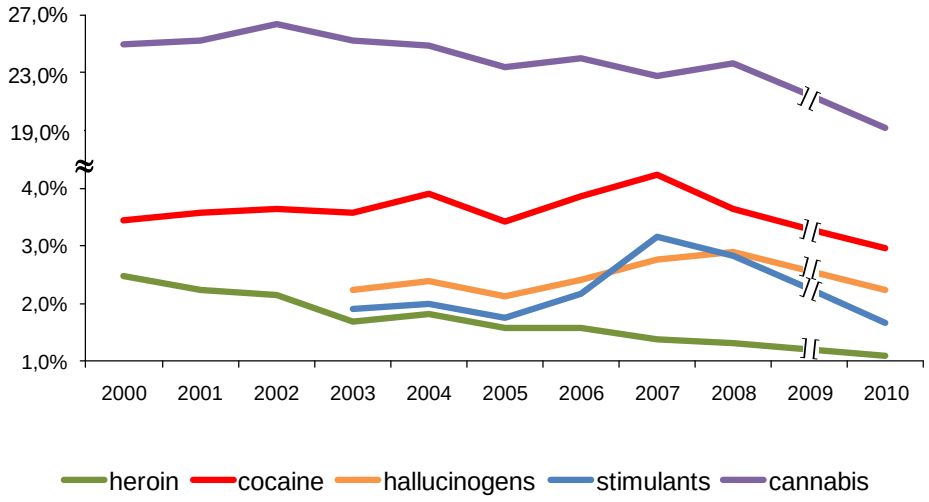
The fact that the online survey tool was equipped with a system to check the answers provided by survey-takers for contradictions and inconsistencies meant that it was possible to reduce the number of errors made either on purpose or due to distraction during the completion of the questionnaire and that, upon conclusion of the survey, there were fewer of these types of inconsistencies recorded in the database. Approximately 1,200 questionnaires were discarded as unreliable (equal to approximately 5% of the total number of questionnaires completed) based on an initial assessment conducted to establish the number of such inconsistencies.

A brief summary of drug use

Large sample size: 34,738 subjects between 15-19 years of age up to and not after May 30, 2010

The preliminary results of the study that will be presented in the following sections are the results of an analysis of the information collected from the 34,738 questionnaires completed. A comprehensive analysis of trends in drug use from 2008 to 2010 show an overall decrease for all illicit drugs.

Figure 2.3: Drug use in the student population aged 15-19 (for those students who used drugs at least once in the 12 months prior to the survey). The years 2000 – 2010.



Source: Based on data from the ESPAD Italy 2000 – 2008 and from the SPS-ITA 2010

Table 2.10: Drug use in the student population aged 15-19 (at least once in the 12 months prior to the survey). The years 2000 – 2010.

YEAR	Heroin	Cocaine	Cannabis	Hallucinogens	Stimulants
2000	2.5%	3.4%	25.6%	n/a	n/a
2001	2.2%	3.6%	25.9%	n/a	n/a
2002	2.1%	3.6%	27.3%	n/a	n/a
2003	1.7%	3.6%	25.9%	2.2%	1.9%
2004	1.8%	3.9%	25.5%	2.4%	2.0%
2005	1.6%	3.4%	23.8%	2.1%	1.8%
2006	1.6%	3.9%	24.5%	2.4%	2.2%
2007	1.4%	4.2%	23.0%	2.8%	3.2%
2008	1.3%	3.6%	24.1%	2.9%	2.3%
2010	1.1%	3.0%	18.9%	2.2%	1.7%

n/a = information not available

Source: Based on data from the ESPAD Italy 2000 – 2008 and from the SPS-ITA 2010

A comparison of drug use rates from the last 10 years makes evident that there has been a steady decrease in heroin and cannabis use, notwithstanding a slight increase in cocaine use, which then, however, took a downturn in 2007. Stimulant use increased drastically from 2005 to 2007, only to fall in the following years. Hallucinogen use increased from 2005 to 2008 and then fell in 2010.

Heroin use

1.2% of the Italian students surveyed had used heroin at least once in their lives, while 0.8% declared that they had used it during the course of the year prior to the survey. 0.6% of Italian students declared that they had used heroin at least once in the 30 days prior to completing the questionnaire.

Table 2.11: Heroin use in the student population aged 15-19. The year 2010

Heroin use	Male	Female	Total
LTP, LYP, LMP			
At least once in their lives	1.7	1.1	1.2
At least once in the previous 12 months	1.2	0.5	0.8
At least once in the previous 30 days	0.9	0.4	0.6
Age group (Last Year Prevalence)			
15 years of age	0.8	0.5	0.6
16 years of age	1.1	0.6	0.9
17 years of age	1.3	0.6	0.9
18 years of age	1.2	0.5	0.8
19 years of age	1.8	0.3	1.0
Frequency of consumption over 12 months prior to the survey (%)			
1-5 times	51.6	59.2	53.9
6-19 times	7.9	12.6	9.3
20 or more times	40.5	28.2	36.7

Source: Based on data from the SPS-ITA 2010

A decrease in heroin use;

98.8% of students have never tried heroin, while 1.2% have used it at least once in their lives

Only 0.6% had used it in the 30 days prior to the survey

In comparison with the 2008 survey, all the figures having to do with heroin use by Italian students show a decrease, especially as far as concerns the figure for those who had tried heroin one or more times in their lives. The number of students who have tried heroin at least once in their lives has decreased for the fifteen and sixteen year-old age groups in comparison with average European use rates as shown in the last edition of the ESPAD survey (2007), especially among males (1.5% vs. 2.0%), and less than among their European peers (0.9% vs. 1.0%).

Lower rates of heroin use among Italian students than among European students

Although one can see higher heroin use rates among males who had used during the year prior to the survey, among the younger students 15-17 years of age there was less difference between genders than that observed in the 17-19 year old students.

While use rates remain largely stable for males throughout the age range under consideration, in the female population, on the other hand, one can observe a stead decrease in prevalence, especially after age 17, falling from 0.6% of 17-year-olds (m=1.3) to 0.5% of 18-year-olds (m=1.2) and 0.3% of 19-year-olds (m=1.8%). From the prevalence of use reports for both males and females, the greatest gender differences can indeed be

Students who use heroin: higher prevalence in the younger female student population than in the older

observed among the 18- and 19-year-old subjects, with prevalence ratio values of 2.4 for the 18-year-olds and 6.0 for the 19-year-olds.

Heroin use rates decreasing, especially among the female population

According to information provided by the students who participated in the 2000 to 2010 surveys, the percentage of students who had used heroin one or more times in the 12 months prior to the survey dates appears to be in steady decline for the female population since 2004, a trend which appears less evident among the male population. Indeed, among male students aged 15-18 the use rate appears to be on the decline, albeit with some variability. For the 19 year-old males on the other hand, there was a decrease in use rates until 2006, after which the trend changes direction, increasing slightly until 2010.

Cocaine use

In 2010, 4.1% of Italian students declared that they had used cocaine at least once in their lives, and 2.9% declared that they had used it over the course of the year prior to the survey. Recent consumption, meaning within the 30 days prior to the filling out the questionnaire, was reported by 1.6% of students.

Table 2.12: Cocaine use in the student population 15-19 years of age. The year 2010.

Cocaine	Male	Female	Total
LTP, LYP, LMP			
At least once in their lives	5.3	3.0	4.1
At least once in the previous 12 months	3.7	2.0	2.9
At least once in the previous 30 days	2.1	1.0	1.6
Age group (Last Year Prevalence)			
15 years of age	1.6	1.2	1.4
16 years of age	2.8	1.9	2.4
17 years of age	3.4	1.8	2.6
18 years of age	4.5	2.6	3.5
19 years of age	6.6	2.6	4.5
Frequency of consumption over 12 months prior to the survey (%)			
1-5 times	62.7	69.6	65.2
6-19 times	16.0	15.9	16.0
20 or more times	21.3	14.5	18.8

Source: Based on data from the SPS-ITA 2010

A decrease in cocaine use;

95.9% of students have never tried cocaine, while 4.1% have used cocaine at least once in their lives

Only 1.6% had used it in the 30 days prior to the survey

A comparison with the data available for European drug use levels (ESPAD 2007) shows that the number of fifteen- and sixteen-year-old students who have used cocaine at least once in their lives is on a par with Italian cocaine use figures (2.9% vs. 3.0% for males and 2.1% vs. 2.0% for females), in contrast with higher figures for crack use (2.2% vs. 2.0% for males and 1.2% vs. 1.0% for females).

Higher prevalence of cocaine use among male students

For males especially, cocaine use prevalence increases with age: 1.6% of 15-year-olds use cocaine, while 3.4% of 17-years-olds, 4.5% of 18-year-olds and 6.6% of 19-year-olds are cocaine users. This increase is less marked among female students, whose cocaine use rises from 1.2% of 15-year-olds to 1.8% of 17-year-olds and to 2.6% of 18- and 19-year-olds.

Information gathered from the sample surveyed shows a decreasing trend since 2007, this following an increase over the three-year period from 2005-2007 preceded by a stable albeit slightly variable period prior to 2005.

Cannabis use

22.3% of students surveyed had tried cannabis at least once in their lives, while 18.5% had used it at least once during the 12 months prior to the survey and 12.3% had used it at least once in the 30 days prior to completing the questionnaire.

The number of Italian fifteen- and sixteen-year-olds of both sexes interviewed in 2010 who had tried cannabis at least once in their lives was lower than the figure for their European peers interviewed in 2007 (14.0% vs. 22.0% for males and 9.5% vs. 16.0% for females).

Cannabis use is shown to be directly associated with the subjects' age: among males, prevalence of use rises from 8.2% of 15-year-olds to 33.4% of 19-year-olds, while for females in the same respective age brackets the figure rises from 5.8% to 21.7%. Among both males and females, prevalence of use increases with age, with an especially marked increase between the ages of 15 and 16 (16-year-olds: m=16.3%; f=10.7%) and between the ages of 16 and 17 (17-year-olds: m=24.8%; f=16.2%).

Highest prevalence of use among 19-year-old students: 33.4%

Table 2.13: Cannabis use in the student population aged 15-19. The year 2010.

Cannabis use	Males	Females	Total
LTP, LYP, LMP			
At least once in their lives	26.7	18.3	22.3
At least once in the previous 12 months	22.5	14.8	18.5
At least once in the previous 30 days	15.2	9.5	12.3
Age group (Last Year Prevalence)			
15 years of age	8.2	5.8	6.9
16 years of age	16.3	10.7	13.5
17 years of age	24.8	16.2	20.3
18 years of age	29.3	19.2	24.0
19 years of age	33.4	21.7	27.1
Frequency of consumption over 12 months prior to the survey (%)			
1-5 times	45.8	53.9	49.2
6-19 times	20.7	23.6	21.9
20 or more times	33.4	22.5	28.9

Source: Based on data from the SPS-ITA 2010

A decrease in cannabis use;

77.7% of students have never tried cannabis, while 22.3% have used cannabis at least once in their lives

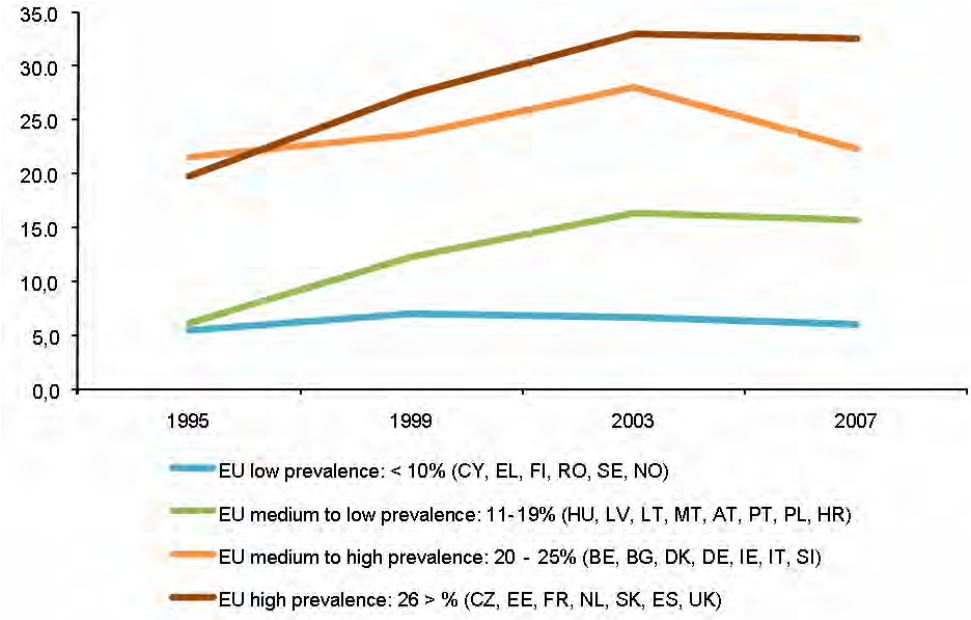
12.3% had used it in the 30 days prior to the survey

Cannabis use prevalence for those surveyed in 2010 who declared that they had used it in the 12 months prior to the survey point to a sharper decrease in prevalence of use between 2008 and 2010 than that observed between 2002-2007, aside from a temporary increase recorded in 2008. The trend has been steady among male and female teenagers since 2005.

The number of students aged 15-16 who have tried cannabis one or more times in their lives has been decreasing in a number of EU Member States, including Italy. Indeed, cannabis use in the European countries of Belgium, Bulgaria, Denmark, Germany, Ireland, Slovenia and Italy decreased from 2003 to 2007, although prevalence remained medium to

high (20-25% of 15-16-year-olds) in comparison with the European average.

Figure 2.4: Cannabis use in the student population aged 15-16 (at least once in their lives). The years 1995 – 2007.



Source: EMCDDA – Statistical Bulletin 2009

As far as frequency of use is concerned, the most common frequency for both genders is occasional cannabis use, limited to 1-5 times over the course of the year prior to the survey (f=54%; m=46%). 33% of the male population, in comparison with only 23% of the female population, declared that they had used it with the higher frequency of at least 20 times in the twelve months prior to the sample survey.

Stimulant use

Table 2.14: Stimulant use in the student population aged 15-19. The year 2010

Stimulant use	Males	Females	Total
LTP, LYP, LMP			
At least once in their lives	3.6	1.9	2.7
At least once in the previous 12 months	2.4	1.0	1.7
At least once in the previous 30 days	1.4	0.5	0.9
Age group (Last Year Prevalence)			
15 years of age	1.1	0.7	0.9
16 years of age	1.8	1.1	1.4
17 years of age	2.3	1.0	1.6
18 years of age	2.6	1.1	1.8
19 years of age	3.7	1.0	2.3
Frequency of consumption over 12 months prior to the survey (%)			
1-5 times	63.7	76.6	67.8
6-19 times	15.3	11.7	14.2
20 or more times	21.0	11.7	18.0

A slight decrease in stimulant use

97.3% of students have never tried stimulants, while 2.7% have used them at least once in their lives

0.9% had used them in the 30 days prior to the survey

Source: Based on data from the SPS-ITA 2010

2.7% of the Italian student population declared having tried stimulant drugs (amphetamines, ecstasy, etc.) at least once in their lives, while 1.7% had used them over the course of the year prior to the survey. Recent use of stimulants, meaning in the 30 days prior to filling out the questionnaire, was reported by 0.9% of the Italian student population. In comparison with the 2008 survey data, a decrease in stimulant use can be observed.

2.6% of students aged 15-19 have tried stimulants at least once in their lives

If we draw distinctions between the different types of psychoactive stimulant drugs, we can find an equal percentage of ecstasy and amphetamine users. As in the general population survey, the 15- and 16-year-old Italians had a lower prevalence of stimulant use in comparison with the European average (ecstasy: 1.9% male Italians vs. 4% male Europeans; 0.8% of female Italians vs. 3% of female Europeans).

The numbers of male stimulant users increases with their age. Prevalence among males rises from 1.1% of 15-year-olds to 2.3% of 17-year-olds and 3.7% of 19-year-olds. Among female students, prevalence of use varies between 0.7% and 1.1%.

Higher prevalence of use among males aged 19: 3.7%

As seen in the results of the 2008 survey, the 2010 survey also shows a steadily decreasing rate of stimulant use, as shown by the category of those who had used stimulants in the 12 months prior to the survey.

The prevalence of stimulant use continues to decrease

Polydrug use among 15-19-year-olds

The concomitant or consecutive use of different licit and illicit drugs is the most widespread pattern of drug use among adolescents and young adults.

Strong trend towards polydrug use:

Table 2.15 shows the distribution of conditional prevalence of licit and illicit drug use among those who reported having used illegal drugs during the twelve months prior to the survey.

18.5% of students reported having use cannabis during the year prior to the survey, and of these 98.6% of these had consumed alcohol during the same period, 96.2% had smoked at least one cigarette per day, 16.6% had used cocaine and 5.4% had used heroin.

- Strong trend toward the concomitant or consecutive use of alcohol and tobacco with all of the other drugs

Of the students surveyed, 2.9% reported having used cocaine in the twelve months prior to the survey. Of these cocaine users, 98% had also consumed alcohol in the same period while 94.5% had smoked cigarettes on a daily basis, 96% had also used cannabis (accounting for almost the entirety of the subjects who had reported using cannabis) and 27% had used heroin. 0.8% reported having used heroin at least once during the twelve months prior to the survey. 97.6% of these had consumed alcohol during the same period, while 89.3% had smoked cigarettes on a daily basis, 96% had used cannabis and 84.9% had used cocaine. These results make it evident that a high percentage of subjects who use heroin as their primary drug also use cocaine, in comparison with subjects whose primary drug is cocaine, of whom a smaller percentage use heroin concomitantly or consecutively.

- Cannabis users: 17% also use cocaine 5% also use heroin

- Cocaine users: 96% also use cannabis 27% also use heroin

- Heroin users 96% also use cannabis 85% also use cocaine

Table 2.15: Distribution of conditional prevalence of polydrug users in the student population aged 15-19 in the 12 months prior to the survey (last year prevalence). The year 2010

Drug Type	Alcohol	Tobacco (≥ cigarette per day)	Cannabis	Cocaine	Heroin
Cannabis	98.6	96.2	-	16.6	5.4

Cocaine	98.2	94.5	96.0	-	27.0
Heroin	97.6	89.3	95.9	84.9	-

Source: Based on data from the SPS-ITA 2010

2.3. Drug Use among targeted groups (Drug tests of workers in high-risk professions)

Preface

During the 30 October 2007 session of the State-Regions Unified Conference, an accord was signed concerning drug testing to ensure a lack of drug addiction in, *"…workers holding positions which involve a threat to security and the physical safety and health of third parties, even in the presence of an only occasional use of narcotic substances…"*, especially workers *"involved in transport",* and others mentioned in the annex to the accord.
The procedure for testing conditions is divided into two principal phases, due to the need to establish a first level of testing by the competent physician and a second level of further verification of diagnosis and assessment on the part of the competent medical facilities.
The State-Region accord of 18 September 2008, meant to have been implemented throughout Italy by 20 December 2009, has not yet actually entered into effect in all of the regions.
In order to be able to constantly monitor the phenomenon in question, in 2009 the Department for Anti-drug Policies put a project called the DTLR into effect. The project's principal goal was to create a system for evaluating the drug tests carried out throughout the country on workers in high-risk professions, and was later directed toward creating a permanent flow of data to support the Inter-Institutional Technical Table of the Department for Anti-drug Policies.

Testing among civilian public sector employees

Approximately 94% of the sample are male

The data available to the Department for Anti-drug Policies, supplied by the *RFI* (Italian State Railway System) – *Gruppo Ferrovie dello Stato* (The Italian State Railways Group), the *A.N.M.A.* (National Association of Company Doctors), the *S.I.M.L.I.I.* (The Italian Society for Occupational Health and Industrial Hygiene) and *LAMM (Laboratorio Analisi Mediche Mestre) s.r.l.* (t.n. Medical Testing Laboratory, Mestre) covers 54,138 individuals subjected to 1st level testing in 2009, of whom 5% were women.

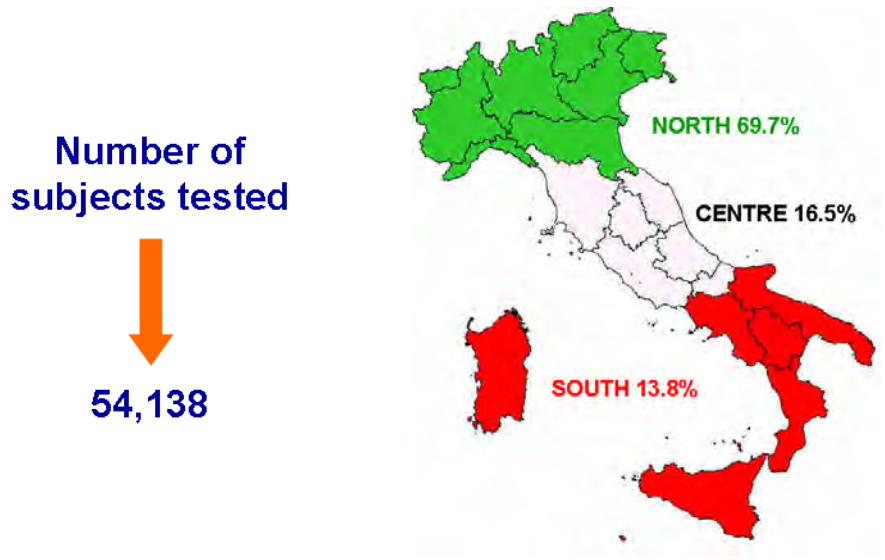
Table 2.16: Provenance and number of subjects on whom data was provided

Data Provenance	Subjects
RFI (Italian State Railway System) – *Gruppo Ferrovie dello Stato* – Health Management Department	26,044
A.N.M.A. (National Association of Company Doctors)	16,498
S.I.M.L.I.I. (The Italian Society for Occupational Health and Industrial Hygiene)	8,656
LAMM (Laboratorio Analisi Mediche Mestre) s.r.l. (Medical Testing Laboratory, Mestre)	2,940
Total number of individuals subjected to 1st level testing	54,138

Source: Department for Anti-drug Policies

When analyzing the data by geographic provenance, one can see clearly that the majority of tests were performed in Northern Italy (almost 70%) followed by 16.5% in the centre and almost 14% in the South and the Islands.

Figure 2.5: 1st level Drug testing by major geographical area



Source: Based on Department of Anti-drug Policy data – DTLR project and LAMM

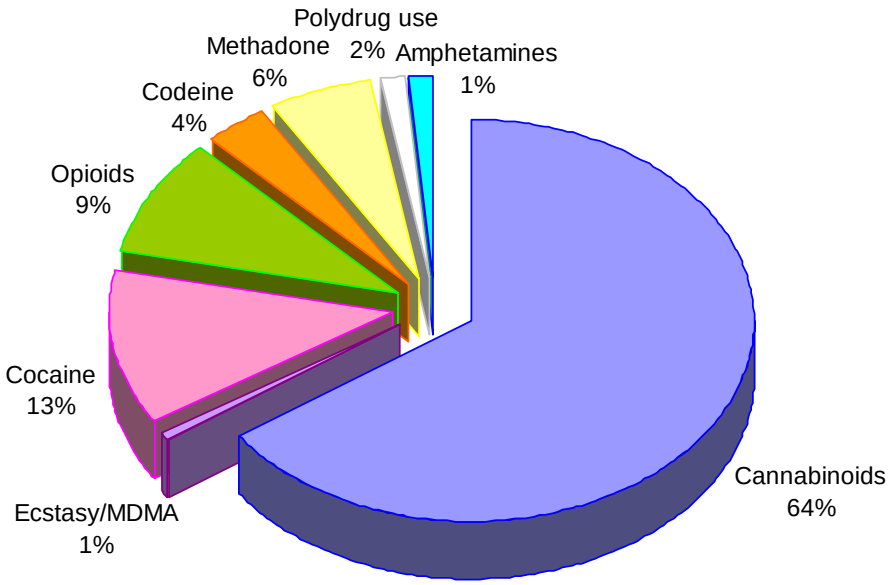
As far as the subjects' sectors of provenance are concerned, almost all of them were from the transportation sector, and over half of these (53%) were over 45 years of age.

53% of the sample were over 45 years of age

Confirmation test results (confirmation tests are performed if the initial screening test shows positive results) provided a positive result for 1st level tests in 1.2% of the subjects tested. Of these, nearly two-thirds tested positive for cannabinoids, 12% for cocaine and 9% for opioids (Figure 2.6).

1.2% of results positive after confirmation tests

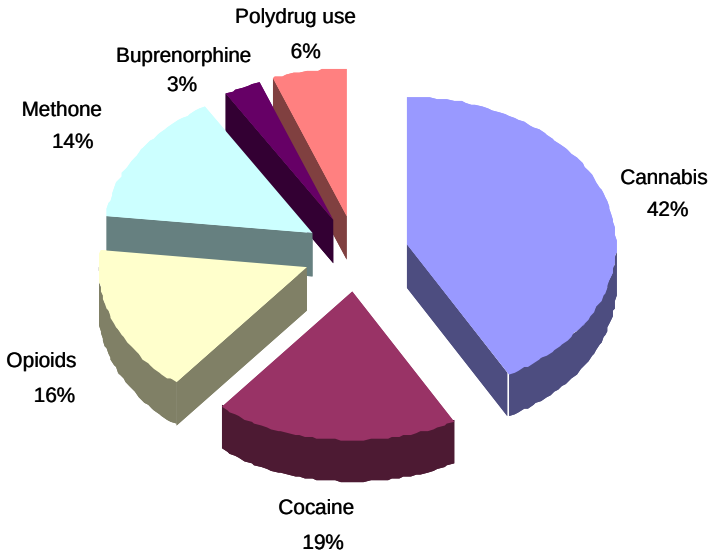
Figure 2.6: 1st level Drug testing by drug type



2/3 of subjects tested positive for cannabinoids

Source: Based on Department of Anti-drug Policy data – DTLR project and LAMM

Figure 2.7: 2nd level Drug testing by drug type



Source: Based on data from the RFI et al.

When a worker is shown to have tested positive during the 1st level assessment carried out by the competent physician, he or she is sent by said physician to the competent medical facility (usually a local drug-addiction services facility) for 2nd level verification of diagnosis and assessment. If, during the course of these, the subject proves to be a drug addict, then the subject is guaranteed access to a treatment and/or rehabilitation programme with without losing his or her job.
The 2009 data provided by the RFI, by the Addiction Department of the ASLs (Local Health Authorities) of Bergamo, Milano2 and Varese, by the Addiction Department ULSS 20 of Verona and the Monza Ser.T. (Drug Addiction Services) covers 368 subjects (of whom only one is female), almost three-quarters of whom were between 25 and 44 years of age.
19% of the sample (69 subjects) were diagnosed as drug addicts, mostly of cannabis, followed by cocaine, opioids and methadone (Figure 2.7).

Testing in the Armed Forces

The General Directorate of Military Health (DIFESAN) of the Ministry of Defense oversees numerous activities, including the collection, processing and assessment of statistical data relating to drug addiction and the principal health conditions associated with it.
Table 2.17 contains information on the number of active duty personnel of the four branches of the Italian Armed Forces (Italian Army, Navy, Air Force and Carabinieri Corp) as communicated to the Epidemiological Observatory of the Chief of Defence Staff from 2006 to 2009.

Table 2.17: Armed Forces active duty personnel figures. The years 2006 – 2009.

YEAR	Italian Army	Navy	Air Force	Carabinieri Corp	Total
2006	113,525	35,497	45,317	112,225	306,564
2007	106,221	33,877	44,051	112,082	296,231

2008	103,385	32,766	43,306	111,426	290,883
2009	105,212	33,004	43,225	110,993	292,434

Source: Based on data from the Ministry of Defence

The data for the number of tests performed[2] was made available by the Italian Army, the Navy and the Air Force (Table 2.18), while the Carabinieri Corp provided the figures for the number of subjects who underwent testing (Table 2.19).

Italian Army with a 1% positive result

Table 2.18: Drug tests performed on Armed Forces personnel. The years 2006 – 2009

	2006	2007	2008	2009
Italian Army				
Tests performed	47,993	39,523	48,306	42,417
Positive tests	625	340	54	446
% Positive	1.3	0.86	0.11	1.05
Navy				
Tests performed	50,525	43,747	41,476	43,958
Positive tests	26	19	15	7
% Positive	0.05	0.04	0.04	0.02
Air Force				
Tests performed	63,378	43,617	64,108	70,258
Positive tests	57	42	41	27
% Positive	0.09	0.1	0.06	0.04
Total (Italian Army, Navy, Air Force)				
Tests performed	161,896	126,887	153,890	156,633
Positive tests	708	401	110	480
% Positive	0.44	0.32	0.07	0.31

Source: Based on data from the Ministry of Defence

Sample testing using the urine sample drug testing method was carried out on 3% of active duty personnel serving abroad and on 5% of active duty personnel serving within Italy; moreover, individuals seeking to enrol voluntarily are also subjected to testing.
A total of 42,417 tests were performed on Italian Army personnel in 2009 (down 12.2% from 2008), of which 446 gave positive results (1%). From 2006, the year in which 625 tests came out positive, until 2008, there was a decrease in the number of positive results (only 54 were found, equal to 0.1%); in 2009, however, the numbers began to rise again.

Table 2.19: Subjects tested within the Carabinieri Corp. The year 2006 – 2009

	2006	2007	2008	2009
Carabinieri Corp				
Subjects tested	1,670	249	1,632	638
Subjects testing positive	5	6	14	6
% positive	0.3	2.41	0.86	0.94

Source: Based on data from the Ministry of Defence

In the Navy, an increase in testing

An unequivocal prerequisite to qualify for enrolment in the Navy is a negative result for tests for all the most commonly used drugs (opioids, cannabinoids, cocaine and amphetamines) which is an obligatory part of every competitive entrance examination. In 2009, 43,958 tests were

[2] A subject undergoes an average of 4 to 7 tests

performed (6% more than in 2008), of which only 7 came out positive (0.02%).

In the Air Force, the number of positive tests is decreasing

The Air Force conducts periodic urinary catabolite drug testing of all its personnel assigned to drive automobiles as well as during medical selection in the enrolment process, the latter being the phase in which most positive results are found. Occasional testing is also performed on personnel who have declared of their own free well that they have taken drugs or who have been reported to their Unit's health services for behaviour presumably attributable to drug abuse. Testing is also performed during the competitive entrance examinations for the Armed Forces.
In 2009, 70,258 tests were performed (9.6% more than in 2008) and only 0.04% of these returned positive results. The percentage of positive tests, therefore, continues to decrease (0.1% in 2007 and 0.06% in 2008).
In accordance with drug addiction prevention activities in the Armed Forces as set forth in Article 1, Paragraph 9 of the Consolidation Act of the Drug Addiction Laws as provided for under the requirements of Presidential Decree (DPR) 309/90, 638 Carabinieri were subjected to drug testing in 2009, of whom 6 tested positive (0.9%).
It is important to note that none of the subjects who tested positive for drugs tested positive for HCV, HBV or HIV.

Conclusions

A preliminary comparison of the data both for civilian workers and for the armed forces brings to light some aspects worth examining and indicates directions which future activities might take, which can be summarized as follows:
- the drawing up of strategic guidelines and/or technical explanatory memorandums for the Regions and the Autonomous Provinces, and in particular for their addiction departments;
- the creation of standard forms for the transmission of clinical and toxicological data to the competent physicians (medical history, specific past and present treatments for drug addiction which patient has undergone, occasional or regular drug use and state of addiction, where applicable);
- designation of the competent physician as the only authority to certify the subject's ability and suitability to perform his or her job;
- the introduction of random testing in order to maintain a deterrent effect (this can be considered the actual preventive measure) and to lower costs, in the interests of creating a definitive and complete list of the categories of workers to be tested for drugs and alcohol;
- extending testing to cover workers with a Standard (B) Driving License responsible for driving light vehicles or vans, who are currently not subject to testing;
- the introduction of pre-hiring testing for high-risk jobs and a no-hire policy in the case of positive results.

3. PREVENTION

Primary prevention was the subject of a survey conducted by the Department for Anti-drug Policies of the Prime Minister's Office throughout the Regions and Autonomous Provinces. The survey was conducted using the questionnaires provided by the European Observatory in Lisbon regarding the new or ongoing implementation of primary prevention projects, evaluating them based on the following prevention aspects: universal, selective for at-risk groups or aimed at specific target groups.
Based on the results which emerged from the use of the OEDT questionnaires, this section provides a profile on the state of activation of prevention initiatives according to the three areas defined by the Observatory in Lisbon.
In accordance with the EMCDDA Structured Questionnaires 25 e 26, the information gathered is designed to provide a descriptive profile of the primary prevention initiatives (universal, selective in at-risk groups and aimed at specific target groups) provided for in Regional and Autonomous Province social and healthcare planning and undertaken during the observation period.
In order to gather more detailed information about what the prevention initiatives carried out throughout the country consist of and of the number of people participating in them, in 2010 the Department for Anti-drug Policies began the planning and implementing of a WEB-oriented computer technology based instrument for the gathering of data concerning these initiatives and for monitoring them on a local level.

3.1. Universal prevention

3.1.1. Family

Local plans aimed at parents

According to the official documents on healthcare and/or social policies, throughout the course of 2009, universal prevention initiatives targeting families involved projects/programmes consisting of informative/training meetings for families and/or parents (78.9%) and projects/programmes based on individual help or reciprocal support among families (68.4%).
Some Regions and Autonomous Provinces provided information on further universal prevention initiatives both at local and family levels undertaken during the course of 2009.
The activity aimed at families which is most commonly mentioned in official documents on healthcare and/or social policies was the creation of programs of meetings for information-giving/training for and/or parents (which was considered a priority in 10.5% of cases and mentioned officially in 68.4%).

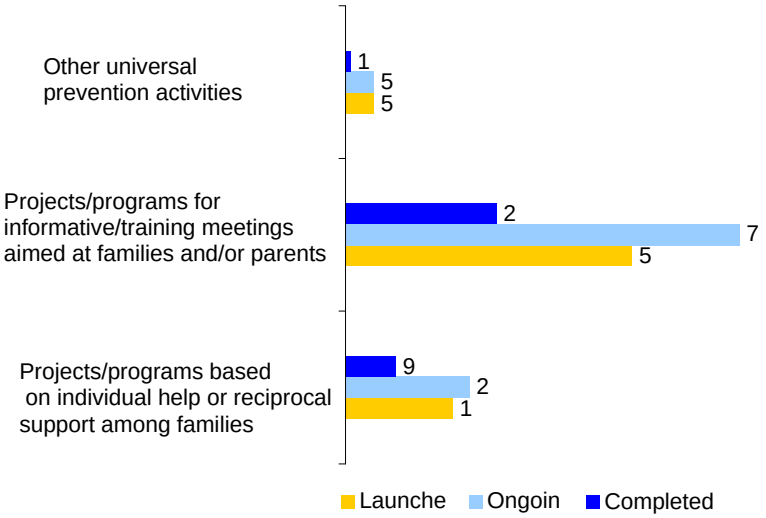
High local commitment to young people through training, counselling and peer groups.

From an operational standpoint, during 2009 an average of over 60% of Regions and Autonomous Provinces launched or were in the process of developing prevention projects aimed at young people through peer groups in unstructured contexts, training aimed at people involved in the sector locally (language and cultural mediators, etc.), or initiatives were undertaken to develop plans to include a local drug prevention strategy and social and counselling centres were opened for young people locally.
Specifically, in 2009, 70 initiatives relating to projects for informative/training meetings targeting families and/or parents were

ongoing and 51 were launched (Figure 3.1), just over twice as many as in the previous year.

Figure 3.1: Number of initiatives relating to universal prevention projects aimed at the nuclear family launched, ongoing and/or completed in 2009.

Plans and programmes for families and parents



Source: Processing of data from EMCDDA questionnaire-based survey of Regions

3.1.2. Community

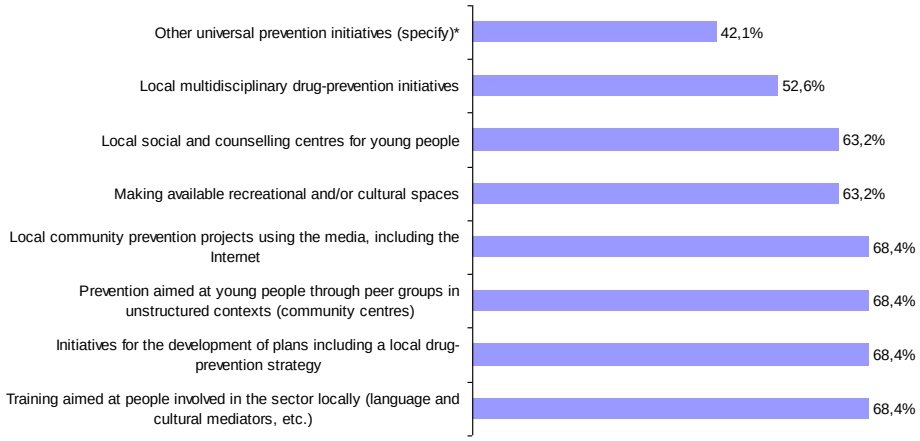
Intensifying prevention action on a local level

According to the official documents on healthcare and/or social policies, throughout the course of 2009, universal prevention initiatives undertaken at a local community level have included the development of plans that include a local drug-prevention strategy (85.9% of Regions and Autonomous Provinces), local multidisciplinary drug-prevention initiatives (52.6%), prevention aimed at young people through peer groups in unstructured contexts (73.7%), training aimed at people active in the field locally (78.9%), the establishment of local social and/or counselling centres for young people (68.4%), the making available of recreational and/or cultural spaces (57.9%) and local community prevention programs using the media, including the Internet (73.7%).
In comparison with the year 2008, local training initiatives have increased considerably (61.9% vs. 78.9%), the establishment of social centres (52.4% vs. 68.4%) and prevention projects through the use of media (42.9% vs. 73.7%).

High local commitment to young people through training, counselling and peer groups.

From an operational standpoint, in 2009 over 60% of Regions and Autonomous Provinces launched or were in the process of creating prevention projects aimed at young people through peer groups in unstructured contexts, training aimed at people involved in the sector locally (language and cultural mediators etc.), or initiatives were undertaken to develop plans to include a local drug prevention strategy and social and counselling centres were opened for young people locally (Figure 3.2).

Figure 3.2: Percentage of regions with plans launched, ongoing and/or completed in 2009, relating to universal prevention projects, at local community level

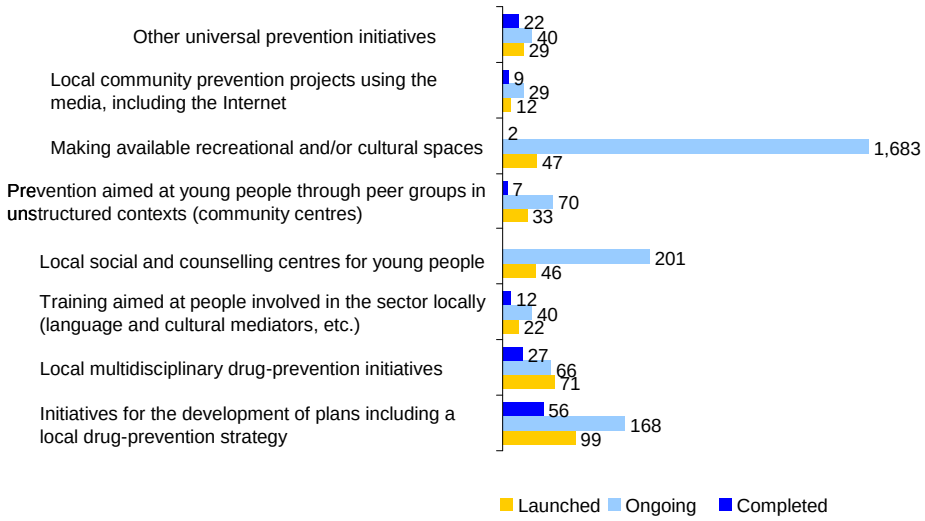


Source: Processing of data from EMCDDA questionnaire-based survey of Regions

In more than 60% of the Regions and Autonomous Provinces, projects were launched or were already ongoing to create incentives for making available recreational and/or cultural spaces; in fact, amongst all of the universal prevention projects undertaken on a local community level, making recreational or cultural centres available was the category of initiative with the highest numbers (1,683), a figure that should be considered in light of the fact that the Emilia Romagna region reported having counted 1,620 youth centres.

The Regions and Autonomous Provinces also paid particular attention to the development of drug prevention plans, of which 168 were already underway in 2009 and of which 99 were launched during the course of the year (Figure 3.3), representing the highest number of universal prevention plans launched in 2009.

Figure 3.3: Number of universal prevention projects launched, ongoing and/or completed in 2009, at local community level



Presence of ongoing plans to make recreational and cultural spaces available

Source: Processing of data from EMCDDA questionnaire-based survey of Regions

3.2. Selective prevention in at-risk groups

3.2.1. At-risk groups

Particular attention declared for immigrants and young homeless people

Over the course of 2009, in official documents on healthcare and/or social policies, particular attention was given to selective prevention initiatives targeting immigrants (89.5% of the Regions and Autonomous Provinces) followed by prevention targeting students with problems of social and or academic marginalization (63.1%). Less than 50% of the Regions and Autonomous Provinces had projects targeting other groups, a fact that is particularly clear when observing the category “other at-risk subgroups”, a target for less than 30%.

Over 100 prevention projects ongoing

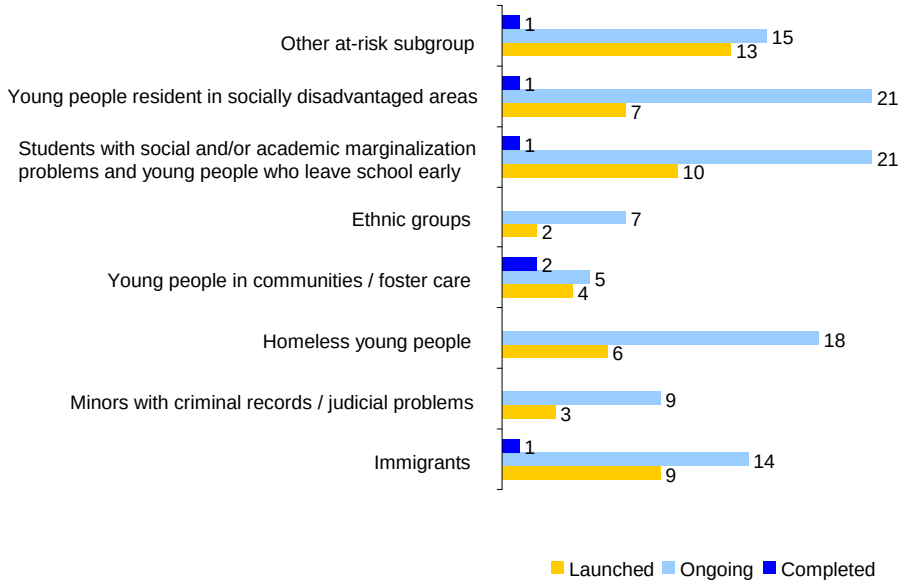
The total number of selective and targeted prevention projects ongoing and/or completed by the Regions and Autonomous Provinces is not very high, with a total number of 107.

As far as ongoing projects are concerned, the prevention initiatives targeting the different at-risk groups were largely carried out in and by specialized organizations and services.

Over 100 prevention projects ongoing

The highest number (13) of plans launched in 2009 can be found under the heading “other at-risk subgroups”, while the categories under which most of the initiatives already ongoing in 2009 can be found (21) are that of young people resident in socially disadvantaged areas and students with social and/or academic marginalization problems.

Figure 3.4: Number of selective prevention initiatives targeting at-risk groups launched, active and/or completed in 2009



Source: Processing of data from EMCDDA questionnaire-based survey of Regions

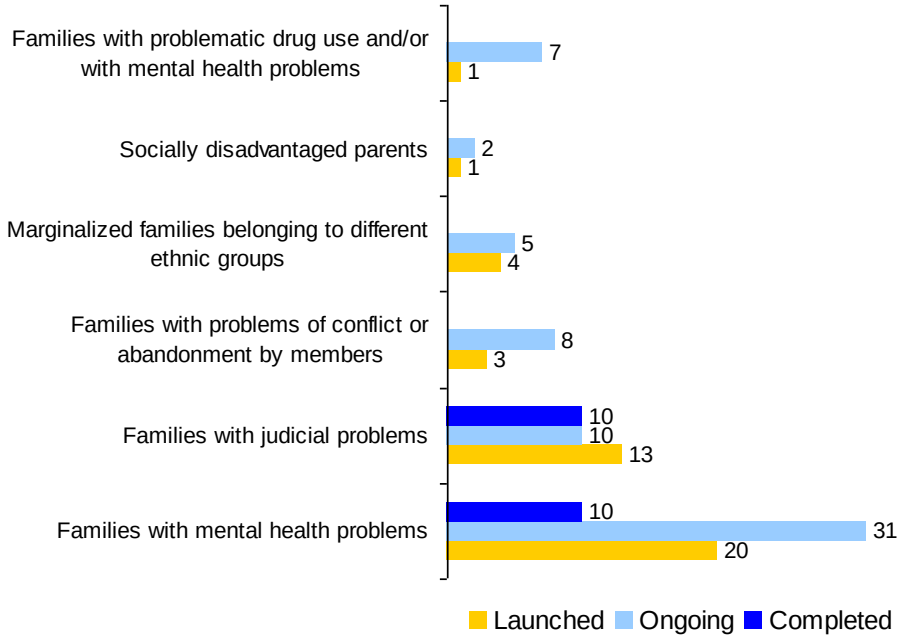
3.2.2. At-risk families

Particular attention declared and plans activated for problem families

As for selective prevention at a nuclear family level, programmes aimed at families with problem drug use and/or with mental health problems were mentioned in 63.1% of official regional documents; explicit references to

the other categories are found in less than 50% of regional plans.
The Regions and Autonomous Provinces launched plans targeting mostly families exhibiting problematic drug use, including alcohol, and/or with mental health problems: there are 20 plans launched this year, 31 ongoing and 10 completed (Figure 3.5).
For all other groups of at-risk families, the number of selective and targeted prevention initiatives was not very high.
For at-risk families as well, prevention initiatives were largely carried out in and by specialized organizations and services.

Figure 3.5: Number of selective prevention initiatives targeting families launched, ongoing and/or completed in 2009



Source: Processing of data from EMCDDA questionnaire-based survey of Regions

3.3. Prevention in specific target groups

3.3.1. In the workplace

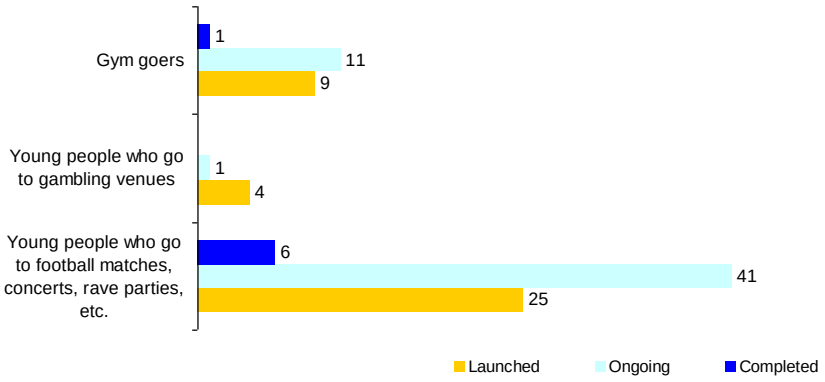
Prevention in the workplace: a weak link in the chain of prevention policies

In the official 2009 documents on healthcare and/or social policies of 68.4% of the Regions and Autonomous Provinces, specific selective prevention initiatives were cited targeting young people who go to football matches, concerts, rave parties, pubs and other recreational venues as well as thrill-seeking young people who have problems with their social conduct and adopt aggressive and negative behaviours.
In its strategic documents in favour of prevention for specific groups, the Region of Tuscany indicated selective prevention initiatives for smokers.

A significant number of initiatives undertaken for young people with at-risk behaviours.

In a significant number of Regions and Autonomous Provinces, targeted prevention projects were launched and/or completed only for young people who go to football matches, concerts, raves, pubs, and other recreational venues and for thrill-seeking young people who have problems with their social conduct, and adopt aggressive and negative behaviour. Specifically, 25 initiatives were launched, 41 were ongoing and 2 were completed for this group in the course of 2009.
A much smaller number of initiatives were undertaken targeting gym goers or people who go to gambling venues (Figure 3.6).

Figure 3.6: Number of prevention plans targeting specific groups launched, ongoing or completed in 2009



Source: Processing of data from EMCDDA questionnaire-based survey of Regions

3.4. National and local media campaigns

In 2009, the Department for Anti-drug Policies created the National Information Campaign, a process which involved the Administrations responsible for education, youth and family as well as the Department of Information and Publishing in the Prime Minister's Office.
During the course of 2009, over half of the Regions and Autonomous Provinces undertook information campaigns for the universal prevention of legal and illegal drug use, constituting a 30% improvement over the 2008 statistics. The most widely addressed subject was alcohol consumption, with advertising posters as the main type of media employed.
Selective prevention information campaigns targeting at-risk groups and/or families were launched by less than half of the Regions and Autonomous Provinces, and these dealt principally with the subjects of legal and illegal drugs in general and more specifically with alcohol.

Media information campaigns

4. PROBLEM DRUG USE

Foreword

With regards to drug users whose state of health requires them to seek treatment from health services (Problem Drug Use – PDU), this chapter will provide information about estimates of prevalence and incidence (new cases) based on information gathered from data sources both within healthcare services and without (from the police Prefectures).

Data sources

Aggregate data collected from the flow of information provided by the Ministry of Health and from information collected on individual subjects in the context of a multicentric pilot study carried out within a sample group of Drug Addiction Service organizations in Central-Northern Italy was used to calculate the prevalence and incidence estimates of problem drug users requiring treatment and to create the profile of subjects undergoing treatment through Drug Addiction Services.
An assessment of the national information flow from Additional information on Problem Drug Use was creating by analyzing data from hospitals' acute care units (hospital discharge records).

4.1. Prevalence and incidence estimates of PDU

4.1.1 Estimates of number of problem drug users requiring treatment for use of opioids and cocaine

Methodological guidelines

Subjects undergoing treatment through the national drug addiction services represent only a part of the total number of drug users who may be in need of treatment. A simple multiplier method using treatment data was used to estimate the number of individuals who could be candidates for treatment for regular, long-term or injecting drug use[1]. The multiplier was based on a combination of local figures for the region of Abruzzo, the Trentino area and the city of Bologna for the years 2008 and 2009, the only local research studies available. The estimates were processed by the Inter-departmental Centre for Bio-statistics and Bio-informatics of the University of Rome "Tor Vergata".

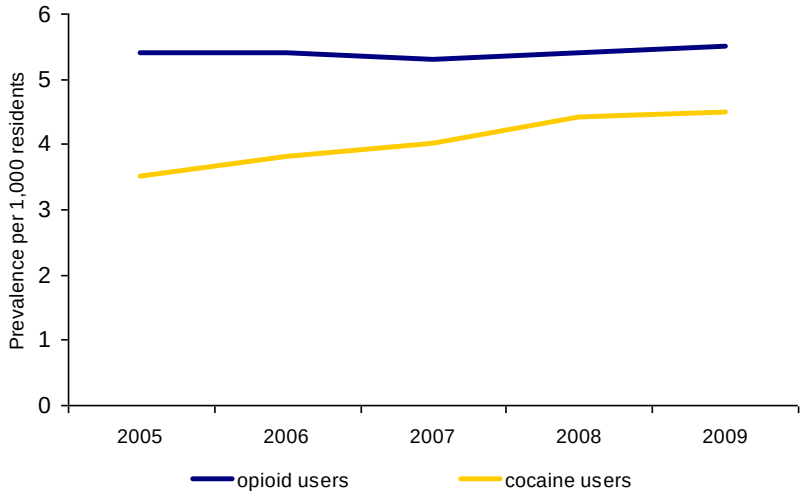
There are an estimated 393,490 drug addicts in Italy, 9.95 per thousand (aged 15-64) of whom:
- 216,000 addicted to opioids
- 178,000 addicted to cocaine

In 2009, there were an estimated 393,490 subjects in need of treatment in Italy, which corresponds to a prevalence of 9.95 per thousand residents aged between 15 and 64 years. Separated according to the two drugs for which treatment in local drug addiction services is most often needed, opioids and cocaine (in the various forms in which they are available on the market), the numbers in Italy in 2009 come to an estimated 216,000 problem opioid-users eligible for treatment and 178,000 problem cocaine-users eligible for treatment, figures which correspond to approximately 5.5 and 4.5 per thousand residents aged between 15 and 64 years, respectively. The 95% confidence intervals assigned to the estimates using the bootstrap method were limited due to statistical fluctuations, with a sample size of 11,000 subjects, and approximately 6,500 subjects for each individual drug. The trend in prevalence estimates over time confirms a steady increase in the total number of problem drug users eligible for treatment over recent years, and specifically in the number of problem

[1] *The definition of Problem drug use (PDU) applied by the European Monitoring Centre but in the process of being revised is: "injecting drug use or long-duration/regular use of opioids, cocaine and/or amphetamines".*
*(**Prevalence of problem drug use**, http://www.emcdda.europa.eu/html.cfm/index1409EN.html)*

cocaine-users in need of treatment (Figure 4.1)

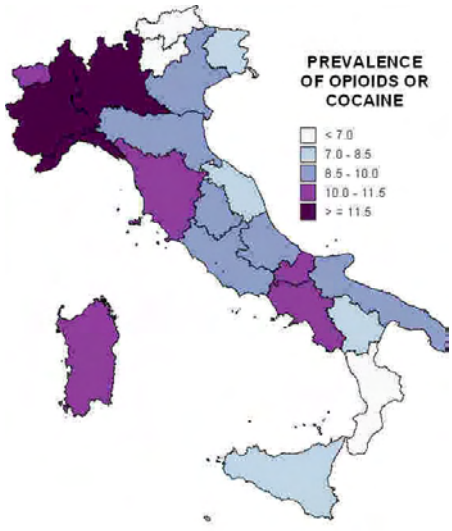
Figure 4.1: Prevalence estimates per thousand residents aged 15-64. The years 2005 - 2009



Source: Information based on processing of ministerial data

All available indicators show a steady increase in the number of cocaine users. The number of opioid users has been shown to have increased as well, according to multiple associated indicators.

Figure 4.2: Prevalence estimates (per thousand residents aged 15-64) of subjects requiring treatment for problem use of opioids or cocaine (combined subject data). The year 2009



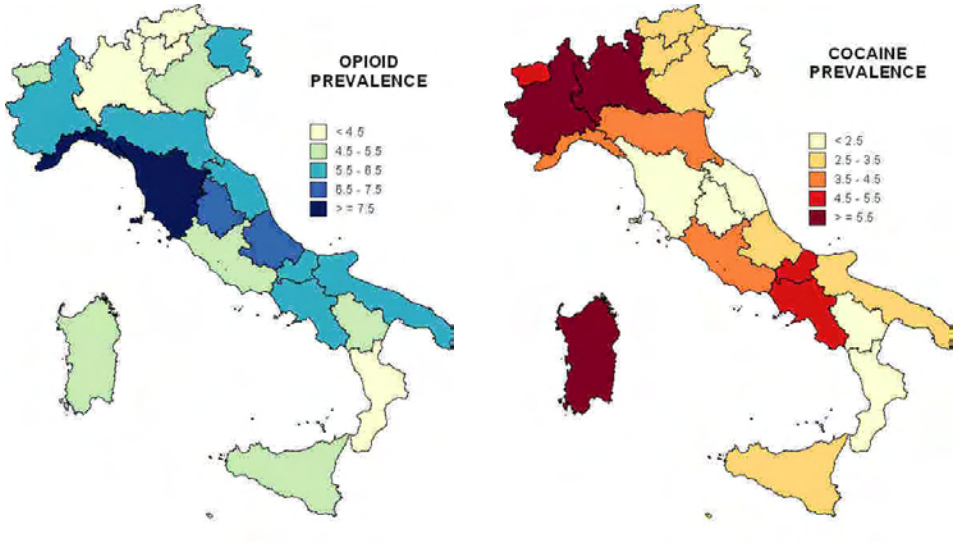
Source: Information based on processing of ministerial data

An analysis of estimates on a regional level (Figure 4.2) shows that there is a need for more care to be made available in the North-western regions of Italy, in the light of the prevalence of less than 7.0 drug users per thousand residents found in the extreme northern and southern regions of the country.

Estimates of numbers of problem opioid-users eligible for treatment (Figure 4.3) show the highest prevalence in Liguria, at 10.4 subjects per thousand residents aged between 15 and 64 years, followed by the central Regions, Tuscany and Umbria, as well as Abruzzo and Apulia, regions which have potentially the highest ratios of drug users eligible for

treatment by Drug Addiction Services within their resident populations. To this list of regions we can add Piedmont, Marche and Campania, with slightly lower estimates. The lowest estimates can be found in the Autonomous Provinces of Trento and Bolzano, in Lombardy, Calabria and Sicily. Estimates of numbers of problem cocaine-users eligible for treatment (Figure 4.3) show the highest prevalence in the regions of Piedmont, Sardinia and Lombardy (the last having the highest estimate: 7.8 per thousand), followed by Campania, Valle d'Aosta, Molise and Liguria. The lowest numbers are to be found in Friuli Venezia Giulia (less than 1.8 per thousand), Umbria and Basilicata.

Figure 4.3: Estimates of prevalence (per thousand residents aged 15-64) of subjects requiring treatment for problem use of opioids or of cocaine. The year 2009



A need for specific treatment for problem opioid use: Liguria, Tuscany, Umbria, Abruzzo

A need for specific treatment for problem cocaine use: Lombardy, Sardinia, Piedmont

Source: Information based on processing of ministerial data

4.1.2 Incidence estimate of heroin users

If we start from the assumption that any drug use is problematic, it is nonetheless necessary to keep in mind that there are cases where drug use evolves rapidly into an addiction and others where the drug use does not evolve into anything and gradually peters out. Among those whose drug use evolves into an addiction, an effective epidemiological indicator for analyzing this phenomenon is the number of subjects who begin to use illegal psychoactive drugs each year who, in the years following, develop health problems and demand treatment from the drug addiction services.

"Incidence of problem drug use" indicator

This indicator, called the incidence of "evolving" use, estimates the number of new cases of drug use over a fixed period of time, usually one year, which will evolve into cases requiring treatment instead of estimating overall incidence. An estimate of the incidence of evolving drug use was obtained using the Back-calculation estimation technique, developed as part of the European projects in collaboration with the European Observatory on Drugs and Drug Addiction in Lisbon[2]. This technique makes it possible to reconstruct the "incidence of evolving drug use" based on two known or estimated variables:

– the number of new treatment requests placed each year with the Drug Addiction Services;

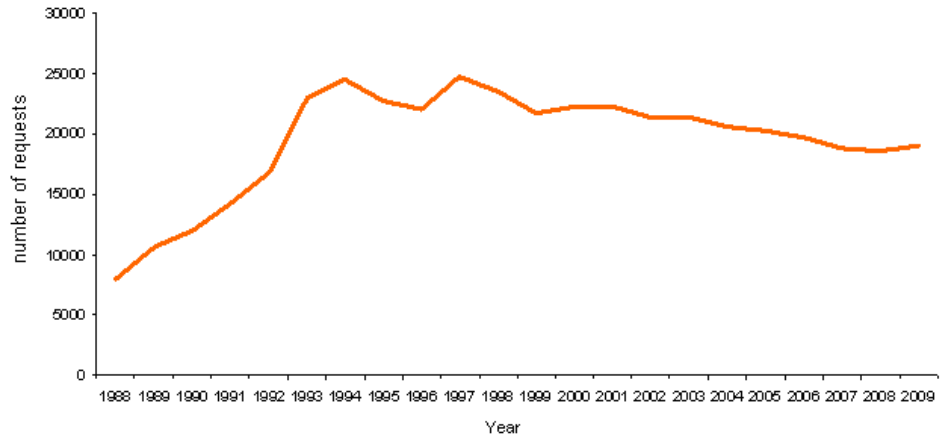
[2] *Scalia Tomba GP, Rossi C, Taylor C, Klempova D, Wiessing L., 2008, Guidelines for Estimating the Incidence of Problem Drug Use. EMCDDA, Lisbon.*

– the distribution of time between the initiation of drug use and the first treatment request placed with drug addiction services ("latency period").

This method can only be applied with heroin users, since it is only for this group that there are sufficiently accurate estimates of the distribution of latency period[3] from a large sample group, something which is not yet possible for cocaine users.

Figure 4.4: Treatment requests placed where primary drug was "heroin" – the Years 1988 – 2009

New requests placed for heroin use treatment: in 2009 there were estimated to be approximately 19,075 subjects



Source: Information based on ministerial data

Latency period: 5.5 years

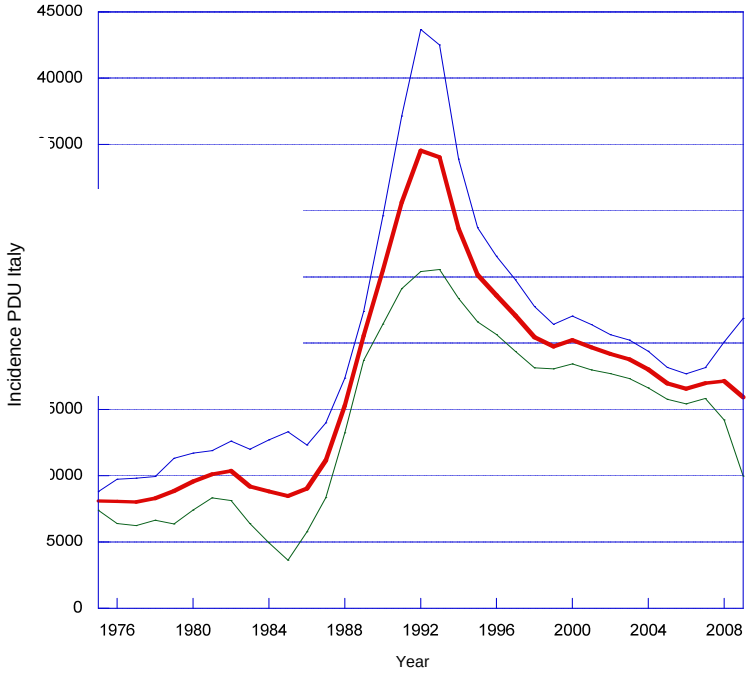
An analysis of latency periods shows an average of 5.5 years passing between the initiation of drug use and first treatment request. Specifically, half of the subjects who come to the drug addiction services requesting help come within 4 years of having begun to use the drug, while the remainder request their first treatment within 8 years. The figures for treatment requests where heroin was given as the primary drug of use, estimated based on aggregate data provided by the Department for Anti-drug Policies (2000-2008), "primary drug of use" percentages and the data available through European projects carried out over the preceding years (1988-2000) are shown in Figure 4.4. Based on this data and on the estimated distribution of latency periods, the chosen Back-calculation model provides the desired estimates and their relative confidence intervals at 95%. Since treatment data shows a decline in the incidence of requests for treatment where heroin was the "primary drug of use" from 2000 on, it follows that the estimated incidence of problem heroin use has also been on the decline over the last decade. Naturally, a certain amount of doubt remains regarding the absolute values of this incidence. Some is of a statistical nature, as shown by the "confidence" curve in Figure 4.5 below, and some is due to the different approximations in the chosen model and in the distribution of latency periods.

The figure shows a stable incidence of evolving heroin use from the mid-1970s until 1984, followed by a marked increase between 1985 and 1992 before peaking at approximately 34,000 subjects. Incidence then began to fall steadily until reaching 15,000 during the last 2 years.

[3] *Research study "Valutazione del tempo di latenza nell'accesso dei tossicodipendenti al sistema dei servizi di assistenza" ("Estimating the latency period for drug addicts entering healthcare services") conducted over the years 2002-2004 by the Department of Mathematics of the University of Rome "Tor Vergata", with funding from the National Drug Foundation.*

The level of uncertainty is proportionately higher where there is less available data, which is to say in the most recent years. For the last year, for example, against an estimated figure of approximately 15,000 new cases, there is an uncertainty interval that begins at approximately 11,000 and ends at approximately 9,000.

Figure 4.5: Incidence of subjects requiring treatment for heroin use in Italy (estimates and confidence intervals at 95%)



Source: Information based on processing of ministerial data

4.2. Data on PDUs from non-treatment sources

4.2.1 Problem drug users in data sources other than the Treatment Demand Indicator (TDI)

Methodological guidelines

Through an analysis of the clinical information contained in hospital discharge records, it is possible to draw up a profile of the treatment characteristics of patients admitted who use drugs, and therefore also to create a profile of drug-related medical conditions. Patients discharged from inpatient and outpatient treatment whose principal or secondary diagnosis was drug-related were taken into special consideration. To this end, diagnoses corresponding to the following diagnostic categories were taken into consideration: (codes ICD-9-CM): Drug-related psychoses (292, 292.0-9), Drug addiction (304, 304.0-9), Drug abuse without addiction (305, 305.2-9), Opioid or opioid-related-drug poisoning (965.0), Poisoning by topical anaesthetic and by cocaine-infiltration (968.5,9), Psychotropic drug poisoning (969, 969.0-9), Poisoning by sedative or hypnotic drugs (967, 967.0-6,8-9), Pregnancy complications due to drug addiction (6483, 6483.0-4), Drug damage to foetus or infant and neonatal withdrawal syndrome (7607.2-3,5, 779.4-5).

2.6% decrease in drug-related

During the three-year period from 2006-2008, the number of inpatient and outpatient treatments remained largely stable at a little less than 13

hospitalisations

million[4] per year (12,857,813 in 2006, 12,342,537 in 2007 and 12,112,389 in 2008); the hospital discharge records showing (principal or secondary) diagnoses related to drug use are about 2 per thousand (26,359 in 2006, 26,601 in 2007 and 25,910 in 2008) of the countrywide total (this figure remained largely stable during the entire three-year period).

Table 4.1: Characteristics of subjects admitted to hospitals for drug-related issues. The years 2007-2008

Characteristics	2007		2008		Δ %
	N	%	N	%	
Sex					
Men	15,317	57.5	15,028	58.0	-1.8
Women	11,284	42.5	10,882	42.0	-3.6
Total	26,601	100	25,910	100	-2.6
Nationality					
Italians	25,195	94.7	24,541	94.6	-2.6
Foreigners	1,386	5.2	1,379	5.3	-0.5
Age					
Average age men	38.2		38.5		0.8
Average age women	44.5		44.8		0.7
Median age men	37		38		2.7
Median age women	42		42		0.0
Type of admission					
Inpatient	24,316	91.4	23,616	91.5	-2.9
Outpatient	2,285	8.6	2,294	8.9	0.4
Type of care received					
Scheduled, non-urgent	8,019	30.1	7,665	29.6	-4.4
Urgent (emergency)	15,931	59.8	15,445	59.6	-3.1
Mandatory treatment	645	2.4	688	2.6	6.7
Pre-hospitalisation	75	0.3	68	0.2	-9.3
Other	222	0.8	268	1.0	20.7
Type of discharge					
Regular discharge to home	20,870	78.4	20,554	79.3	-1.5
Voluntary discharge	3,242	12.2	2,756	10.6	-15
Transfer to another facility	1,033	3.8	1,090	4.2	5.5
Death	206	0.7	192	0.7	-6.8
Other	1,250	4.7	1,317	5	5.4
Type of drug					
Opioids	6,828	25.7	6,537	25.2	-4.3
Barbiturates	4,911	18.5	4,853	18.7	-1.2
Cocaine	2,311	8.7	2,408	9.3	4.2
Poly-drug	1,889	7.1	1,818	7.0	-3.8
Cannabinoids	1,124	4.2	1,180	4.5	5
Antidepressant	875	3.3	858	3.3	-1.9
Hallucinogens	204	0.8	173	0.6	-15.2
Amphetamines	126	0.5	108	0.4	-14.3
Unspecified substance	8,333	31.3	7,975	30.8	-4.3

Average age of subjects hospitalised (inpatient and outpatient):
- 38.5 years men
- 44.8 years women

Medical emergencies, although decreasing, are still the primary reason for hospital admissions.

The percentage of voluntary discharges is still high, although decreasing

High percentage of unspecified substances

There were also hospital admissions for use of barbiturates (18.7%)

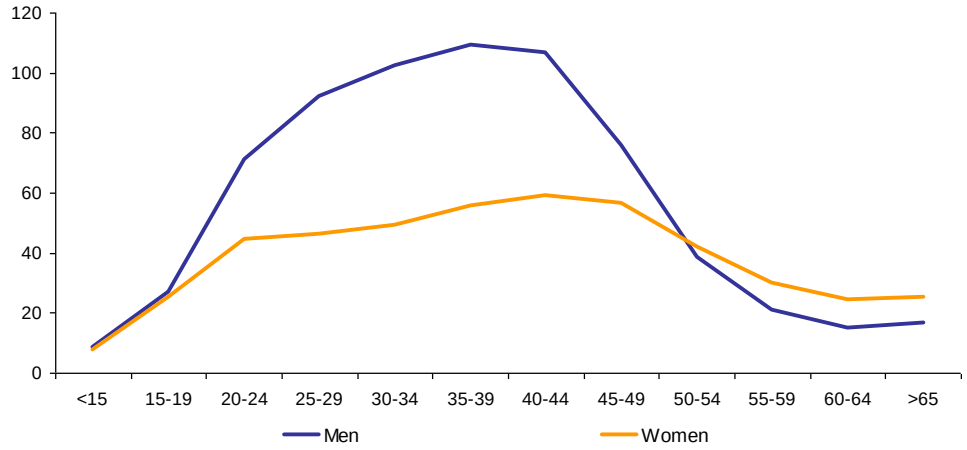
There were also hospital admissions for use of cannabinoids (4.5%)

[4] *Source: Annual report on hospital admissions (inpatient and outpatient) – Hospital discharge records 2008 – Ministry of Health*

Source: based on hospital discharge records– Ministry of Health

94.7% of drug-related inpatient and outpatient admissions were Italian citizens, 58% of whom were men of an average of 38.5 years of age. The average age for women was higher, 45 years of age as compared to the men's 38.5. If, instead of average age, we consider the median age figure, more suitable where there is such asymmetrical distribution of age (Figure 4.6), the median age goes down by two years, from 44 to 42 for women.
As shown in Figure 4.6, most inpatient and outpatient treatment demand was on the part of men aged between 15 and 49 years, with the greatest concentration of demand in the 35-39 year-old age group, where we find 110 inpatient or outpatient treatments per 100,000 residents. For women, on the other hand, the most inpatient and outpatient treatments are found in the 44-49 year-old age group, with 115 per 100,000 residents.

Figure 4.6: Inpatient and outpatient hospitalisation (per 100,000 residents) for drug-related issues by sex and age group. The year 2008



Source: based on hospital discharge records - Ministry of Labour, Health and Social Policies

Hospital treatment of older subjects and the use of barbiturates

As we will see later, high numbers of hospital inpatient and outpatient treatments in the older population groups are mostly related to abuse of barbiturates.

91% of treatments provided were inpatient, with an average hospital stay of 9.7 days, a figure which falls to 6 days if we consider instead the median number, which is less influenced by the extremely long stays, some of which were over 200 days, but whose occurrence was rare (there were only 5 stays of such length).
In almost 80% of cases, the patient was discharged to home according to ordinary treatment procedures, 11% were voluntary discharges due to patient request, 4.2% were discharged to other acute care facilities and 0.74% (192) of patients treated died during the course of their hospital stay.

Drug-related mental disorders (neuroses and personality disorders)

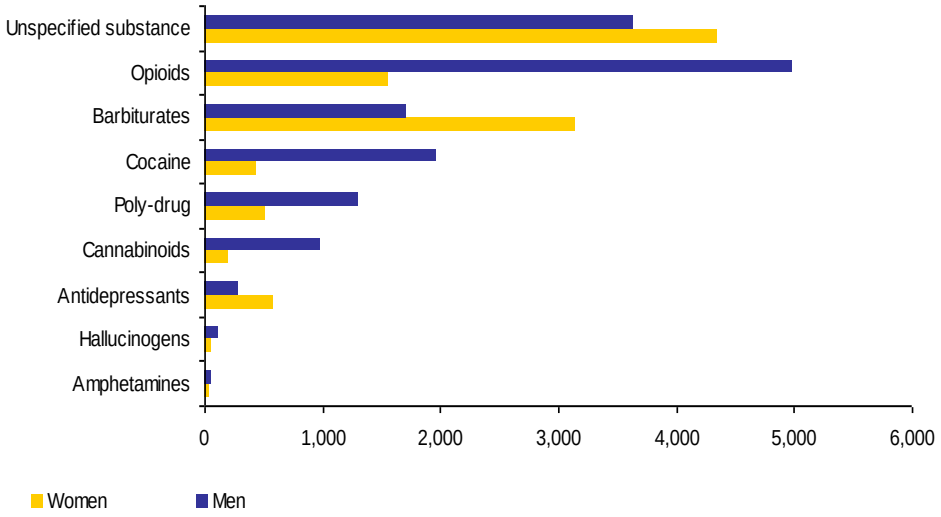
41% of drug-related inpatient and outpatient hospital admissions (10,560) recorded in 2008 had a principal diagnosis linked to either psychotropic drug addiction, drug abuse or poisoning, drug-induced psychosis, drug addiction during pregnancy or damage to the foetus induced by the mother's drug use. More specifically, 87% of cases were found to have principal or secondary diagnoses of mental disorders, consisting mostly of patients affected by neuroses or personality disorders caused by the use of psychoactive drugs. In 24% of cases, the diagnosis fell under the category of trauma or poisoning induced by pharmaceutical drugs, medicines or biological products.

The type of substance was not recorded in 31% of drug-related inpatient and outpatient hospital admissions (7,975); in 25% of cases (6,537) opioid use was recorded as the principal or secondary diagnosis, followed by barbiturate use (19%), cocaine use (9.3%), poly-drug use (7%), cannabis (4.6%), antidepressants (3.3%) and, in minor quantities, hallucinogens (0.6%) and amphetamines (0.4%) (Figure 4.7).

Figure 4.7: Percentage distribution of inpatient and outpatient hospital treatments according to drug type and gender. The year 2008

The number of cases where the substance is unspecified is still high

Some cases of cannabis-linked inpatient or outpatient hospital treatments



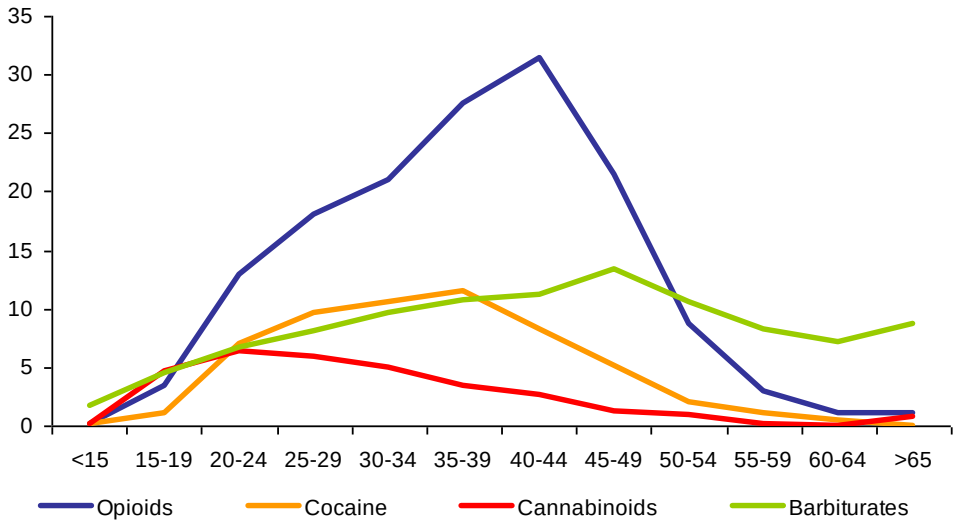
Source: based on hospital discharge records – Ministry of Health

The distribution by gender brings to light different drug use patterns, showing a tendency among men towards the use of opioids, cocaine, poly-drug use, cannabis and hallucinogens, while for women use patterns tend towards more use of psychotropic drugs, specifically barbiturates and antidepressants. The abuse of barbiturates and other unspecified substances is most prevalent in elderly women over 65 years of age. The combined use of two or more drugs can be separated into the following combinations: opioids + cocaine as the most frequent, followed by cocaine + cannabis and then opioids + barbiturates.

Most inpatient and outpatient hospitalisations are due to illegal drug use for men, and to the use of psychotropic drugs for women

Figure 4.8: Standardised hospitalisation rates (per 100,000 residents) for drug-related issues. The year 2008

Most common age groups hospitalised for issues related to: opioids, 35-44; psychotropic drugs, 40-44; cocaine, 30-39 cannabis, 20-24 years of age



Source: based on hospital discharge records – Ministry of Health

Cases of drug-related hospitalisation are most frequent among opioid users, usually between 35 and 44 years of age, followed by barbiturate users, usually in the older age groups and in the 40- to 44-year old age range. Hospitalizations related to cocaine or cannabis use are rare, with most cocaine users falling in the adult age range (30-39 years of age) and most cannabis users in the young-adult range (20-24 years of age) (Figure 4.8). In comparison with 2006, the last two-year period saw a decrease in the percentage of hospitalisations for opioid and barbiturate use (opioids 26.7 vs. 25.2, barbiturates 18.8 vs. 19.7), but an increase in the percentage of hospitalisations for cocaine and poly-drug use (cocaine 7.8 vs. 9.3, poly-drug use 6.0 vs. 7.0).

The number of drug-related hospitalisations with correlated nervous system disorders remains stable.

The number of drug-related hospitalisations, both inpatient and outpatient, in which nervous system and sense organ disorders were recorded as principal or secondary diagnosis remained the same over the entire three-year period from 2006 to 2008.

Women seem to be more prone to comorbidity with nervous system disorders, as 66% of cases of drug-related hospitalisations with correlated nervous system disorders are female. Approximately 1,400 cases, which correspond to 35% of the total of drug-related hospitalisations with comorbid nervous system disorders, are patients between 35 and 49 years of age, while another 16% are over 65 years old.

Drug-related hospitalisations with comorbid circulatory system disorders

In 2008, both sexes saw equal numbers of drug-related hospitalisations of patients with comorbid circulatory system conditions. In almost half of these cases (42%), the patients were over 65 years of age, and only rarely did young subjects fall into this category (5% under the age of 30).

Drug-related hospitalisations with comorbid hypertension e ischemia

90% of drug-related hospitalisations with comorbid circulatory system disorders were inpatient treatments and 60% were urgent.

The conditions most often diagnosed during treatment were arterial hypertension (46%), other heart diseases (40%) and ischemic heart diseases (12%).

Drug-related hospitalisations with comorbid respiratory system diseases and disorders

In 2008, 8.1% of the total of drug- or psychotropic drug-related hospitalisations with comorbidity (2,115 cases) involved comorbid respiratory system diseases or disorders as a principal or secondary diagnosis.

An evaluation based on gender and age shows that, among cases showing comorbidity, there was a higher percentage of men (65%) and of over-65-year-olds (20%). Another 53.1% of cases were patients between 30 and 49 years of age.

In 44% of cases with respiratory disease or disorder comorbidity, a specific diagnosis was not recorded; chronic obstructive pulmonary disease was found in an additional 26% of cases (544).

5. TREATMENT DEMAND AND TREATMENT AVAILABILITY

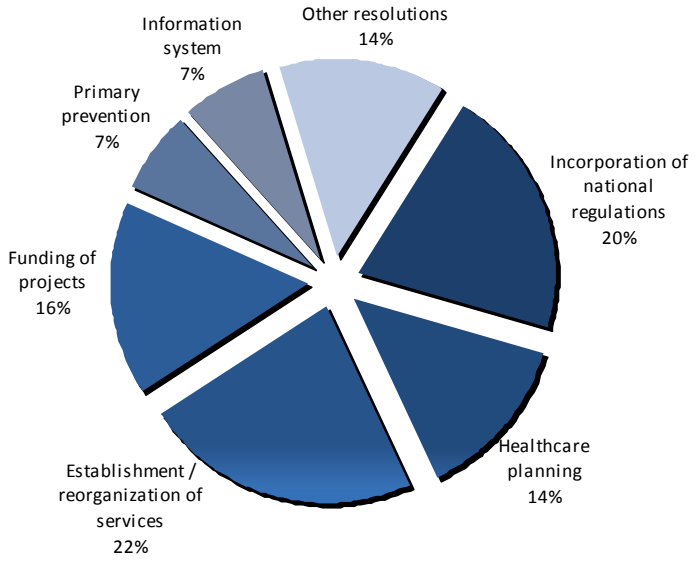
5.1 Strategy/policy

Creation of the National Information System on Addictions (SIND)

On the topic of the legislative power wielded by the Central Administrations in the field of Drug Addiction, and with particular reference to the reorganization of the information system of the drug-addiction services on a national level, in 2009 the National Information System on Addictions (SIND) was completed. Its creation was a joint effort on the parts of the Ministry of Health, the Regional Committees and the Department for Anti-drug Policies and it was approved by Decree of the Ministry of Health during the first half of 2010. The SIND, unlike the current information collection system, allows for the collection of data for single individuals (subjects undergoing treatment through local drug-addiction services organisations and in penitentiaries).
Fulfilling the need for figures and information to fuel epidemiological research and to monitor the efficiency and effectiveness of drug-addiction services is the primary objective of the new system, both to satisfy the ever-growing requests for more in-depth knowledge of the drug addiction phenomenon and to more precisely establish the appropriate direction that policy decisions should take in order to fulfil the needs of treated clients and favour the positive progress of their treatments.

At a local level, the Regions wield all legislative power pertaining to drug policies in every subject matter which is not expressly reserved to the legislation of the State. Based on information transmitted by the Regions and by the Autonomous Provinces of Trento and Bolzano during the course of the information gathering campaign collected by the Department for Anti-drug Policies, in 2009 the Regional Administrations continued to be extremely different and inhomogeneous in their organizational, legislative and planning activities.

Figure 5.1: Regional regulations approved in 2009 by broad category



Source: Based on data from the Regions and Autonomous Provinces

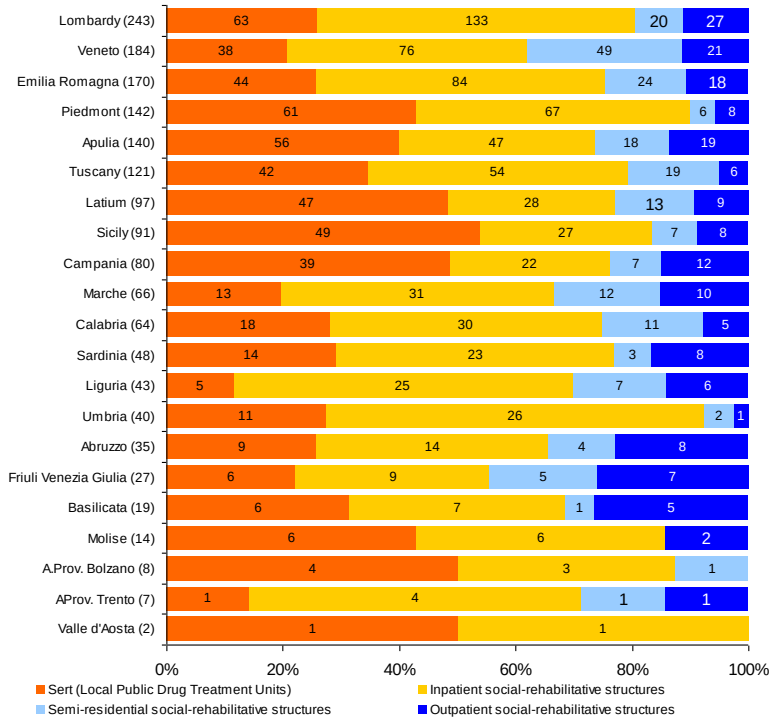
During 2009, according to information provided to the Department for Anti-

drug Policies by the Regions and Autonomous Provinces, a total of 44 regional regulatory acts were approved, of which 13 (equal to approximately 30%) had to do with resolutions regarding the establishment, organization or reorganization of drug addiction services or the implementation of new information systems within said services (Figure 5.1).
Most of the reorganization measures for local services issued by the Regions and Autonomous Provinces have to do with the establishment of criteria for the accreditation of healthcare facilities to provide inpatient or outpatient treatment for drug addicts and in particular, in the case of the Region of Abruzzo, a resolution was approved for the reorganization of local drug addiction services affected by the 2008 earthquakes.
In order to provide support to begin the partial or full implementation of the new National Information System on Addictions (SIND), a number of Regions have deliberated over the introduction of specific legislative acts for the establishment or reorganization of procedures to collect data for information flows concerning treated clients in the care of SerTs (*t.n. public drug treatment units*) according to SIND standards, which also are compliant with EMCDDA standards for TDI protocol.

5.2 Treatment systems

5.2.1 Organisation and quality assurance

Figure 5.2: Distribution of health and social services structures for drug addicts by type and by region – The year 2009



Source: Based on data from (1The Ministry of Health; (2) The Interior Ministry – Central Directorate for Documentation and Statistics

The organization and the location of local outpatient service structures for the treatment of drug addicts is monitored on a yearly basis by the Ministry of Health through the use of an information collection form that is part of the information flow system established by Decree of the Ministry of

Health in 1997. Every three months, the Central Directorate for Documentation and Statistics of the Interior Ministry monitors inpatient and semi-residential structures for drug addiction treatment to assess what they offer.

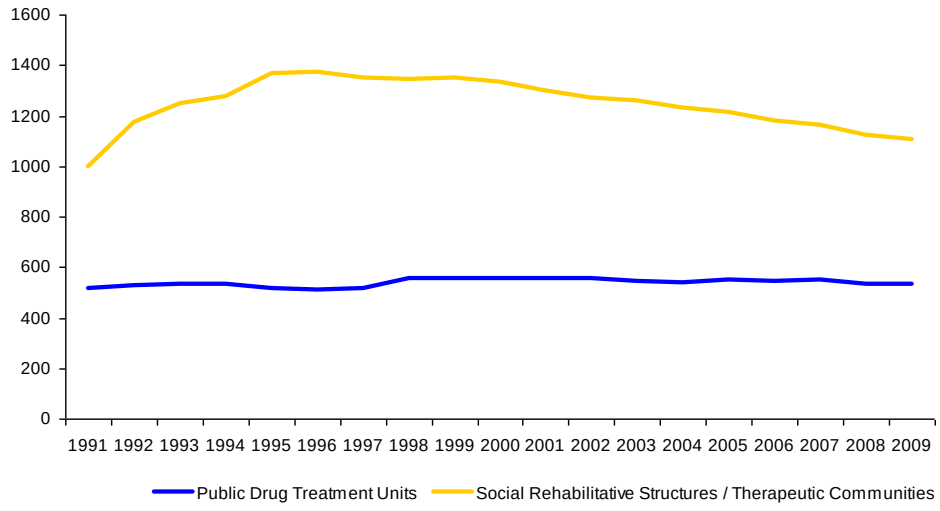
- 1,641 treatment structures
- 533 SerTs (local public drug treatment units)
- 1,108 social-rehabilitative structures, of which 64.7% are inpatient therapeutic communities

On and not after 31 December 2009, according to Ministry of Health and Interior Ministry Sources, there were a total of 1,641 active social-healthcare structures dedicated to the treatment and rehabilitation of individuals with treatment needs associated with the use of psychoactive drugs. Of these, 533 (32.5%) were public drug-addiction treatment units, and the remaining 1,108 were social-rehabilitative structures, for the most part inpatient structures (64,7%), followed by semi-residential structures (19%) and outpatient structures (16.3%).

A slight decrease in the number of social-rehabilitative structures

In 2009, in comparison with the previous year and regarding possible activity involving the reorganization of services, we can see the most increase in drug addiction services in Emilia Romagna and in Sicily. Meanwhile, as far as social-rehabilitation structures are concerned, there has been a decrease in the number of inpatient structures mainly in the Marche and Campania regions.
When observing the trend in the number of social-healthcare structures over a period of nearly twenty years, what comes to light is a modest increase in the number of active drug addiction service structures, which has risen from 518 in 1991 to 551 in 2007, then fallen back to 533 in 2009 with a 3.3% reduction following the reorganization and merging of services in a number of Regions and Autonomous Provinces. As far as regards social-rehabilitation structures, the slow decrease in the total number of structures that began in 1996 and picked up speed in 2002 continued in 2009 as well.

Figure 5.3: Trend in the number of social-healthcare structures for drug addiction treatment. The years 1991 – 2009



Source: Based on data from the Ministry of Health

During the course of the first three months of 2010, an assessment was conducted by Regional Authorities to evaluate the investigation conducted up to and not after 31 December 2009 of the non-profit diagnostic - therapeutic - rehabilitative facilities (Therapeutic Communities that have received accreditation or authorization pursuant to Articles 115 and 166 of Presidential Decree [D.P.R.] 309/90), as set forth in the Framework for

State-Regional Accord Act of 5 August 1999.
According to the information received from 80% of the Regions and Autonomous Provinces, it can be seen that there are a total of 165 diagnostic – therapeutic – rehabilitative inpatient or semi-residential facilities that were not or could not be included in the study provided for under the State-Regional Accord Act, 29 less than in the previous year (Table 5.1). As in the previous year, the number of inpatient structures fell (15.4% less than in 2008 and 21.4% less than in 2007) as did the number of semi-residential structures (12% less than in 2008). The number of services that fall under the category of "Reception" centres in the Framework for the Accord Act is up by 14.5%, but it was not possible to analyse the trend in terms of differentiation between inpatient and semi-residential structures as a consequence of the insufficiency of the data gathered.

Table 5.1: Diagnostic therapeutic rehabilitative structures according to the Framework for State-Regional Accord Act of 5 August 1999, by type of structure and type of care provided. The years 2008 – 2009

	In-patient			Semi-residential			Total structures		
	2008	2009	Δ %	2008	2009	Δ %	2008	2009	Δ %
Collective pathological addictions (not included or not includable in the Framework for the Accord Act study)	169	143	-15.4	25	22	-12	194	165	-14,9
Reception services Art.11 (*)	24	21	n.c.	11	9	n.c.	35	40	14,3
Therapeutic-rehabilitative services Art.12	292	291	-0.3	40	86	115	332	377	13,6
Specialised treatment services Art.13	138	145	5,1	1	1	-	139	146	5,0
13 a) Double Diagnosis	38	53	39.5	-	-	-	38	53	39,5
13 b) Mother with child	24	23	-4.2	-	-	-	24	23	-4,2
13 c) Alcoholics	35	19	-45.7	1	1	-	36	20	-44,4
13 d) Cocaine addicts	-	-	-	-	-	-	-	-	-
13 e) Pathological gamblers	-	-	-	-	-	-	-	-	-
13 f) Minors	3	4	33.3	-	-	-	3	4	33,3
13 g) Couples	-	-	-	-	-	-	-	-	-
13 h) Crisis centres	15	6	-60	-	-	-	15	6	-60
13 i) AIDS assisted living communities	16	24	50	-	-	-	16	24	50
13 l) Other	7	16	129	-	-	-	7	16	129
Pedagogical-rehabilitation services Art. 14	115	131	13.9	17	21	23.5	132	152	15,2
Integrated multi-disciplinary services Art. 15	3	21	600	1	5	400	4	26	550
Other accredited programmes (**)	1	-	n.c.	-	1	n.c.	1	4	300

(*) In the case of 10 reception service structures, no distinction was drawn about whether the structures were in-patient or semi-residential.

(**) In the case of 3 accredited programmes, no distinction was drawn about whether the structures were in-patient or semi-residential.

Source: Based on data from the Regions and Autonomous Provinces

Increases in particular in the number of services for double diagnoses, for minors and in the number of integrated multi-disciplinary services

The number of structures of a therapeutic-rehabilitative type has increased by 13.6%, especially as far as regards the number of semi-residential treatment units, (up 115%); an increase of 15.2% has also been recorded in the number of pedagogical-rehabilitation structures, which rose from 132 in 2008 to 152 in 2009, with the largest increase being in the number of semi-residential service structures. There are a total of 146 specialised treatment structures (5% more than in 2008), of which 36% provide

services to patients with double diagnoses, of which 14% for alcoholics, 16% for women with children, 16% of which are assisted living communities for patients with AIDS and 4% are crisis centres.
In the Regions participating in the assessment, there were a total of 43 public in-patient and semi-residential diagnostic-therapeutic rehabilitative structures.
Of the semi-residential structures, 38% provide treatment to clients with double diagnoses, 8% to alcoholics, one is a crisis centre, one is an assisted living facility for patients with AIDS, and five structures cover other categories of specialisation.

5.2.2 Availability and diversification of treatment

Preface on the type of treatment provided

In Italy, treatment for individuals who use narcotic or psychotropic drugs is provided by the Addiction Departments of the Local Health Authorities. Addiction Departments can be divided into simple operative units or complex drug treatment units which are equipped to provide out-patient treatments (SerTs *t.n. Public Drug Treatment Units*) or in-patient treatment structures (Social-Rehabilitative Structures). The Drug Addiction Services (SerTs) take care of all those individuals whose social-healthcare treatment needs are linked to the use of narcotic or psychotropic drugs. Structures that differentiate between drug type for which social-healthcare treatment is being requested do not generally exist, although the treatment programme is designed based on a diagnostic assessment carried out by the multidisciplinary team within drug addiction services and custom-created based on each client's social-healthcare needs according to international treatment protocols and in accordance with the laws in force (Art. 122 D.P.R. 309/90).

Over 160,800 individuals receive treatment each year

An initial assessment of the data forms received by the Ministry of Health regarding the distribution of clients undergoing treatment by type of treatment shows that, in 2009, most clients received pharmacological treatments (approximately 67%), of which most were methadone-based (48.8%), while 33.5% of clients received only psycho-social and/or rehabilitative treatments. It should be kept in mind that the total number of clients undergoing treatment during the course of the year could appear higher than it actually is, due to the fact that clients might be counted more than once if they received different types of treatment during the same period of time.
From the profile of the percentage distribution of treatment types provided during the two year period 2008-2009, one can observe an approximate 18.5% decrease in the number of pharmacological treatments with Clonidine and Naltrexone being provided.

An increase in the number of psycho-social treatments: there are also social service interventions

When looking more closely at the psycho-social / rehabilitation treatments, we can see that, in 31.5% of cases, the treatment provided is of the psychological support type, while 10% of the treatments are psychotherapy and 58.5% are social service interventions. In comparison with 2008, the number of psychological support treatments is down 3%, followed by psychotherapy treatments, which have fallen 2%, making way for a slight increase in the number of social service interventions (2.1%).
A more in-depth analysis of the information collected from the sample of structures which participated in the multicentric study revealed diverse treatment profiles for new clients and for clients who had already received treatment from drug addiction services in the past.

Table 5.2: Types of treatment provided by the drug addiction services – The years 2008 and 2009

	The year 2008		The year 2009		Δ%
	Number	%C	Number	%C	
Clients by type of treatment					
Psycho-social/rehabilitative	57,465	35.7	60,885	36.3	1.9
Methadone	86,665	53.8	89,968	53.7	-0.1
Naltrexone	724	0.4	826	0.5	9.8
Clonidine	471	0.3	399	0.2	-18.5
Other non-substitution substances	15,820	9.8	15,437	9.2	-6.1
Total	161,145	100.0	167,515	100.0	-
Patients receiving pharmacological treatment – Methadone					
Short-term	9,541	11.0	10,091	11.2	1.9
Mid-term	17,909	20.7	18,576	20.6	-0.1
Long-term	59,215	68.3	61,301	68.1	-0.3
Total Methadone	86,665	53.7	89,968	55.9	4.0
Patients receiving pharmacological treatment - Buprenorphine (*)					
Short-term	1,840	9.4	1,689	10.1	7.7
Mid-term	3,676	18.8	3,069	18.4	-2.1
Long-term	14,086	71.9	11,950	71.5	-0.5
Total Buprenorphine	19,602	10.8(**)	16,708	9.4(**)	-13.0
Patients by type of psycho-social rehabilitation treatment received					
Psychological support	30,695	32.4	31,592	31.5	-2.9
Psychotherapy	9,707	10.3	10,049	10.0	-2.3
Social service intervention	54,223	57.3	58,661	58.5	2.1
Total psycho-social	94,625	36.9	100,302	38.4	3.8

(*) The 2009 data is from 65% of active public drug treatment units (SerTs)

(**) Percentage based on the total number of patients receiving treatment added to the number of patients receiving Buprenorphine treatment

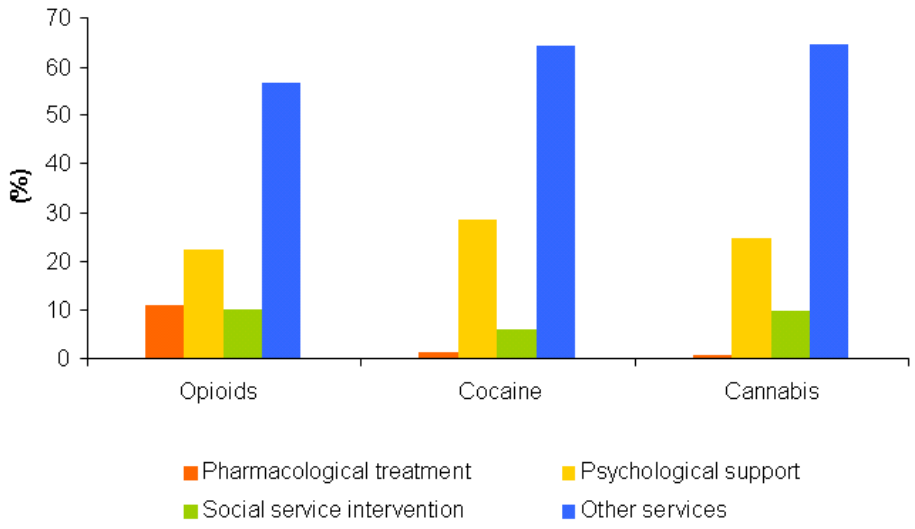
Source: Based on data from the Ministry of Health

Methadone: Increase in number of treatments (1.5%), especially short-term (1.9%)

Buprenorphine: Decrease in number of treatments (-1.3%)

Psycho-social: Increase in number of treatments (3.8%)

Figure 5.4: Percentage distribution of **new clients** by treatment type and by primary drug – The year 2009



An increase in the number of psychological treatment services provided to new clients undergoing treatment for heroin use

Most treatment services provided to clients undergoing treatment for cocaine or cannabis use are psychological

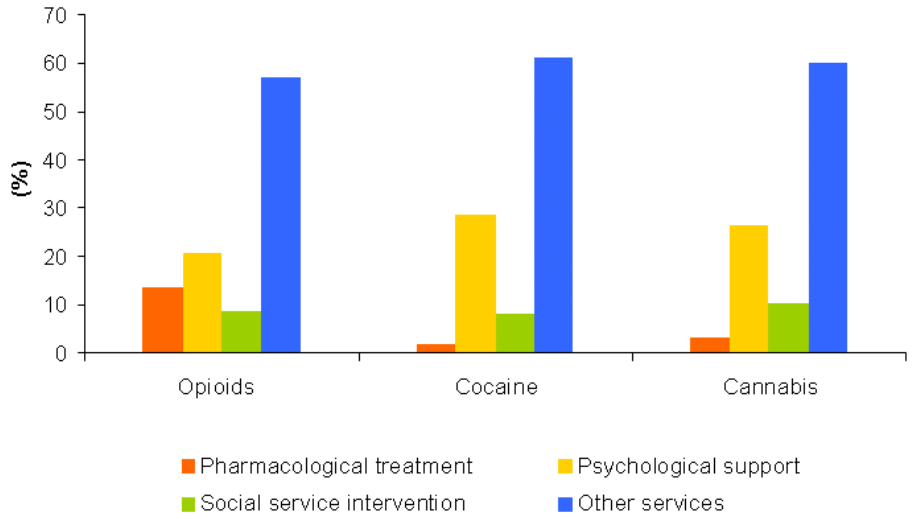
Source: Based on data from the multicentric study conducted by the Department for Drug-addiction Policies 2009

Among new clients, as among clients already undergoing treatment for

opioid use with the Public Drug Treatment Units, the majority of treatment provided is psychological, not pharmacological. For the other drugs as well, only a small amount of treatment provided is pharmacological, while the majority of treatments fall under the categories of psychological support, psychotherapy and social re-education. The number of other types of treatment services provided is high for all clients. These include both health-related treatments (medical examinations, psychiatric evaluations, examinations by nurse practitioners and patient monitoring) and organizational services (see Figures 5.4 and 5.5).

Figure 5.5: Percentage distribution of **clients already undergoing treatment** by treatment type and primary drug – The year 2009

Among long term clients, there is a higher occurrence of pharmacological treatments as opposed to psychological support treatments



Source: Based on data from the multicentric study conducted by the Department for Drug-addiction Policies 2009

5.3 Characteristics of treated clients

Data regarding the characteristics of treated clients in care of Drug Addiction Services comes from two different information flows: the first is the Ministry of Health, which collects aggregate data, and the second is the multicentric study conducted by the Department for Drug-addiction Policies in 2010 using 2009 data on a sample of 131 drug addiction treatment units for addicts resident in the regions of Lombardy, Liguria, Veneto, Umbria, Abruzzo, Sicily and the Autonomous Province of Trento (out of a total of 533 service units in Italy).

Data collected by the Ministry of Health

Based on information from the Ministry of Health up to and not after 29 May 2010 regarding the information flows of aggregate data from the regional Drug Addiction Services, 90% of services were covered by those flows, with some variability at the local level.

The information flow study conducted by the Ministry of Health had a 90% coverage rate

Drug Addiction Service clients are predominantly male (85%), with values of 7.3 clients per 1,000 residents for men and 1.2 clients per 1,000 residents for women.

A predominance of male clients

Table 5.3: Drug use among clients undergoing treatment with Drug Addiction Services – the year 2009

Drug type	Primary drug 2008		Primary Drug 2009		Δ %
	N	%	N	%	
Opioids	118,122	71.2	116,335	69.9	-1.5
Cocaine/Crack	25,978	15.7	27,012	16.2	3.9
Cannabis	14,609	8.8	15,550	9.3	6.4
Amphetamines	217	0.1	141	0.1	-35.0
Other drugs	6,875	4.1	7,348	4.4	6.8
Drug type	**Secondary drug 2008**		**Secondary drug 2009**		**Δ %**
	N	**%**	**N**	**%**	
Opioids	9,291	7.9	8,413	7.4	-9.5
Cocaine/Crack	38,115	32.2	36,334	31.8	-4.7
Cannabis	35,094	29.7	33,090	29.0	-5.7
Amphetamines	1,430	1.2	1,180	1.0	-17.5
Other drugs	34,305	29.0	35,252	30.9	2.7
Injecting drug use	**2008**		**2009**		**Δ %**
	N	**% primary drug**	**N**	**% primary drug**	
Opioids	73,382	62.1	70,725	60.8	-3.6
Cocaine	3,240	12.5	3,360	12.4	3.7
Other drugs	160	2.4	123	1.7	-23.1

Source: Based on data from the Ministry of Health

Significant secondary use figures for cocaine and cannabis

A decline in injecting drug use

Most widely used primary drugs: 69% heroin, 16% cocaine, 9.3% cannabis

Among all the people undergoing treatment with Drug Addiction Services in 2009 who specified a primary drug, 70% reported that drug to be heroin, followed by cocaine (16% of the total number of clients undergoing treatment) and then by cannabis (9.3% of the total number of clients undergoing treatment) (Table 5.3). In comparison with the European profile, more clients report using opioids, while the number of clients reporting cocaine use is similar to the European numbers, and the number reporting the use of cannabis and other drugs, predominantly of the synthetic type, is much lower.

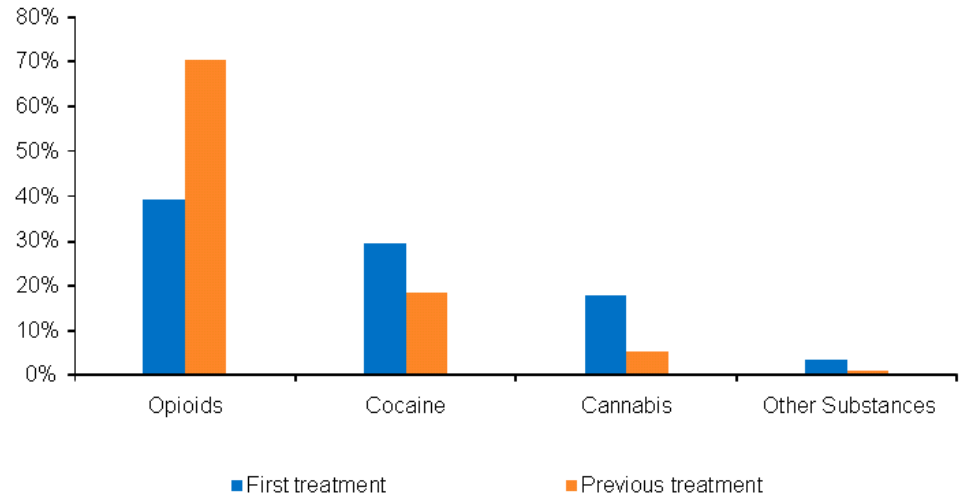
Multicentric study on a sample group of drug addiction service providers

Individual client data according to SIND (*t.n. National Information System on Addictions)*-format record layout was collected for a sample of 41,701 clients; the results of the assessment then carried out regard clients who began new treatments during the year in consideration, drawing a distinction between new clients (subjects requesting assistance from drug addiction services for the first time) and returning clients, as per the instructions laid out in the TDI 2.0 protocol.
Clients who began treatment in 2009 were 85% male, with an average age of 34 for men and 33 for women, with significant differences in age between new clients and returning clients (32 vs. 37 years of age).
Among those clients who had already received treatment sometime prior to 2009, 70.6% were undergoing treatment for opioid abuse, compared to much lower percentages for users of cocaine (18.6%) and cannabis (5.4%). Among new cases as well, there is a significant number of problem opioid users (39.4%), although this percentage is much lower than that recorded among clients already undergoing treatment, in contrast with the

numbers of new clients undergoing treatment for use of cocaine, cannabis and other drugs (MDMA, hypnotic drugs and sedatives, hallucinogenic drugs), which is much higher (Figure 5.6).

Increase in the number of "new" clients undergoing treatment for the use of cocaine, cannabis and other drugs

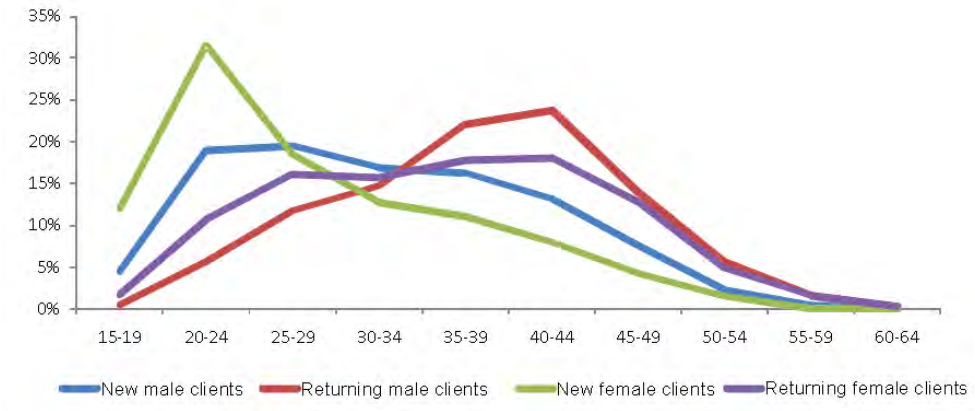
Figure 5.6: Percentage distribution of the sample of clients undergoing treatment with Drug Addiction Services by type of client and by primary drug type. The year 2009



Source: Based on data from the multicentric study conducted by the Department for Anti-drug Policies 2009 – ST TDI 11

Among opioid users, who are by far the largest category of clients undergoing treatment with Drug Addiction Services, males have a higher average age than females, a fact which is particularly evident among new first-time clients of Public Drug Treatment Units (over 30% of women undergoing first-time treatment are between 20-24 years of age).

Figure 5.7: Percentage distribution of sample clients undergoing treatment with Drug Addiction Services with opioids as their primary drug, by type of client and by gender. The year 2009

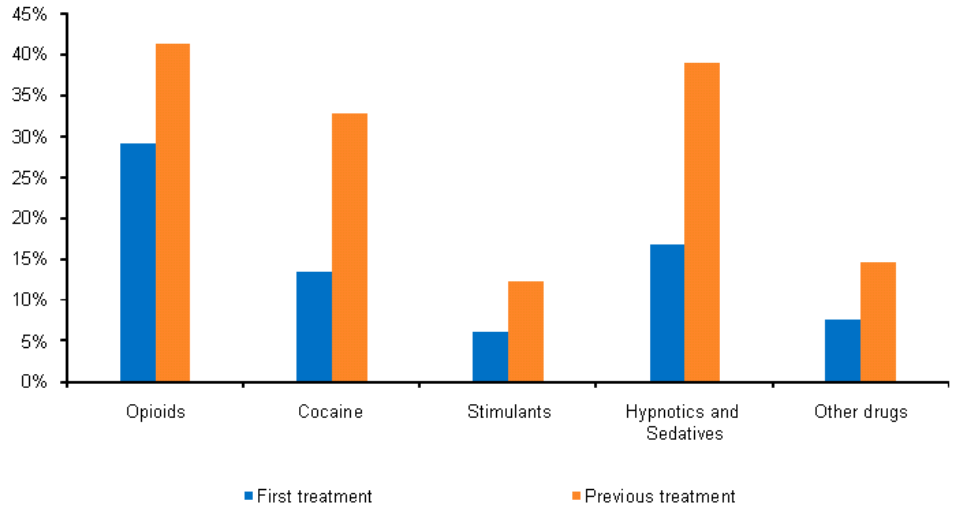


Source: Based on data from the multicentric study conducted by the Department for Anti-drug Policies 2009 – ST TDI 11

Methods of primary drug use differ between new and returning clients, especially with regard to the number of injecting drug users: a higher number of injecting drug users can be found among clients who have already undergone treatment in the past, with 70.5% of opioid users, 7.2% of cocaine addicts and 12.8% of psychotropic drug users employing injection as their method of use. Among new clients beginning treatment, on the other hand, only 28.4% of the total use the injection method, specifically 45% of opioid users and 6% of cocaine and psychotropic drug

users.
The statistics for clients who had injected drugs during the 30 days prior to beginning treatment (Figure 5.8) highlight the difference between new clients and clients who have already undergone treatment, although the margin of difference between new and returning clients is narrower among opioid users.

Figure 5.8: Percentage of clients undergoing treatment with Drug Addiction Services who use the injecting method of drug use (who had injected drugs in the 30 days prior to beginning treatment) by type of drug and type of client. The year 2009

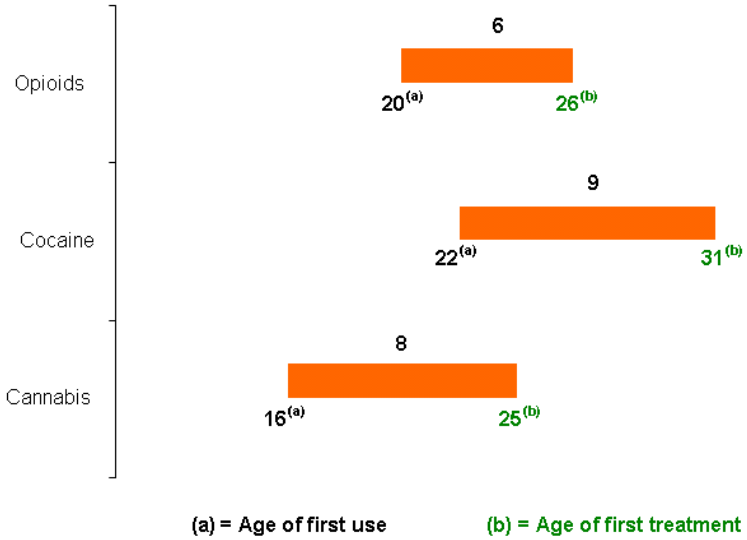


Source: Based on data from the multicentric study conducted by the Department for Anti-drug Policies 2009 – ST TDI 26

As seen in studies conducted over previous years, there is a difference in the average age of first use from drug to drug: for heroin and cocaine users, they are 20 and 22 years of age, respectively, while the average age of first use for cannabis users is 16.
There is a corresponding difference in the ages when users first enter treatment (cannabis: an average of 25 years of age; cocaine: 31 years of age; heroin: 26 years of age).

Age of first use: different ages for different drugs
- heroin/cocaine= 20 years of age
- cannabis=16 years of age

Figure 5.9: Age of first use, age of first treatment and latency period. The year 2009



First treatment: cannabis users enter treatment earlier (25 years of age) than cocaine users (31 years of age) and heroin users (26 years of age)

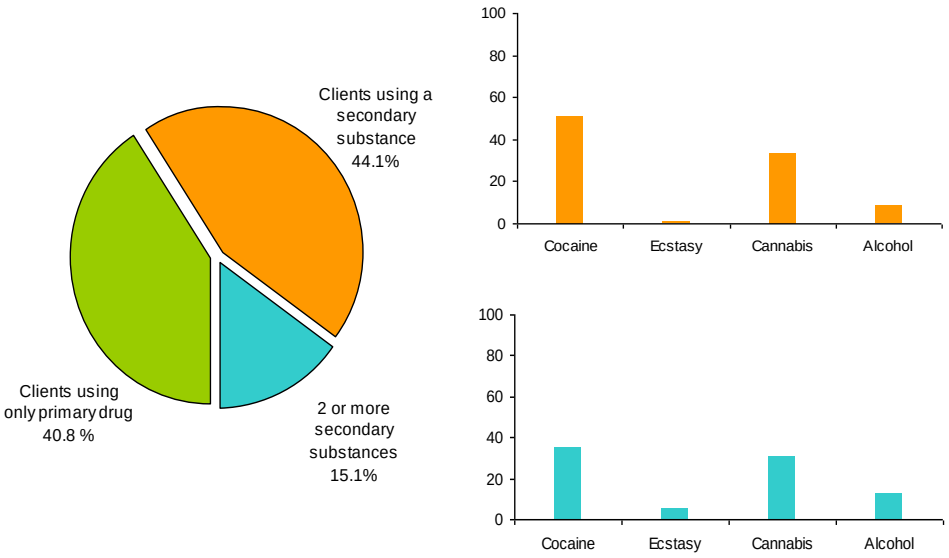
Latency period between first use and first drug treatment requested from drug addiction services: heroin, 5 years; cocaine, 9 years; cannabis, 8 years

Source: Based on the data from the multicentric study conducted by the Department for Anti-drug Policies in 2009 on data from Public Drug Treatment Units (SerTs)

The latency period, defined as the period of time that passes between first drug use and first request for drug treatment (as a result of problems deriving from the use of the particular drug in question), is 6 years for heroin users, 9 years for cocaine users and 8 years for cannabis users.

Figure 5.10: Percentage distribution of clients whose primary drugs are **opioids** and percentage of these clients using secondary drugs – The year 2009

Secondary drugs among opioid users: cocaine and cannabis

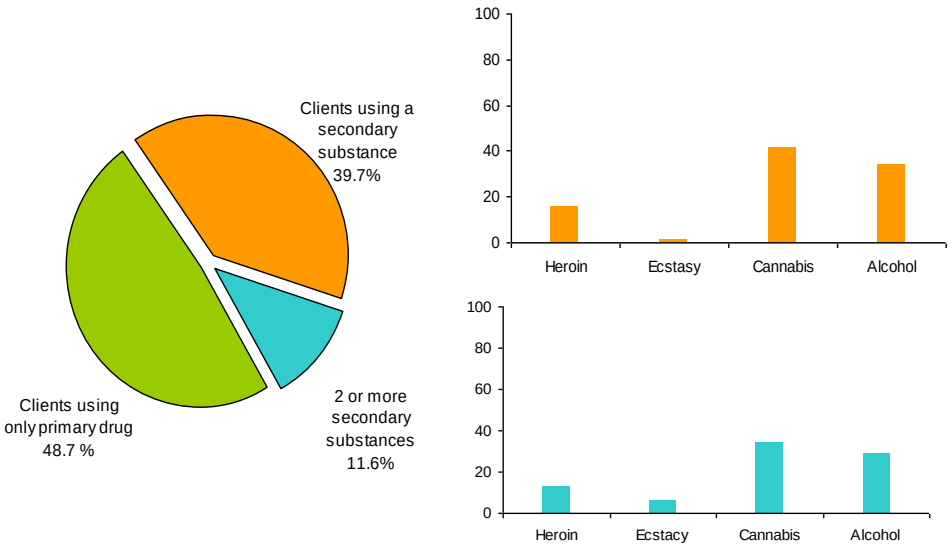


Source: Based on the data from the multicentric study conducted by the Department for Anti-drug Policies in 2009 on data from Public Drug Treatment Units (SerTs)

Among those clients whose primary drugs are opioids, it can be seen that 40.8% use only their primary drug, while 44.1% use other drugs as well. Of this latter group, approximately 51% use cocaine and 33.6% use cannabis, while another 15% use two or more substances in addition to heroin; among this last group of clients, there is a lower percentage of cocaine and cannabis users and a higher percentage of subjects consuming alcohol and using ecstasy (Figure 5.10).

Figure 5.11: Percentage distribution of clients whose primary drug is **cocaine** and percentage of these clients using secondary drugs – The year 2009

Secondary drugs among cocaine users: cannabis and alcohol

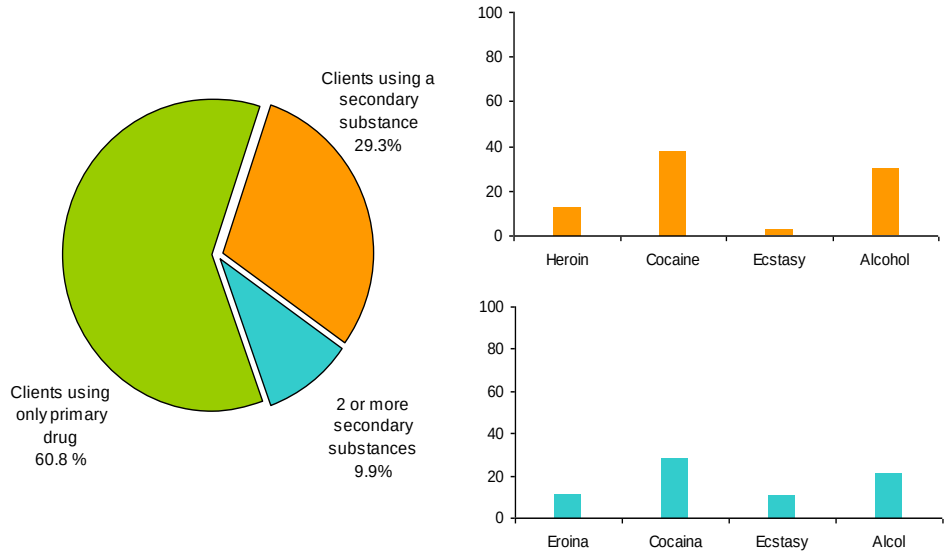


Source: Based on the data from the multicentric study conducted by the Department for Anti-drug Policies in 2009 on data from Public Drug Treatment Units (SerTs)

Among those clients whose primary drug is cocaine, 48.7% use that drug alone, while 40% use other substances as well, mostly cannabis and alcohol, while 11.6% use two or more substances in addition to their primary drug; in this last group, there is a higher percentage of ecstasy users, but there are lower percentages of cannabis and alcohol users (Figure 5.11).

Figure 5.12: Percentage distribution of clients whose primary drug is **cannabis** and percentage of these clients using secondary drugs – The year 2009

Secondary drugs among cannabis users: cocaine and alcohol



Source: Based on the data from the multicentric study conducted by the Department for Anti-drug Policies in 2009 on data from Public Drug Treatment Units (SerTs)

Lastly, among those clients whose primary drug is cannabis, there is a greater percentage who use that substance alone (60.8%); 29.3% use another substance as well, predominantly cocaine or alcohol, while 9.9% use two or more substances in addition to their primary drug. Among cannabis users who use 2 or more secondary substances, as for cocaine users who use 2 or more secondary substances, there is a larger amount of ecstasy use and a decrease in the use of other substances (Figure 5.12).

59 to 60.3% of clients are employed

As far as other social-demographic characteristics of clients are concerned, i.e. marital status, level of education, employment status, living situation (alone or shared), the numbers are different when drawing a distinction between new clients and those clients who had already undergone treatment sometime prior to the period under consideration. As far as level of education is concerned, a very high percentage of clients have only a basic level of education (most had completed elementary school or lower middle-school education) equal to 66.4% of new clients and 75.2% of returning clients. This is in contrast with very low percentages of clients who had completed a university degree (2.4% of new clients compared to 1.5% of clients returning to Drug Addiction Services after previous treatment). There is no difference in employment numbers between new and returning clients. 51% of users have steady or occasional work, while 30% of clients undergoing treatment are unemployed.

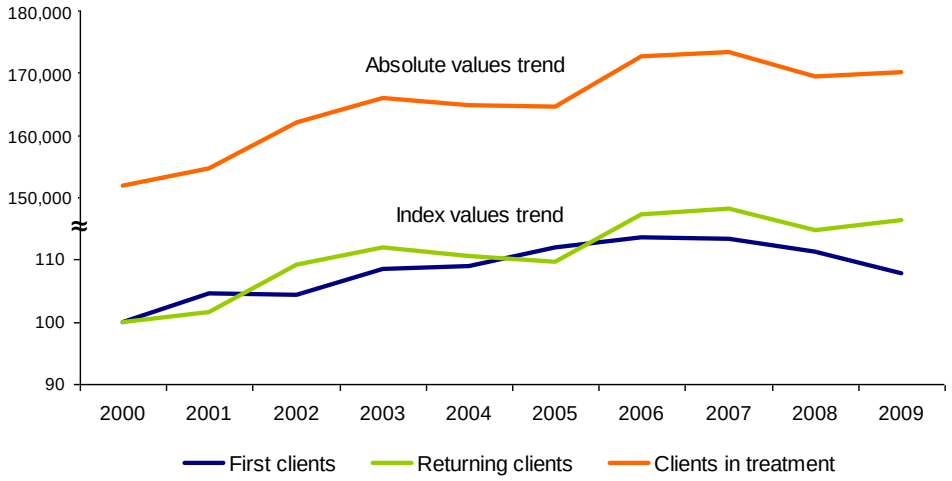
5.4 Trends of clients in treatment

This section is dedicated to the analysis of trends in treatment demand between 1991 and 2009 according to the aggregate data collected by the Ministry of Health.

Number of first-time clients fell over the last three-year period

Between 2000 and 2006 there was a steady increase in the number of drug addicts requesting first-time treatment from the network of public services provided by the National Health System (first-time clients), rising from 31,510 clients in 2000 to 35,766 in 2006; in the following three-year period (2007-2009) there was a phase of decline (from 35,761 in 2007 to 35,020 in 2008 and finally to 33,983 in 2009) (Figure 5.13).

Figure 5.13: Clients undergoing treatment with Drug Addiction Services by type of contact – Absolute values and index values (Base year 2000 = 100) – The years 2000 – 2009

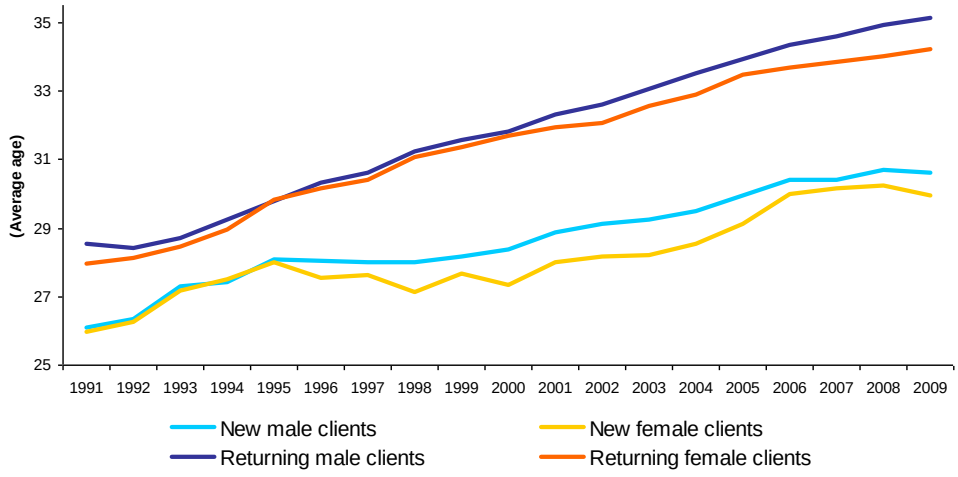


Source: Based on data from the Ministry of Health

Increase in the average age of first –time clients

Between 1991 and 2009, the average age of first-time clients increased, rising from 26 to 30 for women and to 31 for men. Nonetheless, during the final year, the tendency of the average age to rise levelled off among first-time male clients and decreased slightly among first-time female clients.

Figure 5.14: Average age of clients undergoing treatment with Drug Addiction Services by type of contact and by gender. The years 1991 – 2009



Source: Based on data from the Ministry of Health

Clients undergoing

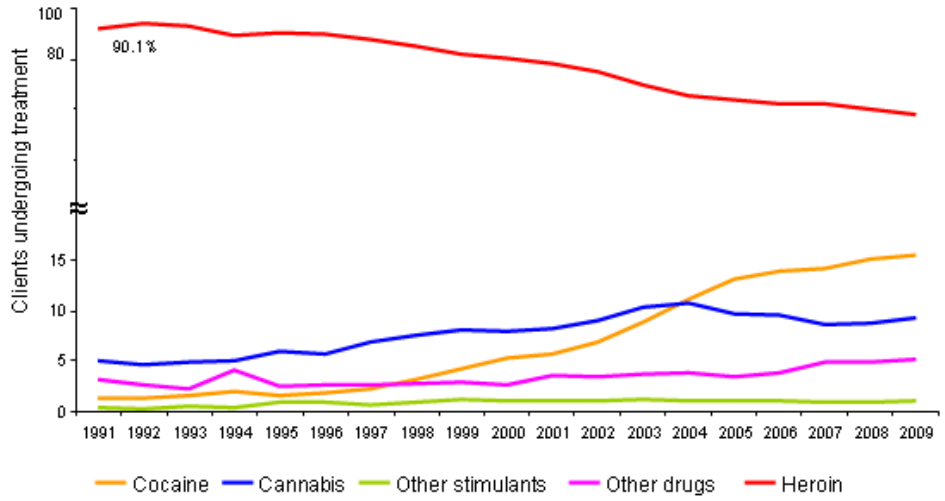
Although it remains high, the percentage of clients undergoing treatment

with heroin as their primary drug showed a progressive decrease from 1991 to 2005 (falling from approximately 90% to approximately 72%). During the final four-year period, however, the phenomenon seems to have levelled off at around 70%.

treatment for heroin use: trend levelled off during the final four-year period under consideration

The increase in the number of clients undergoing treatment for cocaine use continued in 2009 (from 1.3% in 1991 to over 16% in 2009). Their numbers surpassed the number of clients undergoing treatment for cannabis use in 2005.

Figure 5.15: Percentage distribution of clients undergoing treatment with Drug Addiction Services by primary drug. The years 1991 - 2009

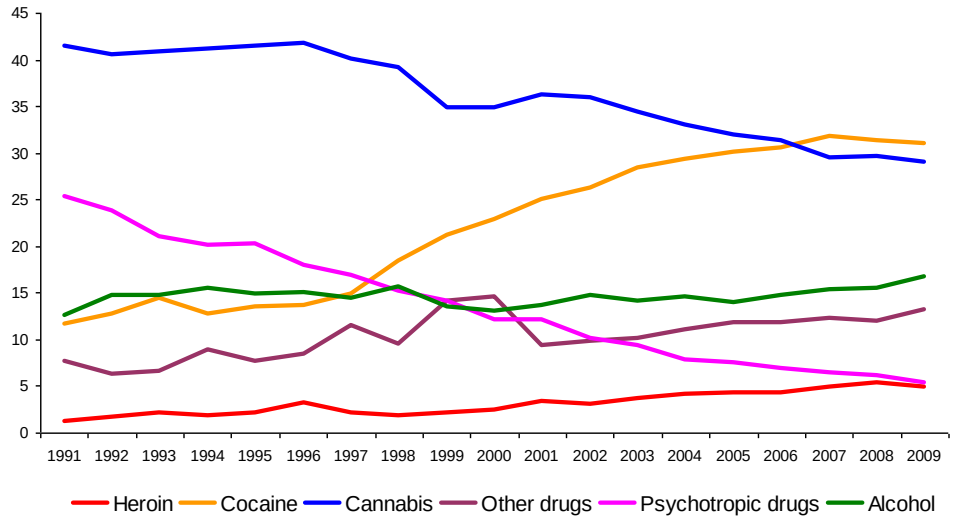


Source: Based on data from the Ministry of Labour, Health and Social Policy

It is therefore worthwhile to point out that cannabis and cocaine use, in addition to having a continuing and increasing prevalence as primary drugs among treatment clients, are also growing as preferred secondary drugs among clients.

Figure 5.16: Percentage distribution of clients undergoing treatment with Drug Addiction Services by secondary substance. The years 1991 - 2008

From 2007 forward, the most commonly used secondary substance was cocaine



Source: Based on data from the Ministry of Labour, Health and Social Policy

Indeed, ever since 1997 there has been a perceptible increase in the use of cocaine as a secondary drug, rising from 15% to 32% in the two-year period 2008-2009. Alcohol abuse numbers remain high, with an average percentage ranging between 13% and 17% in the period from 1991-2008. Psychotropic drug use, prevalently benzodiazepine as a secondary drug used in addition to a primary drug, continued to fall in 2009, from 25% in 1991 to 5% in 2009. Lastly, the use of heroin as a secondary drug used together with other substances remained stable in 2009.

Increasing trend in the use of cocaine as a secondary drug

Decrease in the use of benzodiazepine

As far as the types of treatment provided by drug addiction services are concerned, between 1992 and 2009 the number of pharmacological treatments provided remained steady around 60%-65%. Among those pharmacological treatments provided, however, there has been a progressive increase in the number of substitution treatments using methadone and a corresponding decrease in the number of Naltrexone and Clonidine treatments provided.

In the two-year period 2008-2009, there was also a slight decrease in the number of long- and mid-term methadone-based pharmacological substitution treatments (down 0.3% and 0.1% respectively) in favour of short-term treatments, which are up by 2%. These figures, while apparently at odds with the trend over the previous ten-year period, could be the result of a certain variability which characterised the trend between 2005 and 2009.

Methadone: increase in the number of short-term treatments; decrease in the number of mid- and long-term treatments

As far as buprenorphine-based treatments are concerned, there is a modest increase in the number of short-term treatments (less than 30 days) with a corresponding decrease in mid-term (30 to 180 days) and long-term (over six months) treatments.

Buprenorphine: increase in the number of short-term treatments

Following a predominance of mid-term treatments during the first years of the twenty-first century, there was a progressive increase in the number of long-term treatments provided, reaching a particularly high level in the two-year period from 2001-2002, then becoming less marked and more variable in the following years until finally evening out in the final two-year period under consideration.

6. HEALTH CORRELATES AND CONSEQUENCES

The principal consequence directly correlated with the use of psychoactive drugs, and in particular with their methods of use, not to mention the type of lifestyle the average individual who uses drugs has, is the high risk of contracting infectious diseases.

This is the topic to which the first part of this chapter is dedicated, drawing on the information flow provided to the Ministry of Health by drug addiction services.

Drug related infectious diseases

One specific section will be dedicated to other drug related health conditions which led to the hospitalisation of individuals during the three-year period from 2006 to 2008 or which were detected during inpatient treatments of drug addiction service clients. This will be followed by a section dedicated to traffic accidents involving drivers under the influence of psychoactive drugs, subject of dedicated publications by the Automobile Club of Italy (ACI) and the National Institute of Statistics (ISTAT).

Drug and alcohol related traffic accidents

The final part of the chapter will deal with acute drug related mortality, the subject of a study by the Central Directorate for Anti-drug Services of the Ministry of the Interior, and with mortality among users of psychoactive drugs following hospital admittance.

Deaths caused by acute effects

6.1. Drug related infectious diseases

In Italy, diagnostic testing for the presence of illicit psychoactive drug related infectious diseases are conducted almost exclusively by local drug addiction services. Data regarding the results of tests carried out on clients undergoing treatment with drug addiction services are received as part of the aggregate data flow collected by the Ministry of Health based on data provided annually by drug addiction services by the completion of the forms denominated ANN.04, ANN.05 and ANN.06. However, aggregate data does not allow for a detailed analysis of the prevalence of infectious diseases among those clients who inject psychoactive drugs.

Information flow concerning drug related infectious diseases: HIV, HBV, HCV

With the approval of the new information system on addictions (SIND) in 2010, which provides for the complete implementation by 2013 of the new information flow for each single individual undergoing treatment with drug addiction services, it will be possible, in the future, to collect information on infectious disease tests in accordance with ST 09 standards.

The new National Information System on Additions (SIND)

6.1.1. HIV and viral hepatitides

168,364 individuals entered treatment with the Public Drug Addiction Services in 2009. Of these, 60,057 (36%) were tested for HIV and 11.4% tested positive. The number of individuals subjected to serologic HIV testing has been constantly decreasing over the last 15 years from 1994 to 2009, dropping over 20 percentage points from 60% in 1994 to 37% in 2009. In the two-year period 2008-2009, the coverage of HIV testing fell from 41.7% to 36.8% for men and from 43.8% to 40.6% for women.

Only a small number of individuals tested for HIV in the Public Drug Treatment Units (SerTs): only 36%

The prevalence of positive test results in first-time drug addiction service clients in 2009 was recorded at 2.0%, lower than in the previous year (2.9%), with values ranging from 2.0% for the male clients tested to 2.7% for the female patients.

The use of HIV tests continues to decline

Table 6.1: Number of HIV tests given to clients of drug addiction services and their results – The years 2008 – 2009

Characteristics	Men					Women				
	2008	%	2009	%	Δ %	2008	%	2009	%	Δ %
Type of contact										
First-time clients	29,847	20.7	29,019	20.0	-2.7	5,173	22.1	4,964	21.1	-4.0
Returning clients	114,403	79.3	115,801	80.0	1.2	18,251	77.9	18,580	78.9	1.8
Total	144,250	100	144,820	100	0.4	23,424	100	23,544	100	0.5
	2008		**2009**		**Δ %**	**2008**		**2009**		**Δ %**
Individuals tested for HIV (Absolute values)										
First-time clients	9,489		8,385		-11.6	1,725		1,436		-16.8
Returning clients	45,229		42,738		-5.5	7,578		7,498		-1.0
Total	54,718		51,123		-6.6	9,303		8,934		-3.9
	2008		**2009**		**Δ %**	**2008**		**2009**		**Δ %**
% of individuals tested for HIV (% tested out of [*])										
First-time clients	32.4		28.9		-10.8	33.6		27.8		-17.3
Returning clients	44.3		38.7		-12.6	47.0		44.5		-5.3
Total	41.7		36.8		-11.8	43.8		40.6		-7.3
	2008		**2009**		**Δ %**	**2008**		**2009**		**Δ %**
% of individuals NOT tested for HIV (out of the total number of individuals requiring testing)										
First-time clients	67.2		71.0		5.7	66.0		72.0		9.1
Returning clients	55.6		61.3		10.3	52.9		55.4		4.7
Total	58.2		63.1		8.4	56.1		59.3		5.7
	2008		**2009**		**Δ %**	**2008**		**2009**		**Δ %**
Individuals with positive HIV test results (Absolute values)										
First-time clients	249		169		-32.1	47		33		-29.8
Returning clients	5,661		5,276		-6.8	1,536		1,402		-8.7
Total	5,910		5,445		-7.9	1,583		1,435		-9.3
	2008		**2009**		**Δ %**	**2008**		**2009**		**Δ %**
% of individuals with positive HIV test result (% positive out of total tested)										
First-time clients	2.6		2.0		-23.1	2.7		2.3		-14.8
Returning clients	12.5		12.3		-1.6	20.3		18.7		-7.9
Total	10.8		10.7		-0.9	17.0		16.1		-5.3

(*) Total number of clients undergoing treatment minus clients already undergoing treatment and already known to be HIV-positive

Source: Based on data from the Ministry of Health

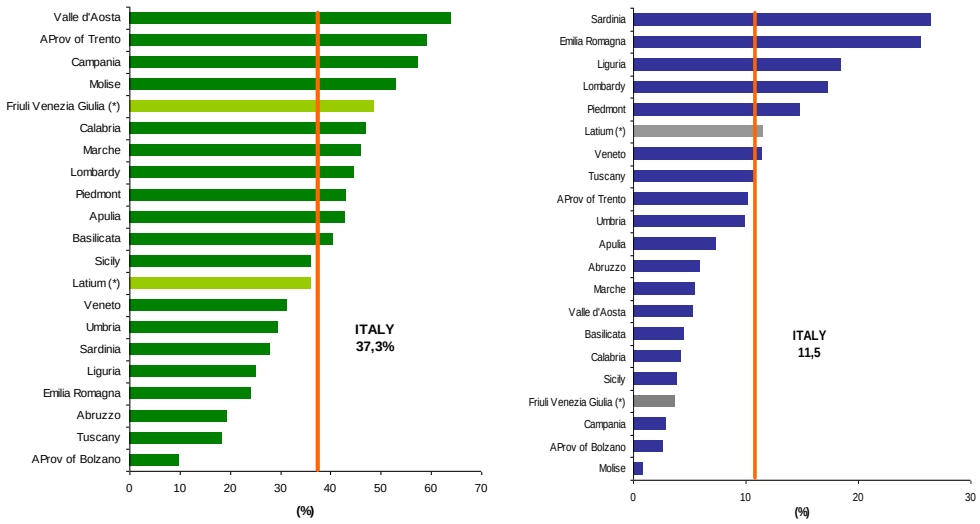
A relationship between the low number of tests performed and the % of positive HIV test results; only 37% of individuals tested are examined

HIV prevalence ranges from 1% to 26.4%

At a local level, the percentage of treated clients subjected to serologic HIV testing in 2009 varied greatly, from a minimum of approximately 9.8% observed in the Autonomous Province of Bolzano to a maximum of approximately 64% found in Val d'Aosta (Figure 6.1a). We must take into account the fact that over 30% of service structures in the Friuli Venezia Giulia Region and 57% in the Region of Latium had no data available to provide at the time when the data was being analyzed.
Furthermore, the prevalence of individuals testing HIV-positive in 2009 varied from a minimum of 1% in the Molise Region to a maximum of 26.4% in the Region of Sardinia, where the coverage is lowest; the same type of negative situation can be found in the regions of Emilia Romagna, Liguria, Lombardy and Piedmont (Figure 6.1b)

Figure 6.1: % of service clients subjected to serologic HIV-testing out of the total number of service clients (a), and the % of clients testing HIV-positive out of the total number of subjects tested (b) by geographical area. The year 2009

(a) (b)



The most problematic regions and Autonomous Provinces for lack of HIV testing: APrv of Bolzano, Tuscany, Abruzzo, Emilia Romagna

The regions hardest hit by HIV among the drug-addicted population: Sardinia, Emilia Romagna, Liguria, Lombardy, Piedmont

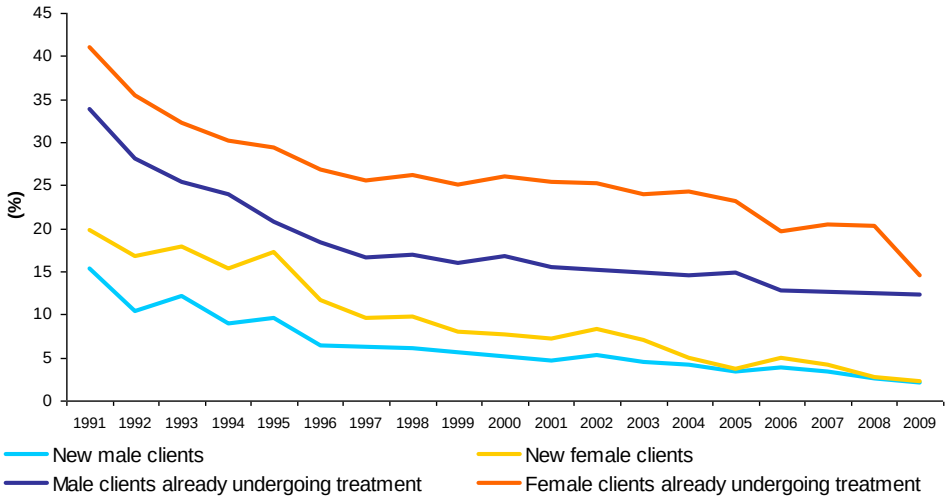
(*) Data not received from over 30% of SerTs (Public Drug Treatment Units)

Source: Based on data from the Ministry of Health

It should be pointed out that there is a difference in prevalence among women. Indeed, women have a higher prevalence than men, although this difference has been slowly disappearing among new Public Drug Treatment Unit (SerT) clients.

A greater number of HIV-positive results among women

Figure 6.2: % of clients testing positive for HIV out of the total number of subjects tested, by gender and type of contact with drug addiction services. The years 1991 – 2009



Very low prevalence of HIV among women entering first-time treatment with Public Drug Treatment Units (SerTs)

Source: Based on data from the Ministry of Health

In parallel with the decrease in the number of individuals subjected to serological HIV testing, we can observe a recent levelling off of the percentage of people tested whose results came back positive (new cases), especially among returning drug addiction service clients, with the exception of 2006, the year in which there was a significant drop which came to an halt during the following two-year period.

On the other hand, the number of women entering first-time treatment with local services who test positive for HIV continues to fall and, even though consistently higher than the number for their male counterparts, it is

tending to fall to the same level, with both genders finally reaching the same number in 2009 (2.3%) (Figure 6.2).

Prevalence of Viral Hepatitis B

The prevalence of viral hepatitides among the drug-addicted population is a much more widespread phenomenon than the prevalence of HIV infection.

Table 6.2: Number of HBV tests given to clients of drug addiction services and their results – The years 2008 – 2009

Characteristics	Men					Women				
	2008	%	2009	%	Δ %	2008	%	2009	%	Δ %
Type of contact										
First-time clients	29,847	20.7	29,019	20.0	-2.7	5,173	22.1	4,964	21.1	-4.0
Returning clients	114,403	79.3	115,801	80.0	1.2	18,251	77.9	18,580	78.9	1.8
Total	144,250	100	144,820	100	0.4	23,424	100	23,544	100	0.5
	2008		**2009**		**Δ %**	**2008**		**2009**		**Δ %**
Individuals tested for Viral Hepatitis B (Absolute values)										
First-time clients	8,196		6,695		-18.3	1,550		1,146		-26.1
Returning clients	42,586		40,983		-3.8	6,603		6,167		-6.6
Total	50,782		47,678		-6.1	8,153		7,313		-10.3
	2008		**2009**		**Δ %**	**2008**		**2009**		**Δ %**
Viral Hepatitis B Tests given (% of treated clients tested, excluding those who had been vaccinated)										
First-time clients	31.1		25.3		-18.6	35.2		25.3		-28.1
Returning clients	42.2		39.0		-7.6	42.1		35.5		-15.7
Total	39.9		36.2		-9.3	34.9		31.1		-10.9
	2008		**2009**		**Δ %**	**2008**		**2009**		**Δ %**
Individuals with positive Viral Hepatitis B test results (Absolute values)										
First-time clients	1,213		1,269		4.6	150		213		42.0
Returning clients	15,398		15,783		2.5	4,103		2,633		-35.8
Total	16,611		17,052		2.7	4,253		2,846		-33.1
	2008		**2009**		**Δ %**	**2008**		**2009**		**Δ %**
% of individuals with positive Viral Hepatitis B test results (% positive out of total tested)										
First-time clients	14.8		19.0		28.4	9.7		18.6		91.8
Returning clients	36.2		38.5		6.4	62.1		42.7		-31.2
Total	32.7		35.8		9.5	52.2		38.9		-25.5
	2008		**2009**			**2008**		**2009**		**Δ %**
Individuals vaccinated for Viral Hepatitis B (Absolute values)										
First-time clients	3,515		2,596		-26.1	730		426		-41.6
Returning clients	13,449		10,618		-21.0	2,549		2,136		-16.2
Total	16,964		13,214		-22.1	3,279		2,562		-21.9
	2008		**2009**			**2008**		**2009**		**Δ %**
Individuals vaccinated for Viral Hepatitis B (% positive out of total tested)										
First-time clients	11.8		8.9		-24.6	11.8		8.6		-27.1
Returning clients	14.2		9.2		-35.2	14.0		11.5		-17.9
Total	12.1		9.1		-24.8	12.1		9.5		-21.5

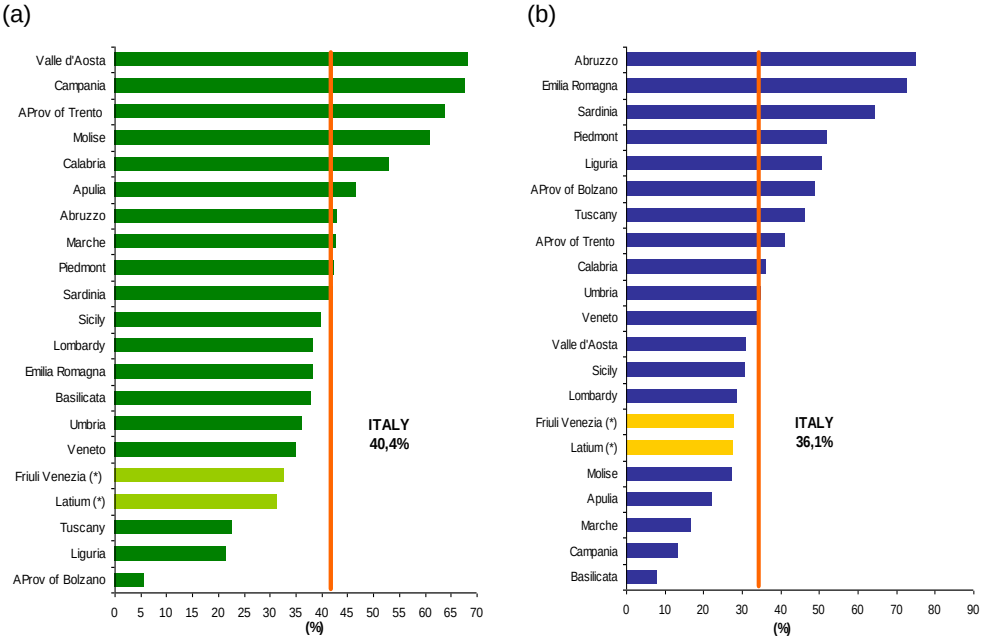
Source: Based on data from the Ministry of Health

Low level of use of HBV testing as well

Just as for HIV testing, there are also very low percentages of subjects who been tested for Hepatitis B (36% in 2009), and the numbers have

been decreasing, with some variability, since 1994 (55%), with the exception of the year 2008 (46%), the year in which the number of Viral Hepatitis B tests given appeared to pick up.

Figure 6.3: % of service clients subjected to serologic HBV-testing out of the total number of service clients (a), and the % of clients testing HBV-positive out of the total number of subjects tested (b) by geographical area. The year 2009



(*) Data not received from over 30% of SerTs (Public Drug Treatment Units)

Source: Based on data from the Ministry of Health

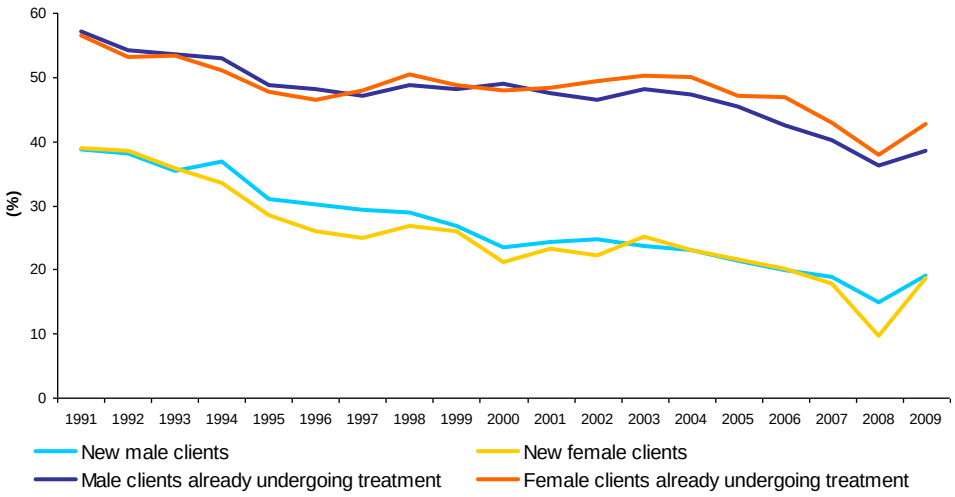
Regions using the least amount of HBV testing: Bolzano, Liguria, Tuscany, Latium, Friuli Venezia Giulia

Regions with the highest number of positive HBV-testing results: Abruzzo, Emilia Romagna, Sardinia

On a local level, the percentage of treated clients tested for Viral Hepatitis B in 2009 varies from a minimum of 6% in the Autonomous Province of Bolzano to a maximum of 68% found in Val d'Aosta (Figure 6.3a). The lowest numbers of HBV-positive test results are to be found in Basilicata (7.9%) and in Campania (13.1%). The highest prevalence of positive HBV test results was found in the Region of Abruzzo, where the figure was 75%. (Figure 6.3b).

HBV prevalence ranges from 7.9% in Basilicata to 73% in Abruzzo

Figure 6.4: % of clients testing positive for HBV out of the total number of subjects tested, by gender and type of contact with drug addiction services. The years 1991 – 2009



Source: Based on data from the Ministry of Health

There are similar levels of HBV prevalence among new clients and clients already undergoing treatment, although the trend among female clients

already undergoing treatment with drug addiction services levelled off in the period from 1996 – 2004. The figures for clients already undergoing treatment with drug addiction services remain consistently higher than the figures for new clients, while trends for men and women generally overlap for both new and returning clients (Figure I.3.8.). In 2008 there was a nearly 9% decrease in the number of women entering treatment with public drug treatment units (SerTs) for the first time.

When observing prevalence data for Viral Hepatitis C, the same worrisome trend emerges of a lack of sufficient testing.

Low level of HCV testing in public drug treatment units (SerTs)

Table 6.3: Number of HCV tests given to clients of drug addiction services and their results – The years 2008 – 2009

Characteristics	Men					Women				
	2008	%	2009	%	Δ %	2008	%	2009	%	Δ %
Type of contact										
First-time clients	29,847	20.7	29,019	20.0	-2.7	5,173	22.1	4,964	21.1	-4.0
Returning clients	114,403	79.3	115,801	80.0	1.2	18,251	77.9	18,580	78.9	1.8
Total	144,250	100	144,820	100	0.4	23,424	100	23,544	100	0.5
	2008		**2009**		**Δ %**	**2008**		**2009**		**Δ %**
Individuals tested for Viral Hepatitis C (Absolute values)										
First-time clients	9,952		9,130		-8.3	1,762		1,461		-17.1
Returning clients	53,902		52,384		-2.8	9,011		8,802		-2.3
Total	63,854		61,514		-3.7	10,773		10,263		-4.7
	2008		**2009**		**Δ %**	**2008**		**2009**		**Δ %**
Viral Hepatitis C Tests given (% of treated clients tested)										
First-time clients	33.3		31.5		-5.4	34.3		29.4		-14.3
Returning clients	47.1		45.2		-4.0	49.3		47.4		-3.9
Total	44.2		42.5		-3.8	46.0		43.6		-5.2
Individuals with positive Viral Hepatitis C test results (Absolute values)										
First-time clients	2,551		2,260		-11.4	445		356		-20.0
Returning clients	35,223		33,605		-4.6	5,987		5,786		-3.4
Total	37,774		35,865		-5.1	6,432		6,142		-4.5
	2008		**2009**		**Δ %**	**2008**		**2009**		**Δ %**
% of individuals with positive Viral Hepatitis B test results (% positive out of total tested)										
First-time clients	25.6		24.7		-3.5	25.2		24.3		-3.6
Returning clients	65.3		64.1		-1.8	66.4		65.7		-1.1
Total	59.1		58.3		-1.4	59.7		59.8		0.2

Source: Based on data from the Ministry of Health

46% to 52% of public drug treatment unit (SerT) clients, with some slight variability, underwent tests to check for the presence of drug related Viral Hepatitis C. Furthermore, there is a perceptibly higher level of testing carried out among returning addiction services clients (45% as compared to 31% for first-time clients), with equal distribution for both genders.

Low level of HCV testing in public drug treatment units (SerTs), especially for drug addicts entering treatment for the first time

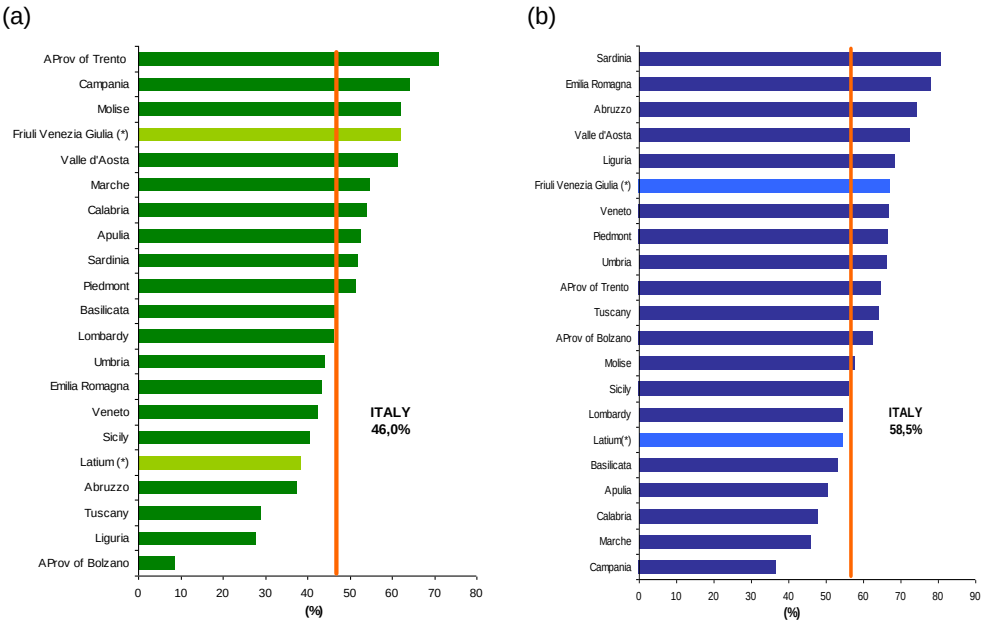
As far as Vital Hepatitis C prevalence is concerned, the percentage of subjects testing positive fell by 9 percentage points over the last twelve year period, falling from 67% in 1997 to 58.5% in 2009, but still remains at high levels nonetheless.

The prevalence of HCV remains high: 58.5%

On a local level, the percentage of treated clients who have not been

subjected to serologic HCV testing in 2009 varies from a minimum of 8.7% in the Autonomous Province of Bolzano to a maximum of 71% in the Autonomous Province of Trento (Figure 6.5a). The prevalence of clients testing HCV-positive ranges from 37% to 81% in the regions of Campania and Sardinia respectively (Figure 6.5b).

Figure 6.5: % of service clients subjected to serologic HCV-testing out of the total number of service clients (a), and the % of clients testing HCV-positive out of the total number of subjects tested (b) by geographical area. The year 2009



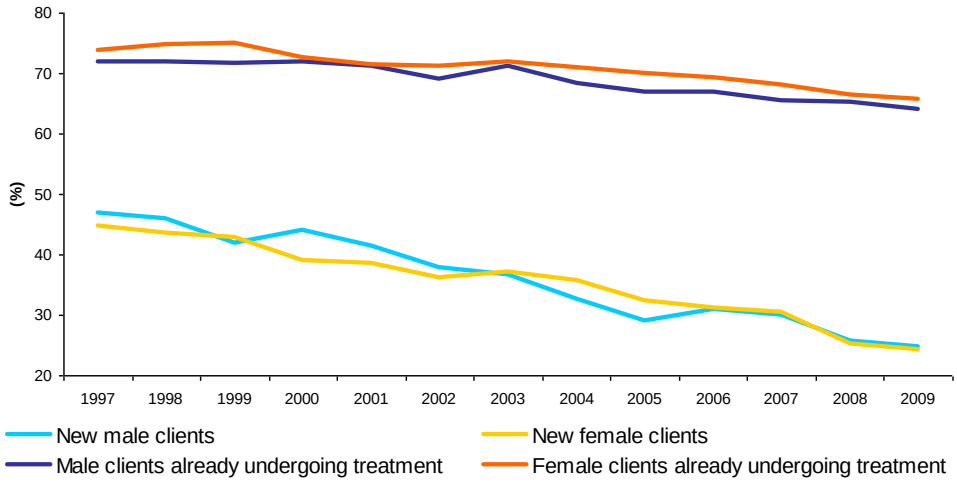
The regions with the lowest levels of HCV testing: Bolzano, Liguria, Tuscany, Abruzzo, Latium

Regions with the highest prevalence: Sardinia, Emilia Romagna, Abruzzo, Val d'Aosta e Liguria

(*) Data not received from over 30% of SerTs (Public Drug Treatment Units)

Among first-time clients, during the time-period under consideration, the phenomenon appears to affect both sexes equally and to be in progressive decline. The prevalence trend among clients already undergoing treatment with drug addiction services who tested positive for HCV remains more stable and free from gender-based variations.

Figure 6.6: % of clients testing positive for HCV out of the total number of subjects tested, by gender and type of contact with drug addiction services. The years 1991 – 2009



HCV prevalence levels extremely variable, ranging from 8.7% in the APrv of Bolzano to 81% in Sardinia

Source: Based on data from the Ministry of Health

The difference in HCV prevalence figures between clients already undergoing treatment and first-time clients could be explained by the lesser amount of time during which this latter group has been exposed to the risk of contracting the disease. The decrease in the number of new

clients testing positive for HCV could be explained by the decline in the injecting method of drug use, which has become an established trend over time.

6.2 Other drug-related health correlates and consequences

The overall situation

Between 30% and 50% of traffic accidents in Italy are caused by alcohol, and it is the number-one cause of death for young people aged between 18 and 24, according to data provided by the National Observatory on Alcohol, the World Health Organisation, the Italian Higher Institute for Health and the National Centre for Epidemiology, Surveillance and Health Promotion.
The analysis given below refers solely to consolidated data and analyses the ACI-ISTAT report published on 13 November 2009, which relates to the previous year's data. When compared to information previously provided, the situation appears to have been underestimated.
In the year 2008, the number of accidents caused by drug use on the part of the driver and/or the pedestrian stood at 6,763 (in which the driver was under the influence in 5,809 cases and in 954 it was the pedestrian), accounting for over 3% of total traffic accidents (218,963).
The total number of deaths was 139 (122 caused by alcohol and 17 by drugs), equal to 2.4%, and the number of injured stood at 7,092 (6,260 caused by alcohol and 832 by drugs), equal to 2.28%. As far as the seriousness of these accidents is concerned, it should be pointed out that the number of drug related deaths and injuries are much lower than in the previous year, which could be explained as the consequence of the new legislative measures that have come into effect.
A comparison with 2007 data highlights that the number of accidents caused by drug and alcohol use are showing a slight increase. In other words, there are a higher number of accidents caused by alcohol and drugs but with less serious consequences for the individuals involved.

Table 6.4: Traffic accidents by condition of driver and by cause. The years 2007 – 2008

	2007			2008		
	Accidents	**Deaths**	**Injuries**	**Accidents**	**Deaths**	**Injuries**
Alcohol	6,031	189	9,292	5,809	122	6,260
Drugs	873	48	1,424	954	17	832
Total	**6,904**	**237**	**10,716**	**6,763**	**139**	**7,092**
Neither alcohol nor drugs	223,967	4,894	315,134	212,210	4,592	303,647
Overall total	**230,871**	**5,131**	**325,850**	**218,963**	**4,731**	**310,739**
Alcohol	2.61%	3.68%	2.85%	2.65%	2.58%	2.01%
Drugs	0.38%	0.94%	0.44%	0.44%	0.36%	0.27%
Total	**2.99%**	**4.62%**	**3.29%**	**3.09%**	**2.94%**	**2.28%**

Source: Based on data from the National Institute of Statistics (ISTAT)

The weekend is the most critical time in terms of accidents involving alcohol consumption and/or drug use, although the tendency of the figures for both drugs and alcohol to vary continues (3 percentage points less in 2008 than in 2007).
As far as time period is concerned, most accidents confirmed as involving drug use occur in the late afternoon and early evening, particularly between 18:00 and 21:00. During the night-time hours is when nearly 30% of accidents involving drugs occur, and of these 50.9% occur on Friday

and Saturday nights, as was also the case in the previous year.

Social costs of alcohol and drug related accidents: over 800-million Euros, but 18% less than in 2007

The estimate[1] of the social costs of alcohol and drug related traffic accidents in 2008 was approximately 861-million Euros, nearly 18% less than in 2007.

86.69% of these costs were due to alcohol-related accidents and mainly concern material costs (including material damage and administrative costs for the recording of traffic accidents, legal costs and civil liability insurance) and costs regarding lost production (the current and future loss of productivity due to road accidents).

Table 6.5: Calculating the social costs of alcohol and drug related traffic accidents (in millions of €) – Italy – The year 2008

Values in millions of €	Italy – Total	Alcohol	Drugs	Total Alcohol and drugs
Lost production	9,768	€ 218.51	€ 29.87	**€ 248.38**
Human costs	4,423	€ 103.88	€ 14.31	**€ 118.18**
Health costs	621	€ 16.46	€ 2.73	**€ 19.19**
Material costs	15,393	€ 407.91	€ 67.73	**€ 475.64**
Total	**30,205**	**€ 746.76**	**€ 114.64**	**€ 861.40**

Source: Based on data from ISTAT and Ania (the National Association of Insurance Companies)

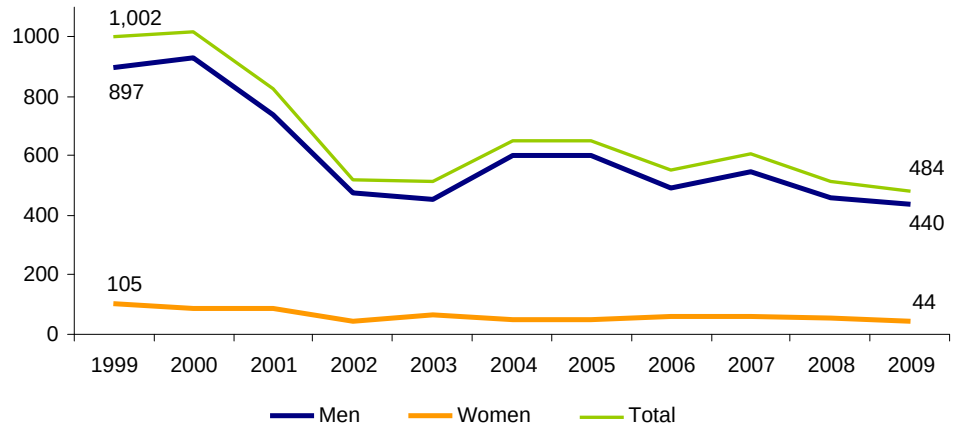
6.3 Drug related deaths and mortality of drug users

6.3.1. Drug-induced deaths (overdoses)

As per the instruction of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon, the following section on the mortality of drug users will only take into consideration deaths by overdose, while the next section will then discuss deaths of patients hospitalized for drug related diseases.

Figure 6.7: Trend in deaths by overdose by gender and year of death. The years 1999 – 2009

The number of deaths continues to fall



Source: Based on data from the Ministry of the Interior – Central Directorate for Anti-drug Services (CDAS)

In Italy, incidences of overdose are recorded in the Special Death Register of the Central Directorate for Anti-Drug Services (CDAS) of the Ministry of

[1] The estimate was made starting from the costs recorded in the ACI-ISTAT Report and multiplying by the rates shown in table 1, specifically for the death rate in the sub-headings "lost production deaths" and "moral damage to survivors", for the injury rate in the sub-headings "lost production injured" and "biological damage" and by the accident rate for the headings "health costs" and material costs.

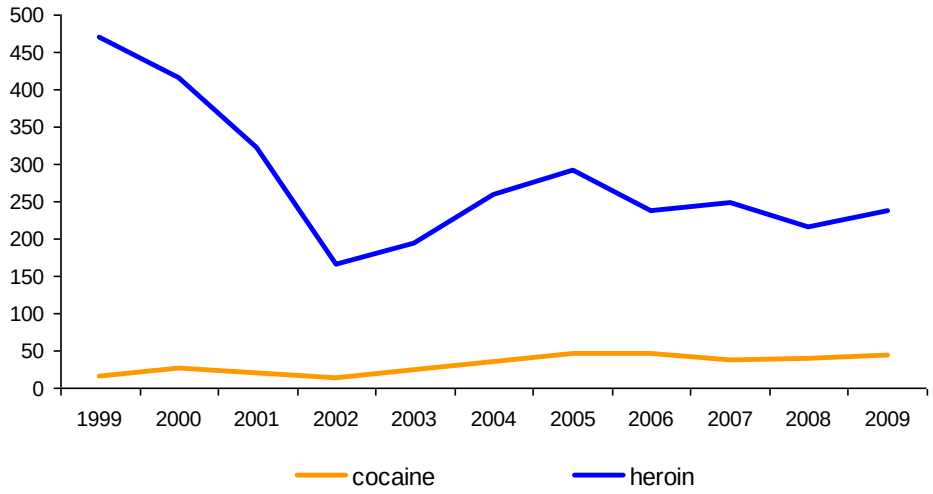
the Interior, where incidents in which the Police Forces have been involved are recorded on an evidential basis (i.e. unmistakable signs of poisoning from psychoactive substances). Based on data provided by the CDAS since 1999, in which time 1,002 cases have been recorded, the number of deaths by overdose decreased until 2003, a year in which there were 517 deaths, while as of 2004 the numbers have remained largely stable, albeit with some variability, ranging between 484 and 653 deaths per year, with the lowest figure recorded in 2009. The direction of the trend has been largely similar for men and for women, although the ratio of male to female deaths is approximately 10 men per each single woman (9.7); this ratio varies between 7.2 in 2003 (when 12.2% of the deaths were among women) and 11.8 in 2004-2005 (when 7.8% of deaths were among women).

The number of drug related deaths continues to decrease

Over the last ten-year period under consideration, the average age of death increased progressively, rising from approximately 32 years of age in 1999 to 35 in 2009. If, at the beginning of the time period under consideration, approximately 31% of deaths were of people over 35 years of age, in 2009 that figure had risen to over 60%. If we analyze the trend by drawing a distinction between the genders, different characteristics emerge. For both genders, mortality has been increasing for the over-40 age group, with more variability among women; On the other hand, there has been a decrease in deaths among the 30- to 34-year-old age group for both men and women.

Increase in the average age of death

Figure 6.8: Trend in deaths attributed to heroin and cocaine poisoning. The years 1999 – 2009



Source: Based on data from the Ministry of the Interior – Central Directorate for Anti-drug Services (CDAS)

In approximately 40% of the deaths recorded in 2009, it was not possible to record the alleged drug which caused the death (it should be recalled that this is not based on toxicological investigations but on mere circumstantial elements); in 49% of cases the death could reasonably be attributed to heroin, in 9% of cases to cocaine and in 2% of cases to methadone. Heroin therefore remains the drug which is the number-one cause of deaths and drug addictions. The average age at time of death in heroin-related deaths is 37, an increase in age compared to 2008, when it was at 36. Since 1999, a year in which 470 deaths attributed to heroin overdose were recorded, there has been a decrease in the phenomenon, which fell to 165 deaths in 2002. Between 2004 and 2009 (with the

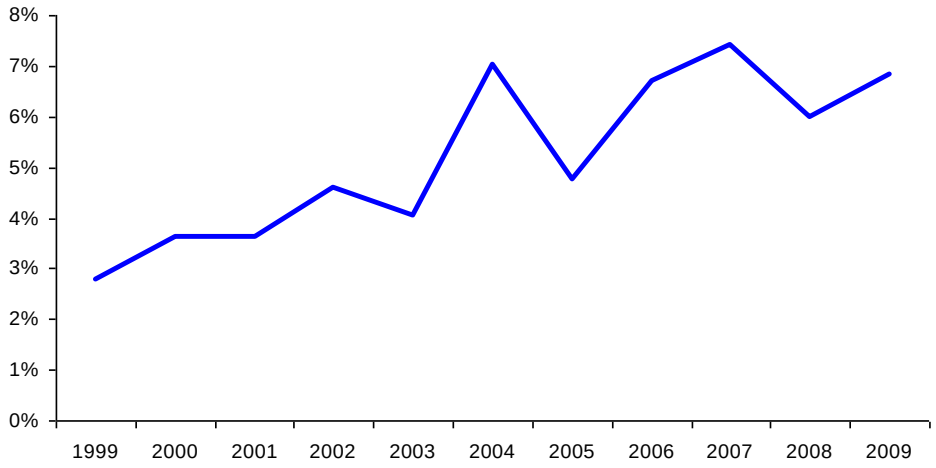
Heroin is the number-one cause of death by overdose

A slight increase in the number of

cocaine overdoses

exception of a peak in 2005) the numbers have progressively levelled off at between 200 and 250 cases per year. The number of deaths attributable to cocaine poisoning, on the other hand, has been slowly but steadily increasing.
The number of foreigners who died in Italy over the last ten-year period increased, but not steadily. At the beginning of the period under consideration the number was lower than 3%, then rose to 7% in 2004, 2007 and again in 2009.

Figure 6.9: Percentage distribution of deaths by overdose in the foreign population. The years 1999 - 2009



Source: Based on data from the Ministry of the Interior – Central Directorate for Anti-drug Services (CDAS)

6.3.2. Mortality and causes of deaths among drug users

It is still difficult to reconstruct the various causes of drug related deaths

Acute poisoning from one or more psychoactive drugs is the most common cause of death among drug users, but the phenomenon of mortality also extends to other causes too, less immediately "attributable" to the direct effect of the same drug (death from heart problems or liver disease) or deaths indirectly related to the use of drugs (e.g. accidents, medical conditions or diseases directly linked to, but different from, acute poisoning).
The attribution of the cause of death is based on the initial diagnosis of the doctor who certifies the death or of the coroner, and not on specific clinical documentation; there is, therefore, an issue regarding correct and complete clinical certification, of accuracy in the "initial cause", i.e. "the disease, or cause, which started the chain of events which ultimately led to the death".
Premature death, which may occur among very young people and among people who are not necessarily addicted or in chronic situations, can be caused both by natural causes (above all infections and cardiovascular problems/complications) and by non-natural causes (overdose, suicide, murder, traffic and workplace accidents). These elements, however, are rarely recorded in relation to the action of psychoactive drugs. Additional information regarding drug-related deaths, although only partial compared to the above, may be deduced from analysis of hospital discharge forms from cases of drug-related hospital admittances.
Data regarding hospital admittances comes from the hospital discharge form information flow from all the regions received by the Ministry of Health, which publishes a yearly report on the subject.

Table 6.6: Drug related deaths following hospital admittance. The Years 2006 - 2008

	2006		2007		2008	
	Deaths	Deaths per 1,000 units	Deaths	Deaths per 1,000 units	Deaths	Deaths per 1,000 units
Abruzzo	4	0.83	7	1.32	8	2.75
Basilicata	1	0.85	0	0.00	3	2.08
Calabria	2	0.44	2	0.45	3	0.83
Campania	12	0.65	20	1.01	10	0.55
Emilia Romagna	7	0.61	12	0.97	15	1.28
Friuli Ven. Giulia	2	0.62	6	2.29	8	2.48
Latium	23	1.75	36	3.04	20	1.57
Liguria	10	1.05	7	1.17	7	0.97
Lombardy	22	0.85	24	0.92	33	1.25
Marche	4	1.01	4	0.89	5	1.01
Molise	2	2.05	0	0.00	0	0.00
Piedmont	12	0.81	19	1.30	20	1.30
Puglia	10	0.83	7	0.55	5	0.40
Sardinia	13	2.54	10	1.79	6	1.27
Sicily	12	1.07	11	0.89	8	0.85
Tuscany	9	0.69	11	0.83	13	0.96
Trentino Alto Adige	4	2.49	2	1.17	3	1.63
Umbria	4	1.40	5	1.57	3	0.88
Valle d'Aosta	0	0.00	0	0.00	0	0.00
Veneto	13	0.99	15	1.12	16	1.19
Abroad	7	-	8	-	6	-
Total	**173**	**1.01**	**206**	**1.20**	**192**	**1.15**

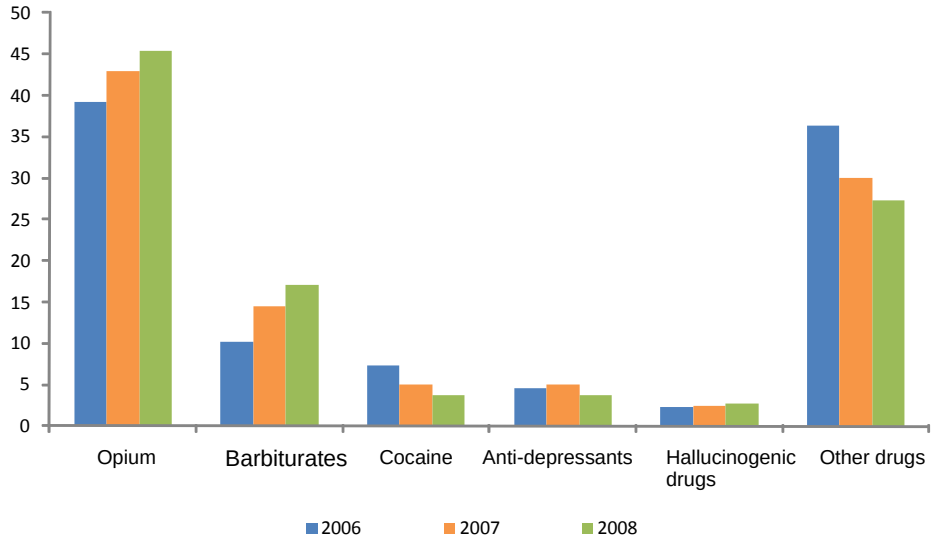
Source: Based on data from ISTAT

In 2008 there were 192 deaths of patients admitted into hospitals for health conditions and diseases comorbid with drug use, equal to 0.7% of the total number of drug related hospital admittances (25,910, equal to 0.2% of the total number of hospital admittances throughout Italy in 2008, of which there were 12,112,389), without variation during the last three-year period. The most commonly recorded primary diagnoses were respiratory difficulties (9.4%) followed by HIV infection (7.3% of deaths). There was a higher percentage of men than of women (approximately 64% as compared to 58%) in relation to the man to woman ratio for all drug related hospitalisations, and this percentage decreased over the last three-year period (71% in 2006, 67% in 2007, 64% in 2008). Moreover, upon examination of the type (inpatient or outpatient) of hospital admission effected and the type of treatment received, it becomes clear that, among drug related hospital admittances ending in death, there were a higher number of emergency admissions (approximately 90%, whereas the percentage of emergency admissions for all drug related admissions is 60%), and 42% were over fifty years of age, as opposed to only 22% of all individuals admitted for drug related conditions.

Among patients who died after being admitted to hospital for drug related conditions, there was an increase in the number of deaths resulting from opioid use over the last three-year period under consideration (39% in 2006, 43% in 2007 and 46% in 2008) and in the number of deaths resulting from barbiturate use (10% in 2006, 15% in 2007 and 17% in

2008), while the percentage of deaths resulting from cocaine use has gone down (5% in 2007 and 4% in 2008) as have the number of deaths resulting from the use of other drugs (36% in 2006, 30% in 2007 and 27% in 2008).

Figure 6.10: Percentage distribution of drug-related hospitalizations ending in death, by drug. The years 2006 – 2008.



Source: Based on data from Hospital Discharge Forms – the Ministry of Health

7. RESPONSES TO HEALTH CORRELATES

First approaches to harm reduction in Italy

Italy had its first experience of preventing correlated diseases at the start of the 1990s, above all to handle the emergency of the spread of HIV infection among drug addicts. These initial experiences were extremely important, both from an epidemiological and epistemological viewpoint, in other words, while they proved effective at combating the spread of HIV, they also made a marked contribution to consolidating a pragmatic approach to drug addiction. This was the start of the trend to contact and "take on board" those not being treated at drug treatment services because at that time in their lives they did not wish to stop using drugs.
After more than fifteen years of work to prevent diseases in terms of reducing risk and harm in Italy, the range of services and initiatives is still mixed and diversified, while the anti-drug strategy of the Council of Europe still highlights the importance of the role played by reducing social and healthcare harm.

7.1. Prevention of drug-related emergencies and reduction of drug-related deaths

Scale of the phenomenon in Italy

While the data relating to the number of drug-related infections does not really describe the phenomenon since the use of serological tests at drug treatment services has been constantly falling, nonetheless, the data available and presented in the other chapters of the report provides some indications. In 2009, according to the tests carried out at drug treatment services, the prevalence of HIV-positive subjects was 13% among those already in treatment and 2.1% among new users. The highest prevalence of HIV was found among women. Critical situations, meaning the highest positive rate of HIV and at the same time the lowest use of testing, emerged in Emilia Romagna, Sardinia, Liguria, and Tuscany. The prevalence of HBV-positive subjects was 39% among those already in treatment and 18.9% among new users. The very limited use of testing is also confirmed for hepatitis B; the regions with the highest prevalence of HBV were Abruzzo, Emilia Romagna, and Sardinia.
The ratio of HCV-positive subjects was 64.4% among those already in treatment and 24.7% among new users; at local level the regions with the highest prevalence of HCV were Emilia Romagna, Abruzzo, Sardinia, Valle d'Aosta, and Liguria.
Analysis of hospital discharge forms shows that drug-related admissions are stable with a rate of 2 every thousand of all hospital admittances; medical emergency is the main reason for admittance, and we see a high level of voluntary discharges (10.6%).
Drug-related road accidents are a significant problem, not only for drug users, but also for third parties involved in these events. In 2008 compared to the prior year there was fall of over 40% in deaths following accidents caused by drug or alcohol consumption and a 34% reduction in those injured. More men are affected by the phenomenon than women. The critical age ranges for women are 14-24 and 40-49 in a bimodal distribution and for men 19-24.

For some time there has been a falling trend in drug-related deaths, with a

greater fall in Italy compared to the European trend. In 1999 deaths numbered 1,002, in 2009 they numbered 484. We may also note an increase in the average age of the deceased, with an increase in deaths among women, above all in the age ranges under 19.
An important observation can be made on the geographical differentiation in the trends since 1999 in regard to the percentage of overdoses. This has seen an increase in the Centre-South, and a matching fall in the North. Umbria is the worst region, with an average drug-related mortality rate that is twice the national average. Heroin is the leading drug in terms of responsibility for deaths by overdose; cocaine is second. The average ages of the deceased vary: for heroin 35, for cocaine 32. We should also note the increase in the trend of overdose by cocaine.

Introduction to guidelines

The prevention of health correlates and the reduction in drug-related risk and harm can be considered in terms of initiatives to protect individual and collective health, as a collection of actions and measures which regional healthcare systems must activate in order to prevent and reduce the consequences of using drugs within the context of the provision of appropriate treatments.
Actions and measures which are thus mainly aimed at preventing drug-related deaths and diseases, but also at preventing situations in which social fragility and past and present stigmatisation may lead to even riskier and marginalising outcomes; actions and measures which thus address both the health of the user and preventing the severing of their social ties which are essential factors for their recovery and social inclusion.
Following this line of reasoning, we may note the importance of identifying a fundamental and agreed nucleus of concrete actions and measures, and of analysing them in order to assess their effectiveness both individually and collectively, even better, as part of a system, to then proceed to their implementation and/or enhancement and systematic dissemination in local areas, alongside the constant offer of appropriate treatment and the monitoring, in terms of the procedures activated and outcomes achieved, of the whole process.
On the basis of these considerations and approach, in 2009 the Antidrug Policies Department (DPA) published “Policy Lines for Establishing and Ensuring Observance of Essential Levels of Care” concerning “Measures and Concrete Actions for the Prevention of Drug-related Diseases”.

The guidelines on measures and actions for drug-related diseases

The document aims to supply clear definitions of the concrete measures and actions to be activated to prevent drug-related diseases. The measures and actions set out in the document represent the Essential Levels of Care to be guaranteed to citizens in all local services, and so represent a minimum standard of secondary prevention measures and actions to be associated with initiatives for early contact, treatment and rehabilitation of drug users.
The aim of the document is, therefore, to focus on the means of activating desirable and realistic initiatives to prevent the risks and reduce the harm arising from the use of drugs and/or from diseases and deviant behaviour (for example drug-related prostitution and criminality).
The document is broken down into a series of sections (definitions, basic principles, objectives of the concrete initiatives, measures and actions to be implemented, etc.) so as to facilitate understanding, but above all the subsequent, practical application of the indications contained therein.
The information given should represent minimum key standards in order to realise services and initiatives that are the same throughout Italy. As such

they are proposed to the regions and the public administration with the aim of devising actions and initiatives for both specifically healthcare and social aspects.
The document is part of a broader project relating to a global, systematic and sustainable approach to drug use in Italy, which envisages strategic guidelines, initiatives and indications which are coordinated and coherent across the three priority intervention sectors:
1. Primary prevention
2. Treatment of drug addiction and prevention of drug-related diseases and deviant behaviour
3. Rehabilitation and reinsertion

7.2. Prevention and treatment of drug-related infectious diseases

Research project "Drug addictions, low threshold services and access to the services system"

In 2009 the final report was published on the research/action pilot project "Drug addictions, low threshold services and access to the services system" which was financed by the Ministry of Welfare and produced by the Province of Milan in cooperation with the CNCA (National Coordination Organisation of Welcome Communities).

Objectives of study

The aim of the multicentric study undertaken in 2008 is to survey low threshold services in Italy, analytically describe a representative sample, make an estimate also of the type of users and highlight the connections which low threshold services have with local services.
This study represents the first experience in Italy in this field and is evidence of the fact that the current situation for the entry level approach in our country – which the literature indicates as an approach under which users need not abstain from drug use to access services[1]-, is particularly mixed and diversified and in some cases has become generalised.
240 services were surveyed throughout Italy, and the regions with the highest number of services were Piedmont, Lombardy, Trentino Alto Adige, Emilia Romagna, Tuscany, Lazio and Campania.
Moreover, thanks to closer analysis we noted that the services to reduce harm and risks in fact number 157, or 65% of the services surveyed. The remaining 35% comprises different service, albeit based on the philosophy of reducing harm and promoting outreach.

Services more commonly found in Centre-North

According to the data collected as part of the study there emerges a differing geographical distribution of the services to reduce harm and "low threshold" services which are mainly present in the Centre-North compared to the South and Islands. Specifically, the geographical distribution of mobile units in leisure locations shows a concentration in a specific and continuous area consisting of the regions of Emilia Romagna, Tuscany, Le Marche and Lombardy, while there are numerous regions which still do not use this service to reduce risks in places of entertainment.
An in-depth analysis of a sample of 55 harm reduction and entry level services, to which a structured questionnaire was sent, produced some

[1] In this regard see:
- EMCDDA (2004) Data collection at low threshold services for drug users: tools, quality and coverage in www.emcdda.eu.int
- Ministry of Health (1999) Guidelines for harm reduction
- Meringolo P. *I servizi accessibili e il lavoro di strada* (Accessible services and road work) in Meringolo P and Zuffa G. (2001) Droghe e riduzione del danno. Un approccio di comunità, (*Drugs and harm reduction. A community approach*) Unicopli, Milan

significant results.

Services offered by low threshold services

Table 7.1: Type of low threshold services according to the sample of 55 services interviewed. 2008

Service offered	Number of services	%
Counselling and analysis of demand	54	98.2
Filter and orientation to other structures	49	89.1
Pharmacological treatment	3	5.5
Medical services	13	23.6
Distribution of syringes/needles and other hygienic/healthcare materials	41	74.5
Collection of used syringes/needles	34	61.8
Distribution of condoms	45	81.8
Distribution of non-prescription drugs	9	16.4
Distribution of naloxone	22	40.0
Distribution of breathalysers	15	27.3
Distribution of drug tests	2	3.6
Distribution of kit to reduce health risks in taking cocaine	4	7.3
Water and/or fruit juice	42	76.4
Psychological support	21	38.2
Social action department	31	56.4
Healthcare information and education	51	92.7
STD counselling	45	81.8
Legal information/consultancy	22	40.0
Workshop and/or leisure activities	22	40.0
Job orientation and/or professional training	17	30.9
Translation/interpreting services	6	10.9
Canteen/meals service	14	25.5
Shower service	20	36.4
Overnight shelter	5	9.1
Laundry service	13	23.6
Distribution of survival equipment: clothes, covers, tents, etc.	18	32.7
Summonsing of healthcare service	48	87.3
Summonsing of social services	48	87.3
Support services	45	81.8

Source: Report of Province of Milan in cooperation with the CNCA

The distribution of services in Italy by type is not standard since there seem to be regions where the services offered favour some types of service over others:

- In Lazio drop-in centres outnumber mobile units
- On the contrary in Campania and Umbria the most common service is the mobile unit for drug addicts, while in the Veneto and Le Marche low threshold work is mainly characterised by interventions by mobile units at social gathering points.
- In Umbria harm reduction initiatives, for example, have long been supported by regional guidelines and have been expanded to respond to deaths by overdose among drug addicts and for this reason it was decided to intervene more regularly with outreach work; as for other regions this aspect still needs investigation.

Although these are services with a set duration, 40% have been active for over 10 years. This shows that, even though harm reduction is not considered a constant and accredited service in all Italian regions, in reality such services have a long history and accumulated experience, thanks to financing by local authorities and hospitals or directly by the regions.
As is common knowledge, most people who use low threshold services are aged between 30 and 40; nonetheless, the percentage of people aged under 30 is not insignificant.
Another interesting statistic concerns foreigners: in the sample they total 2,402, or 18% of the total. In particular, the percentage of foreigners in low threshold services in South Italy is significant, reaching 27% of the total. This figure can be interpreted as reflecting the lack of welfare services for foreigners in the South, and therefore they go to the only services which are able to accept them.
Among the services provided by over 80% of those interviewed are consideration and analysis of requests for help, healthcare information and education, referral or accompaniment to social/healthcare services, filtering and orientation to other structures, and the distribution of condoms and counselling (Table 7.1).

Project launched by DPA "National recording of initiatives to prevent health correlates and feasibility study of definition and application of Essential Levels of Care (LEA)"

To supplement the pilot project realised by the Ministry of Welfare in 2008 and to support the dissemination and divulgation of the guidelines published in 2009 by the Antidrug Policies Department, in 2009 the latter financed a project entrusted to Terni Hospital 4 in Umbria called "National recording of initiatives to prevent health correlates and feasibility study of definition and application of Essential Levels of Care (LEA)", completion of which started in 2010.
The general aim of the project is to measure the effectiveness of systems to prevent health correlates, systems which are often based on effectiveness indicators which are not comparable.

Specific objectives of the project

The specific objectives of the project refer to:
1. Identification of the initiatives implemented in Italian drug addiction departments as part of the prevention of drug-related illnesses; recording the work undertaken as part of these initiatives and measuring such work
2. Estimating and describing the population being treated in relation to drug-related illnesses; estimating the population that is not in treatment
3. Analysing the efficiency of the systems within each drug addiction department in terms of the prevalence/incidence of drug-related diseases
4. Launching a feasibility pilot study to analyse needs and customer satisfaction in a low threshold service

Expected results

In terms of expected results, the project envisages the recording/estimate of:
1. Quantitative data on the real application of the guidelines and any deviation from the standards
2. Prevalence and incidence of overdose and health correlates; trend 2005-2009
3. Number and type of outreach services and estimate of number of drug-taking population not in treatment
4. Estimate of the "problem" population in treatment, i.e. those in treatment for over 10 years as a percentage from the drug-taking population, estimate of the population in treatment compared to the general population (standardised rate per 100,000 out of the population

aged 15-64)
5. Definition of needs of a sample population that may use low threshold services and estimate of satisfaction with the service offered.

8. SOCIAL IMPLICATIONS AND SOCIAL REINTEGRATION

Foreword

This chapter is dedicated to the social consequences for particularly vulnerable subjects of regularly taking illegal substances. Specifically the profiles of marginalised subjects are analysed through the information collected by means of a multicentric study on 41,701 people in treatment at drug addiction services in 2009 carried out by the Drug Policy Department (DPD), and also considers the characteristics of drug takers who were imprisoned in 2009.

Sources of information

Drug addict data

The information system, thanks to the European Monitoring Centre for Drugs and Drug Addiction as part of the monitoring of the key indicator of the demand for treatment, envisages the recording of some information on living conditions, especially the family nucleus with which the drug addict lives and the type of accommodation. This information is recorded by the Drug Addiction Services and is part of the core data which characterises the individual information flow for each user being treated (the SIND – National Information System on Addictions - flow).

SQ 28 data

Further information has been recorded through the supply of the EMCDDA SQ 28 structured questionnaire to the regional administrations responsible for drug addiction.

8.1 Social exclusion

8.1.1 Social exclusion among drug users

70% of users of drug addiction services are employed in some capacity; 30% are unemployed

Analysis of the characteristics of the individuals sampled as part of the DPD's Multicentric Study on drug addiction services enables tracking of the profile of people in treatment at drug addiction services in relation to their employment situation. It can be seen that in the sample in question almost a third of overall users (30%) are unemployed, while 70% are engaged in some type of work in various ways (temporary, permanent, etc.).

Higher level of unemployment among women

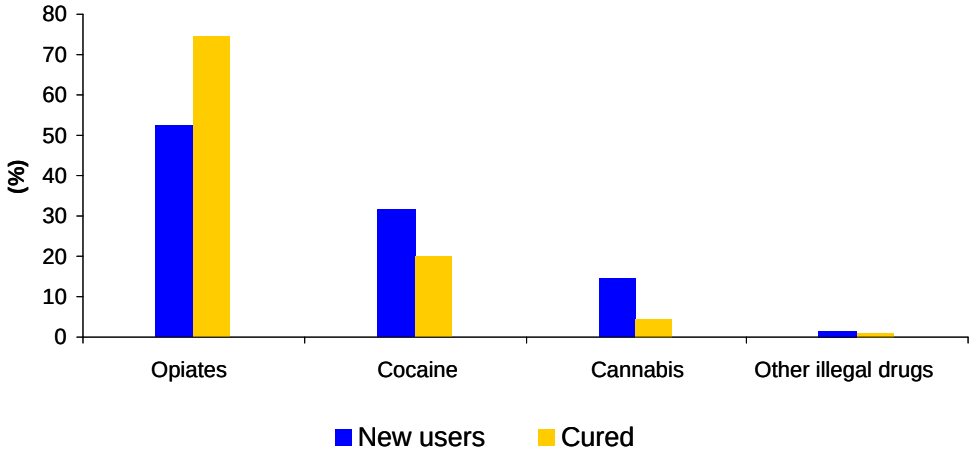
The employment situation seems more critical among female drug users, with 35% being unemployed compared to 29% for men.

Although marginal, a difference in employment can also be seen if we distinguish drug users on the basis of the time they have been in treatment at services, with a higher unemployment rate among users in treatment than for new users (respectively 30.1% and 27.6%).

As for the drug which is defined as the "primary" substance, we see the same level of opiate users among both the unemployed and in the total community (73%), and slightly lower percentage for those who are unemployed and take cocaine compared to the total group (16.9% compared to 17.1%). As for cannabis, on the other hand, we see a lower percentage in the total sample compared to those who are jobless (8% compared to 8.4%).

Within this group of users we can see a major difference between users of opiates, with those in treatment registering 73.3%, while new users register 66.9%.

Figure 8.1: Percentage distribution of unemployed users by substance and type of contact with the service - 2009



Source: Processing of data from the DPD's multicentric study for 2009 on data from the public drug addiction services

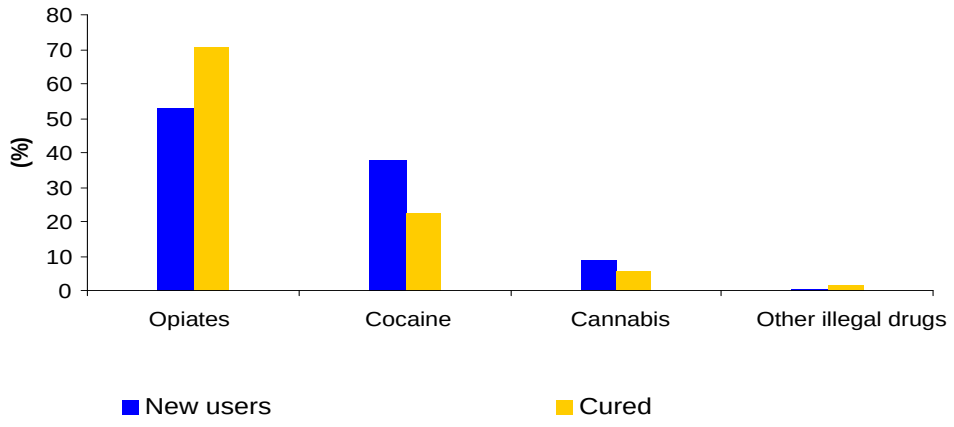
As for the means of taking drugs, both in the whole group and for new users or those already in treatment there was a higher percentage of users who inject drugs; a higher value is seen in users already in treatment compared to new users (49.8% compared to 48.3%) and, in any case, this is still in line with findings from the analysis of general users.
As for treatment, it is noted that 28.5% of unemployed subjects receive non-pharmacologically assisted treatment, while only 2.6% undergo pharmacological treatment.

8.1.2 Drug use among socially excluded groups

4.9% of users of Public Drug Addiction Services are homeless

Based on DPD's Multicentric Study carried out in 2010 on 2009 data from the Public Drug Addiction Services, it is possible to identify the characteristics of people in treatment at services who are homeless (4.9%).
Figures from the study show a higher proportion of men than women (85.1% compared to 14.4%), and a higher proportion of users already receiving treatment compared to new users (95.4% compared to 4.6%).

Figure 8.2: Percentage distribution of homeless users by substance and type of contact with the service - 2009



Source: Processing of data from the DPD's multicentric study for 2009 on data from the public drug addiction service

Among homeless users there is a high percentage of opiate users (75.3%) compared to 15.9% for cocaine users and 7.1% for cannabis users.
Disaggregating this information in relation to the type of user, we can see that the request for treatment by opiate users is lower among new users compared to those already in treatment (66.7% compared to 81.8%), and the opposite for cocaine (20% compared to 29%).
As for the means of drug taking, among homeless people there is a higher percentage of users who inject (55.5%); this percentage falls if we consider new users (50%), while it remains in line with the overall findings if we consider people already in treatment (55.8%).

The highest percentage is for opiate users

8.2 Social reintegration projects

According to the indications given in the questionnaires prepared by the European Observatory (SQ 28), in 2009 around 83% of the Regions and Autonomous Provinces stated that they had a specific and defined strategy for the social reintegration of current and former drug users; in particular, most of them (80%) had it as part of a regional drugs strategy.
One of the most commonly indicated objectives was social and job reintegration; in addition, there was ample space for programs on education and initiatives regarding housing and reducing the risk of relapsing into drug use.
Table 8.1 shows all the Regions and Autonomous Provinces which state that they indicated in the EMCDDA questionnaire social reintegration projects financed from the Regional Social Fund and/or from other specific public financing channels relating to 2009.

Table 8.1: Total amount financed for social reintegration programs by the Regions and Autonomous Provinces during 2009

Almost 12 million euro for social reintegration programs

Regions	Amount	%
Abruzzo	84,000.00	0.7
Bolzano	632,750.70	5.4
Calabria	1,281, 823.28	10.9
Emilia Romagna	600,000.00	5.1
Friuli Venezia Giulia	628,000.00	5.3
Lazio	3,022,000.00	25.5
Lombardy	2,026,402.03	17.2
Piedmont	1,680,000.00	14.2
Puglia	455,429.13	3.9
Tuscany	710,264.00	6.0
Trento	29,523.00	0.2
Umbria	Not stated	-
Veneto	660,000.00	5.6
Total	**11,810,191.44**	**100.0**

Source: Processing of data recorded by means of the survey of the regions using EMCDDA SQ 28 questionnaires

All the Regions and Autonomous Provinces that replied stated that they have launched social reintegration programs for current and former drug users: 72% judged that there was a good level of availability and accessibility of such services.
More than 70% (a figure well up compared to 53.4% in 2008) of the regional spokespersons stated that social reintegration occurs via other entities such as local authorities, therapeutic rehabilitation communities,

High level of regional social reintegration programs

cooperatives and private companies, and similar comments were made regarding services dedicated specifically to that purpose.

8.2.1 Housing

In 2009, on average almost 60% of Regions and Autonomous Provinces had put housing programs specifically for current and former drug users into effect.

Around 60% of Regions stated they had put housing program for drug addicts into effect

In most cases, these subjects are able to make use of services providing board and temporary lodgings in welcome centres created to assist other socially disadvantaged groups. In order to make social reintegration more effective, in over half the Regions and Autonomous Provinces, current and former drug users can make use of residential facilities designed solely for their reintegration or access specialist residential centres aimed at other socially disadvantaged groups. Less than 30% of the Regions in 2009 put long-term housing programs into effect, confirming the greatest weakness in this area.

The availability of the various services was judged to be good on average by 62% (compared to 72% in 2008) of regional spokespersons, with rather low levels for long-term housing projects, but with increases of around 20% for residential structures.

A good level of availability of housing services

That the lowest value is given to long-term programs is also reflected in the following judgments on availability and accessibility which are markedly different from 2008.

As for accessibility, this was judged positively overall by the Regions and Autonomous Provinces in terms of the possibility of accessing housing services aimed exclusively at current and former drug users. Long-term projects, as in 2008, besides being less readily available, are even less accessible to drug users.

A good level of availability of housing services

8.2.2 Employment

In 2009, workplace reintegration was one of the objectives indicated by the Regions and Autonomous Provinces as a priority.

Workplace reintegration a priority: 65% of regions have launched specific programs

Employment and job training programs designed specifically for current and former drug users were put into effect by more than 65% of the Regions and Autonomous Provinces; in addition, 66.7% of regional spokespersons indicated that workplace reintegration programs involving the distribution of subsidies had been put into effect for these subjects.

Current (and former) drug users are also able to access employment services and workplace reintegration projects designed for other types of socially excluded groups in more than 80% of Regions and Autonomous Provinces (compared to 71.4% in 2008).

The availability of employment services specifically for current and former drug users was judged positively in terms of workplace reintegration projects which involve the distribution of subsidies, but less so for employment and job training programs which fell by over 20%.

Positive availability of employment services

Positive judgements were also given on the accessibility of employment services: on average over 70% of regional spokespersons stated that there was a good level of services and projects launched in 2009, a judgment that was a further improvement on 2008; in addition, in terms of availability, job and professional training programs aimed exclusively at drug users, although judged positively by the Regions and Autonomous Provinces, have the lowest percentage.

A high level of accessibility of employment services

8.2.3 Completion of education

39% of Regions have put programs into effect

In 2009, around 38.9% of the Regions and Autonomous Provinces put programs into effect specifically designed to help current and former drug users complete their basic education, with a small number of programs (16.7%) to help them complete their secondary education.
The availability of basic education services was always judged positively in terms of basic education, while secondary education was, on the other hand, considered at a good level by 67% of those interviewed.
The ability of current and former drug users to access school completion programs designed for other types of socially excluded groups is approximately 73% for basic education programmes and 67% for secondary education programmes.

8.2.4 Other social reintegration projects

A high number of other projects to support reintegration

Among activities planned to assist in the social reintegration of current and former drug users are: financial assistance (61.1%), psychological support programs for social and family relationships (100%), legal consulting services (66.7%) and programs to promote healthy use of free time (44.4%).
The availability of psychological support programs and legal consulting services was judged good by more than 50% of the Regions and Autonomous Provinces concerned, while for the other activities less than 50% of the regional spokespersons judged the availability of the services offered positively, in particular the programs to promote the healthy use of free time were judged inadequate by 50% of the Regions and Autonomous Provinces compared to 27.3% in 2008.
Psychological support programs, consultancy services and programs to promote healthy use of free time with a view to social reintegration were found to have a good level of availability and even higher accessibility (more than 60%). The accessibility of financial assistance programs was positively evaluated in 54.5% of cases.

9. DRUG-RELATED CRIME, PREVENTION OF DRUG RELATED CRIME, AND PRISON

Information sources

Records on Law Enforcement Agency operations having to do with drug law offences (DPR 309/90) are collected and kept on file by the Criminal Police Central Directorate (DCPC) of the Interior Ministry. More specific information regarding offences for illicit drug possession for personal use is collected by the Central Directorate for Documentation and Statistics (DCDS) of the Interior Ministry (ST 11 – IT 1). The Central Directorate for Anti-drug Services (DCSA) of the Interior Ministry (ST 11 – 1), on the other hand, is responsible for data regarding operations to fight the production and illegal trafficking of drugs and narcotics.
As far as drug law offences are concerned, the archives at the Department of Judicial Affairs, Office 1 (Legislative and International Affairs and Pardons), and Office 3 (Criminal Records) provide information on pending and completed drug and alcohol cases with a definitive sentence. The movement of adults and minors through the correctional system is the responsibility, respectively, of the Department of Prison Administration (DAP) for adults (ST 12), and of the Department of Juvenile Justice for minors.

9.1. Drug-related Crime

9.1.1. Drug law offences

Over 23.000 operations: intense prevention and crime-fighting activity. Over 36,000 crime reports filed.

According to information collected by the Central Directorate for Anti-drug Services of the Interior Ministry, Law Enforcement Agencies, during the course of 23,187 anti-drug operations carried out throughout Italy in 2009, issued 36,277 citations for crimes related to the production, trafficking and sale of illegal substances, conspiracy with intent to traffic and other crimes and offences in violation of Presidential Decree DPR 309/90 (ST 11 – IT 2).

Report characteristics: 66% Italians 34% foreigners Low percentage of female subjects (9%)

65.8% of the cases submitted to the Courts in 2009 involved Italians, and 9% involved females. The average age of the reported individuals was approximately 31 years, with some differences according to nationality (32 for Italians and 30 for foreigners), while a more marked difference was observed between the types of crimes committed (31 years of age for crimes related to Art. 73 and 36 years of age for crimes related to Art. 74).

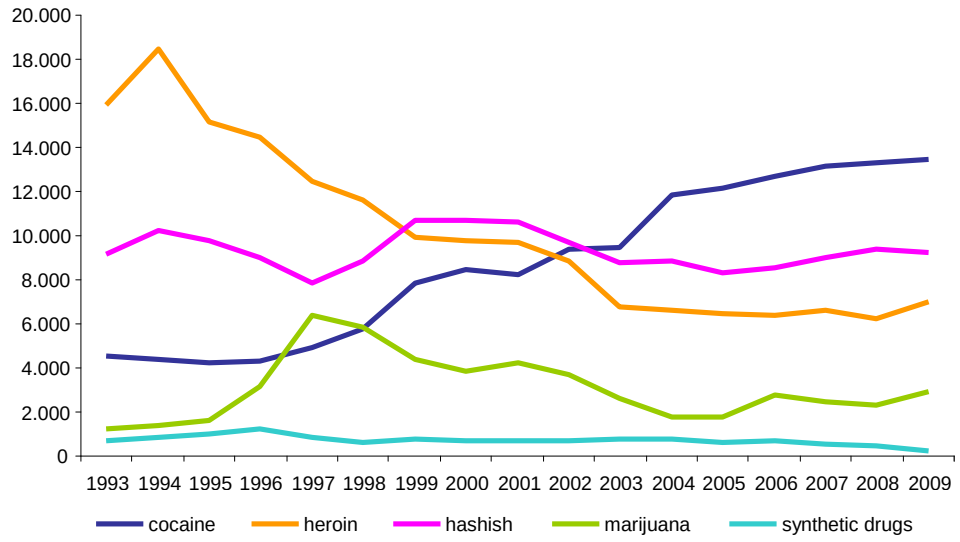
Increase in the number of crime reports filed and in the % of charges filed against foreigners

Since 2004, there has been an increase in the number of individuals reported, which reached the same high in 2009 as was observed in 1994, accompanied by a similar rise in the percentage of foreigners apprehended and brought before the courts, which reached its highest levels in 2009, equal to 34.2% of all persons reported in anti-drug campaigns.

Reports filed by substance type: 37% cocaine 33% cannabis 19% heroin

37% of cases to the Courts for drug law offences involved cocaine trafficking, followed by cannabis (33%) and a lower percentage of heroin (19%). Among those Italian nationals reported, about 90% were male, except for the cases of heroin trafficking, where the percentage dropped to 84%. Higher percentages can be observed for the foreign male population (over 93% for all substances).

Figure 9.1: Persons charged with crimes during the course of anti-drug operations conducted by Law Enforcement Agencies, by type of illegal substance seized. The years 1993 - 2009



Source: Based on data from the Interior Ministry – Central Directorate for Anti-drug Services

More young persons reported for synthetic drug trafficking

Those reported for synthetic drug trafficking were, on the average, younger (26 years of age) with regards to those submitted for other substances, and in general the average age of the women was higher with respect to the men (33 and 31 years of age, respectively, for the Italian population and 31 and 29 years of age, respectively, in the foreign population).

Trends in crime reports by drug type: a rise in reports involving cocaine and heroin

Over the last sixteen years, the profile of illicit-substance trafficking has evolved appreciably: the percentage of reports for heroin trade fell from 48% in 1993 to 17.6% in 2008, followed by a slight rise in 2009, when the percentage reached 19.3%. On the other hand, there has been a sharp increase in cocaine dealing (14% of crime reports for illicit substance trafficking in 1993, compared to 37% in 2009) (Figure 9.1).

Persons reported pursuant to Art. 75 of Presidential Decree D.P.R 309/90 and the amendments thereof

According to information collected by the Central Directorate for Documentation and Statistics, 28,494 persons were reported to the Prefectures for possession of illicit substances for personal use (pursuant to Art. 75[1] of Presidential Decree DPR 309/90) (ST 11 – IT 1), of whom 26,570 were men (equal to 93.2 %) and 1,924 were women (equal to 6.8%).

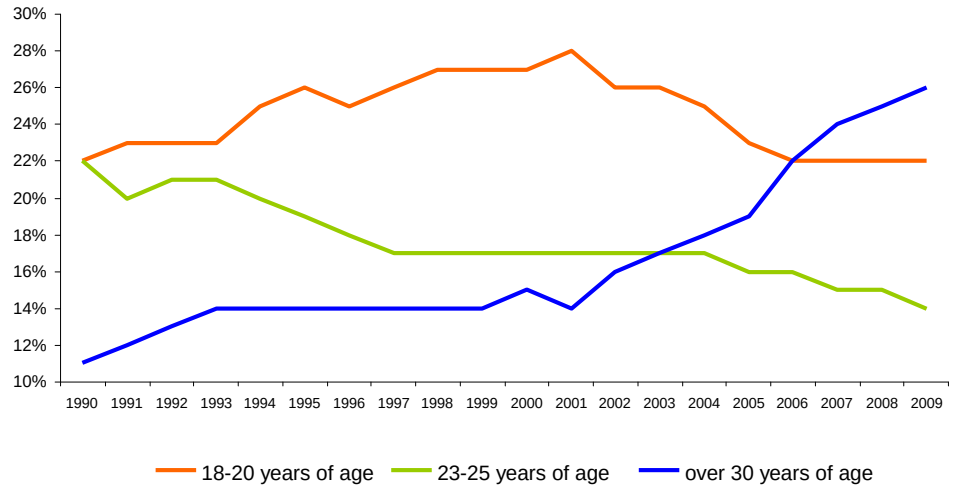
The number of persons reported in 2009 pursuant to Art. 75 of Presidential Decree DPR 309/90 and the amendments thereof, as established on 30 April 2010, showed a decrease in comparison with the number established on the same date of the previous year (35,632).[2.] The data is constantly being updated by the personnel of the Drug Addiction Operating Units (N.O.T.s) of the Prefecture Territorial Government Offices (UTGs) and is consolidated after approximately two years or more.

[1] *Art. 75 is applied every time the Law Enforcement Authorities confiscate drugs possessed for personal use. Upon filing of the report, the subject is summoned by the competent Prefecture for an interview and in order that the appropriate action may be taken. In accordance with the new legislation, the Prefecture where the reported subject has his or her residence is responsible for administrative proceedings, and not the Prefecture where it is established that the violation took place, as was the case before Law 49/2006 came into force.*

[2] *Based on the figures for the year 2008, established on 30 April 2009, the number of persons reported pursuant to Art. 75 was 35,632. The data is constantly being updated by the personnel of the Drug Addiction Operating Units (N.O.T.s) of the Prefecture Territorial Government Offices (UTGs) and are consolidated after approximately two years or more.*

The late delivery of toxicological analyses and the lack of toxicology laboratories at a provincial level prolonged the time for the issuing of summonses, as the Drug Addiction Operating Units (NOTs, *t.n. Nucleo Operativo Tossicodipendenze*) can only move forward with administrative proceedings against reported subjects once they have the results of the substance analyses. This situation may have caused the decrease in the number of persons reported.

Figure 9.2: Percentage distribution of persons reported pursuant to Art. 75, by principal age groups. The years 1990 – 2009



Source: Data from the Interior Ministry – Central Directorate for Documentation and Statistics

Trend is on the rise for individuals over 30 years of age

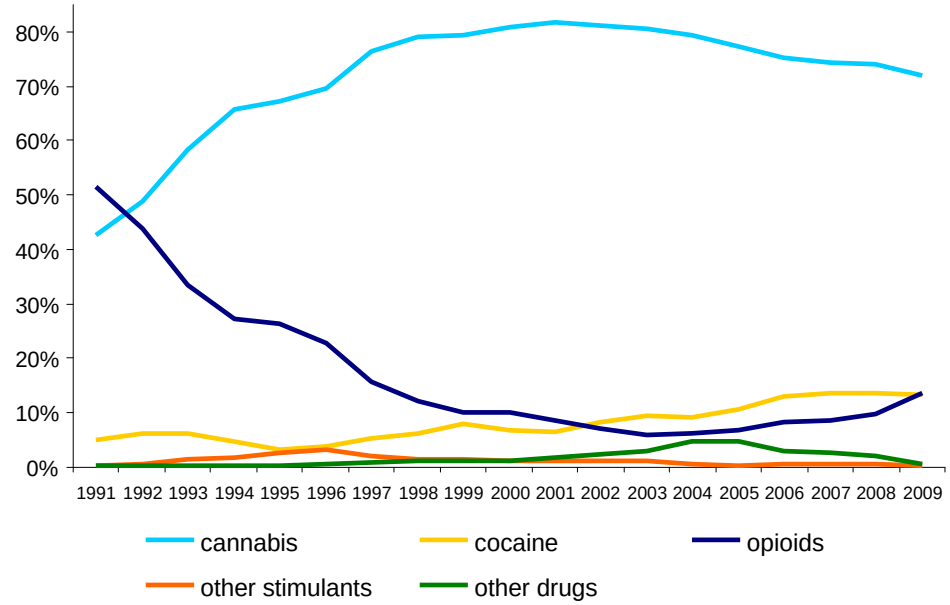
From the Drug Addiction Operating Units (NOTs) of the Prefectures: the age of first use has gone down and there has been an increase in the number of polydrug users and of drug use in combination with alcohol consumption

Drugs for which persons were reported: 72% of the reports were for cannabis

Trends in the different age groups, as emerged over the course of the years between 1990 and 2009, show that subjects reported pursuant to Art. 75 are mostly between 18 and 25 years of age, although the percentage of subjects reported who are over the age of 30 has been rising more steadily since 2002 (Figure 9.2). Although the percentage of subjects in the youngest age groups (14 years of age and younger and the 15- to 17-year-old age group) has not shown any consistent increase. Nonetheless, based on information gathered during the course of interviews at the Prefectures, the Drug Addiction Operating Unit personnel confirm that the age of first use of narcotic and/or psychotropic drugs has gone down appreciably and that, in recent years, there has been a higher incidence of polydrug users among the persons reported, and these often use narcotics in combination with alcohol.

As regards types of drugs, in the year 2009, the majority of the subjects reported (72% of the total of new subjects and repeat offenders) were found to be in possession of cannabinoids, followed by those in possession of cocaine (13%), and then by those in possession of heroin (11% of the total number of subjects reported for possession in that year). If one adds the number of subjects reported for heroin possession for personal use to those reported for possession for personal use of methadone, morphine and other opioids, the percentage reaches approximately 14% of the total of all persons reported.

Figure 9.3: Percentage distribution of persons reported pursuant to Art. 75, by substance type. The years 1991 – 2009



Source: Based on data from the Interior Ministry – the Central Directorate for Documentation and Statistics

Heroin use on the rise

In comparison with the past, the last four years have shown an increase in the number of individuals in possession of heroin for personal use (from 8% in 2006 – 2007 to 9% in 2008 and 11% in 2009), although the methods of consumption have changed, since this drug is now "smoked" (Figure 9.3).

The number of cannabinoid users is on a slight but constant decline compared to previous years, (79% in 2004 and 75% in 2006). The percentage of hashish and marijuana users, however, remains the highest among the total number of subjects reported for personal drug use pursuant to the afore-mentioned legislation.

Trends in cocaine use

The number of persons in possession of cocaine for personal use (risen from 11% in 2005 to 13% in 2006 and to 14% in 2007 and in 2008) fell slightly in 2009 (to 13%). Nonetheless, cocaine remains the second-most-reported substance, a figure which is of particular concern, considering that the majority of subjects reported are young people between 18 and 25 years of age.

Actions taken

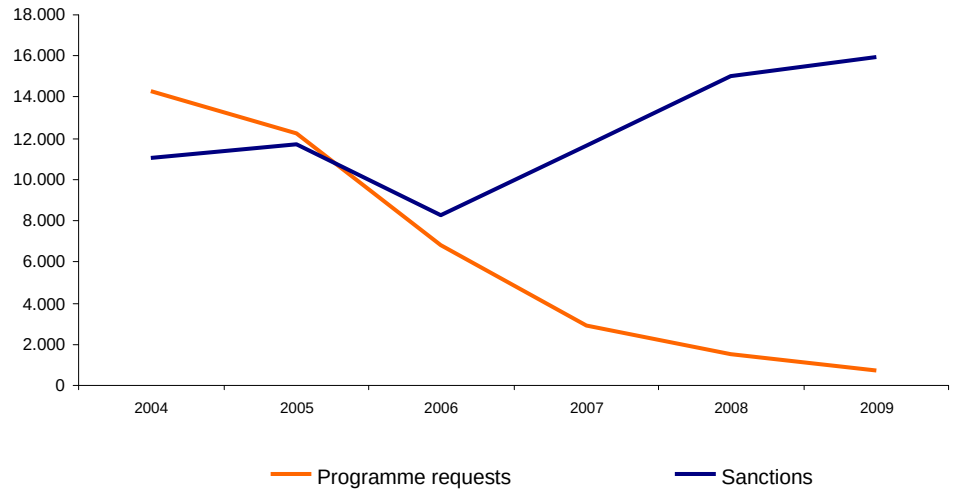
In 2009, 15,923 administrative sanctions were imposed by the Prefectures pursuant to Paragraph 1 of the afore-mentioned Art. 75. Of these, 9,939 (62.4%) were imposed following interviews conducted at the Drug Addiction Operating Units (NOTs) of the Prefecture Territorial Government Offices (UTGs) and 5,984 (equal to 37.6 %) were imposed as a result of the failure of the subjects to present themselves for their interviews. In comparison with the previous year, when 14,993 sanctions were imposed, the 2009 figure shows an increase (Figure 9.4), but this may be due to the fact that the figures are provisional.

During the year in consideration, 711 of the subjects reported and subsequently interviewed (approximately 2.5% of the total number of persons reported) were invited to enter treatment with Drug Addiction Services or in social-rehabilitative therapeutic communities.

During the same period of time, administrative proceedings against 2,513 persons were dismissed as a result of their having completed their prescribed treatment programmes. The number of persons sent to prescribed treatment programmes has decreased appreciably, both in comparison with the previous year, when 1,489 of the persons reported were invited to enter treatment programmes, as well as in comparison with the figure for 2007 (2,888) and with the figures for previous years.

Figure 9.4: Administrative sanctions and invitations to enter treatment and rehabilitation programmes following the filing of a report pursuant to Art. 75. The years 2004 - 2009

Since 2006, there has been a sharp decline in the number of subjects invited to enter treatment programmes and an increase in the number of sanctions



Source: Based on data from the Interior Ministry – the Central Directorate for Documentation and Statistics

Under Law 49/2006, currently in force, sanctions are no longer suspended, as they were under previous laws, but are imposed regardless, only following which is the reported subject invited to enter a treatment and rehabilitation programme. It is for this reason that the subjects reported are no longer motivated to accept the invitation to undergo treatment and rehabilitation programmes. This explains the sharp decline in the number of individuals entering these programmes in 2007, 2008 and 2009 and who, when invited to undergo treatment and rehabilitation, did not accept, as the sanctions against them would not have been suspended in any case.

The phenomenon is favoured by the failure to suspend sanctions in cases where subjects accept the invitation to enter treatment programmes (Law 49/2006)

9.2. Prevention of drug-related crime

In light of the increase over recent years in the number of fatalities linked to what has come to be called the “Saturday night massacre”, legislative preventative action has been taken. The legal level of psychotropic substance content in the blood has been lowered, along with an introduction of stricter sanctions for those who break the law. In addition, the number of checks being carried out has been stepped up, as has the monitoring of drivers’ psycho-physical condition.

Drugs, alcohol and driving

Checks carried out by Law Enforcement Agencies (FFOO) can be divided into two categories: checks based on “reasonable suspicion” and “random” checks. The former aim to identify drivers who exhibit behaviour that is incompatible with safe driving and deprive them of their ability to cause harm. These, therefore, are preventative actions aimed at specific drivers. The results of these checks (meaning their numbers and types) depend, however, on what operations the Armed Forces are conducting at a given time in a given place, and can therefore vary according to those

Types of checks carried out by Law Enforcement Agencies: both based on reasonable suspicion and random

variables.
Random checks, on the other hand, are an indispensable tool for increasing our knowledge of trends in this phenomenon among the entire driving population. While reasonable suspicion checks serve to identify single drivers driving under the influence (DUI), (a contingent danger in the context of road safety), random checks aim to establish the percentage of DUI drivers (and therefore, they target the entire population of drivers).
The number of checks based on reasonable suspicion of DUI carried out by the FFOO in 2009 rose yet further (going up by 14.9%) with respect to the previous year. This rise can be largely traced back to the fact that there has been an ongoing increase in the number of tools (breathalyzers) that the FFOO have at their disposal.

A sharp increase in checks based on reasonable suspicion (14.9%)

The results of the checks carried out appear to confirm that there has been a deterrent effect for DUI, regarding both alcohol consumption and illicit psychoactive drug use. In 2009, 2.9% of all drivers subjected to checks (47,175 cases) were found to have a blood alcohol level over the legal BAC of 0.5 g/L, in comparison with percentages of 3.4% recorded in 2008, 6.0% in 2007 and 15% in 2006, showing an drop of over 12 percentage points since 2006.

Creation of a deterrent effect, leading to a sharp drop in the percentage of positive test results:
2006 = 15.0%
2007 = 6.0%
2008 = 3.4%
2009 = 2.9%

Checks for drivers driving under the influence of illicit drugs have also shown encouraging results. The decrease in the percentage of positive test results over the last two-year period, with figures levelling off around 0.3% of the total number of drivers subjected to testing, suggests that there has been an increase in awareness of the fact that Law Enforcement Agencies have stepped up the number of checks carried out and also that people are aware of the new and stricter sanctions that have applied under the new Traffic Code since May 2008.

Table 9.1: Drunk driving and driving under the influence of illicit psychoactive drugs checks performed by the Traffic Police and the Carabinieri Corps – The years 2006 - 2009

	2006	2007	2008	2009
Number of checks	241,935	790,319	1,393,467	1,601,080
Difference in comparison with the previous year	-	200%	76%	14.9%
Drunk driving				
Positive results	36,317	47,206	47,465	47,175
% positive of total tested	15.0%	6.0%	3.4%	2.9%
Driving under the influence of drugs				
Positive results	3,416	4,515	4,564	4,388
% positive of total tested	1.4%	0.6%	0.3%	0.3%

Source: Based on data from the Interior Ministry – Central Directorate for the Traffic Police

A drop in the percentage of positive drug test results as well:
2006 = 1.41%
2007 = 0.57%
2008 = 0.33%
2009 = 0.27%

During the course of the “Drugs on Street” Project, carried out in 2009 in the municipality and province of Verona, 259 drivers, with an average age of 30 and most of whom (87.3%) were males, were subjected to clinical and toxicological exams.
With regards to the overall sample of drivers who underwent testing, there was a 45.9% positive test result for alcohol, drugs or alcohol and drugs together. Alcohol was the most frequently found substance among drivers tested (30.1%) followed by drugs (5.4%) and by a combination of alcohol and drugs (10.4%). In particular, among those who tested negative with the breathalyzer (154), 9% tested positive with the toxicological exams. If those subjects had only been subjected to breathalyzer tests, they would have

Results of the “Drugs on Street” project: 46% positive test results for alcohol and/or drugs

gone back to driving despite the fact that they were in an altered psycho-physical condition and unfit to do so.
The blood alcohol content-testing to which the subjects were subjected by Law Enforcement Agencies showed that 40.5% of those tested had a blood alcohol level higher than the maximum legal BAC for driving (0.5 g/L). Indeed, the average blood alcohol level found was 1.13 g/L, approximately twice the legal limit. Among those drivers who tested positive for drugs (16.1%), cannabis was the most frequently found substance (55.1% of cases), followed by cocaine (34.7%), amphetamines (4.1%) and opioids (6.1%). If we analyse positive alcohol and drug testing results by gender, we can see that alcohol is the substance most commonly found among female drivers (91.7%) while male drivers used a combination of drugs and alcohol more frequently than their female counterparts (25.2%).
Law-Decree 92 of 23 May 2008, converted into Law 125 on 24 July 2008, provides, among its provisions, for the preventative seizure, with intent to confiscate, of vehicles if the driver's blood alcohol level tests at above 1.5 g/L.
In 2009, the provision for seizure was applied in the cases of 5,625 drivers (46% more than in 2008) who tested above the prescribed blood alcohol content level (equal to 12% of all positive tests), as well as in the cases of 623 drivers who tested positive for illicit drugs (1.3% of all positive tests).

Law 125 / 2008 and seizure of vehicle if BAC is >1.5 g/L

9.3. Interventions in the criminal justice system

9.3.1. Alternatives to prison

Probation, in special cases, is governed by Art. 94 of Presidential Decree 309/90 and involves, in accordance with the law, both drug addicted and alcoholic persons, although actually nearly all of the cases are drug addicts.

2,047 drug addicts have been granted probation

In 2009, 7,116 persons were put on probation, a 34% increase with respect to the previous year, after a three-year period (2005 – 2007) in which the overall number of persons put on probation had taken a significant dip, falling from over 16,000 probations granted in 2005 to hardly more than 3,200 in 2007, due to the enforcement of Law 241 of 31 July 2006 regarding the concession of pardons. The enforcement of this law, applied both to cases before the courts on the date upon which it entered into force, as well as to new cases committed up to the date of May 2, 2006 which had a maximum potential sentence of three years resulted in a sharp decrease in the number probations granted over the course of the year.
Approximately 29% (2,047 persons) of individuals were placed on probation in order either to enter or continue a drug addiction treatment program pursuant to Art. 94 of Presidential Decree DPR 309/90. 71% of individuals were placed on probation in order to fulfil a maximum three-year sentence requirement, pursuant to Art. 47 of Law 354 of 26 July 1975 and the amendments thereof (the remaining 0.04% were military probations).

7,116 prison inmates (including drug addicts) were granted probationary measures; of these, 2,047 were drug addicts granted probation pursuant to Art. 94

Table 9.2: Drug addicted subjects placed on probation – The year 2009

Characteristics	2008		2009		% Diff.
	N	% c	N	% c	
Gender					
Men	1,308	94.6	1,920	93.8	-0.8
Women	74	5.4	127	6.2	0.8
Total	1,382		2,047		48.1
Nationality					
Italians	1,300	94.1	1,925	94.2	0.1
Foreigners	81	5.9	118	5.8	-0.1
Average age					
Men	36,6		36.9		
Women	35,1		36.9		
Total	36,5		36.6		
Age groups					
18-24	94	6.8	118	5.7	-1.1
25-34	512	37.0	716	35.0	-2
35-44	554	40.1	866	42.3	2.2
45-54	178	12.9	282	13.8	0.9
> 54	44	3.2	65	3.2	0
Type of offence or crime					
Against family, public decency and morality	10	0.7	22	1.1	0.4
Against public safety	5	0.4	1	0.1	-0.3
Against property	379	28.4	539	27.6	-0.8
Against persons	57	4.3	71	3.6	-0.7
Against the State, other social institutions and public order	14	1.0	16	1	0
Violations of drug laws	480	35.9	764	39.1	3.2
Other crimes	391	29.3	537	27.5	-1.8
Reasons for probation ending					
Revoked as a result of negative progress	241	22.5	165	22.6	0.1
Revoked as a result of changed legal status	11	1.0	13	1.8	0.8
Revoked as a result of offences committed during the probationary period	7	0.7	6	0.8	0.1
Revoked as a result of inability to locate the party	6	0.6	5	0.7	0.1
Revoked for other reasons	5	0.5	2	0.3	-0.2
Filed because proceedings were closed	689	64.5	457	62.8	-1.7
Filed due to relocation	99	9.3	67	9.2	-0.1
Filed for other reasons	11	1.0	13	1.8	0.8

Source: Ministry of ustice-Department of Prison Administration - Directorate-General for the Execution of External Sentencing

A 48% increase in the number of subjects who have been granted probation

22.6% of probations revoked as a result of negative progress

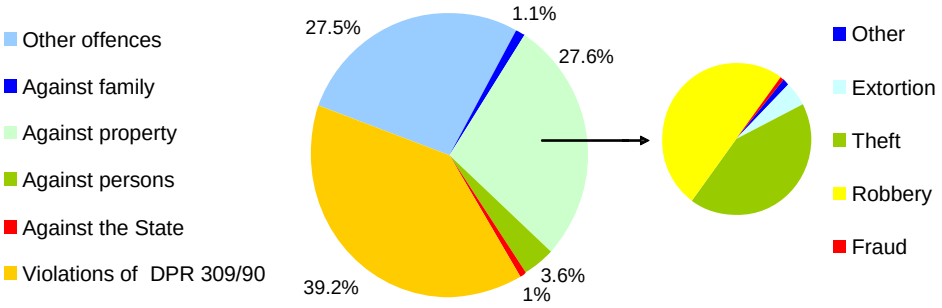
62.8% of probations concluded successfully

Increase in the number of drug addicts placed on probation

The trend for the number of drug addicted individuals placed on probation has been running counter to the overall probation trend. After falling from 2001 to 2004, recently the number of drug addicts placed on probation began to rise steadily, from 26% in 2008 to 29% in 2009.
After drug law offences, the second most common type of offence committed by drug addicts then placed on probation were property

offences (27.6%), of which most were robbery (13.8%) and theft and handling of stolen goods (11.7%). A further 3.6% of subjects had committed crimes against persons, consisting of injury, threat, abuse, slander/libel and, in 0.8% of cases, sexual assault (Figure 9.5).

Figure 9.5: Total number of subjects on probation pursuant to Art. 94, by type of crime or offence committed. The years 2002 – 2009

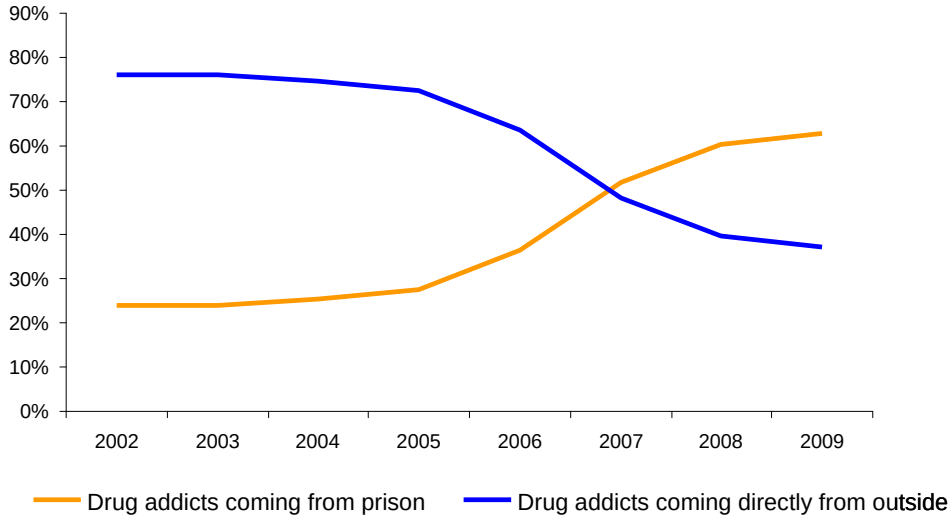


Source: Ministry of Justice - Department of Prison Administration - Directorate-General for the Execution of External Sentencing

The number of individuals on probation with the Offices for the Execution of External Sentencing (UEPE) who came from correctional facilities rose over the last two-year period (Figure 9.5), from 36% in 2006 to 52% in 2007 and to 63% in 2009. This information should be considered in light of the sentence reductions set forth in Law 241/06 which, with the exception of some types of crime, made it easier for subjects with custodial sentences of over three years to take advantage of alternative measures, while at the same time significantly limiting the access to such measures for subjects with custodial sentences of three years or less, who would have been able to take advantage of said measures directly from outside, without first passing through the prison system.

A sharp rise in the number of subjects placed on Probation with the Offices for the Execution of External Sentencing (UEPE): from 36% in 2006 to 63% in 2009

Figure 9.6: Percent of drug-addicted subjects entering probation after serving time in prison and percent of drug-addicted subjects entering probation from outside the prison system. The years 2002 – 2009



Source: Ministry of Justice - Department of Prison Administration - Directorate-General for the Execution of External Sentencing

Nearly 9% of convicts granted alternative sentencing in 2009 pursuant to

Art. 94 of Presidential Decree DPR 309/90 had their alternative sentences revoked, almost all of them due to negative progress. Another 26.2% had their alternative sentences filed, mostly because legal proceedings against them had been closed. Most of the revocations of probation were for those subjects who had come from prison, in contrast with the cases of probation than were simply filed, the larger percentage of which were those subjects who had been entered probation from outside, without first passing through the prison system. If we look more closely at the revocations, we see that, in comparison with 2008, there was, however, an increase in the percentage of subjects coming directly from outside without passing through the prison system who had their probations revoked for negative progress, as well as an increase in revocations for other reasons among subjects entering probation from within the prison system.

9.4 Drug use and problem drug use in prisons

Prison inmates and drug addiction

The principal objective of this type of study of convicts in prison is to identify the contingent of inmates who are addicted to drugs and therefore in need of treatment. In such cases, Art. 94 of Presidential Decree 309/90 (probation) applies.

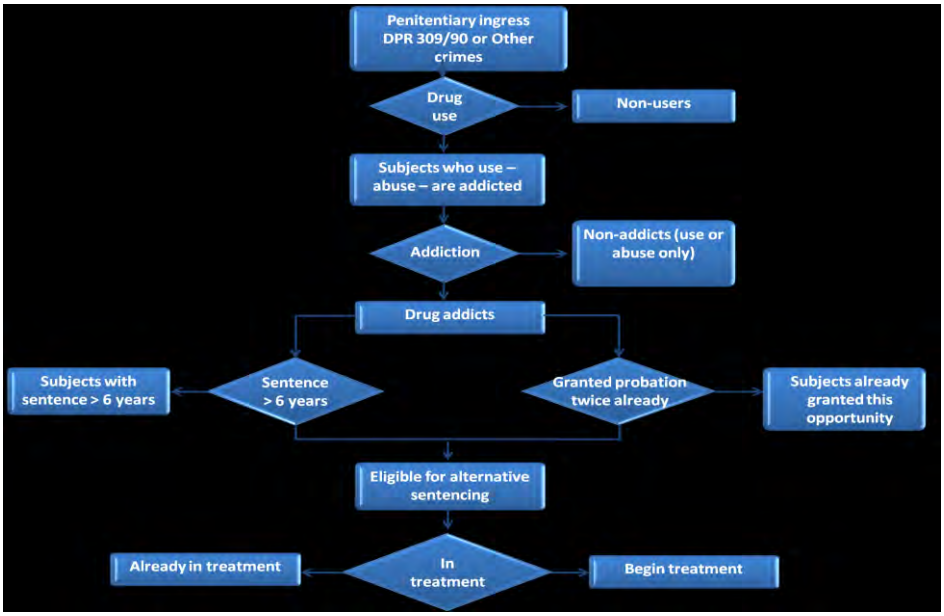
A few important specifications

To this end, before proceeding to the analysis of the data collected by different information sources on incarcerated drug addicts, it is necessary to take a more in-depth look at the definition of the term “Drug addicts”, which is currently neither uniform nor universal and is used differently by the various information sources and organizations which deal in data regarding this phenomenon. It is therefore necessary to set forth the following specifications:

1) Prison inmates who used drugs prior to imprisonment may present different levels of clinical acuteness based on whether or not they are addicted to drugs. It would be more correct, therefore, in the lack of a universal and standardized classification system, to use the phrase, “incarcerated subjects with drug-related social and health problems”.
2) Incarcerated persons with “drug-related social and health problems” could and should, therefore, be divided into two main groups: A) “Drug addicted” inmates and B) inmates who “use drugs but are not addicted”. Information flows from the Department of Prison Administration do not currently allow for the precise distinction between these two categories of inmates, and underestimates and overestimates for each group are therefore a possibility.
3) The term “Drug addict” is often applied to persons who are not actually addicted according to true clinical criteria.
4) It must be kept in mind that inmates with drug-related social and health problems may have entered prison for drug-related offences pursuant to Presidential Decree DPR 309/90, but also for other types of offences or crimes.
5) In order to make an accurate estimate, of the kind required to plan future actions and to create incentive for the application of Art. 94 (probation) of Presidential Decree DPR 309/90, it is therefore of fundamental importance to draw a distinction between inmates who are “drug addicted” and inmates who “use drugs but are not addicted”, and thus provide the former category of inmates, who fall under the particular types of cases set forth in Art. 94 of DPR 309/90, with the possibility of taking advantage of the probation

option. Indeed, it is the presence of an actual addiction that calls for treatment that establishes a subject's right to demand said treatment under law.

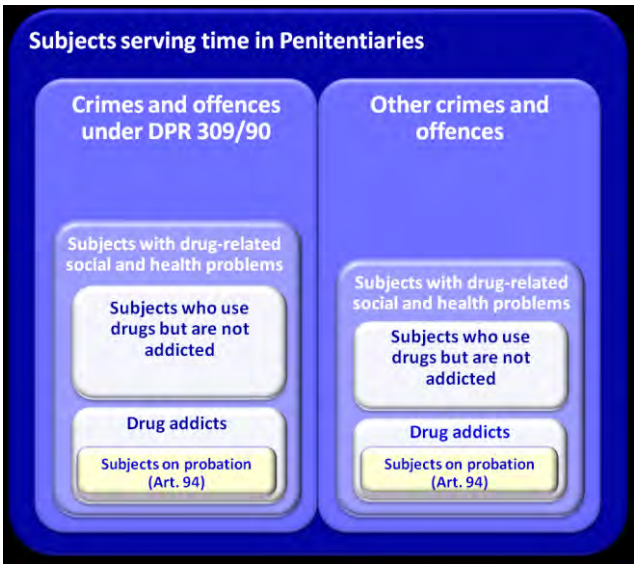
Figure 9.7: A concise diagram illustrating the flow of subjects entering prison according their status as drug users



Source: Department for Anti-drug Policies

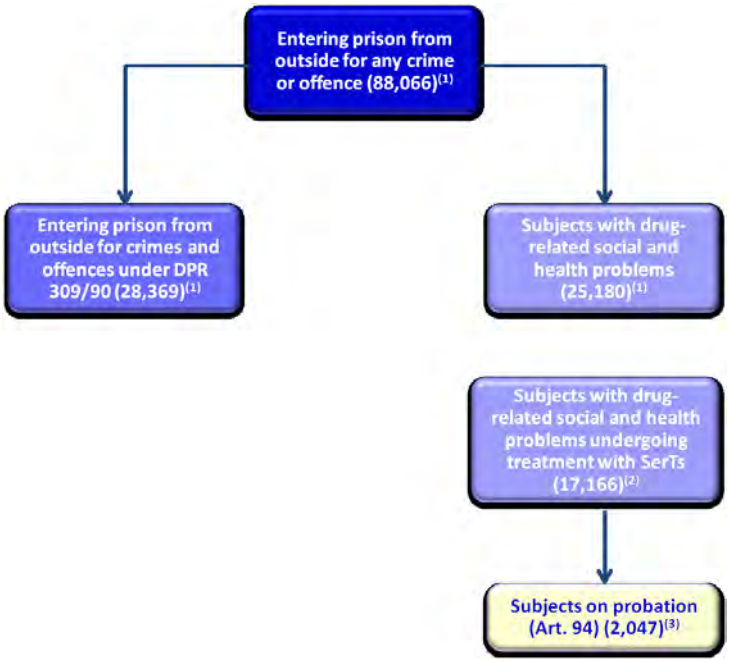
Figure 9.6 shows the conceptual illustrative diagram illustrating the flow of the "classification" of subjects entering penitentiaries according to their status as drug users, their potential classification as addicts and the possible application of probation regulations for special cases (pursuant to Art. 94 of DPR 309/90).

Figure 9.8: Classification system and definitions proposed for subjects entering prison after sentencing in order to make a differentiated calculation based on their status as addicted or non-addicted drug users.



Source: Department for Anti-drug Policies

Figure 9.9: A reconstruction of data, from multiple sources, on prison inmates: entering the penitentiary system from outside, entering prison for crimes or offences under DPR 309/90, subjects with drug-related social and health problems, prison inmates receiving care from Public Drug Treatment Units (SerTs), subjects on probation pursuant to Art. 94 of DPR 309/90. The year 2009.



(1) Ministry of Justice - Department of Prison Administration - Office for the Development and Management of Automated Information Systems
(2) Ministry of Health - Directorate General for Prevention
(3) Ministry of Justice - Department of Prison Administration - Directorate-General for the Execution of External Sentencing

Source: The Department for Anti-drug Policies

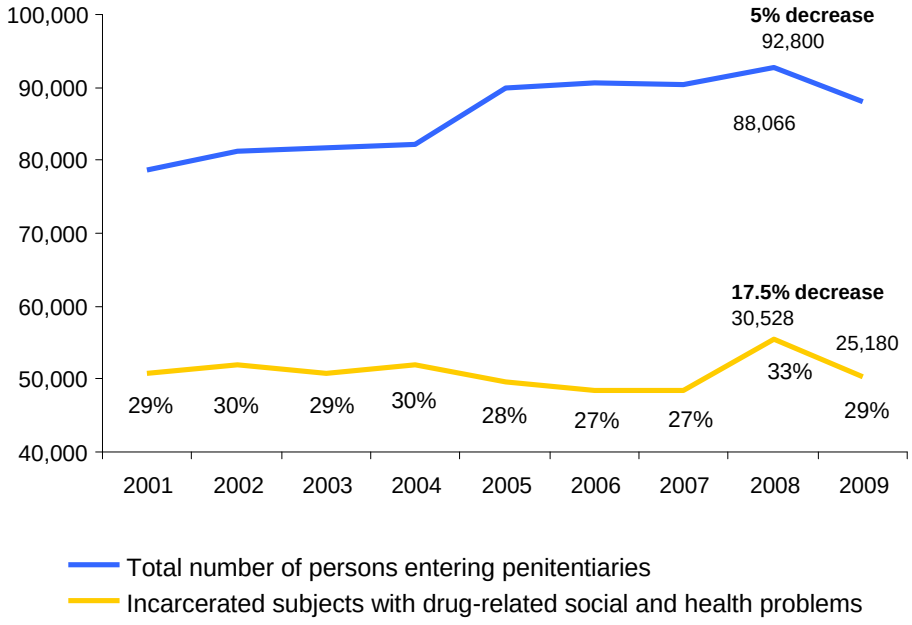
An application of the conceptual model illustrated in above points 1 through 5 classifies incarcerated subjects according to the categories shown in Figure 9.7. According to information currently gathered by the Ministry of Justice and the Ministry of Health, it is possible to identify and calculate the number of incarcerated subjects according to the categories shown in Figure 9.8. The figure reveals significant differences when comparing the different information sources. The difference is particularly evident between the number of subjects on probation in 2009, pursuant to Art. 94 of DPR 309/90 (2,047), and the number of drug addicts entering the prison system from outside in 2009, according to the Department of Prison Administration of the Ministry of Justice (25,180) (this source is used in order to complete the ST 12).

9.4.1. Incarcerated adult drug addicts

17.5% decrease in the number of persons with drug-related social and health problems entering the prison system from outside

According to the figures published by the Department of Prison Administration, there were a total of 88,066 persons entering prison from outside the system in 2009. In the same year, 28,369 subjects were serving prison time for violations of Art. 73 of Presidential Decree DPR 309/90, which deals with the production, traffic and unlawful possession of narcotic and psychotropic substances, a 1.7% decrease with respect to 2008. In 2009, the number of subjects with drug-related social and health problems entering the prison system from outside had fallen in comparison with the previous year (30,528 in 2008 as opposed to 25,180 in 2009), showing a return to the percentage values observed at the beginning of this most recent ten-year period (Figure 9.9).

Figure 9.10: Total number of persons entering penitentiaries and percentage of incarcerated subjects with drug-related social and health problems. The years 2001 - 2009



Source: Based on data from the Ministry of Justice – Department of Prison Administration

Drawing on a comparison between the information collected by the Ministry of Justice and by the Ministry of Health on incarcerated subjects with drug-related social and health problems, we find that, according to Ministry of Health sources, there are 17,166 incarcerated subjects undergoing treatment for various reasons with Public Drug Treatment Units (SerTs), constituting approximately 68.2% of the subjects with drug-related social and health problems recorded by the Ministry of Justice, a percentage that has varied between 55% and 80% over the most recent ten-year period.

Over the last five-year period in particular, there has been an ongoing, although not steady, rise in the percentage of subjects with drug-related social and health problems receiving treatment from SerTs in comparison with subjects entering the prison system from outside and defined as having drug-related social and health problems by the Ministry of Justice.

This evidence supports the hypothesis that only a portion of prison inmates with drug-related social and health problems (over 30%) were in need of diagnostic or therapeutic/rehabilitative treatments from SerTs, although it does not clearly identify the persons who were actually addicted to drugs as separate from those who were simply drug users.
It is furthermore likely that a number of the prison inmates undergoing treatment through SerTs were not necessarily incarcerated for violations of DPR 309/90, but for other types of crimes or offences.

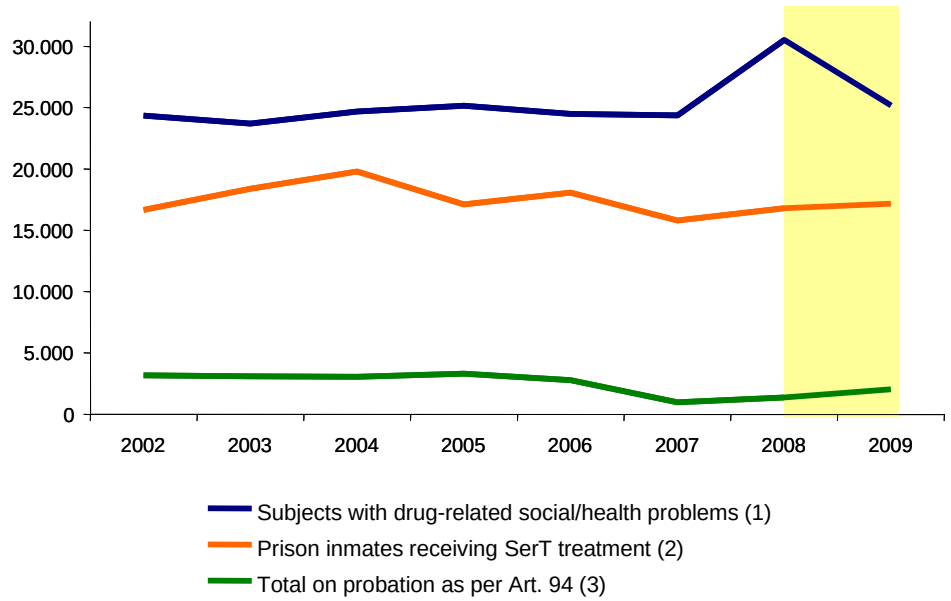
Table 9.3: Persons entering the prison system, incarcerated subjects with drug-related social and health problems, inmates receiving treatment with SerTs and subjects incarcerated for crimes and offences under DPR 309/90. The years 2002 – 2009

YEAR	Total persons entering prison system (1)	Subjects with drug-related social and health problems (1)	Subjects incarcerated for violations of Art.73 DPR 309/90 (1)	Incarcerated subjects receiving treatment through SerTs (2)	Subjects on probation pursuant to Art. 94 DPR 390/90 (3)
2002	81,185	24,356	24,959	16,661	3,189
2003	81,790	23,719	21,765	18,392	3,109
2004	82,275	24,683	21,392	19,805	3,058
2005	89,887	25,168	25,921	17,105	3,329
2006	90,714	24,493	25,399	18,075	2,799
2007	90,441	24,371	26,985	15,790	982
2008	92,800	30,528	28,865	16,798	1,382
2009	88,066	25,180	28,369	17,166	2,047

48.1% increase in the number of drug addicts placed on probation

Sources: (1) Ministry of Justice - Department of Prison Administration - Office for the Development and Management of Automated Information Systems
(2) Ministry of Health - Directorate General for Prevention
(3) Ministry of Justice - Department of Prison Administration - Directorate-General for the Execution of External Sentencing

Figure 9.11: Subjects with drug-related social and health problems entering the prison system, inmates undergoing treatment through SerTs and subjects placed on probation pursuant to Art. 94 of DPR 309/90. The years 2002 – 2009



Decrease in the number of persons entering the prison system

Increase in the number of inmates undergoing treatment through Public Drug Treatment Services (SerTs)

Increase in the number of persons placed on probation

Sources: (1) Ministry of Justice - Department of Prison Administration - Office for the Development and Management of Automated Information Systems
(2) Ministry of Health - Directorate General for Prevention
(3) Ministry of Justice - Department of Prison Administration - Directorate-General for the Execution of External Sentencing

9.4.2. Juvenile drug-users passing through the juvenile justice system

Subjects, and subjects entering the juvenile justice system

Statistics related to the characteristics of individuals passing through the juvenile justice system are collected by the Department of Juvenile Justice and processed by Office 1 of the Head of the Statistical Services Department, which publishes a report twice a year.

A slight decrease (46 less subjects) with respect to 2008

According to said report, approximately one-thousand (1,035) juvenile drug-users passed through the juvenile justice system in 2009 after being charged with offences or crimes, showing a slight decrease with respect to the figures from the previous year.

Almost all of the subjects are male

Over 96% of these juveniles entering the juvenile justice system were male, 80% were Italian, and the average age was 17.

Substances most often used by minors: cannabis and cocaine

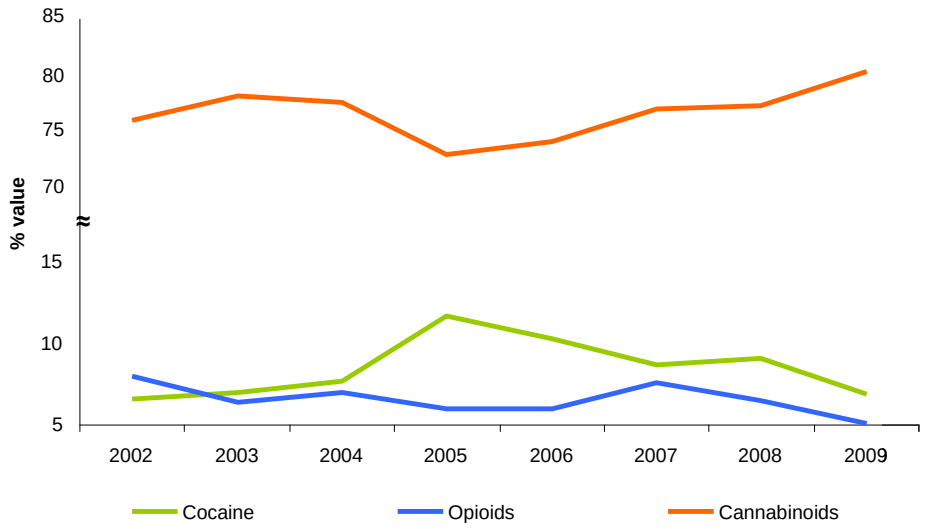
Slightly more than 80% of these minors passing through the juvenile justice system use cannabis, while 8% use cocaine and a further 4.4% of subjects use heroin. A comparison with the previous year's figures reveals a slight decrease in the use of cocaine and heroin, in contrast with an increase in the number of subjects who use cannabis (which rose from 78.4% to 81.7%).

Cocaine is more widely used than heroin

An examination of the trends in percentage distribution of minors by type of drug used and by nationality (Figures 9.11 and 9.12) reveals very different drug-use profiles for Italian minors and their foreign peers, although cocaine use has become more prevalent than heroin use for both groups as of 2003.

The trend among Italian minors: a higher level of cannabis use

Figure 9.12: Percentage of juvenile *Italian* drug users passing through the juvenile justice system, by type of drug used. The years 2002 – 2009

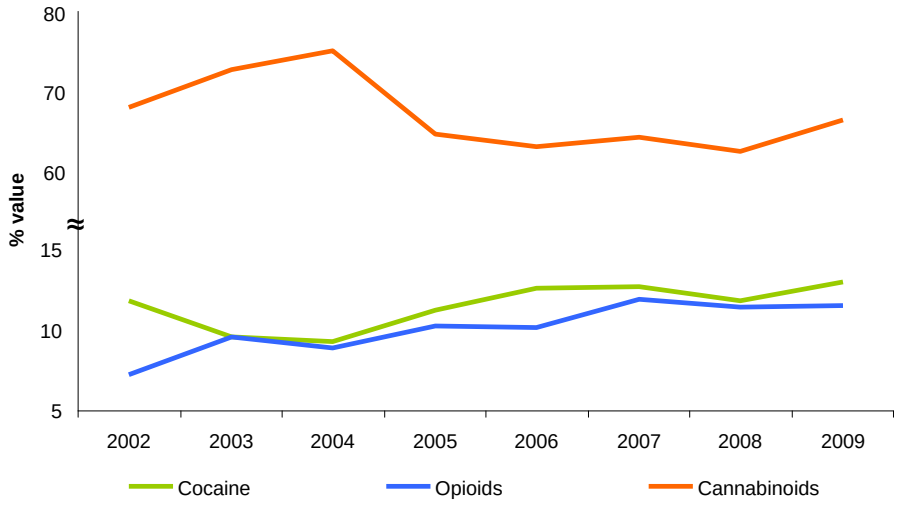


Source: Based on data from the Ministry of Justice – the Department of Juvenile Justice

In contrast with their Italian peers, among whom there has been a perceptible decrease in heroin and cocaine use, the percentages of foreign minors who use cocaine and heroin as well as those who use cannabis have increased, with respect to the 2008 figures, even though there has been a 7-point reduction in the percentage of cannabis users among foreign minors since 2004.

Figure 9.13: Percentage of juvenile *foreign* drug users passing through the juvenile justice system, by type of drug used. The years 2002 – 2009

The trend among foreign minors: a higher level of cocaine and opioid use than among their Italian peers



Source: Based on data from the Ministry of Justice – the Department of Juvenile Justice

Frequency of use

Daily drug use is most common among opioid users (approximately 58%), while occasional and weekly use are more common among users of cannabinoids and cocaine, respectively (29% and 49%). 57% of juvenile drug users who passed through the juvenile justice system in 2009 had committed drug law offences, followed by crimes or offences against property (36.5%), specifically robbery (18.4%) and theft (14.1%).

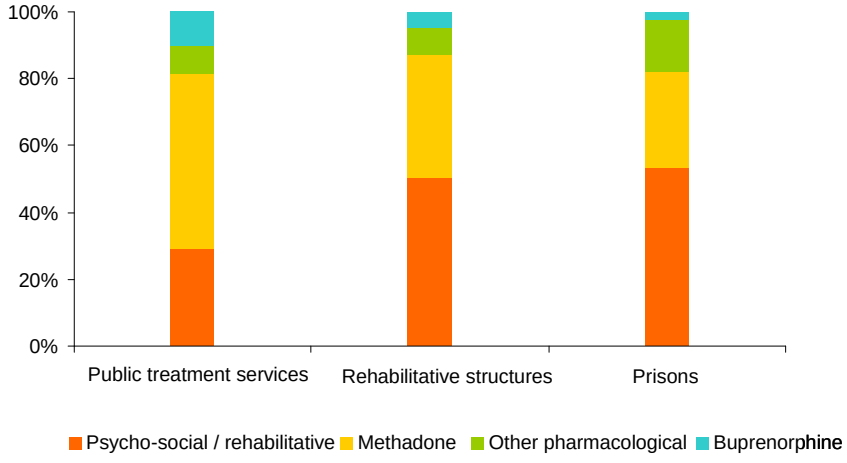
Different types of crimes committed by minors: mostly trafficking and dealing

9.5 Responses to drug-related health issues in prisons (and other custodial settings)

9.5.1. Drug treatment

Figures regarding psycho-social or pharmacological treatment provided to prison inmates differ according to whether the treatment is provided in public drug treatment facilities or in private non-profit structures, according to the information collected by the Ministry of Health (Figure 9.13).

Figure 9.14: Percentage distribution of clients according to treatment type and treatment location – The year 2009

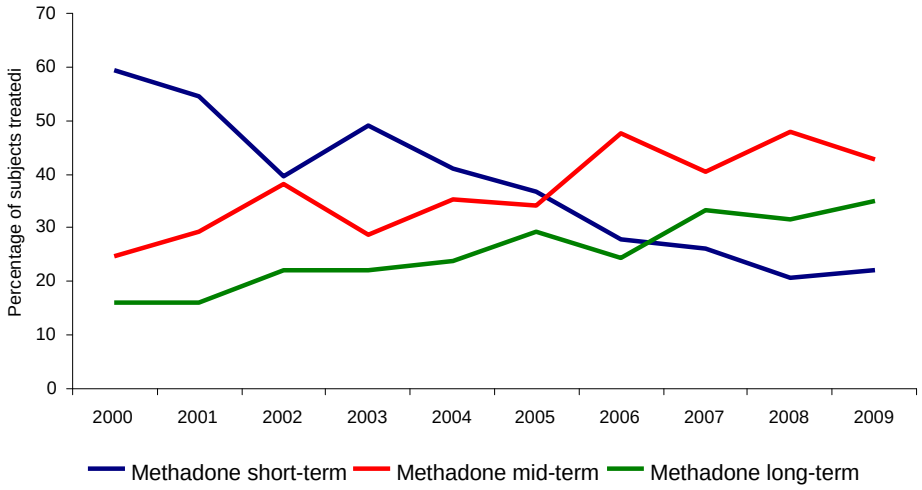


Source: Based on data from the Ministry of Health

Within prisons, in contrast with treatment provided at public treatment service facilities, the majority of treatment provided is psycho-social rehabilitation (53.3%). These treatments consist mainly of social service interventions, with a very small percentage being psychotherapy (2.5% of all psycho-social treatment provided).

Figure 9.15: Percentage distribution of clients to whom pharmacological methadone treatment was provided in prison, by length of treatment – The years 2000 - 2009

Trends in the use of methadone: a decrease in short-term treatments accompanied by an increase in mid-term treatments



Source: Based on data from the Ministry of Health

When observing trends in pharmacological treatments provided, we can see that there is a prevalence of short- and mid-term treatments, at the expense of long-term treatments, which have been tending to decrease progressively over time, albeit with some variability (Figure 9.18). The variability of the trend could be explained by the variation between the different lengths of time for which subjects are incarcerated.

9.5.2. Prevention of overdose-risk upon prison release

SQ 29

Based on the answers provided by the Regions to EMCDDA structured questionnaire SQ 29, in only one of every three Regions is there a specific and well-defined regional and/or local strategy for the reduction of the number of cases of death by acute drug poisoning (overdose).
The principal objectives reported on a Regional level were:

- funding for harm reduction activities that have been proven to be effective tools for regular use in Addiction Departments;
- the creation of on-street harm reduction activities to be conducted by specialized personnel;
- increasing the information exchange between drug addicts about how to reduce the risk of overdose, the development of special information initiatives for at-risk groups, encouraging lower-risk behaviours such as heroin use by inhalation; providing drug addicts with a vial of naloxone;
- instituting interinstitutional round tables on a local level, with the aim of improving collaboration on operations already launched by the Prefectures, Law Enforcement Agencies, Prison Administrations and Institutes of Forensic Medicine;
- stepping up coordination on local activities among all the social and health services active in the field and, in particular, encouraging the participation of drug addiction services and the emergency/urgent

care systems;
- Laying down operational protocols to support ongoing treatment, especially in the most high-risk situations;
- some regions have launched or stepped up social support activities, particularly those directed toward persons in more vulnerable and fragile social situations; where necessary, helping assist persons in at-risk situations to find work.

Over 6 million Euros for the prevention of drug-related deaths: 2 million Euros more than in 2008

With respect to 2008, the funds put aside for the prevention of acute mortality have grown by almost two million Euros (more than 46.5%), an increase due mostly to the fact that the Region of Lombardy was not included in last year's figures, as well as to the fact that the Region of Latium has doubled the amount of funds set aside for this purpose.

The Regions have launched specific structured services to provide support for policies and strategies for the prevention of drug-related health conditions and diseases, for harm reduction and for risk reduction.

In 2009, there were 113 structured harm reduction services throughout the Regions and Autonomous Provinces, with nearly two-hundred thousand clients between them.

40 Street Units (LRDs) to combat alcohol and night-related risks

Specifically, there were 34 street units dedicated to the reduction of drug-related harm, 40 street units (LRDs) dedicated to combating alcohol and night-related risks which, between them, were in contact with approximately 75,000 subjects over the course of the year 2008, 13 street units dealing with problems related to prostitution, 24 daytime drop-in centres, 1 24-hr. low-threshold reception centre, 2 shelters specializing in pathological addiction and, finally, 6 social harm reduction services supplying basic needs in the Friuli Venezia Giulia Region.

10. DRUG MARKETS

Preface

This chapter describes the main features of the supply of illegal drugs in Italy with the aim of providing the information needed to speculate on possible future developments in the demand for psychoactive drugs, with full knowledge of the increasingly complex and changing scenario, which sees the continual appearance and introduction on the market of new drugs or mixtures of already well-known drugs, with partly or completely unknown effects.

DCSA: the principal source of information

The profile described in this chapter is based on the processing of data collected by the Central Directorate for Anti-drug Services of the Ministry of the Interior (DCSA) and also draws on the annual report on drug-trafficking in Italy as an information source to which reference should be made for further details and in-depth analyses.

10.1. Availability and supply

An increase in the number of anti-drug operations: 14% more than in 2008

In comparison with 2008, in 2009 the number of anti-drug operations mounted against drug-trafficking organizations by the Police Forces grew by 14.1%, while in the four regions that are home to the traditional mafia organizations (Campania, Calabria, Sicily and Apulia) they grew by 26.3%. As far as cannabis plantations are concerned, it was in the aforementioned four regions that a full 86.3% of the total number of plants seized in Italy were found. This confirms that this year, as in the past, these plantations have become the “green gold” of “criminal capitalism” in Southern Italy.

Volume of drugs seized:
- decrease in heroin, cocaine and hashish
- increase in marijuana and synthetic drugs

Indeed, as far as marijuana is concerned (the only drug, apart from amphetamines, to register an increase in volume seized by the Police Forces in 2009 compared to 2008, growing by 211.8%) over half of amount seized in Italy (66.8%) was seized in the above-mentioned regions. The statistics for other seizures made in Calabria, Campania, Apulia and Sicily also speak for themselves: cocaine (26.6% of the total), hashish (25.8%) and heroin (21.3%).

34.2% of subjects against whom charges were filed with the Judicial Authorities for crimes in violation of drug laws were citizens of foreign countries, a figure which has grown by 8.0% in comparison with 2008 (while the overall increase – both Italians and foreigners – is only 2.5%), in keeping with the increasing trend that has continued since 2003 (+ 56,7%). Crime on the part of foreigners has long been a significant phenomenon in Italy, characterized by its widespread expansion across the country and by the constant increase in the number and complexity of its organizations and their operational potential, each of them with their own specific and protean characteristics. In comparison with the previous twelve months, 2009 saw a 107.14% increase in the number of violations of anti-drug laws on the part of Chinese nationals. It should be noted that the Chinese community, while concentrated largely in the Centre-North of Italy, has grown significantly in an important Southern province as well, Naples, where it has become a significant part of the area’s economic and entrepreneurial fabric, with hypothetical connections to “Camorra” clans in the drug-trafficking sector.

Chinese organized crime in the drug market

Drug traffickers in Italy get their supplies mainly from the following sources: cocaine comes from the Columbian market, passing principally through Mexico, Spain, the Netherlands, Brazil and the Dominican Republic; heroin comes from the Afghan market, passing principally through Spain and France; synthetic drugs come mostly from the Netherlands, as does most of the marijuana entering Italy. The criminal organizations with the most involvement in large-scale drug trafficking in Italy were found to be: for cocaine, the "'Ndrangheta" and the "Camorra", as well as Albanian, Columbian, Dominican, Moroccan and Spanish organizations; for heroin, criminal organizations from Sicily, Apulia and Campania together with Albanian, Tunisian and Moroccan groups; for cannabis derivatives, criminal organizations from Latium, Apulia and Sicily together with groups from Morocco, Tunisia, Spain and Albania.

Cocaine comes from Columbia, heroin from Afghanistan, hashish from Morocco and synthetic drugs and marijuana from the Netherlands

10.2. Operations and Seizures

The efforts of Law Enforcement Agencies to fight the illegal drugs market are continually growing, and they are concentrated on three main fronts: drug production, trafficking and sales. The following section provides a summary of the activities carried out by Law Enforcement Agencies in 2009 to fight this phenomenon and of the results thus achieved.

Initiatives to fight drug crime are increasing on three fronts: production, trafficking and sales

10.2.1. Quantities and numbers of seizures of illicit drugs

In 2009, Law Enforcement Agencies conducted a total of 23,187 anti-drug operations, a 1.6% increase in comparison with the previous year, and in keeping with the continuing increase that has been registered since 2004. The number reached in 2009 marked a new historical maximum for the past decade. Anti-drug operations conducted by Law Enforcement Agencies led to the seizure of illegal drugs in 85% of cases, to further crime detection in 8% of operations and to the discovery of quantities of drugs in a further 7% of anti-drug activities.

Number of anti-drug operations increasing: in 2009 they reached a new historical maximum

Types of operations

Table 10.1: Anti-drug operations and illegal drug seizures. The year 2009

	2008		2009		Δ %
	N	%	N	%	
Anti-drug operations					
Seizure	19,080	83.6	19,686	84.9	+ 3.2
Crime detection	1,956	0.5	1,880	8.1	- 22.7
Discovery	1,674	7.3	1,536	6.6	- 8.2
Discovery of laboratory	4	0.0	0	0.0	- 100.0
Other	110	8.6	85	0.4	- 3.9
Seizures of illegal drugs					
Cocaine (Kg)	4,133	9.7	4,078	12.7	- 1.3
Heroin (Kg)	1,307	3.1	1,149	3.6	- 12.1
Hashish (Kg)	34,616	81.5	19,474	60.5	- 43.7
Marijuana (Kg)	2,400	5.7	7,483	23.2	+ 211.8
Cannabis plants (plants)	148,170	-	119,182	-	- 19.6
Synthetic drugs (units/doses)	57,612	-	66,253	-	+ 15.0

An increase in the number of seizure operations

- Decrease in volumes for: cocaine, heroin, hashish and cannabis plants
- Increase for: marijuana and synthetic drugs

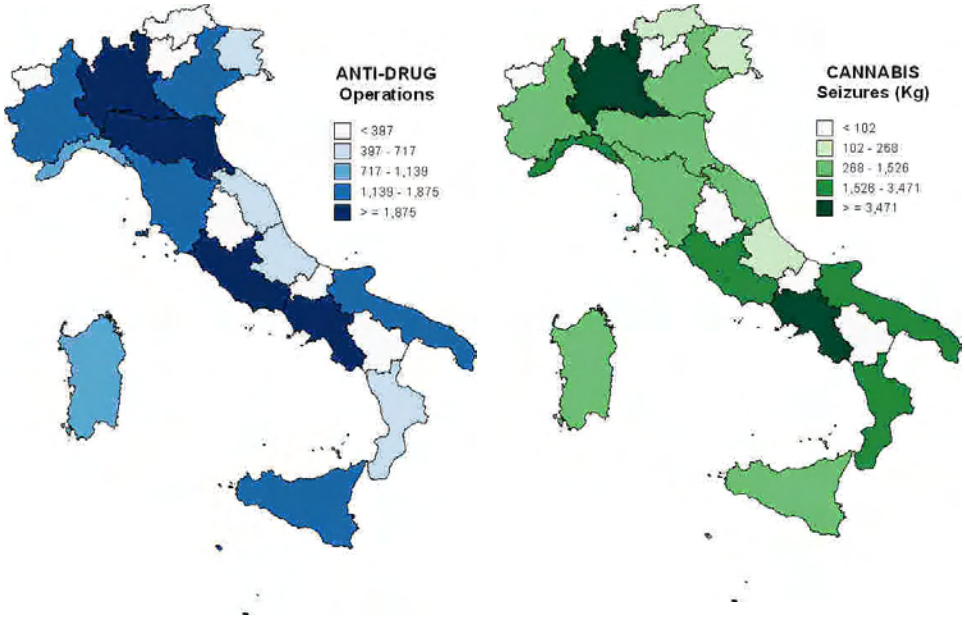
Source: Based on data from the Ministry of the Interior – the Central Directorate for Anti-drug Services

The geographical distribution of anti-drug actions shows a higher concentration of operations in the regions of Lombardy (19%), Latium

Anti-drug operations by geographical area

(13%), Campania (9%) and Emilia Romagna (8.3%) (Figure 10.1).
A total of 32,644,04 kg of drugs were seized in 2009. Of these, approximately 1.4% (447,34 kg) consisted of drugs less common than the ones shown in Table 10.1; we would like to note in particular the seizure of 385.654 kg of khat, 5,569 poppy plants as well as 3.649 kg, 31.7 litres and 2,364 doses of methadone and 33.498 kg of ketamine.

Figure 10.1: Percentage of anti-drug operations conducted by Law Enforcement Agencies and percentage of cannabis (kilograms) seized. The year 2009



Source: Based on data from the Ministry of the Interior – the Central Directorate for Anti-drug Services

Highest volumes of cannabis in Lombardy and Campania

In 2009 there was a marked decrease in the number hashish seizures (-43.7%), while marijuana seizures doubled (+ 211.8%), mainly in Lombardy (18.1% of the overall total) and in Campania (17.6%) (Figure 10.1).
We can also see a reduction in the quantities of cocaine and heroin seized by Law Enforcement Agencies (4.0 and 1.1 tons, respectively), with corresponding decreases in comparison with 2008 data, of 1.3% for cocaine and 12.1% for heroin.
Once again, the most substantial quantities of cocaine and heroin were seized in Lombardy (18.5% and 35.9%, respectively), followed by Apulia (17.6%) and by the Veneto region (11.3%) for heroin, and by the Veneto region (12.5%), then Calabria (12.1%), Campania (11.3%) and Latium (9.9%) for seizures of cocaine (Figure 10.2).

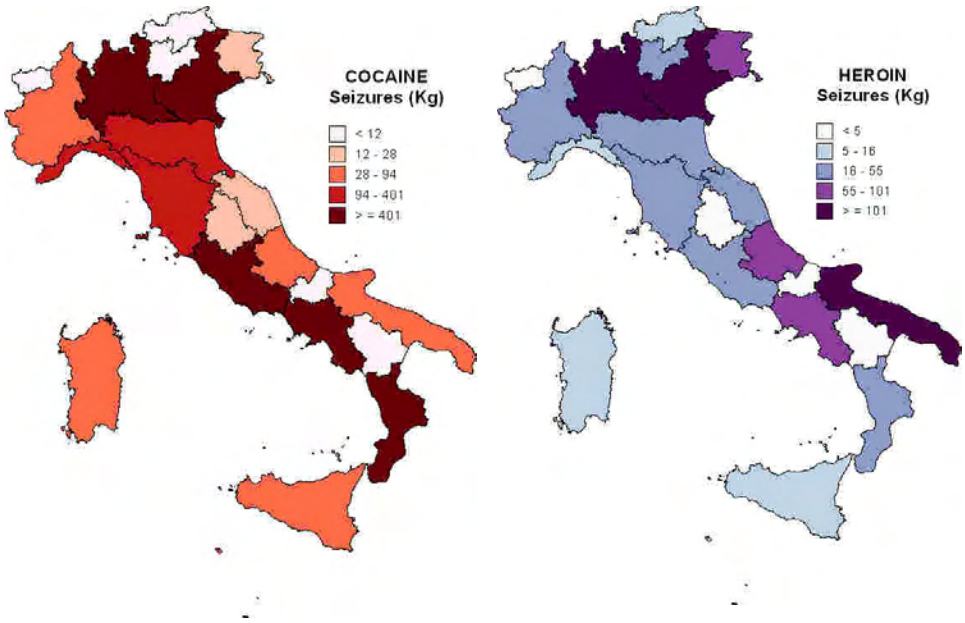
Amphetamine seizures by geographical area

The northern regions are particularly affected by the spread of synthetic drugs, in particular Piedmont (46.7%) and the Autonomous Province of Bolzano (20.3%), followed by Sicily with 12.3% of the total amount of these types of drugs seized.

Local growing and seizures of cannabis plants

The profile that has been drawn up of cannabis plant seizure operations is the polar opposite, confirming the alarm given by the Central Directorate for Anti-drug Services regarding the spread of the local production of illicit drugs on the part of organized crime associations.

Figure10.2: Percentage distribution of the amounts of cocaine and heroin seized in 2009



Highest volumes of cocaine: Lombardy, Veneto, Latium, Campania, Calabria

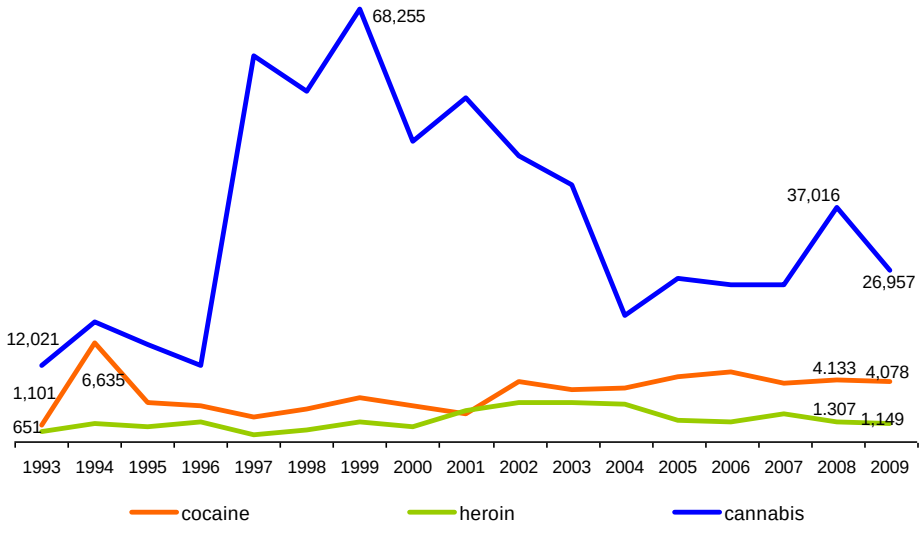
Of heroin: Lombardy, Apulia, Veneto

Source: Based on data from the Ministry of the Interior – the Central Directorate for Anti-drug Services

Trends in the quantities of illicit drugs seized

The figures for the quantities of drugs seized over the last fifteen years show cannabis derivatives at the top of the ranking, with particularly high numbers (more than 40 tons) in the period from 1997 to 2003; from 2004 onwards, the numbers remain largely stable, with the exception of 2008, when Law Enforcement Agencies intercepted a quantity in excess of 37 tons (Figure 10.3). Trends in cocaine and heroin seizures have remained steadier, ranging from 3.5 to 4.5 tons for cocaine seized in the period between 2002 and 2009, and from 1.0 to 2.5 tons of heroin over the last 10 years, with figures hovering around the minimum value during the previous four years, with the exception of 2007, a year in which nearly 1.8 tons of drugs were intercepted.

Figure 10.3: Quantities of illicit drugs seized by Law Enforcement Agencies during the course of anti-drug operations. The years 1993 – 2009



Source: Based on data from the Ministry of the Interior – the Central Directorate for Anti-drug Services

10.3. Price/purity

10.3.1. Price of illicit drugs

Methodology

The flow of information regarding the price of drugs comes from routine detection and monitoring activities carried out by the police forces on a local level. The figures provided in this section, part of the information obligation towards the EMCDDA (Standard Table 16), refer to price information collected in 2009 in 12 sample cities throughout the country (Palermo, Reggio Calabria, Naples, Bologna, Florence, Venice, Trieste, Turin, Rome, Genoa, Milan, Verona).

Fall in the cost of cocaine, heroin, LSD and ecstasy; rise in the cost of cannabinoids

In 2009, as in the past, the maximum and minimum prices of heroin (both black and white) continue to fall, as do the prices of cocaine, lysergic acid (LSD) and single doses of ecstasy. We can, however, see an increase in the minimum and maximum prices of cannabinoids starting in 2004.

Table 10.2: Minimum and maximum price per unit (gram/dose/pill) of drug – The year 2009

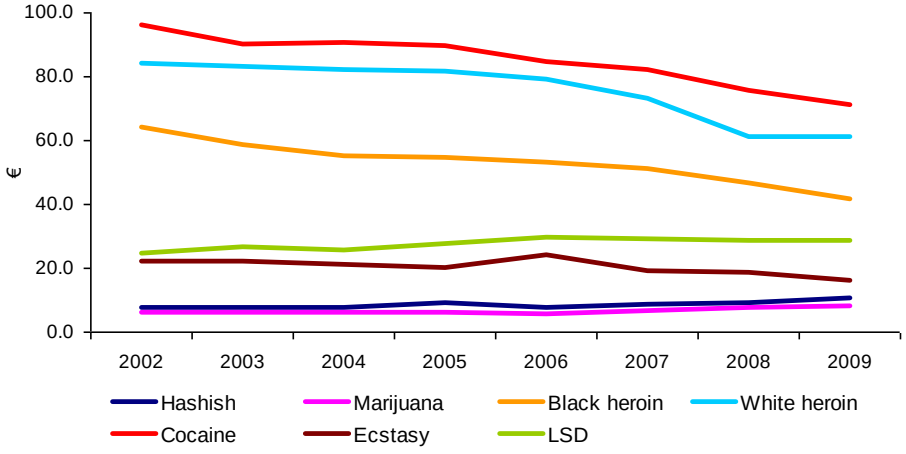
	Minimum price			Maximum price		
Drug	**2008**	**2009**	**Δ%**	**2008**	**2009**	**Δ%**
Hashish (g)	7.91	8.8	11.3	9.87	12.8	29.7
Marijuana (g)	6.62	7.5	13.3	7.97	8.9	11.7
Black heroin (g)	38.7	34.7	-10.3	54.2	48.2	-11.1
White heroin (g)	53	53.3	0.6	69.16	68.3	-1.2
Cocaine (g)	61.25	58.8	-4.0	90.25	83.8	-7.1
Ecstasy (dose)	16.8	14.8	-11.9	18.2	16.2	-11.0
LSD (dose)	15.6	14.1	-9.5	21.1	17.7	-16.1

Source: Ministry of the Interior – the Central Directorate for Anti-drug Services

Trends in average prices from 2002 to 2009

In the time period under consideration, therefore, the average maximum and minimum prices have fallen from €96 to slightly more than €71 per gram for cocaine, from approximately €64 to less than €42 for black heroin and from €84 to €61 for white; there has also been a sharp fall in the price for a single ecstasy pill, which could be bought for approximately €24 in 2006 but for less than €16 during the last two years. (Figure 10.4).

Figure 10.4: Average prices (minimum and maximum) per dose of psychoactive drug. The years 2002 – 2009



Source: Based on data from the Ministry of the Interior – the Central Directorate for Anti-drug Services

10.3.2. Purity of illicit drugs

Methodology

The data on the purity of drugs comes from analyses conducted by the Drug Investigation Section of the Police Scientific Service of the Central Anti-crime Directorate of the State Police, and fulfils the information obligation towards the EMCDDA (Standard Table 14). The data recorded refers to high-quantity seizures made across the country by all of the Law Enforcement Agencies and to street drug seizures made in the region of Latium during the period in consideration.

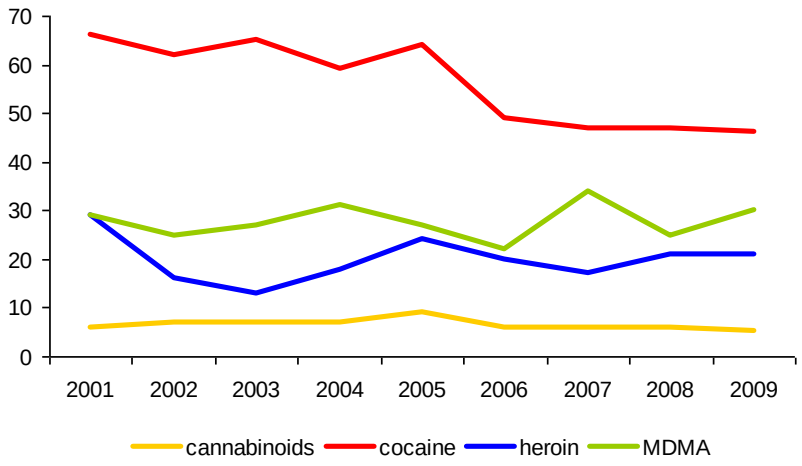
A decrease in the purity of cocaine and cannabinoids

Between 2001 and 2009, the average percentage of active ingredient found in the samples analyzed decreased in the case of cocaine, falling from 66% to 46%; there was also a slight decrease in the percentage of active ingredient in cannabinoids (THC), which was at about 5% in 2009.

Increase in the quantity of active ingredient in MDMA products

As far as the percentage of MDMA is concerned, after the drop in percentage recorded in 2008, 2009 saw a new increase (30% active ingredient). The percentage of pure drug in heroin has remained stable at the value observed in 2008 (21%).

Figure 10.5: Average percentage of pure drug in drugs found by Law Enforcement Agencies in the years 2001 to 2009



Source: Based on data from the Ministry of the Interior – Central Anti-crime Directorate of the State Police

High variability in the quantity of active ingredient

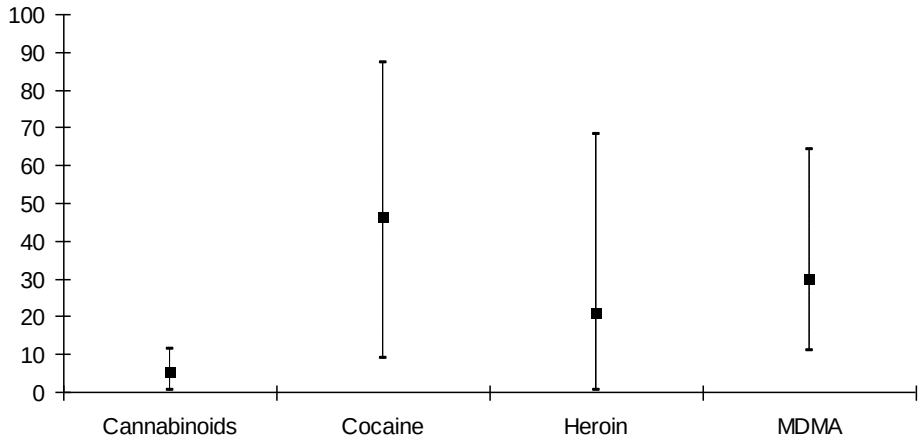
Figure 10.6 shows the maximum, minimum and average values for amount of active ingredient found in illicit psychoactive drugs in 2009. The variability is very high: between 0.3% and 11.4% for cannabinoids, between 8.9% and 87% for cocaine, between 0.6% and 68% for heroin and between 11% and 64% for MDMA: all the variables recorded may also depend on the mix of the type of seizures (large batch or street quantity seizures), which may show substantial differences in the percentage of active ingredient they contain.

Table 10.3: Average, minimum and maximum active ingredient values found in illicit psychoactive drugs. The year 2009

	Cannabinoids	Cocaine	Heroin	MDMA
Minimum	0.3	8.9	0.6	11
Average	5.3	46.3	21	30
Maximum	11.4	87	68	64

Source: Based on data from the Ministry of the Interior – Central Anti-crime Directorate of the State Police

Figure 10.6: Variability in the quantity of active ingredient in illegal psychoactive drugs found by Law Enforcement Agencies in 2009



Source: Based on data from the Ministry of the Interior – Central Anti-crime Directorate of the State Police

Part B

Selected Issues

11. HISTORY, METHODS AND IMPLEMENTATION OF NATIONAL TREATMENT GUIDELINES

11.1. History and overall framework

In Italy, the problem of injecting heroin abuse had its origins in the 1970s. The problem grew progressively until reaching “epidemic” levels in the ‘80s and early ‘90s when, perhaps due to the spread of HIV and the deaths it was causing, the phenomenon entered a slow decline accompanied by an important change in abuse patterns. The injecting method was progressively displaced by less invasive use methods (via inhalation, for example) and heroin lost at least some ground to cocaine. As a result, the cultural reference models that had encouraged the spread of heroin use changed, the issue became less emotionally charged and it became less of a social emergency than in previous years. Along with the leveling off or lack of a rise in heroin use, there has also been, especially among the youngest age groups, a general “rejection” of tossicodipendenza (t.n. a term which means drug addiction in general but which has always been associated with heroin addiction specifically). The image of heroin addiction has progressively come to be perceived as corresponding to a rigid stereotype model of marginalization and social exclusion, characterized by enormous social stigma.
The social and healthcare intervention model proposed and then put together in the ‘80s and later perfected in the ‘90s was evidently among the factors that played a strategic role in the reduction of heroin demand in Italy. The intervention system made it possible, first and foremost, to adequately manage the health emergency at hand and thus ensure the necessary integrated interventions in the areas of prevention, harm reduction, treatment, rehabilitation and social reintegration.
A specialized system (free and anonymous for its clients) was put together in Italy, specifically dedicated to fighting psychoactive substance abuse and addiction. This intervention system is comprised of 533 Public Drug Treatment Units (SerTs) under the authority of the National Health Service, and of 1,108 inpatient Therapeutic Communities, most of which are private, but funded, for the most part, with public money. This poly-specialized and multi-disciplinary system covers the entire nation and has become able, over time, thanks in part to a fair level of integration between public and private sectors, to ensure that the majority of social and healthcare needs of heroin-addicted patients are met and has made it possible to accumulate an enormous amount of important cultural and professional experience.
In the Italian National Report to Parliament on Drug Abuse for the year 2009, the Department for Anti-drug Policies (DPA) estimated the total number of heroin and cocaine users in need of treatment in Italy at approximately 393,000 (three-hundred and ninety-three thousand) nationwide, slightly less than 1% (one percent) of residents aged 15 to 64.
Up to now heroin addicted patients who attend any sort of therapy are about 178,000 (one hundred seventy eight thousand in Italy.
1.3% of the general population have used heroin at least once in their lives, 4.8% have tried cocaine at least once and 22.45% have tried

cannabis.
Among students aged fifteen to nineteen, the results are similar, with a percentage of 1.2% for heroin use and 22.3% for cannabis use, with a decrease in cocaine use, which stands at 4.1%. There is a trend towards a decrease in the use of heroin and cocaine in the youth population while the opposite is occurring in the older population. For the age groups below 20 years of age and younger, heroin and cocaine use is higher, as is cannabis use.
Two issues in particular are cause for great concern in Italy:
The first one is the increasing number of polydrug users – who often abuse alcohol as well - and the second issue is the long length of time that passes between the first use of any drug and the first request for treatment.
In 2008 about fifty-nine percent (54%) of opiates abusers attended a therapeutic program, among an estimated of two hundred sixteen thousand abusers who needed care.
Since the year nineteen ninety-six (1996) there has been a slight but constant decrease in new heroin treatment requests: In the past year we have had eighteen thousand (15,000) new requests for treatment.
In Italy, the age of initiation for heroin use is young, the latency period before entering treatment programmes is longer, less time is spent in treatment but, lastly, there has been a dramatic decrease in intravenous injection methods.
Among Italian students, heroin use is more prevalent among the female population than it was in the past, including the recent past. Zero point six percent (0.6%) of the youth population uses heroin frequently, but there is a higher prevalence of occasional use. The good new is the decrease in deaths by overdose, which have fallen from 517 in 2008 to 484 in 2009.
A strong commitment has been made to develop action plans aimed at the prevention of drug use. These plans target young people, families and schools through the introduction of training, peer education, counseling, etc.

11.1.1. Treatment of opiate addiction, in prisons as well as outside

treatment for drug abuse, and specifically for heroin abuse, is available nationwide under the integrated multimodal model, which provides either “drug free” treatment and/or “abstinence oriented” treatments.
Treatments are tailored to individual needs in terms of duration, quality and quantity.
Long term treatments are available, especially for patients with AIDS and psychiatric comorbidity, but also in the case of other clinical evaluation results.
Pharmacological treatments are available nationwide: they include opiate agonists, partial agonists, antagonists and anti-craving and symptomatic drugs.
Psychological treatment specifically for the drug addicted is available in all Italian SerTs and can guarantee individual and group counseling, individual and group psychotherapy and so on. The presence of social workers ensures social assistance.
About 67% of patients follow an opiate substitution therapy, mainly by methadone (49%), while other patients are in treatment undergoing psychosocial and rehabilitation programmes.
In general, substitution therapies are long term, but there is growing evidence, -0.3%, of an increase in medium-term therapies, meaning

pharmacological treatment ranging between 30 (thirty) and 180 (one-hundred and eighty) days in length.

11.1.2. Treatment within the criminal justice system

The criminal justice and prison system in Italy has special legislation which takes into account drug addiction and related criminal offences. The Italian penal system applies severe sanctions in regard to trafficking in narcotic substances, with a maximum penalty of twenty years in serious cases.
However, a drug addicted inmate may request to be admitted into treatment programs as an alternative to jail, with said treatment to be undergone either at home or within a public or private therapeutic community.
At the moment, there are nearly sixty-five thousand (65,000) inmates in Italian penitentiaries, plus about one-thousand eight hundred (1,800) juveniles. Foreigners are about one-third of the total.
Approximately 30% of the prison population are drug addicts, but this number may be a gross underestimate because of some bias in the correct diagnosis, due to various factors. So we can consider that perhaps 50-60% of prison inmates are drug addicts. There is a large degree of variation between north and south, with more prison inmates in the north than in the south of the country.
As far as treatment is concerned, substitution therapy is available in all Italian prisons, for example with methadone, buprenorphine and GHB.
Psychological treatment specifically for drug addicted inmates is available in all Italian prisons and can ensure individual and group counseling, individual and group psychotherapy, and so on.
Social workers ensure social assistance is provided to convicts for the duration of their sentence.
About 4% to 5% of prison inmates can benefit from “Attenuated Custody”, which consists of less surveillance and more intense therapy consisting of specific treatment. After almost one year of treatment, follow-ups show less relapses into drug use.
“Special projects for addicted inmates are numerous and are generally managed by the Ministry of Justice. Among these are projects related to the verification and treatment of mental illness in the prison population (“Dual Diagnosis” or psychiatric co-morbidity), which claim that more than 50% of these persons suffer from such disorders. On 31 December 2009, the number of addicted inmates in alternative treatment was established at 2,047.

11.2. Existing guidelines: narrative description of existing guidelines

Despite the existence of an organized system which appears to be decidedly effective and highly functional, there are currently no national guidelines for the treatment of heroin addiction.
This strange lack is linked to the peculiar organization of the National Healthcare System and is, at least in part, compensated by the presence of a number of national laws and regulations, most of which are well structured and technically well-grounded, and which provide direction for treatment choices without, however, limiting them.
The peculiarity of the National Health System is linked to the fact that the country is divided into twenty Regions, to each of which the central

administration has delegated the management of public and private healthcare treatment in this sphere. This system makes it more difficult to establish national guidelines, but makes it easier to lay down regional ones, and this is what, in fact, occurs on a local level in the majority of cases. Many regions have indeed established their own guidelines for dealing with heroin addiction which, nonetheless, base their policy and technical choices on a study of national technical regulations. The sets of guidelines which the different regions have drawn up do not differ noticeably from one another, just as they all exhibit similar scientific and practical parameters, all based on, among other elements, the significant amount of experience which Italy has accumulated in the field of heroin abuse.

It can therefore be concluded that, in Italy, despite the lack of national guidelines to deal with heroin addiction, adherence to WHO guidelines for heroin addiction treatment throughout the country is nonetheless quite high in terms of treatment choice, maintenance therapy with opiate agonists, opiate-abstinence therapy and the treatment of drug-addicted patients during pregnancy.

Part C

Bibliography and Annexes

Bibliography

1. Zuccato E., Calamari D., Castiglioni S., Chiabrando C., Bagnati R., Fanelli R. . Cocaine in surface water: a new evidence-based tool to monitor community drug abuse. *Environmental Health: A Global Access Science Source* 2005, 4:14
2. Baselt RC. 2004. Disposition of toxic drugs and chemicals in man. 3rd ed. Biomedical Publications, California, USA
3. Zuccato E., Chiabrando C., Castiglioni S., Bagnati R., Fanelli R. . Estimating community drug use. In: Assessing illicit drugs in wastewater; potential and limitation of a new monitoring approach. *European Monitoring Centre for Drugs and Drug Addiction*, Lisbon 2008: 21-34
4. Zuccato E., Chiabrando C., Castiglioni S., Bagnati R., Fanelli R. . Estimating community drug abuse by wastewater analysis. *Environ Health Perspect*, 2008, 116: 1027-1032
5. Castiglioni S., Zuccato E., Crisci E., Chiabrando C., Fanelli R., Bagnati R. . Identification and measurement of illicit drugs and their metabolites in urban wastewaters by liquid chromatography tandem mass spectrometry (HPLC-MS-MS). *Anal Chem* 2006, 78: 8421-8429
6. Castiglioni S., Zuccato E., Chiabrando C., Fanelli R., Bagnati R. . Mass spectrometry analysis of illicit drugs in wastewater and surface water. *Mass Spectrom Rev* 2008, 27: 378-394
7. United Nations Office of Drugs and Crime (UNODC). The World Drug Report 2009. Vienna. Available at http://www.unodc.org/unodc/en/data-and-analysis/WDR-2009.html
8. Zuccato E., Calamari D., Castiglioni S., Chiabrando C., Bagnati R., Fanelli R. . Cocaine in surface water: a new evidence-based tool to monitor community drug abuse. *Environmental Health: A Global Access Science Source* 2005, 4:14
9. Zuccato E., Chiabrando C., Castiglioni S., Bagnati R., Fanelli R. . Estimating community drug use. In: Assessing illicit drugs in wastewater; potential and limitation of a new monitoring approach. *European Monitoring Centre for Drugs and Drug Addiction*, Lisbon 2008: 21-34
10. Zuccato E., Chiabrando C., Castiglioni S., Bagnati R., Fanelli R. . Estimating community drug abuse by wastewater analysis. *Environ Health Perspect*, 2008, 116: 1027-1032
11. Castiglioni S., Zuccato E., Chiabrando C., Fanelli R., Bagnati R. . Mass spectrometry analysis of illicit drugs in wastewater and surface water. *Mass Spectrom Rev* 2008, 27: 378-394
12. Castiglioni S., Zuccato E., Crisci E., Chiabrando C., Fanelli R., Bagnati R. . Identification and measurement of illicit drugs and their metabolites in urban wastewaters by liquid chromatography tandem mass spectrometry (HPLC-MS-MS). *Anal Chem* 2006, 78: 8421-8429
13. European Monitoring Centre for Drugs and Drug Addiction, Drugs and Driving. Selected Issue, 2007
14. Ferrara SD, Snenghi R, Boscolo M (a cura di), Idoneità alla guida e sostanze psicoattive, Piccin Nuova Libraria
15. Istat, Incidenti stradali. Anno 2008, Roma 2009
16. Fondazione Filippo Caracciolo, La guida in stato di ebbrezza nel contesto internazionale, Centro Studi ACI 2010

17. Macchia T., Sostanze psicotrope ed insicurezza stradale, Istituto Superiore di Sanità, Roma, 2006, 1-23
18. Montagna M., Polettini A., Studio interistituto sostanze psicoattive e incidenti stradali mortali, Gruppo Tossicologi Forensi S.I.M.L.A., Firenze 1994
19. Rettondini M., Il laboratorio nel dosaggio di screening delle sostanze d'abuso: la qualità analitica. In: Il laboratorio e il problema delle droghe d'abuso, EsaDia 2004, 20: 21-25
20. Riz R., Il consenso dell'avente diritto, Padova 1979, 43
21. Sweedler B.M. Worldwide trends in alcohol and drug impaired driving, Proc. 18th Int. Conf. Alcohol, Drugs and Traffic Safety, Seattle, Washington, U.S., August 2007
22. Toennes S.W., Steinmeyer S., Maurer H.J., Moeller M.R., and Kauert G.F., Screening for Drugs of Abuse in Oral Fluid: Correlation and Analysis Results with Serum in Forensic Cases. J.Anal.Toxicol. 2005, 29: 127-132
23. Taggi F., Macchia T., La necessità dell'attuazione di controlli integrati per il contrasto della guida sotto l'influenza di alcol e di sostanze psicotrope, in "Aspetti sanitari della sicurezza stradale", Progetto Datis – II rapporto, Istituto Superiore di Sanità, Roma 2003
24. Taggi F., Giustini M., Macchia T., Sostanze d'abuso ed incidenti stradali: considerazioni epidemiologiche ed analitiche. In: Taggi F., Di Cristofaro Longo G., I dati sanitari della sicurezza stradale. Progetto Datis, ISS Roma, 2001, 75-88
25. Varani E., I trattamenti sanitari tra obbligo e consenso (il punto della situazione), in Archivio giuridico "F. Serafini", 211, 1991, 89
26. WHO, Drinking and Driving: a Road Safety Manual for Decision Makers and Practitioners, Geneva, Global Road Safety Partnership, 2007
27. Gomma M., Ferremi D., Zermiani M., Battaglia G., Serpelloni G e Gruppo di collaborazione DPA-mfp Studio di fattibilità per la realizzazione di un sistema per il monitoraggio delle terapie farmacologiche con metadone e buprenorfina e la valutazione dell'outcome in relazione alle prestazioni ricevute, Relazione annuale al Parlamento sullo Stato delle Tossicodipendenze in Italia Anno 2009
28. Simpson D.D., Brown B. Special Issue: Treatment process and outcome studies from DATOS Drug and Alcohol Dependence, 57 (2) 1999
29. Simpson D.D., Curry S.J. Special Issue: Drug Abuse Treatment outcome Study (DATOS) Psychology of Addictive Behaviors, 11 (4) 1997.WHO, UNDCP, EMCDDA: Outcome Evaluations. In: Evaluation of psychoactive substance use disorder treatment, workbook 7, pp 18 – 20, 2000
30. Serpelloni G., Gomma M., Zermiani M., "Risultati preliminari degli esiti dei trattamenti farmacologici ricavati tramite Web Reporting della piattaforma multifunzionale MFP" in Serpelloni G., Macchia T, Mariani F. Outcome La valutazione dei risultati e l'analisi dei costi nella pratica clinica nelle tossicodipendenze 2006
31. Serpelloni G., Zermiani M., "Valutazione dell'efficacia dei trattamenti nei dipartimenti delle Dipendenze: Analisi di quattro anni di attività mediante il software mfp" in Serpelloni G., Macchia T, Mariani F. Outcome La valutazione dei risultati e l'analisi dei costi nella pratica clinica nelle tossicodipendenze 2006.
32. Serpelloni G., Candio D., Zermiani M., Gomma M. "Studio retrospettivo sull'esito e sull'aderenza ai trattamenti farmacologici per la dipendenza da eroina in alcuni Servizi per le Tossicodipendenze italiani" Bollettino sulle Dipendenze Anno XXXII- N. 1/2009

33. Serpelloni G., Bosco O., Bettero C. “Sistema per la valutazione dell’output in ambito territoriale: Indicatori, Tabelle SESIT di codifica delle prestazioni, software ed applicazione in pratica” in Serpelloni G., Gomma M. Analisi Economica dei Dipartimenti delle Dipendenze 2006
34. EMCDDA, Methodology for monitoring the Internet, 10th annual meeting of the REITOX EWS network, 2010
35. EMCDDA, EMCDDA snapshots, 10th annual meeting of the REITOX EWS network, 2010
36. EMCDDA, Annual report of the EMCDDA on the state of the drug problem in the EU - EWS Information, 2009
37. INCB, Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet, New York 2009
38. Dipartimento Politiche Antidroga, Relazione Annuale al Parlamento sullo stato delle Tossicodipendenze in Italia 2009 (base dati 2008)
39. Serpelloni G. e Rimondo C., Sistema di Allerta Precoce e Risposta Rapida per le Droghe, La Grafica, 2008

40. EMCDDA - Problem drug use (PDU).
Available: http://www.emcdda.europa.eu/themes/key-indicators/pdu

41. EMCDDA – Statistical Bulletin 2010.
Available: http://www.emcdda.europa.eu/stats10

42. The European School Survey Project on Alcohol and other Drugs (ESPAD). Available: http://www.espad.org/

43. Osservatorio Fumo, Alcol e Droga dell’ Istituto Seriore di Sanità (OSSFAD).
Available: http://www.iss.it/ofad/index.php?lang=1

44. Structured Questionnaire 25 “Universal prevention” – Setting and availability of data.
Available: http://www.emcdda.europa.eu/html.cfm/index1578EN.html

45. Structured Questionnaire 26 “Selective prevention’’ – Settings for selective prevention and available information.
Available http://www.emcdda.europa.eu/html.cfm/index1569EN.html

46. Structured Questionnaire 28 “Social Reintegration” – Setting and availability of data.
Available: http://www.emcdda.europa.eu/html.cfm/index1573EN.html

47. Structured Questionnaire 31 “ Alternatives to imprisonment” – Setting and availability of data.
Available: http://www.emcdda.europa.eu/html.cfm/index34889EN.html

48. Rapporto annuale sull’attività di ricovero ospedaliero – Dati SDO 2008.
Available:http://www.ministerosalute.it/programmazione/resources/documenti/sdo/rel_2008.pdf

49. Dipartimento Politiche Antidroga - Relazione annuale al Parlamento sullo stato delle tossicodipendenze in Italia per l'anno 2009
Available:http://www.politicheantidroga.it/media/333123/4%200.2%20sintesi_2010_23_06.pdf

50. Dipartimento Politiche Antidroga: Progetti DPA
Available:http://www.politicheantidroga.it/progetti-e-ricerca/progetti-dpa.aspx

51. Dipartimento Politiche Antidroga:
Available: http://www.droganews.it/

52. Regione del Veneto – Azienda ULSS 20 Dipartimento delle Dipendenze: Network Nazionale sulle Dipendenze
Available: http://www.dronet.org

53. Portale informativo dedicato alle scuole per prevenire l'uso di droghe
Available: http://www.drugfreedu.org

54. Cocaina e Minori Linee di indirizzo per le attività di prevenzione e l'identificazione precoce dell'uso di sostanze
Available: http://www.droganews.it/lineeguida_list.html

55. Measures and concrete actions for the prevention of drug – related diseases.
Available: http://www.droganews.it/lineeguida_list.html

56. Regione del Veneto – Azienda ULSS 20 Dipartimento delle Dipendenze
Available: http://www.droganograzie.it/

57. Regione del Veneto – Azienda ULSS 20 Dipartimento delle Dipendenze
Available: http://cocaina.dronet.org/

58. Regione del Veneto – Azienda ULSS 20 Dipartimento delle Dipendenze
Available: http://alcol.dronet.org

59. National Early Warning System
Available: http://www.allertadroga.it

60. Neuroscienze e Dipendenze
Available: http://www.neuroscienzedipendenze.it/

61. Protocollo DRUGS ON STREET
Available: http://www.drugsonstreet.it/

62. Dreamon for a future without Drugs
Available: http://www.dreamonshow.it/

63. Ministero dell'Interno – Direzione Centrale Servizi Antidroga - Relazione annuale antidroga 2009.
Available:http://www.interno.it/mininterno/site/it/sezioni/sala_stampa/notizie/2010/?category=droga

64. Relazione finale del progetto di ricerca azione: Tossicodipendenze, servizi di bassa soglia e accesso al sistema dei servizi: Studio CNCA e Provincia di Milano
Available:http://www.provincia.milano.it/export/sites/default/giovani/doc/rep rt_bassa_soglia.doc&rct=j&sa=U&ei=JCHITIi4Lcv3OdK_4Fc&ved=0CBgQFjAA&q=progetto+ricerca+azione+tossicodipendenze+servizi+di+bassa+soglia&usg=AFQjCNEgByDyF8nUwCd0WL_o19BQp2YweQ

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