

2011 National Report (2010 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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SUMMARY

1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS

A total of 16 national and international legislative acts having to do with the Department for Anti-drug Policies' sphere of competence were approved during the course of 2010, of which 15 were national and one was an international legislative act regarding the amendment of regulations for monitoring the trade between the Community and third countries in drug precursors.

National and EU
legislative acts

The majority of the large number of national legislative acts approved in 2010 concern the updating and amendment, by addition, of the tables containing descriptions of narcotic and psychotropic substances (in accordance with the requirements of DPR 309/30). Among the most important of these legislative acts and, in particular, among the most important of the approvals or amendments to Laws, was Law No. 120 of 29 July 2010, "Provisions related to highway safety. Specifically, amendments made to Articles 186 and 187 of Legislative Decree No. 285/1992 on driving while under the influence of alcohol or drugs", which toughens penalties for drivers under the influence of drugs or alcohol.

In the session held on 29 October 2010, the Council of Ministers approved the National Action Plan on Drugs for 2010-2013. This document represents the point of reference for policies relating to this sphere in the three-year period in which it will be in effect. It lays out the action strategies in a practical and straightforward fashion, beginning with the analyses shared during the 5th National Conference in Trieste and by the post-conference working groups, and maintains its consistency with the instructions laid out in the European Action Plan throughout. It is therefore a particularly important instrument for determining the direction to be taken when developing concrete actions organised and coordinated through combined efforts of the National Department for Anti-drug Policies and the Regions/Autonomous Provinces.

Approval of the
National Action
Plan on Drugs

In order to provide concrete support for the National Action Plan, a large number of projects have been launched. These projects have strong central coordination and encourage the creation of both national and international networks for collaboration and cooperation.

The Projects Plan incorporates all of the activities carried out in 2010-2011, and may be renewed and implemented in future based on available funds as determined annually. The Projects Plan, with an overall budget investment of €9,943,000, includes 30 funded projects, some of which were new and others of which involved the further development of pre-existing activities.

The 2010 Projects
Plan:
€9,943,000 in
budget investment

During the year 2010, the activities of the Department for Anti-drug Policies (DPA) in the international arena ensured its involvement with numerous foreign entities. In particular, the Department maintained institutional and technical relations with the United Nations Organisation (Commission on Narcotic Drugs, the General Assembly, the UNODC-WHO joint programme in the Balkans, the INCB – International Narcotics Control Board), The European Union (The Horizontal Drugs Group - HDG, National Coordinators, European Action on Drugs – EAD, the Dublin Group) and the Council of Europe (the Pompidou Group – Ministerial Conference, Permanent Correspondents and Platforms), collaborating on the creation of international projects (the Airports Group, the Platform on

The Department for
Anti-drug Policies'
institutional
relations in the
international arena

Ethical Issues, the Criminal Justice Platform, the Prevention Platform, the Treatment Platform, the Research Platform, the MedNET Network of the Pampidou Group).

The total social cost of drug use during the course of 2009 was €12,351,972, which represents 0.81% of the Italian Gross Domestic Product (GDP) during the same period. This was calculated based on the definition of “social costs” as being all of the costs directly and indirectly borne by the public and by the community at large which are a consequence of drug use and of the drug market connected to it. The greatest social cost is due to the loss of productive capacity (35.0%, equal to 4.3 billion Euros), followed by the cost of the purchase of narcotic drugs by users (34%, equal to 4.2 billion Euros). Drug-fighting actions and activities related to the reduction and suppression of narcotic drug demand and supply account for 17%, or approximately 2 billion Euros, of the overall social cost, while social and healthcare assistance accounts for a total of 1.8 billion Euros, equal to 14.5% of the total social cost.

The social costs
linked to the
phenomenon of
narcotic drug use

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

In 2010, in order to provide additional support for the information collected in the traditional epidemiological studies conducted on the general and student populations, two studies employing new investigative methods based on objective evidence were conducted in eight sample cities. These involved the analyses of wastewater and of airborne microparticles.

According to the results of the wastewater study, the highest levels of cannabis use among the general population were detected in the cities of Rome and Naples, but in Rome and Bologna according to the analysis of atmospheric concentrations. According to both studies, Palermo and Milan were the cities least affected by cannabis use.

As far as cocaine is concerned, once again, as for cannabis, the wastewater analysis detected the highest use levels among the general populations in Rome and Naples, while the analysis of atmospheric concentrations detected the highest levels in Rome and Turin. According to both studies, Palermo was the city least affected by cocaine use.

The 2011 student population survey (conducted on a sample of 32,389 subjects between the ages of 15-19) revealed the following percentages of drug users (who reported having used drugs in the 12 months prior to the survey): heroin 0.6% (0.8% in 2010); cocaine 2.1% (2.9% in 2010); cannabis 18.2% (18.5% in 2010); stimulants – amphetamines – ecstasy 1.3% (1.7% in 2010); hallucinogens 2.3% (2.7% in 2010).

Surveys thus show a continuing decline in drug use, although less sharp of a decline than was registered between 2008 and 2010.

An analysis of the data regarding students who reported having used drugs in the 30 days prior to the survey confirmed this downturn in the drug-use trend, with the exception of cannabis, with prevalence of use fluctuating slightly but not significantly, climbing from 12.3% in 2010 to 12.9% in 2011.

Although they are inferior in number to the drug-use survey's target group of students, some noteworthy considerations can come from an analysis of the characteristics of secondary-school students older than the target age group of 15-19 (20 and 21 years of age) who had been held back at some point during their course of studies. In particular, it was found that, after 20 years of age, the misuse of prescription medications increased

2011 survey of
students between
the ages of 15-19:
drug use among the
student population
is continuing to
decline

among the female cohort but decreased among the male. Behaviour regarding culture outside of school and personal interests was also found to play an important role. Indeed, it was found that students who do not watch TV use more drugs than those who do, and that more drugs were used especially by students over 20 years of age who spend very little time reading.

Data from the Drug Testing for Workers in High-Risk Professions project revealed that 86,987 workers were subjected to 1st-level testing during 2010 (60.6% more than in 2009). Prevalence of use among subjects tested showed a 45.2% decrease, falling from 1.15% in 2009 to 0.63% in 2010 (551 subjects). 26.3% of subjects who returned positive results in first level testing were confirmed positive in second-level testing. Of these, 15.9% (23 subjects) were diagnosed as having addictions.

In both first- and second-level testing, the drug most frequently detected was cannabis (approximately two-thirds of subjects testing positive), followed by cocaine (20-25%).

Drug tests of
workers in high-risk
professions

3. PREVENTION

An analysis of the reports sent in by the individual regions shows that there has been a slight decrease in the number of both universal and selective prevention initiatives, as well as in the amount of funds invested in this area during the course of 2009 and 2010.

Based on the "Per capita spending for drug-addicts receiving care" indicator, we can see that the regions which invested the most in selective prevention were, respectively, Bolzano, Emilia Romagna, Tuscany and Latium.

A total of €14,660,000 were invested in universal prevention in 2009, and another €15,236,000 were invested in selective prevention, for a total of €29,896,000.

In 2010, the Department for Anti-drug Policies dedicated 51% of its annual budget to the funding of universal prevention projects (national campaign) and selective prevention projects (projects for parents, schools and workplaces, as well as projects concerning traffic accidents), for a total of €4,714,000.

Approximately 30
million Euros
invested in
prevention by the
Regions

Approximately 5
million Euros
invested in
prevention by the
Department for
Anti-drug Policies

4. PROBLEM DRUG USE

The number of subjects who are addicted to drugs (drug-addicts in need of treatment) was found to be approximately 338,425, which represent 8.5/1000 residents between the ages of 15 and 64. Of these, 218,425 were addicted to opiates (5.5/1000 residents) and approximately 120,000 to cocaine (3.0/1000 residents).

35,597 subjects requested treatment for the first time, with an estimated latency period of 7.4 years (ranging between 5.04 and 9.56 years) elapsing between first use and first treatment request. Latency period also varied from drug to drug (opiates 5.5 years; cocaine 9.5 years; cannabis 8 years).

The average age of new clients is approximately 31, with average age continuing to rise from year to year. This means that there is also an increase in the amount of time for which subjects remain untreated, as well as an increase in all the attendant risks, with subjects waiting ever-longer lengths of time before approaching drug addiction services. It should be noted that the European average age of clients seeking

338,425 is the
estimated number of
subjects in need of
treatment

Increase in
treatment demand:
35,597 new clients
in 2010 (4.7% more
than in 2009)

Subjects waiting
longer before
approaching drug
addiction services

treatment is lower than the Italian average.

In the three-year period spanning 2007-2009, the total number of hospital admissions for all pathologies fell by 5.4% (12,342,537 in 2007, 12,112,389 in 2008 and 11,674,098 in 2009); hospital discharge records showing (principal or secondary) diagnoses related to psychoactive drug use were about 2 per thousand (26,601 in 2007, 25,910 in 2008 and 23,997 in 2009) of the countrywide total, showing a 9.8% decrease over the three-year period in question, a greater decrease than the overall decrease in hospital admissions for all pathologies.

9.8% decrease in the number of drug-related hospital admissions in the three-year period spanning 2007 - 2009

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

Although national guidelines specifically governing the treatment of drug addiction do not currently exist, this topic is specifically addressed in the 2010-2013 National Action Plan on Drugs, which provides orientation for the treatment of drug addicts. Furthermore, with regard to cocaine addiction, the Department for Anti-drug Policies (DAP) took it upon itself to publish the translation of the manual published by the NIDA on Individual Drug Counseling. As far as adolescents who use cannabis are concerned, a whole chapter is dedicated to their treatment in the DPA publication entitled “Cannabis and the Harm It Causes to Health – Toxicological, Neuropsychological, Medical and Social Aspects and Guidelines for Prevention and Treatment”.

On 31/12/2010, there were a total of 1,647 social and healthcare facilities dedicated to the treatment and rehabilitation of drug addicts. Of these, 554 (33.6%) were public drug treatment units (SerTs), employing 6,793 service operators, 9.2% less than in 2000. Since 1997, there has been a 1.1% increase in personnel, but a simultaneous 26.1% increase in the number of clients. The client/operator ratio in 1997 was 20/6, while in 2010 it had reached 26/0.

1,647 social and healthcare treatment facilities

1.1% increase in personnel with a simultaneous 26.1% increase in client numbers

There were 1,093 private non-profit social rehabilitative facilities, of which 65.4% were inpatient facilities, 18.5% were semi-residential and 16.1% offered outpatient services.

554 Public Drug Treatment Units (SerTs)
1,093 Therapeutic Communities
15 communities closed

In comparison with 2009, there was a 1.4% decrease in the number of social-rehabilitative facilities (15 facilities closed). The distribution of social and healthcare facilities within Italy shows a higher concentration in the Northern regions, in particular in Lombardy, Veneto and Emilia Romagna.

Information from the Ministry of Health, which covers approximately 90% of facilities nationwide, shows that, in 2010, 176,430 clients were receiving treatment from drug addiction services. There was an increase in the number of new clients in comparison with the previous year. Moreover, in the last 10-year period under consideration, there was an increase in the average age at which clients approach services for the first time, which rose from 26 years of age in 1991 to 31 years of age in 2010.

The most common primary drug used by drug addiction services clients was heroin, reported in 70% of cases. This was followed by cocaine (15.2%) and cannabis (9.2%). Over the last four years, the number of clients using heroin as their primary drug seems to have levelled off, while the number of clients undergoing treatment for use of cocaine as their primary drug has increased.

Among secondary substances, there was an increase in the use of psychotropic drugs, heroin and cannabis, whereas the use of alcohol as a secondary substance fell in comparison with the previous period. The use

of heroin via injection also decreased among service clients undergoing treatment, whereas the use of benzodiazepine via injection increased. In 2010, 176,430 clients received treatment. Of the treatments provided (184,968), 33.7% were social-rehabilitative and the remaining 66.4% were pharmacologically assisted. Among the social-rehabilitative treatments, there has been an increase in the percentage of psychotherapy treatments provided. Meanwhile, when examining pharmacological treatments using methadone, we see that there has been an increase in the number of mid-term treatments. This is also true for treatments using buprenorphine, for which there has also been an increase in the number of short-term treatments.

6. HEALTH CORRELATES AND CONSEQUENCES

Drug use, even when the method of use is not injection and even if use is occasional, is still seriously harmful to health, whether that harm be neuropsychological or fall under the domain of internal medicine and infectious diseases. On top of this, there is the risk of drug- or alcohol-related traffic accidents. The most commonly contracted drug-related infectious diseases are HIV, viral hepatitis, sexually transmitted diseases and TBC.

It should be noted that there has been a sharp decline in the number of new HIV infections among drug addicts, a trend which has been on-going for a few years now.

Unfortunately, there has been a tendency, for a number of years now, to not test clients undergoing treatment at Public Drug Treatment Units (SerTs) for the principal drug-related infectious diseases: HIV, HCV and HBV. The average percentage of clients not tested for HIV was found to be 67.4%, a situation which seriously compromises early diagnosis programmes.

The average percentage of HIV-positive clients among SerT clients tested was found to be 11.1%, which breaks down as follows: 13.9% of women tested and 9.3% of men tested. Among new clients, the percentages stood at 4.4% of women and 2.1% of men. Women had the highest HIV prevalence rates. In 2010, as in the past, there was found to be a negative relationship between the low number of tests used and the percentage of HIV-positive subjects.

The average percentage of HBV-positive subjects among subjects tested was found to be only 34.4%, which breaks down as follows: 35.8% of women and 34.2% of men. Among new clients, the prevalence rate was 14.7% for women and 16.0% for men.

The same low use of testing found for HIV was also found for Hepatitis B. The average percentage of clients not subjected to serological testing was 71.5%.

The average national prevalence of HCV-positive subjects among subjects tested was found to be 61.0%, which breaks down as follows: 63.8% of women and 60.4% of men. Among new clients, the percentages stood at 24.6% for women and 27.8% for men.

Hepatitis C testing is also rarely employed, and especially not offered to drug addicts who are approaching drug addiction services for the first time. The average percentage of clients who were not subjected to serological testing was 74.3%.

Drug-related
infectious diseases

67.4% of drug
addiction service
clients NOT tested
for HIV

HIV prevalence
among clients
undergoing
treatment with
SerTs: 11.1%
HIV-positive

HBV Prevalence
among clients
undergoing
treatment with
SerTs:
34.4% HBV-
positive
71.5% NOT tested
for HBV:

HCV Prevalence
among clients
undergoing
treatment with
SerTs: 61.0% HCV-
positive

74.3% NOT tested
for HCV:

Traffic accidents are an important issue not only for drug users and consumers of alcohol but also for third parties involved. Many of these accidents are alcohol- and/or drug-related. There was a 1.6% decrease in the total number of traffic accidents between 2008 and 2009. Furthermore, there was a 10.3% decrease in the number of related deaths and 1.1% decrease in the number of injuries.

Decrease in the number of deaths and injuries caused by traffic accidents

In the face of an increase in the number of checks being performed on the roads, there has furthermore been a 4.23% decrease in the number of violations of Articles 186 and 187 of the Traffic Code (driving under the influence of alcohol or drugs).

The number of drug-related deaths has been decreasing over time, with a sharper decline in Italy than in the rest of Europe. In 1999, there were 1,002 deaths and, in 2010, there were 374. Deaths among girls and women have increased in proportion to a concomitant decrease in deaths among boys and men (9.0% in 2009, 11.2% in 2010). There has also been an increase in the average age at time of death.

Cases of acute drug-related mortality, or death by overdose, etc., continue to decrease

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

In 2009, the Department for Anti-drug Policies 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 aim of this document was to focus on the means of activating desirable and realistic initiatives to prevent the risks and reduce the harm arising from the use of narcotic or psychoactive drugs and/or from diseases and deviant behaviour (for example drug-related prostitution and crime). Following the publication of this document, the Department for Anti-drug Policies, while drafting the 2010-2013 National Action Plan on Drugs, devoted a large section of the Plan to specific actions for the treatment and prevention of drug-related diseases.

Policy lines concerning measures and actions for the prevention of drug-related diseases

In the face of a significant decline in the amount of HIV and Hepatitis B and C testing offered by drug addiction services in recent years, in 2010 the DPA published guidelines for the “Screening and early diagnosis of the principal drug-related infectious diseases” which contains a number of technical guidelines for facilities operating in this field. These are based on a series of epidemiological studies which brought to light the need to act quickly to suitably increase access to testing, especially for HIV and the hepatides.

The National Action Plan on Drugs

Department for Anti-drug Policies guidelines for re-launching the offering of infectious disease testing to drug addicts

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

The percentage of Public Drug Treatment Unit (SerT) clients who are unemployed stands at 31%. Women have a higher unemployment rate than men. Moreover, there is a higher rate of unemployment among heroin users than among cocaine and cannabis users. 4.0% of SerT clients are homeless.

State of employment: 69% of drug addiction services clients have jobs

Among new clients approaching drug addiction services for the first time, there was a decrease in opiate users in comparison with 2009, but an increase in cocaine users.

Another social aspect which can be of great interest when monitoring the drug-use phenomenon is the housing conditions of SerT clients, meaning whether or not they live alone and with whom they live, and of particular interest is the situation of homeless subjects, who accounted for 4% of all

SerT clients in 2010. The majority of homeless clients are opiate users; there has been a decrease in the use of cocaine and an increase in opiate use in comparison with 2009.

The 2010-2013 National Action Plan on Drugs includes, among its five principal action areas, one specifically devoted to the social and work reintegration of drug addicts. Rehabilitation and reintegration are a central and integral part of the action plan, as these two aims reinforce the belief that it is not only possible but of fundamental importance to always and completely rehabilitate drug addicted individuals and fully reintegrate them into society.

In support of the goals and actions set out in the National Action Plan on Drugs, the Department for Anti-drug Policies (DPA), as part of the implementation of the 2010-2011 DPA Projects Plan, funded, with a budget of approximately 9 million Euros, a project for the social reintegration and rehabilitation of drug addicts (the RELI Project).

In addition, the Regions and Autonomous Provinces who responded to Structured Questionnaire SQ 28 reported having launched social reintegration projects for current and former drug users for an overall cost of nearly 12 million Euros in funding in 2010.

The 2010-2013
National Action
Plan on Drugs

The RELI Project

Nearly 12 million
Euros spent on
social reintegration
programmes

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

Regarding operations to combat crimes under drug law, in 2010 there were 22,064 anti-drug operations, 39,053 charges filed (+7,1%) and 29,076 arrests for crimes in violation of DPR 309/90. 69.3% of the cases submitted to the Courts in 2010 involved Italians, and 9% of them involved women. The average age of subjects reported was little older than thirty.

In 2010, 31,550 persons were reported for crimes and violations pursuant to Art. 75, of whom 29,408 were men (equal to 93.2%). 16,030 sanctions were issued pursuant to Art. 75 in 2010, a decrease in comparison with the 2009 figure (17,215). 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 imposed. This trend has been bolstered by the failure to suspend sanctions if the invitation to enter a treatment programme is accepted (Law 49/2006).

26,163 adults entered the prison system in 2010 for crimes in violation of drug law, some of whom entered prison more than once over the course of the year under consideration. In comparison with 2009, we can see a decrease of 6.5% in the number of subjects entering the prison system for these types of crimes. 39.8% of subjects entering the prison system in 2009 for crimes in violation of drug law were released from custody during the course of the year.

During the same year, 24,008 subjects with drug-related social and health problems entered the prison system from outside custody, a figure which stood at 25,180 in 2009, therefore showing a decrease of 1,172, or 4.7%, in the number of drug-addicted inmates. The number of subjects released on parole or placed on probation in the care of drug addiction services (Art. 94 of DPR 309/90) in 2009 was 2,022, but grew to 2,526 in 2010, showing a 24.9% increase.

In 2010: 39,053
charges for crimes
in violation of DPR
309/90:
7.1% more charges;
1.6% less
arrests
31,550 persons
reported by Law
Enforcement
Agencies pursuant
to Art. 75
Decrease in
sanctions issued
pursuant to Art. 75
and in the number
of persons invited to
enter treatment
with SerTs
Decrease in subjects
entering prison for
crimes under DPR
309/90

39.8% released
from custody during
the course of the
year.
1,172 fewer drug-
addicted subjects in
prisons (a 4.7%
decrease)
24.9% increase in
the number of drug
addicts placed in
treatment
programmes while
serving parole or
probation

Since 2009, there has been a 33% decrease in the number of minors in prison for crimes in connection with DPR 309/90. Minors in custody for violations of drug law were almost exclusively male (98.3%), most were Italian (65%), and the average age was 17, without large variations in age figures between juveniles of different nationalities.

Decrease in the number of minors entering prison for crimes under DPR 309/90

10. DRUG MARKETS

In comparison with the figures for 2009, in 2010 there was a slight decrease of 5.2% in the overall number of operations on the three main fronts: drug production, trafficking and sales. There were a total of 22,064 anti-drug operations conducted in 2010. 85% of these led to the seizure of illicit drugs, 8.5% led to further crime detection and 6.1% led to the discovery of quantities of drugs.

Slight decrease in the number of operations

34% less marijuana was seized than in 2009, while quantities of cocaine, heroin and hashish seized decreased by 5.8%, 18.3% and 0.8% respectively, a fact which can ostensibly be linked to a decrease in the amount of these drugs in circulation.

Overall decrease in the quantity of drugs seized

It should be noted that there was a 12.7% increase in quantities of synthetic drugs seized (despite the fact that the percentage of persons who use these drugs is still quite low in comparison with other types of drugs).

As far as the activities of the National Early Warning System (N.E.W.S.) are concerned, among the new drugs registered by the system in 2010, the ones whose use was found to be most widespread were synthetic cannabinoids (JWH-018, JWH-073, JWH-122, JWH-250) and the synthetic cathinone mephedrone. In addition to the synthetic cannabinoids, in 2010, 5 seizure operations were reported to the N.E.W.S of pills containing mephedrone, the first report of the presence of Butylone was received, and there were also numerous reports regarding meta-Chlorophenylpiperazine (mCPP).

New drugs

In 2010, the average percentage of active principle found in the samples analysed increased for both cannabinoids (THC), rising from 5% to 7%, and for heroin, rising from 21 to 26%. The percentages of pure drug in MDMA and cocaine remained stable at the values observed in 2009, 30% and 46% respectively.

Increase in % of active principle in cannabinoids and heroin

% of active principle in cocaine and MDMA compounds remained stable

As far as selling price of drugs is concerned, we can observe that the minimum cost of white heroin (€53.5) has remained stable, as has the price of cannabinoids (between €8 and €9). The cost of cocaine fell (€57.9) as did that of LSD (€23.3). The cost of ecstasy increased slightly (€14.8) as did that of amphetamines (€16).

Prices of heroin and cannabis remain stable. Fall in the prices of cocaine and LSD

Regarding purity, the purity of heroin fluctuated in 2010, just as it has in previous years, ranging between 2.4% and 48%. The purity of cocaine also varied, ranging between 12% and 84%, as did that of MDMA, ranging between 7% and 45%. Fluctuation in the purity of cannabinoids was more limited, ranging between 0.3% and 16.5%.

Slight increase in the prices of ecstasy and amphetamines

11. DRUG RELATED HEALTH POLICIES AND SERVICES IN PRISON

Data collection on drugs and prison inmates is currently undergoing changes. All competencies have been transferred to the Ministry of Health. This situation will make it possible to manage data coming from a single source. Data flow regarding drug users in prison will be improved thanks to a new set of variables collected locally as individual records, and then reported as schematic forms which will be much more clearer and detailed than those which have been available until now. The first data produced by this new system, which was implemented in 2011, regards the situation as it stood last June: at a glance, it seems that the new system provides improved information, but further analysis and processing procedures are needed to better understand if the expected results are being achieved.

CONCLUSIONS AND REFLECTIONS

The picture painted by the large quantity of data which has been collected and processed concerning the drug use phenomenon in our country shows that this phenomenon is undeniably in decline. Drug use has been decreasing, and the trend observed in previous years was confirmed once more this year. Clearly, this cannot be interpreted to mean that the problem has been solved, but it can certainly be taken as a positive sign of a reversal in the decades-long trend towards an increase in drug use, which had almost come to be seen as inevitable and unbeatable. It has now become clear that even this phenomenon can be fought, and that it is necessary to continue along the path established by the new strategies which have finally brought about this downturn.

There is certainly still much room for improvement in the spheres of prevention, treatment and, most of all, of rehabilitation (an area which is still very underdeveloped and undervalued, especially among the public drug addiction services), as well as in the sphere of the fight against trafficking and dealing. The efficiency and effectiveness of many actions can be increased. The services system, in particular, must begin to ask itself if the time has not come to concentrate more on rehabilitation and social and work reintegration, and not focus only on making sure people stay in treatment or on so-called “harm reduction”. The time has certainly come to go beyond these concepts and to design strategies and initiatives that demand more than simple monitoring and maintenance. The possibilities exist, as does the expertise, and the network of public and private non-profit services is the proof of this. The establishment and development, in all of the Regions, of Addiction Departments, equipped with managerial autonomy and clearly-defined roles, is the right step to take in order to strengthen our nation on its way along this innovative new path.

It should also be pointed out that more attention needs to be paid to drug-related infectious diseases, which have always been greatly neglected, at least from the standpoint of early diagnosis.

At the same time, the fight against drug trafficking and dealing must continue, and the number of anti-drug operations conducted in Italy must be increased, including those intended to combat local growing and fight

the Internet phenomenon. A balanced approach, such as the one which is currently applied in our country, is undoubtedly effective, but it must be maintained and reinforced along its principal action fronts by, most importantly, attempting to achieve greater coordination between all of the various organisations and institutions which operate in this field. Such coordination is, at the moment, still largely lacking, and is made even more difficult by the existence of different ideological systems and viewpoints.

It is essential that we consider drug addiction as a preventable, treatable and curable disease, and recognise that it constitutes an important social and healthcare problem of substantial dimensions. The use of any drug must be considered a high-risk behaviour dangerous to one's own health as well as the health of others, a behaviour which must be avoided and fought, not only through the means of appropriate and early education, but also through legislative measures, such as sanctions, applied in an administrative context. These measures must not be discriminatory, but rather, they must deter and limit drug use. It goes without saying that those who produce, cultivate, traffic or deal in drugs must be prosecuted.

The good results we have seen are certainly the consequences of a synergic blend of different factors and elements. The on-going prevention and information campaigns carried out at all levels (national, regional and local) have served to raise awareness of the dangers connected to drug use, both among young people and among families. The social attitude being conveyed through, among other things, the legislation currently in force, is that drugs can cause serious psychological and physiological – not to mention legal – problems for those who take them, and this has played a large part in making people more aware of the dangers of drug use.

Part A

New Developments and Trends

1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS

1.1. Legal framework

The legal framework applicable in cases related to illegal psychotropic substances did not undergo any changes in 2010, remaining the same as in the previous year both on a national level – where the legal framework consists of the Consolidated Law covering regulations in the field of narcotic drugs and psychotropic substances, prevention and treatment of drug addiction and rehabilitation of drug addicts, approved with Presidential Decree No. 309 on 9 October 1990 – as well as on an international level. Internationally, the legal framework is comprised of the Single Convention on Narcotic Drugs of 30 March 1961, the 26 March 1972 Protocol Amending the Single Convention of 1961, the 21 February 1971 Convention, based on the principle of banning the use of psychotropic substances if not for medical and scientific needs and which likewise regulates and monitors the legal drug market, controlling and monitoring, albeit less strictly, approximately one-hundred additional substances not covered under the 1961 Convention, as well as the 20 December 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

[Legal framework](#)

1.1.1 National and international regulatory measures approved in 2010

During the course of 2010, the Department for Anti-drug Policies (DPA), as accordance with its competencies in the field, followed the proceedings of certain legislative and regulatory measures. Specifically, the DPA took part in technical coordination meetings with other State Administrations, during the course of which the outline for a legislative decree dealing with drug precursors, implemented through Art. 45 of Law No. 96 of 4 June 2010, was drafted. Legislative Decree No. 50 of 24 March 2011 was the result. This decree, on the one hand, implements Community Regulations No. 273/2004, No. 111/2005, No. 1277/2005 and No. 297/2009, while, on the other hand, just as in other EU member countries, it has made it so that all legislation concerning drug precursors falls under the national body of drug law, thus drawing a clear distinction between these and the remaining provisions dealing with narcotic drugs and psychotropic substances.

The same legislation has, moreover, adapted internal regulations regarding sanctions to reflect the provisions set forth in EU regulations, clearly detailed within the act issued by the government under parliamentary delegation and simultaneously rationalizing and coordinating the sanctions system currently in force regarding drug precursors.

With the approval of Law No. 120 of 29 July 2010 concerning road safety measures, drunk- and drug-driving sanctions have been toughened through changes made to Articles 186 and 187 of the Highway Code and the addition of the new Article 186-bis, Paragraph 1, which set forth the principle according to which certain categories of drivers are forbidden to

drive after having consumed alcoholic beverages or while under the influence of such beverages. These categories include those younger than 21 years of age (even if driving vehicles for which no license is required), new license holders during the first three years after having obtained their license type B, professional drivers whose occupation involves transporting people or things on the roads, taxi drivers or chauffeurs of cars for hire which include driver service.

With the collaboration of the Department for Anti-drug Policies, as a consequence of Law No. 199 of 26 November 2010 concerning regulations regarding the execution of home-custody sentences no more than one year in length, it was also determined that custodial sentences no more than twelve months in length, even when these constitute a remaining portion of a larger sentence, should be carried out in the convict's home or in another public or private treatment, care or reception facility. Specifically, in the case of drug-addicted or alcoholic convicts made to undergo rehabilitation programmes or who intend to enrol in such programmes, the sentence pronounced may be served in a public healthcare facility or in a private structure accredited in accordance with DPR 309/90.

Thanks to monitoring carried out by the Department for Anti-drug Policy's National Early Warning and Rapid Response System for Drugs, during the course of 2010 the Ministry of Health issued two ministerial ordinances and four ministerial decrees which provided for the inclusion in the table of two recently created synthetic cannabinoids, JWH-018 and JWH-073, as well as of another particularly dangerous substance, mephedrone. Moreover, an urgent procedure was set in motion to insert the synthetic cannabinoid called JWH-250 into the table as well.

The Ministerial Decree issued by the Ministry of Health on 11 May 2011 incorporates the above information, determining the definitive inclusion in Table I of the Annex to DPR 309/90 of the substances 3,4-methylenedioxypyrovalerone (MDPV), JWH-250, JWH-122 and structural analogues of 3-phenylacetylindole and 3-(1-naphthoyl)indole.

During the course of 2010, in order to simplify the rather confusing procedures used to apply alternative measures as set forth under Art. 94 of the Consolidated Drug Law, the Department drew up guidelines in keeping with existing regulatory framework. Finally, during the course of 2010, the State Administrations with competencies in this field cooperated to draw up further modifications to the regulatory measures concerning the State-Regional Accord, specifically regarding the establishing an absence of drug addiction in workers in high-risk professions. The new regulatory legislation, containing all supplements and amendments to regulations set forth in the Unified Conference No. 99 (UC) of 30 October 2007, will be brought to the attention of the Unified Conference for final approval during the course of the year in progress.

Table 1.1: National and International legislation issued in 2010

Legislative Acts	Field of Application
Ministerial Ordinance of 03 December 2010	Cautionary measures to safeguard health regarding the use of the products called Forest Green, Jamaican Spirit, Star of Fire, Amazonas Vanilla, B-52 and Jamaican Gold.
Ministerial Ordinance of 11 November 2010	Determination of the quantity of narcotic and psychotropic substances which can be manufactured and put up for sale in Italy and abroad during the course of the year 2011.
Ministerial Decree of 02 November 2010	Annual list, last updated on the 30 September 2010, of the companies authorised to manufacture, use and engage in wholesale trade of narcotic and psychotropic substances and of the companies in possession of licenses for substances classified as Category 1 drug precursors.
Ministerial Decree of 16 June 2010	Updating the tables containing information on the narcotic and psychotropic substances and related medicinal compounds in accordance with the requirements of Presidential Decree No. 309/ of 9 October 1990 and its subsequent amendments and additions, with the insertion of the substances called JWH-018, JWH-073 and Mephedrone.
Ministerial Decree of 11 June 2010	Updating and completion of the tables containing information on the narcotic and psychotropic substances and related medicinal compounds in accordance with the requirements of Presidential Decree No. 309/ of 9 October 1990 and its subsequent amendments and additions, with the insertion of the anabolic steroid Nandrolone.
Ministerial Decree of 11 May 2010	Method which uses information technology systems to record the movement of narcotic and psychotropic substances, medicines and related compounds designated within the Tables in the Annex to Presidential Decree No. 309 of 9 October 1990, containing the Consolidated text of the laws on narcotic drugs and psychotropic substances and the prevention and treatment of drug addiction and rehabilitation of drug addicts.
Ministerial Decree of 7 May 2010	Update of the tables containing descriptions of narcotic and psychotropic substances, with regard to medicinal compounds, in accordance with the requirements of Presidential Decree No. 309 of 9 October 1990 and its subsequent amendments and additions. Insertion of the substance Tapentadol.
Amendment Notice of 30 April 2010	Amendment Notice for the Decree of 31 March 2010, containing an: "Update to the tables containing descriptions of narcotic and psychotropic substances and related medicinal compounds, in accordance with the requirements of Presidential Decree No. 309 of 9 October 1990 and subsequent amendments and additions, with substitution of Table II, Section D of the Consolidated Law."

Legislative Acts	Field of Application
Ministerial Ordinance of 6 April 2010	Ban on the manufacture, importing, marketing, sale and use of the products known as “n-Joy” and “Spice”.
Ministerial Decree of 31 March 2010	Update of the tables containing descriptions of narcotic and psychotropic substances and related medicinal compounds, in accordance with the requirements of Presidential Decree No. 309 of 9 October 1990 and subsequent amendments and additions, with substitution of Table II, Section D of the Consolidated Law.
Law No. 199 of 26 November 2010	Provisions related to the execution of home-custody sentences no more than one year in length.
Law No. 136 of 13 August 2010	Special plan to fight mafia groups; also delegates power to the Government in the sphere of anti-mafia legislation.
Law No. 120 of 29 July 2010	Provisions related to highway safety. Specifically, amendments made to Articles 186 and 187 of Legislative Decree No. 285/1992 on driving while under the influence of alcohol or drugs.
Law No. 96 of 4 June 2010	General provisions regarding procedures for fulfilling EU obligations.
Law No. 38 of 15 March 2010	Provisions ensuring access to palliative care and pain therapy.
European (EU) Legislative Acts	Field of Application
Commission Regulation (EU) No. 225/2011 of 7 March 2011	Amending Commission 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.

Source: Presidency of the Council of Ministers – Department for Anti-drug Policies

1.2. National action plan, strategy, evaluation and coordination

In the session held on 29 October 2010, the Council of Ministers approved the National Drug Action Plan for 2010-2013. This document represents the point of reference for policies relating to this sphere in the three-year period in which it will be in effect. It lays out the action strategies in a practical and straightforward fashion, beginning with the analyses shared during the 5th National Conference in Trieste and by the post-conference working groups, and maintains its consistency with the instructions laid out in the European Action Plan throughout. It is therefore a particularly important instrument for determining the direction to be taken when developing concrete actions organised and coordinated through combined efforts of the National Department and the Regions/Autonomous Provinces. All of the actions and recommendations contained within the National Drug Action Plan (NAP) are consistently supported by project activities created by the Department through the delineation of appropriate project plans.

Action plan

1.2.1 Principal content of the National Drug Action Plan

The National Drug Action Plan for 2010-2013 provides for the simultaneous development of four components: the National Action Plan (NAP – which contains strategic recommendations); the individual Regional Plans (RP) which will have to be carried out completely independently by the individual Regions and Autonomous Provinces; Methodological Guidelines; National Projects in support of the Plan. Together, these four components comprise the overall action plan, which provides an explanation of general strategies in the form of a list of goals, actions and of the organisations delegated to carry these out as well as a list of outcome indicators.

Context

Table 1.2: The four components of the National Drug Action Plan for 2010-2013

Components	Principal goals
1 The Action Plan	Contains all of the general strategic recommendations divided by action area. Each of these areas is accompanied by goals, actions and assessment indicators. This part takes into account European recommendations, recommendations of the United Nations and of the 5th Conference on Drugs. Its principal goal is that of putting together a series of coordinated, comprehensive national-level actions.
2 Individual Regional Plans	Based on the NAP, the Regions and Autonomous Provinces will be able to lay out individual Regional Plans or establish new directions for existing ones, taking into account the national strategic recommendations contained in the NAP as well as the courses of their own planning. The orchestration of these plans, whose realisation is the responsibility of the individual Regions and Autonomous Provinces, will represent the completion of a truly operational NAP.
3 Technical and scientific guidelines	This is a collection of methodological publications which provide more detailed clarification about how to design and launch actions, providing technical elements in the form of operating guidelines for the different spheres of operation. The collection of guidelines which has been developed will be implemented and updated based on new needs and new scientific information that is brought to light in the various spheres of action.
4 National Projects in Support of the NAP	In order to provide concrete support for the National Action Plan, a large number of projects have been launched on a national level in the different action areas which have been marked as priorities. These projects have strong central coordination and tend towards the creation of both national and international networks for collaboration and cooperation. The projects plan, which is already active and which is consistent with the NAP, will cover activities carried out in 2010-2011, and may be renewed and implemented in future based on available funds, to be determined annually.

Components and goals of the National Drug Action Plan

1.2.2 Coordination arrangements

The 2010-2011 Projects Plan

In order to provide concrete support for the National Action Plan, a large number of projects have been launched. These projects have strong central coordination and tend towards the creation of both national and international networks for collaboration and cooperation.

The Projects Plan incorporates all of the activities carried out in 2010-2011, and may be renewed and implemented in future based on available funds as determined annually. The Projects Plan, with an overall budget investment of €9,943,000, includes 30 funded projects, some of which continued on from the previous year (the Early Warning System, the Alcohol- and Drug-related Traffic Accident Warning and Prevention System) or were renewals of activities conducted annually (the Student Population Survey on Drug Use [SPS-ITA], the Estimate of Problem Drug-Users [PDU], the Measurement of Drugs in Waste Water [AQUADRUGS]). However, most of these projects represent new courses of development or are intended to further develop previously conducted activities.

The projects plan is divided into logical areas: Prevention, Prevention of drug-related diseases, Treatment and support through Local Drug Addiction Services (SerTs) and Therapeutic Communities, Reintegration, Epidemiology and evaluation, the Warning System and technological innovations, Planning and Organisation, Research, Training and Refresher Courses, International activities.

The logical area of Prevention numbers 12 projects and represents 51% of the dedicated budget, proof of the importance placed upon early detection as a way of reducing the amount of time subjects are exposed to the harmful effects of drugs. 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. The second comprises workers in high-risk professions and the third concerns the prevention of traffic accidents.

4% of the budget is dedicated to the Prevention of Drug-Related Diseases, including a project for the early diagnosis of the principal infectious diseases linked to drug use.

1% of the budget was dedicated to support of Local Drug Addiction Services (SerTs) and Therapeutic Communities, and included projects intended to improve the organisation and functionality of services.

1% of the budget was dedicated to putting social and work reintegration projects into action in order to achieve the true rehabilitation of drug addicted persons.

24% of funds were dedicated to the area of Epidemiology and Assessment, which includes monitoring activities of various natures, data collection and assessment activities.

This area numbers a full seven projects, one of which, the DB-I (Integrated Data Base) project, is of particular interest. This project provides for the development of an information system which would gather all the information flows coming from various contacts and sources (Ministries, Regions and Autonomous Provinces) into a central location and integrate them, organising them within a single archive with limited and protected access. This data base will also contain data from centrally-conducted research surveys conducted on the general and student populations (GPS and SPS) as well as more specific research projects such as, for instance, the AQUADRUGS project. The innovative aspect of the DB-I project is the

The 2010 Projects
Plan:
€9,943,000 in
budget investment

Prevention (51% of
budget investment)

Prevention of drug-
related diseases (4%
of budget
investment)

Epidemiology and
assessment (24% of
budget investment)

The Integrated
Data Base (DB-I)

fact that it makes different data flows available and accessible in real time, permitting consultation of the integrated data base as well as the compiling of standard reporting.

4% of funds allocated to the Warning System and to technological innovation were set aside for maintaining and implementing the National Early Warning and Rapid Response System for Drugs.

The National Early Warning System drew particular attention in 2010, as it made it possible to identify phenomena which were potentially harmful to public health in a timely fashion. These phenomena involved the appearance of new drugs and new methods of drug use in Italy. The system launched warnings which rapidly ensured the involvement of the organisations responsible for safeguarding and promoting public health as well as of those responsible for launching suitable response measures to counter the emergencies to which the warnings referred.

2% of funding has been set aside for the Planning and Organisation area, which covers projects aimed at improving the organisation of services.

4% of the budget will go to fund projects that fall under the area of Research, and which will be implemented by the National Network for Addiction Research (NNRD), comprised of 17 Collaborating Centres.

The Institute Project, which falls under the area of Training and Refresher Courses, was allocated 1% of the budget.

8% of funds are dedicated to guaranteeing an Italian presence in European and international settings. The International Activities area numbers 3 projects. Of these, we deem it necessary to mention the Scientific Community on Addiction project, entrusted to UNICRI and carried out with the collaboration of the Ministry of Health and the MIUR (the Ministry of Education, Universities and Research), which intend to design and carry out initiatives aimed at developing a multi-disciplinary scientific community equipped with information tools and a national training school and involving international collaboration in order to share best practices in the field of additions. Specifically, the project involves: the creation of a national, multi-disciplinary scientific Community on drug addiction reporting to the DPA, whose general strategies the Community will adopt and further; keeping up and distributing the Drog@news Newsletter containing scientific reviews ideal for quick consultation; the creation and distribution of an in-depth scientific publication containing original articles written by both Italian and foreign authors (Italian Journal on Addiction); the creation of a national school on addictions, with a curriculum supported by e-learning systems, within the DPA; launching and maintaining international collaboration Groups in order to share experiences, best practices and research.

Warning System
(4% of budget investment)

National Early
Warning and Rapid
Response System

International
Activities area (8%
of budget investment)

Scientific
Community on
Addiction

Institutional activities in the international arena.

During the year 2010, the activities of the Department for Anti-drug Policies in the international arena ensured its involvement with numerous foreign entities. In particular, the Department maintained institutional and technical relations with the United Nations Organisation (UN), the European Union (EU) and the Council of Europe, and also collaborated in carrying out international projects.

As is true every year, Italian activity within the United Nations peaked during the 53rd Session of the UN Commission on Narcotic Drugs (CND), held in Vienna from 8 – 12 March 2010. In order to prepare for this event, Italy worked with the offices of the Horizontal Drugs Group in Brussels and

The DPA's
institutional
relations in the
international arena

UN – Commission
on Narcotic Drugs

through informal consultations to reach an agreement on the Statements which the Spanish President would read during the course of the session and on resolutions which would be presented as EU resolutions. Italy sent a delegation to the Commission on Narcotic Drugs, coordinated by the DPA, which also organised coordination meetings with other participating administrations.

Once again this year, the topic of “harm reduction” was the object of debate both within EU coordination and during the course of the work done by the Commission. Specifically, during the presentation of the annual report of the International Narcotics Control Board (INCB) of the United Nations, the board assumed a hostile stance towards the so-called “injecting rooms” which continue to be tolerated in a number of countries. This hostile stance was completely in keeping with the Italian position on this issue. The INCB thus called upon governments to close down these facilities and instead encourage drug addicts to access social and healthcare services, including services for drug abuse treatment, in accordance with international drug-control treaties.

The 65th ordinary session of the UN General Assembly (GA) was held in New York between September and December of 2010. The Department constantly monitored the work being done by the 3rd Commission with regard to the negotiation of the resolution to put before the GA for adoption and the parallel negotiation between EU Member States on the common positions to take during the session. This was another occasion in which the activities of the DPA, working in concert with the Ministry of Foreign Affairs (through the Permanent Representative to the UN) had very positive results considering that, on the one hand, both the EU *Statement* and *Explanation of Position* and, on the other, the final draft of the resolution itself both were appeared to be completely in line with Italian positions. In this way, coinciding viewpoints were reached between the United Kingdom and Holland, countries whose ideas regarding harm reduction are traditionally in contrast.

As far as collaboration between the Department for Anti-drug Policies and the United Nations Office on Drugs and Crime (UNODC) is concerned, the principal activities carried out during the course of 2010 had to do with the completion of questionnaires. The most important questionnaire was the one on the 2010 Annual Report (ARQ). As it does every year, the DPA, in collaboration with the various competent Administrations, coordinated and organised the completion of the questionnaire, divided into various sections, using the data for 2009 and in accordance with the reporting requirements of the 1961 United Nations Convention. With reference to the same topic, moreover, modification procedures were followed and comments were sent on the drafts of the new ARQ questionnaires, in use as of 2011, which the UNODC had prepared and discussed in January and October of 2010. Another questionnaire related to the implementation of CND Resolution 53/10 was “*Measures to protect children and young people from drug abuse*”, finished at the end of 2010.

Since 2009, the Department for Anti-drug Policies has participated, together with the United Nations Office on Drugs and Crime and the World Health Organisation, in the Joint Programme for the treatment and care of drug addiction in the region of the Balkans, with a particular focus on activities in Serbia and Albania. The aim of this programme is to reduce demand for illegal drugs, alleviate the suffering and reduce the harm linked to drugs for individuals, families, communities and society. The cooperation between the UNODC and the WHO in this area is essential, and it aims to promote effective treatment and care for drug addicts and to

The UN General
Assembly

UN – UNODC
Questionnaires

UN – UNODC –
Joint Programme
UNODC-WHO in
the Balkans

reinforce the specific obligations and responsibilities of all the national and international entities which the worldwide drug problem concerns.

The Department also maintains a relationship with another United Nations entity, the International Narcotics Control Board (INCB), which periodically submits documents to national entities for case assessment. During 2010, this Department, in accordance with the principle of information circularity, undertook to collaborate with other competent administrations in the handling and compiling of a series of questionnaires sent by the INCB with the aim of monitoring current and emerging trends in drug abuse. Among these, we would like to mention: the questionnaire on the topic of implementing INCB recommendations regarding the illegal sale of internationally controlled substances on the Internet; the questionnaire regarding governments' implementation of INCB recommendations contained in the 2005-2007 annual reports; and, finally, the questionnaire regarding governments' implementation of CND Resolution 53/11, "Promoting the sharing of information on the potential abuse of and trafficking in synthetic cannabinoid receptor agonists". Moreover, the Control Board sent requests, fulfilled in full by this Department, such as, for example, the request to obtain information on the approximate levels of buprenorphine use in Italy and to speed up the verification of the necessary requirements for the export of "Lormetazepam" from Italy to Greece in the absence of a recognized evaluation procedure for this substance.

In the European arena, the DPA participated in the monthly meetings of the Horizontal Drugs Group (HDG) of the Council of the European Union in Brussels, as it does every year. During the course of these meetings, whose purpose is to coordinate actions in the field of drugs on a European level, the question of harm reduction was once again brought up and official documents were shown which laid out the Italian position on this issue. Italy has always highlighted the need to clearly define harm reduction and all of this concept's component parts, not being otherwise willing to come to an agreement regarding this term. The other members of the European partnership were simultaneously kept informed on the Italian position through, among other means, the distribution of *position papers* during Group meetings. Another topic which was the subject of much in-depth discussion was the Bolivian proposal to amend Art. 49 of the 1961 Single Convention on Narcotic Drugs, specifically in the section that provides for a ban on coca leaf chewing within twenty-five years of the Convention entering into force in that country, which expressed some reservations regarding this measure. In March of 2009, the United Nations Secretary General received a note from Bolivia proposing an amendment which would have significantly altered Art. 49 by removing the ban on coca leaf chewing which was due to come into force. The Italian position is in opposition to this amendment, which meant that we maintained a constant interest in this subject of discussion, which was discussed more than once at the HDG and once in a meeting held specifically in order to discuss this topic, held in Brussels in October 2010 and in which this Department was an active participant.

Remaining in the European arena, this Department took part in the activities of the National Anti-drug Coordinators in order to exchange viewpoints and share different country experiences.

As it does every year, in order to promote the event organised by the European Commission in conjunction with and modelled upon World Drug Day, the Department encouraged the distribution of European Action on Drugs (EAD), launched in 2009, throughout the country, including through

UN – The
International
Narcotics Control
Board (INCB)

EU Activities –
Horizontal Drugs
Group (HDG)

EU Activities –
National
Coordinators

EU Activities –
European Action on
Drugs (EAD)

the mass media.

The Department's activity on a European level includes the coordination of questionnaire responses sent from institutions or from other European countries, and for which purpose this Department called in all of the competent administrations, ensuring final compilation based on the answers received. Documents handled in 2010 included: the questionnaire on the annual assessment of the EU Action Plan for the fight against drugs for the years 2009-2012, prepared by the European Commission for the first annual assessment of the EU Action Plan; the questionnaire for the assessment of decision 2005/387/GAI, sent by the European Commission; the questionnaire on Schengen Certificates, sent by the United Kingdom; the questionnaire on Cordroque 53: *"Draft Council conclusions on the threat assessment of airfields and medium, small size and light aircrafts"*.

For the first time since its founding, our Department presented a project in the setting of the European Programme for the Prevention of and Fight Against Crime (ISEC). This project, entitled, *"Save Our Net (S.O.N.): Drug Sale and Trade under Attack. Let the Civil Society give Minors a Safer Internet"*, whose principal aim is to design a new and effective means for monitoring and discouraging the sale and trafficking of harmful substances to minors on the Internet.

The Department involved a number of partner entities in this project (the Central Directorate for Anti-drug Services, the Customs Agency, the Postal and Communications Police, ULSS 20 Verona, Moige, Age) in order to develop a multi-disciplinary and coordinated working methodology to help to operate successfully in such a constantly-changing field as that of the online drug trade.

Once more in the European arena, but this time in the context of the Seventh Framework Programme for Research (2007-2013), The Department, once again for the first time since its founding, actively participated in the creation of a consortium of European countries. Its aim is to pool the resources of a number of countries in order to further drug-related research (ERA-NET on illegal drugs).

The Department also works with the Dublin Group, an informal regional policy coordination group composed of 27 EU Member States, the European Commission, the United States, Australia, Norway and Japan, which actively carried on with its work throughout 2010. It is comprised of numerous regional groups, the so-called "Dublin mini-groups" and, for the second year, Italy chaired the mini-group in charge of monitoring Central Asia, meaning countries such as Tajikistan, Uzbekistan, Kazakhstan, Kyrgyzstan and Turkmenistan.

The principal topic of debate was the need to achieve greater coordination between the different countries in order to render the fight against illegal drug trafficking, production and diversion of drug precursors more effective. The result of this debate was a conviction that more rapid and timely information sharing is the principal means to reach that goal.

Another setting in which the Department is active within the European arena is within the Pompidou Group of the Council of Europe, an international assembly which provides Member States with a forum to exchange national policies and procedures with the aim of standardising their respective actions and strategies, rendering them more consistent and effective. Until the Ministerial Conference, the Pompidou Group's political authority – where Italy was represented by a delegation led by Undersecretary Senator Giovanardi – held in Strasbourg in November of

European Union –
Funding
programmes

The Dublin Group

Activities of the
Council of Europe

Pompidou Group –
the Ministerial
Conference

2010, the operational part had been developed by platforms composed of experts, professionals and scholars in the field, delegated by the States. However, on this occasion, a reform was approved regarding the structure of the Group, its aim being to render it leaner and more agile in its operating ability. The reform anticipated the removal of the platforms, to be

substituted, as of January 2011, with ad hoc groups of experts in specific fields.

During the Conference, the activities carried out between 2007 and 2010 were reviewed and studied, and the 2011–2014 Work Programme was approved. This programme provides for greater balance between demand reduction and supply reduction, while strengthening the latter. Indeed, the new programme aims to develop a multi-disciplinary strategy and ever-closer cooperation in order to detect drugs in European airports, to improve the speed of information sharing about precursors, to establish a working group to put together a framework for supply reduction on a worldwide scale and the possible creation of a Cooperation Group focusing on drug checks on ground and water routes in Central Asia and the Caucasus, all activities in which this Department has always actively participated and to which it can therefore make a significant contribution. The Group's mandate has also been extended to cover psychoactive substances, thus allowing this Department, working within the context of the Council of Europe, to deal with much broader topics which are becoming of ever-more pressing relevance, such as *smart drugs*.

Lastly, in the spirit of cooperation between international entities and in the interest of simplifying actions, better exploiting resources and better spending energy, the Pompidou Group and the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) signed a Memorandum of Understanding, strongly desired by Italy, which advocated its signing.

Constant efforts in drafting the final documents through the sending of comments and through participation in Permanent Correspondents' meetings paved the way for top national representatives in the field of drugs to participate in the Ministerial Conference. One of the most important contributions was made during the course of the Conference, and consisted of the presentation made by the Head of the Department regarding Italy's experience in the field of drug-addiction prevention and drug tests in the workplace, in which the Department Head shared the results obtained with other Member States of the Pompidou Group. These results included, for example, the proven deterrent action of the tests on drug consumption and the related projects which have been launched. The Department thus contributed to the success of the key note in question and to the consequent establishment, anticipated within the 2011-2014 Work Programme, of an ad hoc working group on this topic.

During the course of the year 2010, in addition to the Ministerial Conference, the Department's participation in the Permanent Correspondents' Meetings was guaranteed, during which decisions were made regarding questions of a financial nature, assessments were made of the activities carried out by the platforms and new initiatives created within the Pompidou Group were adopted. The Department made a further contribution to the Group's work by sending comments to the Group Secretariat on a periodic basis which thus led to the drafting of European documents which were in as much accordance as possible with Italian national policies and the needs expressed by this Department.

Further, the Department has always ensured its participation in the twice-yearly reunions of the platforms through the presence of an expert and by

Pompidou Group –
Permanent
Correspondents

Pompidou Group -
Platforms

sending contributions in the form of comments or responses to questionnaires which had been provided, occasionally resulting in the drafting of publications to be presented on the occasion of the Ministerial Conference.

Specifically:

Within the *Airports Group*, a forum for exchanging practical information on operational problems and procedures, whose objective is to standardise drug-detection systems in European airports, the following topics were dealt with during the course of 2010: the study of the diversion of precursors; joint activity between the Airports Group and the Criminal Justice Platform; drug seizures in airports, with particular emphasis on the threat posed by drug trafficking at small and medium-sized airfields.

Airports Group

In the context of the *Platform on Ethical Issues*, during the year 2010, in view of the publication presented at the Ministerial Conference, the following topics were studied in depth: pharmacological immunotherapeutic treatment for cocaine addiction (vaccine); semi-coercive treatments and other measures offering alternatives to detention; the role of insurance companies in drug testing; informed consent to treatment. Two documents were thus able to be published: one on the anti-cocaine “vaccine”, and the other on drug testing in schools and in the workplace.

Platform on Ethical Issues

During the year 2010, the *Criminal Justice Platform* once more studied, in conjunction with the Platform on Ethical Issues, semi-coercive treatment and measures which offer alternatives to detention. In addition, it explored issues of recidivism and, in collaboration with the Airports Group, precursors and their diversion.

Criminal Justice Platform

A large range of different projects were developed by the *Prevention Platform*, focused on local situations and intended to identify trends, needs and the most effective practical solutions. These projects made it possible to complete the planned publications, one on prevention initiatives in recreational settings and the other on drug addiction prevention activities, both of which were presented during the course of the Ministerial Conference.

Prevention Platform

The *Treatment Platform* is responsible for drawing up guidelines and good practice procedures for the treatment of drug addicts for whom there is as of yet no official protocol. It also had the task of identifying problems in existing operating procedures and, in the course of 2010, it focused on a comparison between different European treatment systems. This project led to the publication, in October of 2010, of a document offering an overview of the different situations studied based on work done over the four years prior to publication.

Treatment Platform

The *Research Platform* attempted to expand the use of scientific results during the phase of policy development and to shed light on emerging topics in drug research. To this end, the Online Register project was developed in collaboration with the EMCDDA and in accordance with the recommendations of the Horizontal Drugs Group of the Council of the European Union. The Online Register on Drug Research Projects contains research projects conducted in recent years and contact information for the assignees.

Research Platform

The Mediterranean Network for Cooperation on Drugs and Addictions (MedNET) remains active within the Pompidou Group. Its aim is to foster cooperation, exchange and transfer of knowledge and experience among the countries of the Southern Mediterranean – beneficiaries of the activities carried out – and the countries of the Northern Mediterranean, who assume the role of donors. In the context of MedNET, the

The Pompidou Group – MedNET Network

Department continued to provide financial support for the study and experience-exchange activities taking place in Algeria regarding precursors, not to mention training seminars in Morocco whose aim was to provide that country and its service operators with the fundamental competencies required in order to establish National Monitoring Centres for Drugs in the Southern Mediterranean. Italy made a significant contribution *in kind* to this last project through the presentation given by the Department Head, during the conference, on the Italian experience regarding data collection and the monitoring carried out by the National Monitoring Centre in accordance with the guidelines laid down by the EMCDDA and actively upheld by this Department.

During the course of 2010, the Department designed, set up and put into action the interactive elements of its website with the addition of a new part dealing with international activities. Specifically, information was provided on the DPA's activities in the contexts of the United Nations, the European Council and the Council of Europe. On the website, each institution has data sheets describing its various sub-entities and their respective functions. The site also contains legislative acts of international bodies and reports of international meetings. It also provides links to sites which offer more in-depth information on the subjects examined.

Lastly, the Department, with the collaboration of the United Nations Interregional Crime and Justice Research Institute (UNICRI), promoted the DAD.NET (Drugs, Alcohol Women Network [DAWN]) project, coordinating its activities. This project involves the realisation of a series of micro-actions in the sphere of prevention (targeting young women who are not yet addicted but who are considered to be at risk), as well as providing aid and assisting with reintegration (targeting girls and women who have already developed addiction problems and who are already more or less inserted into the service system).

Specifically, a multi-disciplinary group was created, composed of national and international experts whose task will be to develop operational guidelines which are sensitive to gender differences and the gender-specific risk factors, motivational factors and factors which contribute to the success of interventions.

Various other
activities –
Website

The DAWN
Project: The Drugs,
Alcohol Women
Network –
DAD.NET

1.3. Economic analysis

An analysis of the phenomenon of illegal narcotic drug use cannot be separated from an assessment of its economic impact on the country, especially at such a momentous time of great socioeconomic difficulty for all the countries of the world.

Following is a hypothetical calculation of the monetary value of the most significant elements of the economic impact that this phenomenon has on society, according to the by now consolidated definition of the concept of “social costs”.

What is meant by the term “social costs” is all the costs directly and indirectly borne by the public and by the community which are a consequence of drug use and of the drug market connected to it. Specifically, the estimation of social costs aims to quantify the economic damage undergone by society and, consequently, by the public, as a result of the use of illegal drugs.

The social cost of drug use is equivalent to the cumulative costs generated by drug use, without taking into account the fact that a number of the activities which exist as a result of this phenomenon (healthcare

The social costs
linked to the
phenomenon of
narcotic drug use

assistance, the fight against drugs by the Law Enforcement Agencies) can effectively create wealth (as, for instance, the salaries received by personnel working in the healthcare sector, in Law Enforcement, etc.).

The Kopp and Palle model (1998), re-worked and developed for economic analysis by Serpelloni's Department for Addictions (2006), has been put forward as a method for calculating the social cost. This method subdivides the costs into costs attributable to single individuals (individual costs represented mainly by the costs of purchasing drugs, other unreimbursed costs linked to taxes never paid because of a loss of productivity, possible legal expenses, etc.) and the costs sustained by the community as a whole (collective costs sustained by the Central and Local Administrations in the fight against illegal drug trafficking and in offering assistance to drug users).

The latter costs can be further separated as follows: fighting drugs; treatment and prevention; external costs (indirect costs to the individual and the community ascribable to loss of productivity, absenteeism, premature mortality, the treatment of drug-related diseases, etc.).

Based upon this model, and considering the difficulty of separating categories of prevention costs from those of social and healthcare assistance, since both are borne by drug addiction services, the cost categories adopted for the purposes of the analysis presented in this document are as follows:

- Individual costs, principally attributable to the purchase of illegal narcotic drugs
- The costs of enforcing the law, measurable in terms of actions aimed to fight, reduce and suppress demand and supply of narcotic drugs
- Social and healthcare costs linked to health consequences and the subsequent social reintegration resulting from the use of psychoactive drugs
- Costs connected to loss of productivity. These derive from a reduction in work capacity both in terms of working days lost as well as in terms of the heightened risk of unemployment or of premature interruption of the career path.

1.3.1 Estimate of the social costs

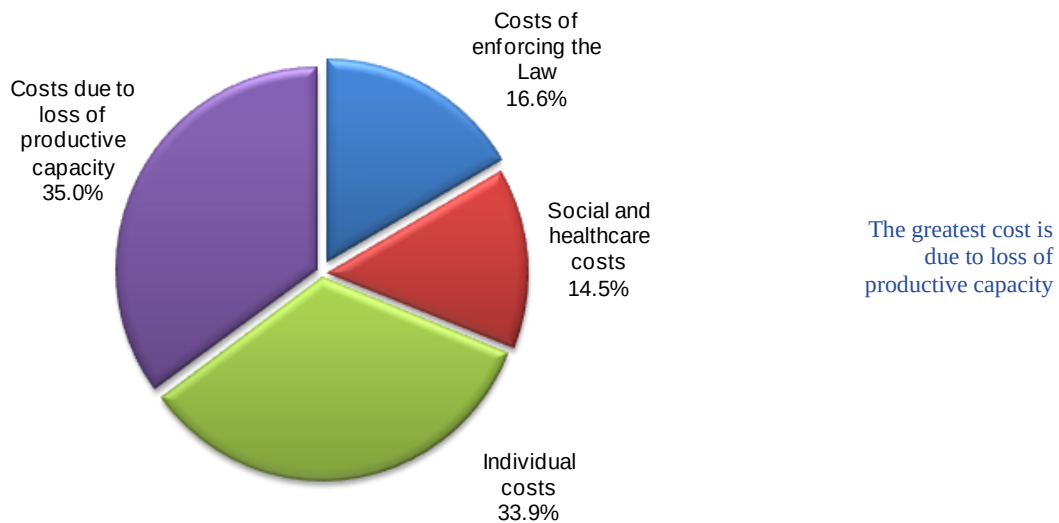
The overall social cost of illegal psychoactive drug use during the course of 2009 has been estimated at €12,351,647,972, equivalent to 0.81% of Italian gross domestic product (GDP) during that same period which, when calculated in terms of cost per capita, is equivalent to 331 Euros per year for every member of the public between 15 and 64 years of age.

Cost classification
model

Cost components
attributable to
narcotic drug use

Approximately 12
billion Euros is the
estimated overall
social cost of the
drug phenomenon
in 2009 (0.81% of
GDP)

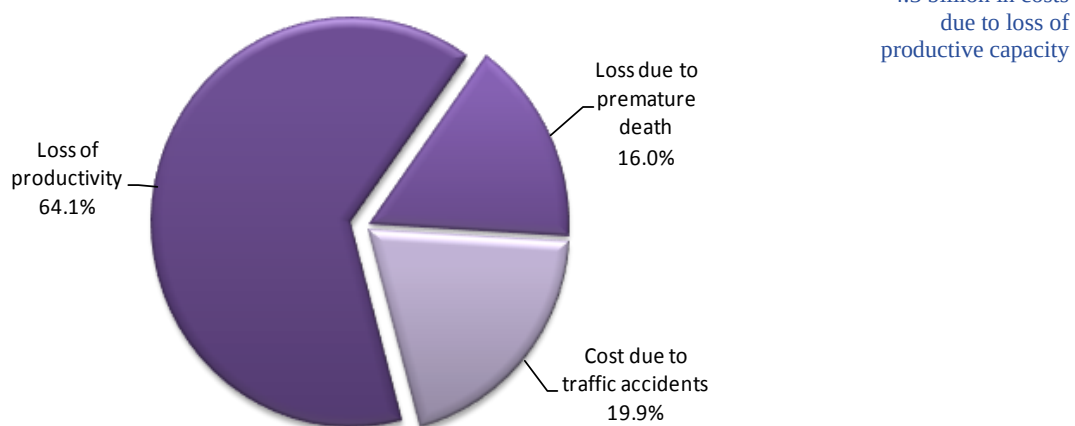
Figure 1.1: Distribution of the social costs by macro-category



Source: The Department for Anti-drug Policies

Regarding the four principal cost components, the greatest social cost is due to the loss of productive capacity (€4,327,800,580.39), which accounts for 35.0% of the overall cost and which includes loss of productivity due loss of professional employment (€2,775 million), cost due to loss of productivity as a result of premature death (€692 million) and the social cost attributable to drug users involved in traffic accidents (€861 million).

Figure 1.2: Distribution of the social costs due to loss of productivity, by micro-category

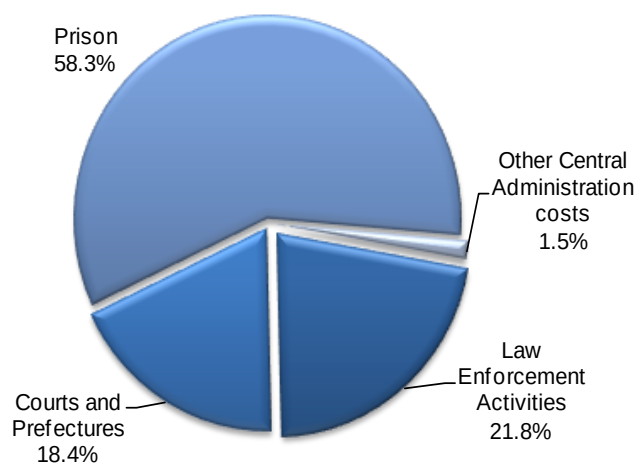


Source: The Department for Anti-drug Policies

The second-largest cost category overall, accounting for 34% of the total cost, is the cost of the purchase of narcotic drugs by users (€4,188,022,233.05), predominantly cannabis, followed by cocaine, heroin and other psychotropic drugs.

4.2 billion spent by users for the purchase of drugs

Figure 1.3: Distribution of the social costs attributable to enforcing the Law, by micro-category

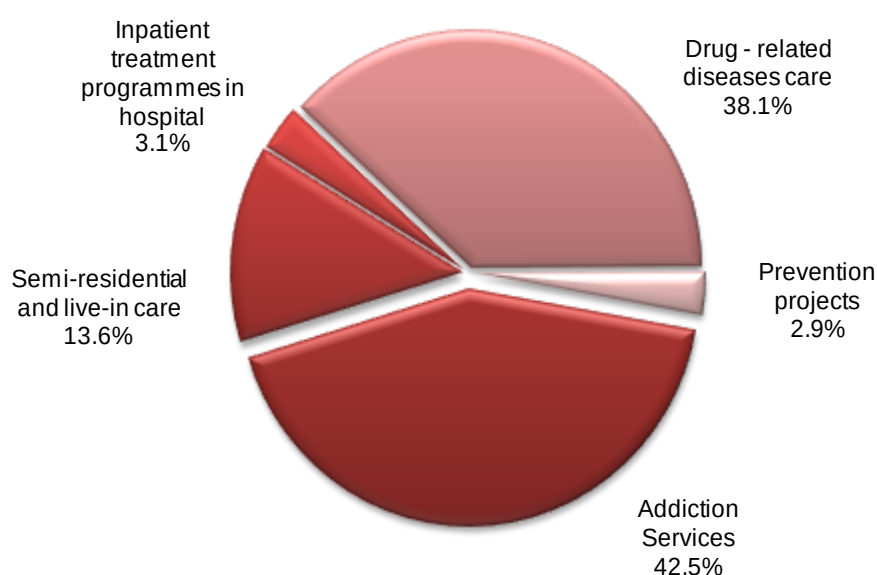


Source: The Department for Anti-drug Policies

Drug-fighting actions and activities related to the reduction and suppression of narcotic drug demand and supply account for approximately 17% (€2,048,360,494.08) of the overall social costs, of which more than half is borne by the Ministry of Justice for the detention of prisoners reported for crimes in connection with DPR 309/90 or of drug addicted subjects imprisoned for other crimes. 22% of the costs of enforcing the law are spent by Law Enforcement Agencies in activities related to prevention (Articles 121 and 75 of DPR 309/90) and to the fight against the production, trafficking and sale of narcotics, in addition to traffic checks targeting drivers operating their vehicles while under the influence of alcohol or narcotic drugs (Articles 186 and 187 of the Traffic Code).

2 billion: the cost of the fight against drugs

Figure 1.4: Distribution of social costs for social and healthcare assistance, by micro-category



Source: The Department for Anti-drug Policies

Social and healthcare assistance accounts for a total of €1,787,464,665.30, which is equivalent to 14.5% of the overall social cost of the phenomenon of drug use. The highest costs are those for outpatient care provided by drug addiction services (€760,204,959.96), closely followed by the cost of treatment for subjects suffering from infectious diseases (in particular HIV and HCV).

1.8 billion Euros
spent on social and
healthcare assistance
for persons
undergoing treatment

Inserting clients who are receiving care from local services into socio-rehabilitative programmes accounts for a further expenditure of 238,557,652.30 Euros, while hospitalisations of users of psychotropic substances account for a minimum of 3.1% of these costs (55,595,047.00 Euros).

Per capita, taking into consideration the costs sustained by the Addiction Services, the costs for live-in and semi-residential assistance and the cost of providing therapies and treatment for drug-related infectious diseases, the national average cost borne by the individual member of the public between the ages of 15 and 64 is equal to over 40 Euros per year, varying greatly from one Region or Autonomous Province to the next, ranging from a minimum of 22 Euros per capita per year in the Region of Calabria to a maximum of 70 Euros in the Region of Liguria.

The average cost
per capita of social
and healthcare
assistance ranges
from 22 Euros per
year in Calabria to
70 Euros per year in
Liguria

Sources of information and information flows

In order to calculate the economic value of the different cost components attributable to drug use, both the Central Administrations (the Ministries of the Interior, of Health, of Justice and of Economy and Finance) and the Local Authorities of the Regions and Autonomous Provinces were consulted.

Information
sources: Central and
Regional
Administrations

To be specific, the Central Administrations gathered information regarding hospitalisations related to drug use (Ministry of Health), subjects reported to the Drug Addiction Operating Units (NOTs) of the Prefectures for possession of narcotic drugs in accordance with Art. 75 of the Consolidated Law on Drug Addiction DPR 309/90 and subjects undergoing treatment in therapeutic communities (Central Directorate for Documentation and Statistics of the Ministry of the Interior, subjects who were reported to law enforcement agencies or who spent time in prison because they were under investigation/charged or convicted for criminal offences specifically connected to drug law, as well as drug seizures and deaths caused by substance abuse (Central Directorate for Anti-drug Services of the Ministry of the Interior), subjects who were injured or who died as a result of traffic accidents caused by driving while under the influence of alcohol or drugs (State Police of the Ministry of the Interior); adult drug-addicted prison inmates or, in any case, those imprisoned for crimes related to drug law as well as minors passing through any of the different juvenile justice services (Department of Prison Administration and Department of Juvenile Justice).

Information flows
of the Central
Administrations

With regard to the Ministry of Economy and Finance, the State General Accounting Office provided the information for “2009 Cost Accounting – Reconciliation of the General Statement of State Accounts”, from which the costs sustained by the Central Administrations involved in various ways in the fight against and the management of drug addictions were obtained. Within this system, every Central government Administration identifies costs, with regard: a) to organisational responsibilities, through the Cost Centres Plan; b) to the nature of, or, in other words, to the

physical-economic characteristics of the resources used, through the chart of accounts; c) to purposes or targets, with regard to results to be achieved, which are represented within the new classification according to mission¹ and to programme² and incorporating the 2008 Budget Law.

In the context of the annual request for data for the drafting of the Report to the Parliament, the Regions and Autonomous Provinces were asked to provide information relating to costs sustained for specific project activities (primary and secondary prevention, treatment, reintegration) and for care provided to persons who approached social and healthcare services requesting assistance (information obtained from Regional balance sheets and from management accounting for Local Health Authorities' cost/responsibility centre).

Regional
information flows

Methods for Estimating Social Costs

For each macro- cost category previously identified as well as related cost subcategories, appropriate quantification criteria for the cost components attributable to the drug-use phenomenon were applied based on information flows made available by the Central and Regional Administrations.

The estimate of the first cost component, the purchase of drugs on the part of drug users, was obtained by applying the method based upon demand, therefore upon the estimated value of drugs consumed by the population, applying average market prices – obtained from the Local Police Forces of twelve sample cities throughout the country and processed by the Central Directorate for Anti-drug Services of the Ministry of the Interior – to the amount of drugs used in Italy during the period in question. The estimate of the amount of drugs used was calculated using two different criteria and taking the average amount. The first criteria estimated drug use based on the results obtained from a multicentric study on the analysis of waste water carried out in eight sample cities in 2010, while the second estimated drug used based on information gathered from general and student population studies.

Methods for
estimating the cost
of the purchase of
narcotic drugs

The costs relating to the enforcement of the Law are represented by a variety of components, which range from Law Enforcement Agency actions relating to the enforcement of DPR 309/90 and of Articles 186/187 of the Highway Code, to actions carried out by the Drug Addiction Operating Units of the Prefectures, penal measures implemented by the various Directorates of the Ministry of Justice (from legal costs to costs of imprisonment and the application of alternatives to imprisonment) and, finally, to costs for activities carried out by the Presidency of the Council of Ministers while implementing the laws in force in the sphere of drug addictions.

Criteria for
calculating the costs
of enforcing the
Law

Each of these components was estimated by calculating the value of the cost of personnel and the cost of goods and services employed in the course of drug-fighting activities and activities related to reduction and suppression of drug demand and supply. Generally speaking, the estimate of personnel cost was obtained by multiplying the average cost per

¹ representing the principal purposes and strategic goals to be achieved with public expenditure, these political-institutional balance-sheet items constitute a pattern which remains independent from the administrative organisation of the Government and tends not to vary in the long-term.

² representing homogeneous groupings of activities set up by each of the Administrations in order to achieve their goals but with the aim of pursuing a common end intended – wherever possible – of public action having an impact on the public and on the country as whole.

member of personnel by the total number of personnel employed in drug-fighting activities during the period of time in question. The cost of goods and services was calculated by applying the percentage amount of personnel costs for personnel employed in drug-fighting activities over total personnel costs, to the total cost of goods and services.

By way of an example, the cost of Law Enforcement personnel for activities related to prevention under Art. 75 of DPR 309/90 was calculated according to the following points:

1. Estimate of personnel hours per single report filed under Art. 75 of DPR 309/90 based on interviews with key informants
2. Calculation of total personnel (in personnel years) employed in activities linked to reports filed under Art. 75 (data provided by the Central Directorate for Documentation and Statistics of the Ministry of the Interior), as the product of personnel time per single report multiplied by the total number of reports filed per reporting entity (State Police, Carabinieri Corps, Guardia di Finanza [Revenue and Excise Police])
3. Estimate of the total personnel cost per report filed under Art. 75, as the product of the average cost per member of personnel multiplied by the total number of personnel employed in prevention activities under Art. 75 during the period in question. The average cost per member of personnel was calculated based on information provided by the State General Accounting Office, as the relationship between total personnel cost, individual reporting entity and total volume of personnel (in personnel years).

The same procedure was also used to calculate the cost of criminal proceedings and legal proceedings subsequent to subjects being reported for crimes involving the production, trafficking and sale of drugs (Articles 73 and 74 of DPR 309/90) or other crimes committed by drug addicts. Having established the average number of hearings per report, and having calculated the total number of hearings held under DPR 309/90, based on the unit cost per type of personnel member employed and the number of personnel members (in personnel years) employed in said proceedings, the total cost of personnel was calculated, applying the unit cost per type of personnel member to the contingent of lawyers and judges (in personnel years) employed in the application of drug law.

With reference to the costs sustained by the Justice Ministry as a consequence of the imprisonment of subjects in penitentiaries for crimes in connection with DPR 309/90 and/or the imprisonment of drug addicts, the estimate was obtained by parameterising the total cost of personnel based on the ratio of these types of convicts in prisons on 31/12/2009 of the period in question (data provided by the Ministry of the Interior – Department of Prison Administration –) to the total number of convicts. The same criterion was used to calculate the cost of personnel working in the Offices for the Execution of External Sentencing of the Department of Prison Administration, for tasks managed during the course of the year linked to alternative measures to imprisonment for subjects who exploited Art. 94 of DPR 309/90.

Identifying costs relating to the third macro- cost category, that of social and healthcare services of the individual Regions and Autonomous Provinces, was more straightforward. As a matter of fact, it is possible to gather data on funding for specific projects in the drug-addiction sector and for social-rehabilitation facilities from Regional balance sheets. Furthermore, using management accounting for the Local Health Authorities' cost/responsibility centres, the Regional Administrations have

Criteria for
calculating the costs
of social and
healthcare
assistance

arrived at the costs attributable to activities carried out by Drug Addiction Services. Another cost category attributable to the healthcare sector concerns the economic value of hospitalisations of patients who, in principal or secondary diagnosis, were shown to have used or abused psychotropic drugs. The cost for hospitalisations of narcotic drug users was estimated by applying corresponding national DRG (Diagnosis Related Group, a classification system for hospitalisations according to homogeneous iso-resource groups) class C 436/07 fees to hospitalisations classified according to DRG.

Calculation of the value of the last macro-category, loss of productivity due to reduction of drug users' work capacity, was estimated based upon subjects in care of drug addiction services. Based on data provided by the services themselves (subjects in their care, subjects holding jobs, subjects discharged upon completion of treatment), an estimate was made of the number of subjects in care who were of a productive age who could potentially be integrated into the work force according to the current employment rate and, therefore, the economic estimate of the loss of productivity based upon an average wage for individuals with an analogous level of education, gathered from the industrial and agricultural sectors.

To this estimate were added the social costs imputable to persons who died prematurely due to acute drug-related mortality, calculated according to parameters published by the ACI / ISTAT for calculating the social costs of persons who died prematurely as a consequence of traffic accidents. Concerning this last topic, the social cost of traffic accidents linked to drug use was estimated and included within this macro-category.

Criteria for
calculating the costs
attributable to loss
of productivity

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

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 addition to the population surveys, in view of obtaining a profile that reflects the actual situation as faithfully as possible.

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 are to be compared with those of the profiles drawn from the General (15-64 years of age) Population Survey conducted in 2010.

In 2011, in addition to the studies conducted on drug use in the general population, the annual survey on psychotropic drug use among students in upper secondary schools (15 to 19 years of age) was also conducted. Within the context of this survey, further examination was made of a number of singular elements regarding those students who, for any number of reasons, had been held back for at least one year at some point during the course of their studies and who were therefore older than the limits of the target age group being surveyed.

Furthermore, in 2010, an effort was made to broaden the study of the implementation of Drug Testing for Workers in High-risk Professions and make it more thorough. This was achieved through the involvement of the Italian Association of Public Transport (ASSTRA), which agreed to double the sample group of workers undergoing screening.

Methodological
limitations of
general population
surveys and low
response rate

New multi-
observational
complementary
methodologies
launched

Survey of student
population aged
between 15 and 19

2.1. Drug use in the general population

What follows is the description of results obtained from the use of two new methodologies of study based on objective evidence, as well as a comparison of the resulting drug-use data with that which emerged from the findings of other studies conducted in 2010.

Both of these studies employ alternative methods very different from the epidemiological general population studies methodology to gather data on narcotic drug use, the first through a microbiological analysis of wastewater in water catchment areas, and the second through the analysis of the atmospheric concentration of certain substances.

In 2010, following experimental studies carried out in a number of Italian cities over the course of the previous 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.

Analyses of
wastewater and of
airborne micro
particles

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 narcotic drug use.

2.1.1 The AquaDrugs Project

During the first half of 2010, eight sample cities around Italy were the site of a study on narcotic drug use in the general population using an innovative method based on the toxicological analysis of wastewater in municipal water treatment plants and in school water mains.

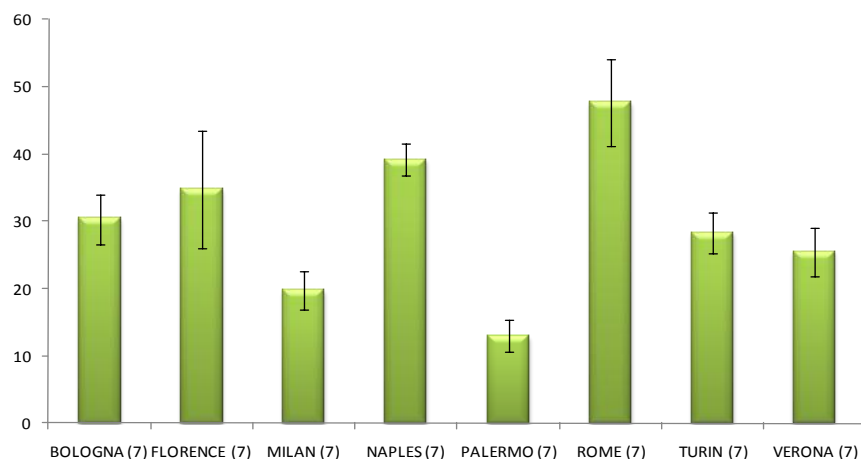
The measurement of narcotic drugs in wastewater does not allow for a direct estimate of drug use prevalence. It simply provides an assessment of the quantity of illegal drugs present.

This method uses a typical feature of these drugs: a drug, after being taken, is partly excreted as such or metabolised in the user's urine within hours or days of being used, in forms or quantities that vary from drug to drug. Urine, together with waste water, goes to urban treatment plants, where the water can be sampled and analysed.

Through analysis of the wastewater, concentrations of target residues are identified which, once adjusted against a series of factors (the percentage of metabolic excretion, parent drug-to-residue mass ratio, the percentage of drug degradation in wastewater, the volume of water entering the treatment plant daily) provide a measurement of the total amount of drugs used by the population who rely on a given water treatment plant during the course of a given day.

Eight cities
monitored

Figure 2.1: Distribution of the average number of doses of **cannabis** consumed per day (per 1,000 inhabitants) for each **city** and corresponding confidence intervals



Cannabis use
detected in the
general population:
results show that the
cities most affected
are Rome, Naples
Florence and
Bologna

Source: AquaDrugs Study 2010 – Department for Anti-drug Policies

The samples collected in the sample cities of Milan, Verona, Turin, Bologna, Florence, Rome, Naples and Palermo were subjected to laboratory analyses to determine concentrations of specific residues for each of the following substances: benzoylecgonine (BE) for cocaine, THC-COOH metabolites for cannabis, metabolic morphine and 6-acetylmorphine for heroin. Analyses were also performed to identify concentrations of amphetamines and for the following three drugs: amphetamine, methamphetamine and MDMA (ecstasy).

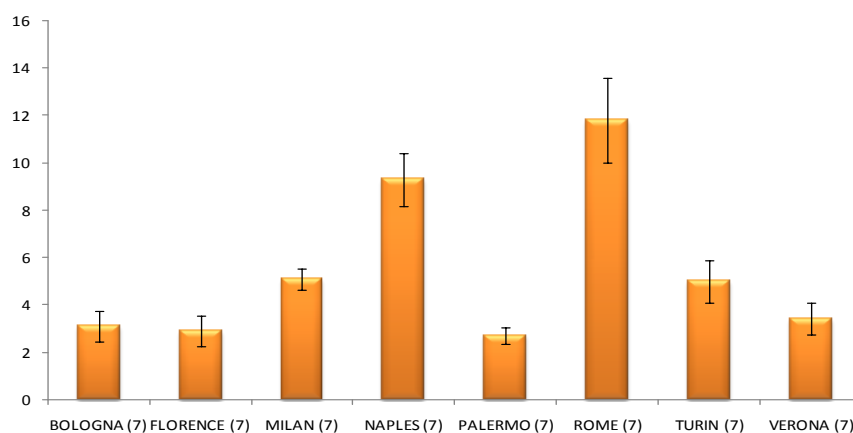
Specifically, for each of these substances, the HPLC-MS/MS technique was employed to determine the concentration of the target residues, which remained stable for the amount of time necessary to collect the samples and perform the analyses. This made it possible to calculate the average number of doses of these drugs used by the population.

The analysis of wastewater in the eight selected cities' municipal treatment plants made it possible to determine the average daily doses (per 1,000 residents) of cannabis. This figure was slightly higher in Rome and Naples, while Palermo was found to be the city with the lowest concentration of TCH-COOH metabolites (cannabis) in its wastewater (Figure 2.1)

Findings regarding cocaine use in Rome and Naples were very similar to findings regarding cannabis, with these two cities showing the highest number of average doses (per 1,000 residents) (Figure 2.2), and statistically significant differences in comparison with other cities.

Milan, Verona,
Turin, Bologna,
Florence, Rome,
Naples, Palermo

Figure 2.2: Distribution of the average number of doses of **cocaine** consumed per day (per 1,000 inhabitants) for each **city** and corresponding confidence intervals

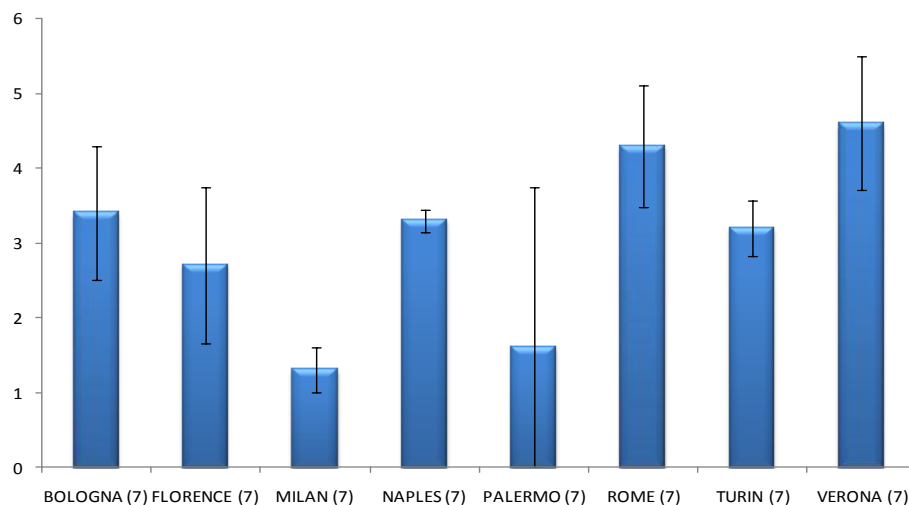


Cocaine use
detected in the
general population:
the cities most
affected are Rome
and Naples

Source: AquaDrugs Study 2010 – Department for Anti-drug Policies

During the period when the data was being gathered, the distribution of the presence of opiate residues was found to be much more variable than the distribution of the presence of the drugs previously described, as evidenced by its broader range of confidence intervals. Specifically, average daily doses (per 1,000 residents) detected in Verona and Rome were slightly higher, while Milan was shown to be the city with the lowest concentration – with the exception of Palermo, which had the lowest levels of drug use across the board for every drug for which tests were performed.

Figure 2.3: Distribution of the average number of doses of **heroin** consumed per day (per 1,000 inhabitants) for each **city** and corresponding confidence intervals

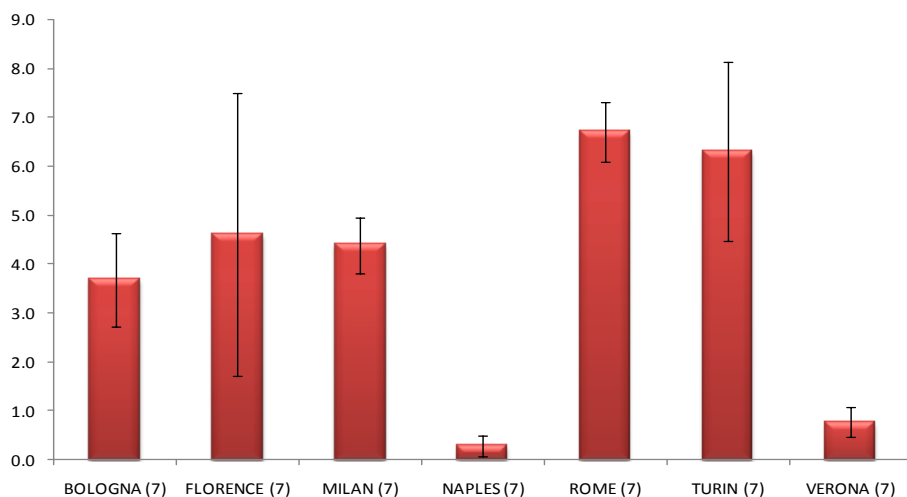


Heroin use detected in the general population: the cities most affected are Verona and Rome

Source: AquaDrugs Study 2010 – Department for Anti-drug Policies

If we consider amphetamine and methamphetamine use, Rome and Turin were found to be the two cities with the highest concentrations (Figure 2.4), while Verona and Naples, which had been found to have high concentrations of opiates, presented levels of amphetamines and methamphetamines which were much lower than those found in the other cities participating in the study.

Figure 2.4: Distribution of the average number of doses of **amphetamines** and **methamphetamines** consumed per day (per 1,000 inhabitants) for each **city** and corresponding confidence intervals



Amphetamine use detected in the general population: the cities most affected are Rome and Turin

Source: AquaDrugs Study 2010 – Department for Anti-drug Policies

2.1.2 AriaDrugs Project

Another, parallel study was being conducted at the same time as the AquaDrugs project, this one focusing on detecting atmospheric concentrations of narcotic substances, in particular of cocaine and cannabinoids. An attempt was also made to evaluate possible connections between findings regarding the presence of these substances in the air and in the wastewater.

AriaDrugs is a ground-breaking study, both in Italy and in Europe.

The presence of drugs and related substances (metabolites, pyro-products) in the atmosphere has indeed only been recently discovered and extensive studies devoted to this topic remain quite rare. Nonetheless, there is enough data available to see how widespread the phenomenon is and to reveal the extent of so-called “drug pollution”.

The illegal substance most studied is cocaine, both because it is less difficult to detect and measure than other substances and because, of all illegal substances, cocaine seems to be present in the highest concentration in the atmosphere.

In order to conduct the study, the airborne particles are collected at stations belonging to the regional monitoring network or at sites which are representative of basic pollution levels in the 8 cities selected.

The frequency with which measurements were taken over the course of one calendar year varied according to the substance being studied. Cocaine concentrations, associated with atmospheric particulates (PM10), are monitored day-by-day in one-week blocks, while concentrations of Delta-9-tetrahydrocannabinol, cannabinol and cannabidiol were measured at three-month intervals (one month per every season of the year).

Chemical analyses of samples taken were conducted using procedures involving the extraction of the suspended particulates using an organic solvent, followed by purification of the extracted material, derivatization of the substance extracted and finally the separation, identification and measurement using capillary gas chromatography and mass spectrometry.

In order to distinguish psychotropic substance contamination from atmospheric pollution, measurements of carcinogenic hydrocarbons were also made. Specifically, in the case of cocaine, temporal modulations were identified (throughout the calendar year for every site), as were spatial modulations (for the different locations).

In the case of cannabinoids, however, the assessment was limited to a comparison between summer and winter and to the three substances being studied. It was thus possible to detect seasonal variations and purge the data gathered of the possible effects of atmospheric pollution or of exceptional events.

In order to be able to draw comparisons between the results of this study and those which emerged from the AquaDrugs project, this document describes the results obtained from the analyses of cocaine and cannabis concentrations in the atmospheres of the eight cities where data was gathered during the time period spanning April-June 2010.

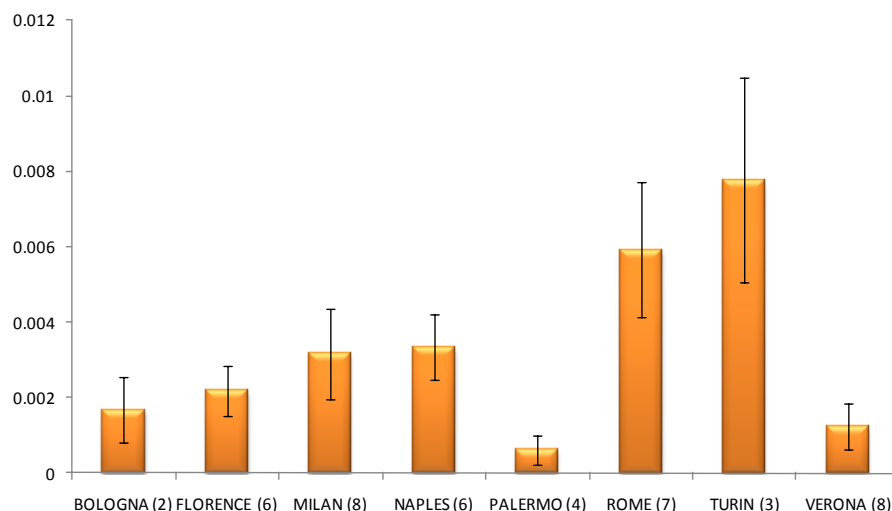
Experimental study
of atmospheric
concentrations of
narcotic substances

Atmospheric
pollution

8 urban locations
and multiple
samplings over time
(April - June 2010)

Advanced methods
of analysis

Figure 2.5: Distribution of concentrations ($\mu\text{g}/\text{m}^3$ of PM10) of **cocaine** detected in each city and corresponding confidence intervals

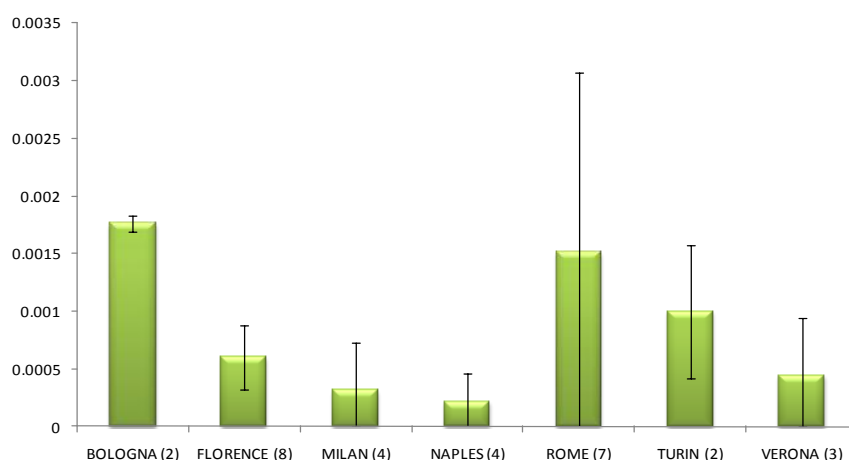


Cocaine:
The highest concentrations were found in Turin and Rome; the lowest in Palermo and Verona

Source: AriaDrugs Study 2010 – Department for Anti-drug Policies

The analysis of atmospheric concentrations of illegal substances in the eight sample cities selected showed quantities of cocaine which were higher than average in Turin and in Rome (Figure 2.5), while Palermo was found to be the city with the lowest atmospheric concentration of cocaine ($0.0006 \mu\text{g}/\text{m}^3$ of PM10). Although only two sites were taken into consideration in Bologna, higher-than-average concentrations of Delta-9-tetrahydrocannabinole, cannabinal and cannabidiol were detected in this city compared to other cities (Figure 2.6). Rome and Turin also appear to be among the cities with the highest average concentrations of these three substances, despite the fact that data for the city of Rome is extremely variable (very large confidence interval).

Figure 2.6: Distribution of concentrations ($\mu\text{g}/\text{m}^3$ of PM10) of **cannabis** detected in each city and corresponding confidence intervals



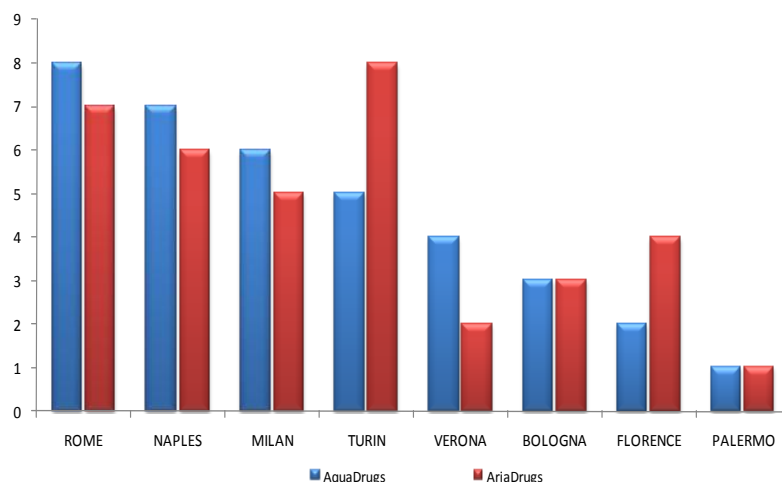
Cannabis:
the highest concentrations were found in Bologna and Roma, the lowest in Naples and Milan

Source: AriaDrugs Study 2010 – Department for Anti-drug Policies

2.1.3 Analysis of consistency between the studies

Considering the fact that, as has been pointed out a number of times in the course of presenting the studies on wastewater and atmospheric concentrations, these do not permit a direct use estimate, a comparison with the results obtained from the population surveys could not be carried out using the units of measure with which the studies are represented individually. For this reason, it was necessary to transform the quantitative estimates into a ranking of the measurements obtained from the different studies. In particular, the concentrations of cocaine and cannabis detected in wastewater and in the atmosphere (AquaDrugs and AriaDrugs) and the prevalence of use figures (individuals who had used drugs at least once in the twelve months prior to the survey [GPS-ITA]) for the eight aforementioned cities were ranked in ascending order (from the lowest to the highest), thus creating a ranking of these cities for each study, from the most to the least drug-free.

Figure 2.7: Ranking of the sample cities based on cocaine use as detected in the AquaDrugs and AriaDrugs studies, the year 2010



Source: AquaDrugs and AriaDrugs Studies 2010 – Department for Anti-drug Policies

As far as the general population studies are concerned, the comparison between the ranking of cocaine use detected through the AquaDrugs and AriaDrugs studies (Figure 2.7) shows that the findings of the two studies were consistent for Palermo and Bologna, and also for Milan, Naples and Rome, albeit with a one-position difference between them the last three cities.

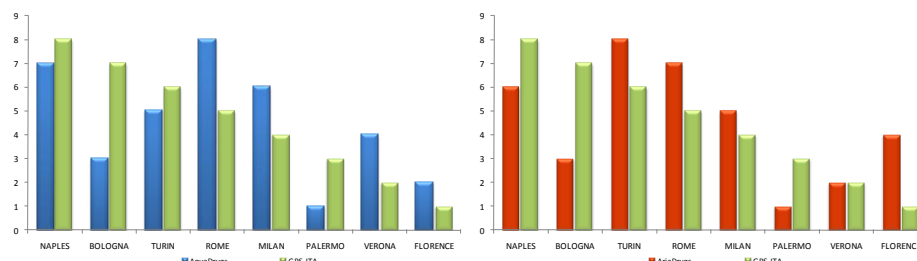
While these two studies use different methodologies, which limits their capacity for comparison, a comparison between them nonetheless shows generally similar findings for the majority of the sample cities in which the analyses were conducted.

This was due in part to the greater ease with which cocaine composites can be detected in atmospheric concentrations or in wastewater in comparison with other substances. However, the findings which emerged for the city of Turin seem to be in contradiction to this trend of consistency between the two studies, as the two studies appear to provide two different and dissimilar rankings for this city in terms of substance concentrations detected.

A more in-depth examination will have to be conducted in order to identify potential causal factors for these differences.

Lastly, the cities of Verona and Florence were found to be in reverse positions in the ranking of cocaine concentrations detected when looking at the findings for the wastewater versus the findings in the atmosphere.

Figure 2.8: Ranking of the sample cities based on cocaine use as detected in the AquaDrugs, AriaDrugs studies and the GPS-ITA, the year 2010

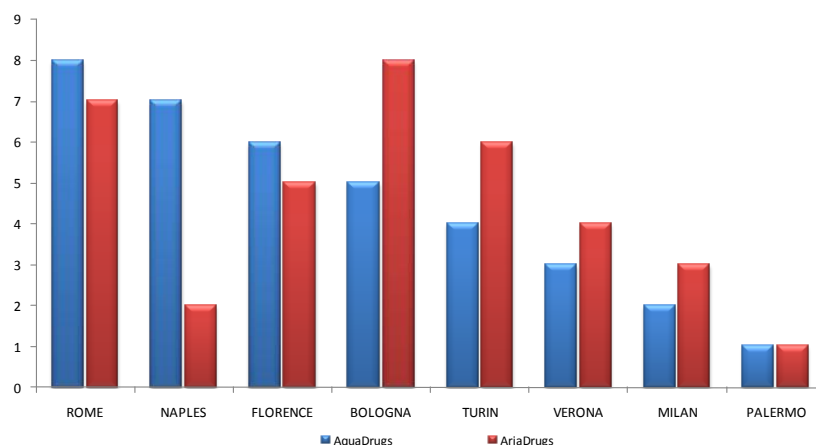


Source: Based on information from the AquaDrugs and AriaDrugs studies and the GPS-ITA 2010 – Department for Anti-drug Policies

In addition to the comparison between the studies on the wastewater and the atmospheric concentrations, each of those two studies was compared to the prevalence of cocaine use in the general population which emerged from the GPS-ITA (Figure 2.8). Assembling a ranking in descending order from the least to the most drug-free cities according to levels of cocaine use reported by those surveyed, we find that the ranking is consistent with that which emerged from the results of the wastewater analysis for the cities of Naples, Milan, Verona and Florence. Results of these studies for Bologna, Rome and Palermo, however, when compared, were on extreme opposite ends of the spectrum.

At the same time, the concentrations of cocaine detected in the atmospheres of the eight sample cities, when compared with the use levels reported by the general population aged between 15 and 64 who participated in the survey, proved to be consistent, albeit with a deviation of one or two positions for the cities of Turin, Rome, Milan and Verona. Once again, Bologna proved to be the city with the greatest discrepancy between the positions it held in the rankings derived from the two different studies (GPS-ITA and AriaDrugs).

Figure 2.9: Ranking of the sample cities based on cannabis use as detected in the AquaDrugs and AriaDrugs studies, the year 2010



Source: AquaDrugs and AriaDrugs Studies 2010 – Department for Anti-drug Policies

Overall, the comparison between the epidemiological survey and the two new methodologies revealed greater variability in the positions held by the cities surveyed, and this was also in view of the limited size of the sample groups surveyed in the population survey conducted in the cities selected for the AquaDrugs and AriaDrugs studies, samples which were not representative of those cities, but of a much wider geographic area.

Just as for cocaine, rankings for cannabis concentrations in the eight sample cities as detected in the wastewater and atmospheric studies were also compared (Figure 2.9).

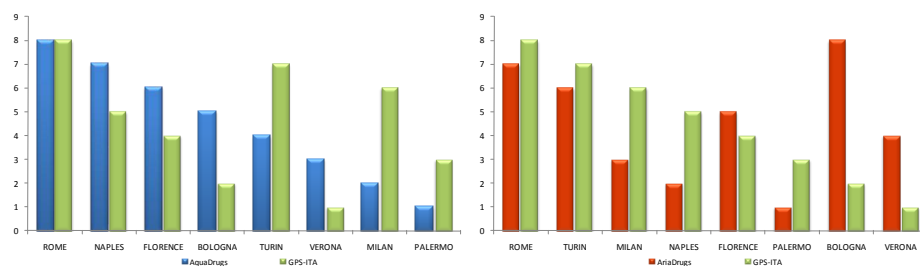
Although for a few of the cities we can see a discrepancy between the two studies of one or more positions in the ranking for the same city, both studies found the same descending order for the cities of Bologna, Turin, Verona, Milan and Palermo. For cannabis, as for cocaine, the Sicilian city of Palermo was found to be the least affected by drug use, unlike Rome, which was at the top of the ranking of the highest “user” cities”.

On the other hand, it appears that the concentrations of cannabis detected in wastewater in the city of Naples were significantly higher than those found in the atmosphere – the opposite of Bologna, where the quantity detected in the air seems to be decidedly higher than the concentrations detected in the wastewater.

The comparison of the results of the two studies (AquaDrugs and AriaDrugs) regarding cannabis concentrations proved to show more variation than the comparison of cocaine concentration findings. This is due, in part, to the greater difficulty of detecting residues of cannabis use in the atmosphere.

A comparison between the general population survey and the residues of cannabis in wastewater revealed consistency in the rankings of the sample cities of Rome, Naples, Florence, Bologna and Verona (Figure 2.10). However, according to what was reported by the population surveyed, cannabis use appears to be much higher in the cities of Turin, Milan and Palermo than was detected by the wastewater study.

Figure 2.10: Ranking of the sample cities based on cannabis use as detected in the AquaDrugs, AriaDrugs studies and the GPS-ITA, the year 2010



Source: Based on information from the AquaDrugs and AriaDrugs studies and the GPS-ITA 2010 – Department for Anti-drug Policies

Once again, despite large discrepancies between the positions occupied by the same cities from one study to the next, a comparison of the general population survey and the findings of the study on atmospheric concentrations reveals a consistent ranking of the cities from least to most drug-free as far as regards Rome, Turin, Milan, Naples and Palermo. The population surveyed in Bologna reported significantly lower cannabis use than other cities compared to the concentrations revealed in the air.

Overall, the comparison between the epidemiological study and the other two studies revealed a greater consistency in their findings regarding cannabis, due in part to the higher levels of cannabis use compared with cocaine, which therefore made cannabis more easier to detect, even when working with small samples.

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

Data regarding the prevalence of legal and illegal psychoactive drug use among the Italian student population between 15-19 years of age was taken from the SPS-Italy (Student Population Survey) conducted on a sample of 35,000 students during 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- to 19-year-old students who had used psychoactive substances in specific time frames: at least once during the course of their lives, at least once in the year prior to the survey or at least once in the month prior to the survey.

The methodological sampling criteria for schools and students were the same as those employed during the survey conducted the previous year, as was the way in which the study was carried out – by school representatives, who escorted the students who had been recruited to participate in the survey to classrooms where they filled out the questionnaire online.

The preliminary results of the study, which will be presented in the following sections, are the results of an analysis of the information collected from the 32,389 questionnaires completed (following an information-quality assessment, during the course of which approximately 3,000 students were removed from the original sample group of respondents. Most of those removed [approximately 2,000] were older than the survey’s target age group). A comprehensive analysis of trends in narcotic drug use among students aged 15-19 in the year 2011 served to confirm the continuing decrease in drug use which had already been observed in 2010 for all illegal substances.

As shown in Table 2.1, there has been a decrease of over 20% in the number of students reporting having used heroin, cocaine or other stimulants at least once in the year prior to the survey, while the decrease in cannabis use, however, has been much more modest.

Survey conducted on over 35,000 students in upper secondary schools

A large sample group: 32,389 subjects between 15 and 19 years of age on 17 May 2011

Table 2.1: Prevalence of narcotic 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 2010 and 2011.

Drug Type	Prevalence 2010	Prevalence 2011	Difference 2010-2011	% Difference 2010-2011
Heroin	0.8%	0.6%	-0.2 % points	-25.0%
Cocaine	2.9%	2.1%	-0.8 % points	-27.6%
Cannabis	18.5%	18.2%	-0.3 % points	-1.6%
Stimulants	1.7%	1.3%	-0.4 % points	-23.5%
Hallucinogens	2.7%	2.3%	-0.4 % points	-14.8%

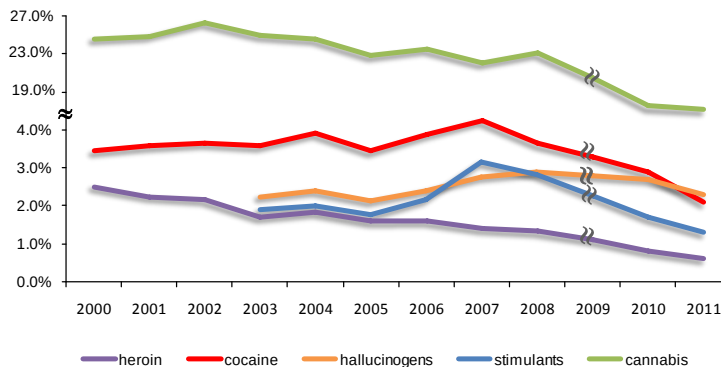
Trends show a decrease in drug use for all drug types

Source: 2010 - 2011 SPS-ITA Survey – Department for Anti-drug Policies

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 and stimulant use, which then, however, took a downturn in 2007. Hallucinogen use increased from 2005 to 2008, but has been falling since 2010.

Decrease in the use
of all types of drugs
remains steady

Figure 2.11: 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 – 2011



Decrease remains
steady

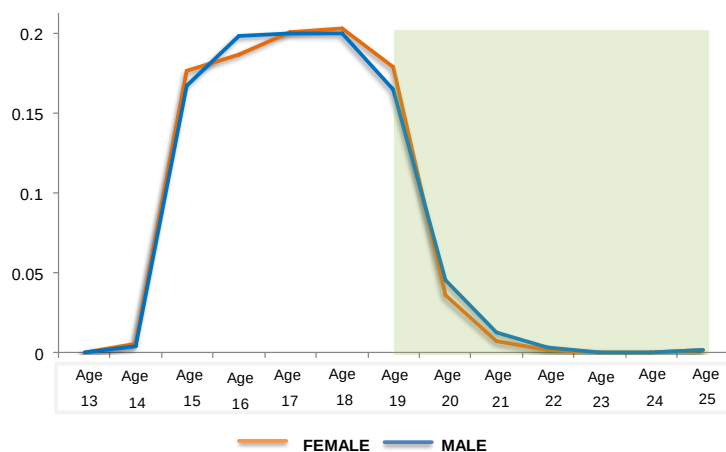
Source: Based on data from the ESPAD Italy 2000 – 2008 and from the 2010 and 2011 SPS-ITA Surveys

2.2.1 Use among students aged 15-19 and those over 19 years of age

Less than 10% of those students who fell outside the target age group for the survey were between 13 and 14 years of age, and the percentage of students over the age of 21 was even smaller. Their small numbers make it impossible to conduct detailed analyses on these groups and the results presented are therefore approximate. However, some noteworthy considerations can be made about those students who have had some interruptions to their normal course of studies when observing the group composed of students 20 and 21 years of age.

A small number of
“outside-the-target
age-group” students
13-14 or over 21
years of age

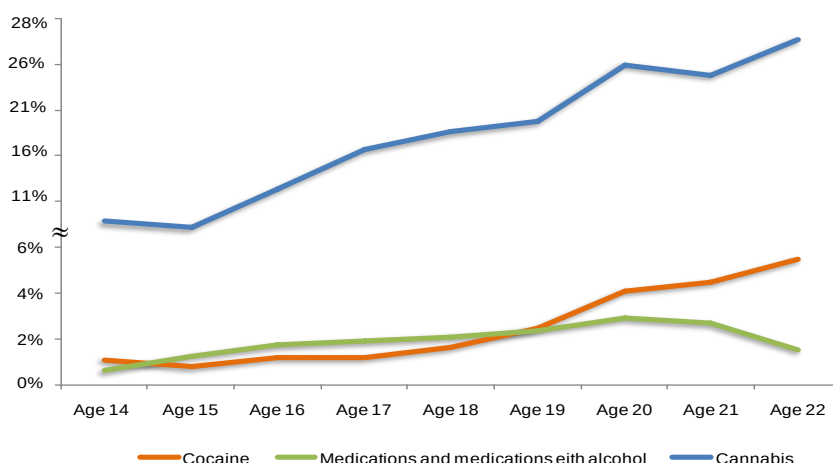
Figure 2.12: Percentage distribution of students interviewed, by age and gender. The year 2010



Source: Based on information from the 2010 SPS-ITA

The 19- to 21-year-old age group is well represented, both in percentage size in the country overall, as well as in single geographic area distribution. If we divide the analysis according to gender, the male gender is more strongly represented than the female in the 20- to 25-year-old age group (Figure 2.12), while the opposite is true for 19-year-olds and under (with the exception of subjects aged 16).

Figure 2.13: Prevalence of cannabis and cocaine use and of the misuse of prescription medications in the 30 days prior to the survey, by age of subjects surveyed. The year 2010

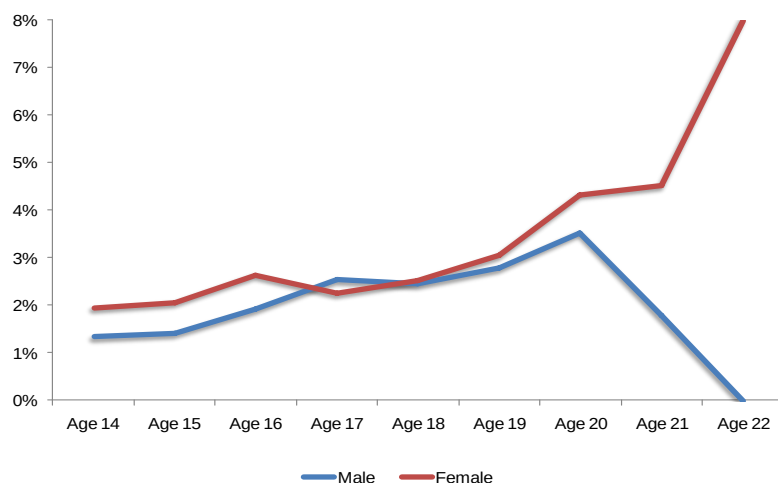


Source: Based on information from the 2010 SPS-ITA

As was revealed by an age-based division of the drug-use data for respondents in the target population, age plays a crucial role in drug use. The rebellion intrinsic to adolescence can also take the form of risky illegal behaviours, such as the use of psychotropic drugs harmful to health. Such behaviour worsens as adolescents grow older, with the exception of the misuse of prescription medications, which increases until the age of 20, albeit less significantly than cannabis and cocaine use, and then begins to decrease when subjects approach adult age (Figure 2.13).

After the age of 20, levels for the misuse of prescription medications rise for females and fall for males

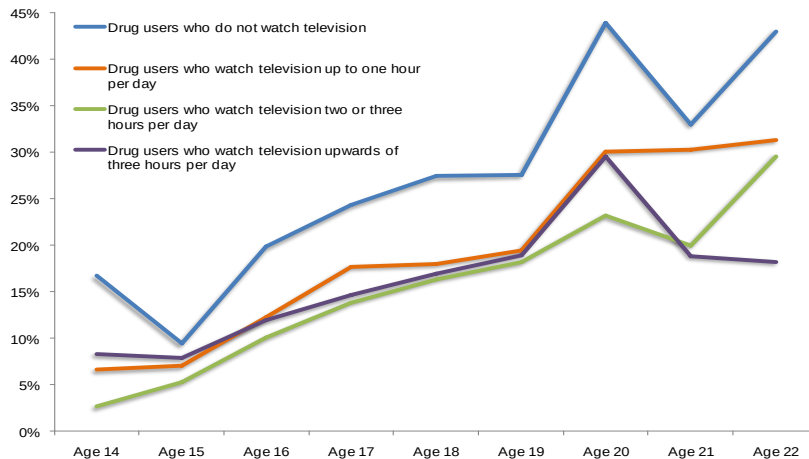
Figure 2.14: Prevalence of misuse of prescription medications over the 30 days prior to the survey, by age and gender of subjects surveyed. The year 2010



Source: Based on information from the 2010 SPS-ITA

The analysis of medication use and of the use of medications in combination with alcohol was particularly interesting when divided according to gender (Figure 2.14), as it reveals two absolutely opposite behaviour patterns for the male and female genders after the age of twenty.

Figure 2.15: Prevalence of the use of any sort of drug at least once in their lives among students “who watch TV”, by age of subjects surveyed. The year 2010

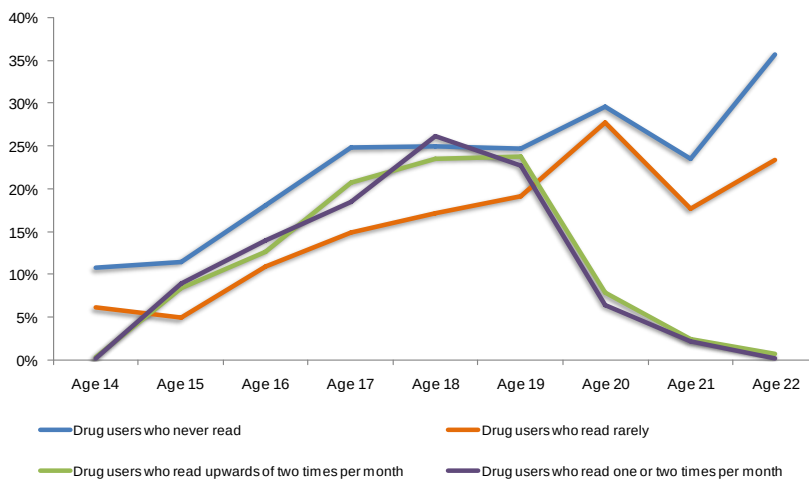


Source: Based on information from the 2010 SPS-ITA

Analyses carried out on “outside-the-target-group” students regarding culture outside of school, personal interests and other topics were of particular interest. In Figure 2.15, we can see the prevalence of drug use based on age and on different “television watching” habits. The highest drug-use levels are found among those who do not watch television but who were, in any case, a small percentage of the respondents (3.6%). The other curves appear to be in line with overall data, although variability increases significantly over the age of 19, due in part to the low number of students of this age who participated in the survey.

The importance of information: students who do not watch television use more drugs than those who do

Figure 2.16: Prevalence of the use of any sort of drug at least once in their lives among students “who read for pleasure”, by age of subjects surveyed. The year 2010



Source: Based on information from the 2010 SPS-ITA

As they grow older, the number of students who never read who use drugs increases, accounting for 20.4% of those surveyed (Figure 2.16). There are also many drug users among students who read rarely, meaning only a few times per year, who make up 41% of overall survey respondents.

The number of drug users among the two groups of students who read more often decreases nearly to zero from the age of 20 upwards.

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

Over the course of 2010, the Department for Anti-drug Policy, in the interest of improving the information gathering for the DTLR (Drug Testing for Workers in High-Risk Professions) Project, and of being able to take advantage of additional sources with high levels of professional expertise, requested and obtained the cooperation of the technical group of the Italian Association of Public Transport (ASSTRA).

The technical group provides support to a dedicated revisionary table formed by the DPA for the purpose of revising the State-Regional Accord currently in force. The revision of the text of the accord and of its structure became necessary in order to provide, within the Accord, the protocols regarding alcohol as well as those regarding narcotic drugs, which are currently separate from each other.

The general procedure for screening workers in high-risk professions is fairly well-structured although, in the light of operational experiences following its implementation, there is room for improvements, which will be able to be made through study by the revisionary table.

2.3.1. Preliminary results

The data available to the Department for Anti-drug Policies, gathered through the DTLR project entrusted to the *RFI* (Italian State Railway System) – *Gruppo Ferrovie dello Stato* (The Italian State Railways Group), were provided, in addition to the *RFI*, by the Italian Association of Public Transport (ASSTRA), the *S.I.M.L.I.I.* (The Italian Society for Occupational Health and Industrial Hygiene), the *A.N.M.A.* (National Association of Company Doctors), the *LAMM (Laboratorio Analisi Mediche Mestre) s.r.l.* (*t.n.* Medical Testing Laboratory, Mestre), *ENAV S.p.A.* (*t.n.* the National Agency for Flight Assistance) and the Trento Public Health Laboratory (LPST). 2010 data contains information about 86,987 individuals subjected to 1st level testing (60.6% more than were tested in 2009, when 54,138 were tested), of whom approximately 5% were women.

Preface

86,987 subjects
screened:
60.6% more
subjects than were
screened in 2009

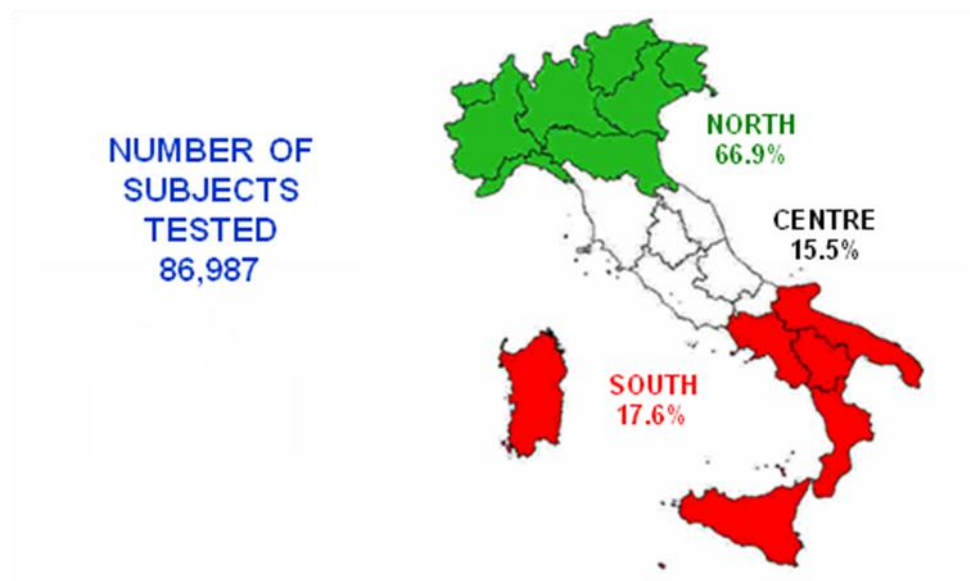
Table 2.2: Provenance and number of subjects on whom data was provided

Data Provenance	Subjects
RFI (Italian State Railway System) – Gruppo Ferrovie dello Stato – Health Management Department	42,988
The Italian Association of Public Transport (ASSTRA)	17,307
S.I.M.L.I.I. (The Italian Society for Occupational Health and Industrial Hygiene)	10,982
A.N.M.A. (National Association of Company Doctors)	9,087
LAMM (Laboratorio Analisi Mediche Mestre) s.r.l. (Medical Testing Laboratory, Mestre)	5,237
ENAV S.p.A. (The National Agency for Flight Assistance)	1,124
Trento Public Health Laboratory (LPST)	262
Total number of individuals subjected to 1st level testing	86,987

Source: Department for Anti-drug Policies

When analysing the data by geographic provenance, one can see clearly that the majority of tests, nearly 67%, were performed in Northern Italy, followed by 17.6% in the South and the Islands and 15.5% in the centre. The transportation sector was the one where most testing was performed.

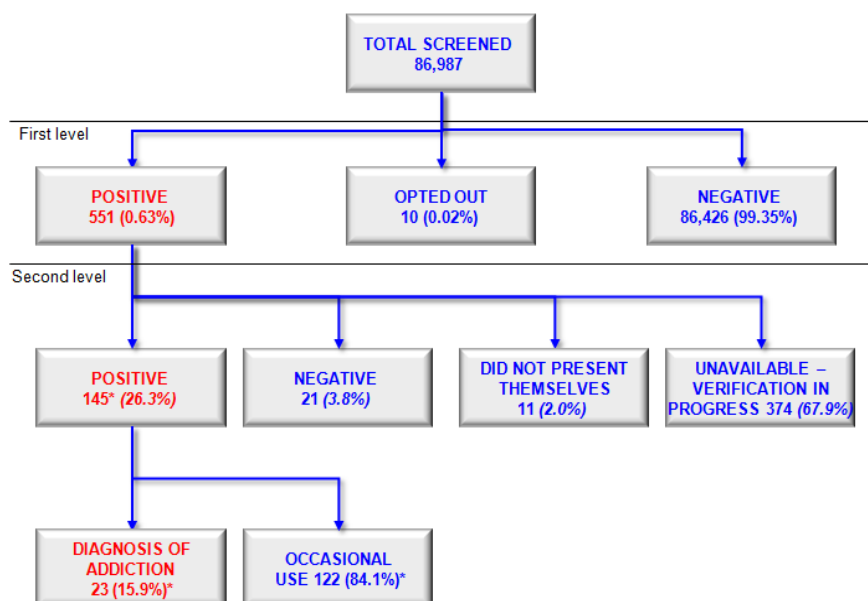
Figure 2.17: 1st level Drug testing by major geographical area



Different percentages based on worker concentrations and drug test implementation

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

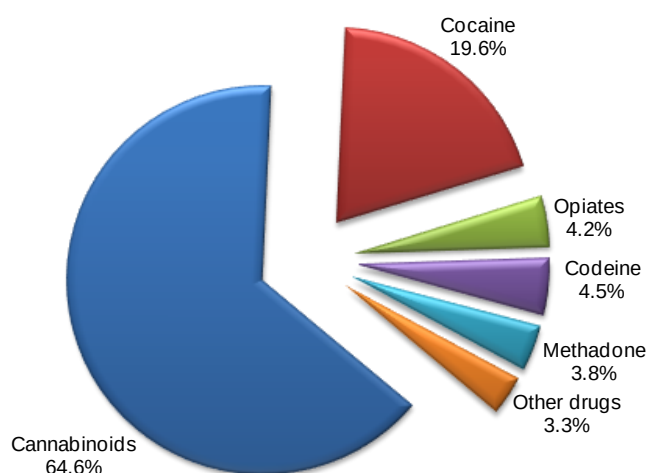
Findings which emerged from first level testing (confirmed by laboratory testing of the samples collected) revealed that 0.63% of subjects had tested positive, to which we can add the group of subjects who “opted out” (Figure 2.18) and those held to be temporarily unfit for their duties, which raises the number of positive test results to 0.63%. There was found to be a decrease of over 45% in comparison with the year 2009, when the number of subjects testing positive was 1.15%.

Figure 2.18: Flow of subjects subjected to testing and verification – the year 2010

Source: Department for Anti-drug Policies

An analysis by age group shows that approximately 47% of the subjects in the sample assessed are over 45 years of age. The younger age groups are those which show higher prevalences of positive test results.

47% of the sample subjects are over 45 years old

Figure 2.19: 1st level Drug testing by drug type

Nearly 2/3 of subjects testing positive tested positive for cannabinoids, while 1/5 tested positive for cocaine

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

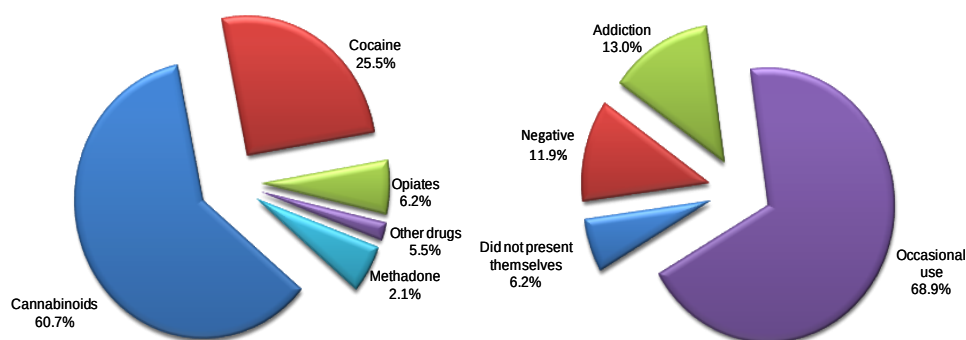
Of the 551 of the cases for which information on the type of drug being used was available, 64.6% tested positive for cannabinoids, while 19.6% tested positive for cocaine and 4.2% for opiates (Figure 2.19). In comparison with 2009, the number of positive test results for cannabinoids remained more or less stable, while positive test results for cocaine increased dramatically (13.0% in 2009, 19.6% in 2010: a 50% increase), and positive test results for opiates fell by more than half (9% in 2009, 4.2% in 2010).

2nd level verification data for the year 2000 includes information on 177 subjects (31.5% of the 1st-level positive tests). The fact that most of the

second-level verification data is missing is a consequence of the amount of time which, for technical purposes, must pass between the finding of a 1st-level positive result and the pronouncement of a final diagnosis.

13.0% of the sample in question were diagnosed as having drug addictions, most of which were addictions to cannabinoids, followed by cocaine, opiates and methadone.

Figure 2.20: 2nd-level clinical verification – analysis by substance type and diagnosis – the year 2010



Source: Based on information from the DPA – DTLR Project and the LSPT

2.3.2. 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 2.3: Drug tests performed on Armed Forces personnel. The years 2006 – 2010

	2006	2007	2008	2009	2010
Italian Army					
Tests performed	47,993	39,523	48,306	42,417	57,034
Positive tests	625	340	54	446	204
% Positive	1.30	0.86	0.11	1.05	0.36
Navy					
Tests performed	50,525	43,747	41,476	43,958	43,752
Positive tests	26	19	15	7	4
% Positive	0.05	0.04	0.04	0.02	0.01
Air Force					
Tests performed	63,378	43,617	64,108	70,258	82,805
Positive tests	57	42	41	27	0
% Positive	0.09	0.10	0.06	0.04	0.00
Total (Italian Army, Navy, Air Force)					
Tests performed	161,896	126,887	153,890	156,633	183,591
Positive tests	708	401	110	480	208
% Positive	0.44	0.32	0.07	0.31	0.11

Source: Based on data from the Ministry of Defence

The data for the number of tests performed¹ was made available by the Italian Army, the Navy and the Air Force (Table 2.3), while the Carabinieri Corp provided the figures for the number of subjects who underwent testing (Table 2.4).

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 57,034 tests were performed on Italian Army personnel in 2010 (up 34.5% from 2009), of which 204 produced positive results (0.4%). 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%). After a peak recorded in 2009, however, the number of positive test results began once more to decrease in 2010.

An unequivocal prerequisite to qualify for enrolment in the Navy is a negative result for tests for all the most commonly used drugs (opiates, cannabinoids, cocaine and amphetamines) which is an obligatory part of every competitive entrance examination. In 2010, 43,752 tests were performed (0.5% less than in 2009), of which only 4 came out positive (0.01%).

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 will 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 this branch of the Armed Forces. In 2010, 82,805 tests were performed (17.9% more than in 2009) and not a single subject tested positive.

Navy: a decrease in the number of positive test results

Air Force: more being personnel screened and no positive test results whatsoever

Table 2.4: Subjects tested within the Carabinieri Corp. The years 2006 – 2010

	2006	2007	2008	2009	2010
Carabinieri Corp					
Subjects tested	1,670	249	1,632	638	810
Subjects testing positive	5	6	14	6	2
% positive	0.30	2.41	0.86	0.94	0.25

Source: Based on data from the Ministry of Defence

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, 810 Carabinieri were subjected to drug testing in 2010, of whom 2 tested positive (0.25%).

¹ A subject undergoes an average of 4 to 7 tests

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 Monitoring Centre for Drugs and Drug Addiction in Lisbon regarding the new or on-going 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 EMCDDA questionnaires, this section provides a profile on the state of activation of prevention initiatives according to the three areas defined by the Monitoring Centre in Lisbon. In accordance with the EMCDDA Structured Questionnaires 25 and 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 within Regional and Autonomous Province social and healthcare planning and undertaken during the monitoring period.

3.1. Universal prevention

3.1.1. School

During the survey on psychotropic drug use conducted in upper secondary schools in 2011, school representatives were asked to fill out a questionnaire on the universal and selective prevention activities conducted during the 2009/2010 academic year.

Of a sample group of 423 schools which participated in the survey, 307 (72.6%) of these had filled out the aforementioned questionnaire, which was based on the questions contained in Structured Questionnaires 25 and 26.

During the 2009/2010 academic year, the most common types of psychotropic drug use prevention campaigns employed in schools were the distribution of informational material (61.0%), followed by awareness days (55.9%) and by ordinary lessons devoted to the topic of prevention (53.4%).

Informational materials distributed in 61% of the sample group of schools where interviews were conducted

Informational materials were more widely distributed in technical institutes (68.3% of the sample group of who replied to the questionnaire) and in art institutes and art schools at the secondary level (65.0%). Secondary-level art schools devoted more attention to information on alcohol consumption and drug use (92.3%), while technical institutes focused more on prevention regarding tobacco and medications, at 85.9% and 90.1% respectively.

A larger amount of informational materials distributed in technical institutes

With regard to the organisation of awareness days focusing on the prevention of psychotropic drug use, we find that technical institutes are the schools which most often employed education campaigns as forms of prevention (65.5%). 48.0% of institutes involved Law Enforcement

65.5% of technical institutes conducted awareness campaigns

Agencies in their awareness days, events which lasted an average of 2.3 hours per day, while 58.4% involved teachers from outside the host institution, with lessons lasting an average of 2 hours.

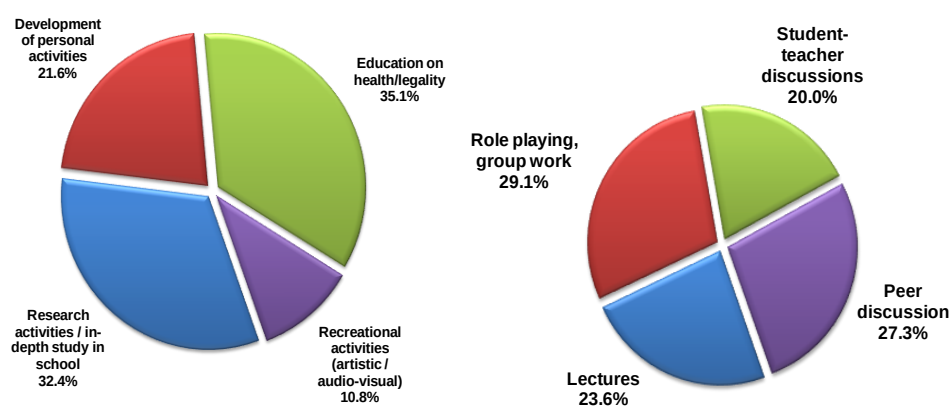
As far as didactic methodology is concerned, most of the information campaigns involved lessons in the form of lectures (35.3%) and student-teacher discussions (29.1%). Campaigns involving more student interaction, in particular role playing, group work (18.3%) and peer discussions (17.3%), were less common.

13.5% of the schools involved in the survey organised personal and/or social skills training activities, with a fair amount of variability between different institute types (18.3% in technical institutes, 13.3% in art schools at the secondary level and art institutes, 12.7% in vocational schools and 9.0% in upper secondary schools and secondary schools formerly specialising in education).

48% of institutes
organised awareness
days involving Law
Enforcement
Agencies

13.5% of schools
organised personal
skills training
activities

Figure 3.1: Distribution of educational activities and didactic methodology employed in personal and/or social skills training activities – 2009/2010 Academic Year



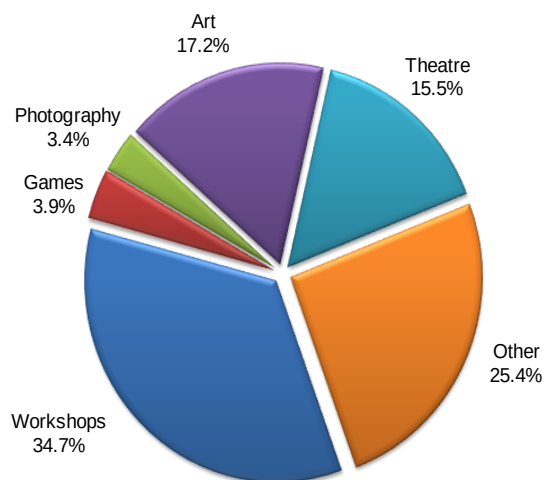
Source: SPS-ITA Survey 2011 – Department for Anti-drug Policies

Personal and/or social skills training in the context of alcohol and narcotic drug use prevention focused mainly on education on health/legality (36.4% alcohol and 45.0% narcotic drugs, respectively), while campaigns focused on preventing the use of tobacco and medications were comprised mainly of research activities and in-depth study in school (39.1% tobacco and 44.4% medications, respectively).

18.6% of the sample group of schools participating in the survey had organised creative activities designed to advance prevention. The classes most involved in these activities were second-year classes in technical institutes, vocational schools, art schools at the secondary level and art institutes and third-year classes in secondary schools and secondary schools formerly specialising in education.

18.6% of schools
organised creative
activities designed
to advance
prevention

Figure 3.2: Distribution of creative activities designed to advance prevention in upper secondary schools – 2009/2010 Academic Year



Source: SPS-ITA Survey 2011 – Department for Anti-drug Policies

3.1.2. Family

Regarding prevention on a family level, the campaigns provided for within Regional strategies and prevention policies involved mostly projects and plans for informational/educational meeting events intended for families and/or parents (75%) and projects and plans based upon self-help or reciprocal support among family members (55%). There were less campaigns than in the previous year in light of the fact that, in 2010, intensive training courses on drug-use prevention for families were launched, as had been anticipated in 30% of official documents regarding health and/or social policies.

From an operational point of view, in line with the 2009 trends, in 2010 an average of over 60% of Regions and Autonomous Provinces launched or were already in the process of setting up universal psychotropic drug use prevention projects targeting family members, guardians, teachers and peers and educational projects targeting individuals working in this field in different local areas around the country (cultural-linguistic mediators, etc.). In other words, actions were undertaken to develop plans which include a local-level drug-use prevention strategy and universal prevention projects were launched targeting young people in unstructured peer-group contexts.

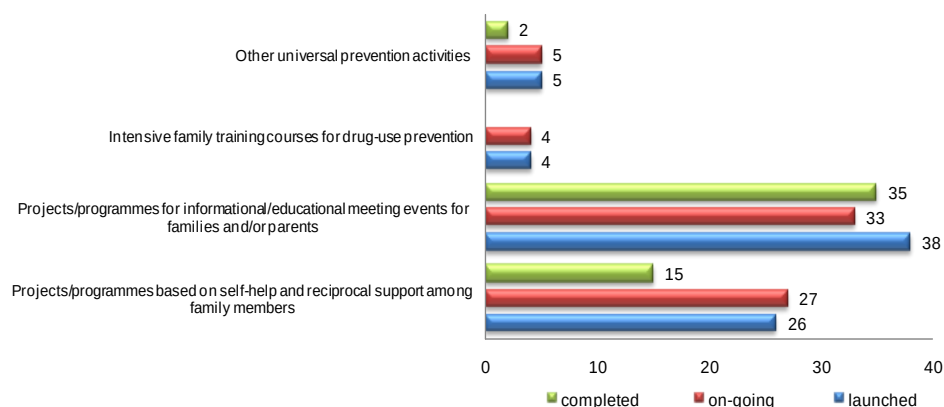
In 2010, as far as regards plans which had already been launched, were on-going and/or were completed during the year, the Regions and Autonomous Provinces reduced their commitment to projects involving informational/educational meeting events for families and/or parents (38 vs. 51 projects launched, 33 vs. 70 on-going, 35 vs. 27 completed), while increasing their commitment to projects or programmes based on self-help or reciprocal support among family members (26 vs. 19 projects launched, 27 vs. 22 on-going, 15 vs. 9 completed) (Figure 3.3).

Local plans aimed
at parents

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

Plans and
programmes for
families and parents

Figure 3.3: Number of initiatives relating to universal prevention projects aimed at the nuclear family launched, on-going and/or completed in 2010.



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

3.1.3. Community

According to official documents on healthcare and/or social policies, universal prevention initiatives undertaken at a local community level throughout the course of 2009 have included the development of plans that include a local drug-prevention strategy (90% of Regions and Autonomous Provinces), the coordination of a formal, institutional network in view of planning and carrying out universal prevention initiatives (90%), universal prevention targeting family members, guardians, teachers and peers (80%), training for individuals working in this field in different local areas throughout the country (70%), the establishment and use of cultural and counselling centres for young people at a local level (60%), universal prevention projects targeting young people in unstructured peer group contexts (70%) and the making available of recreational and/or cultural spaces (60%).

In comparison with the year 2009, the “recognised as a priority” figure grew across the board, sign of an even greater interest being taken in the different programmes. A number of Regions and Autonomous Provinces provided information regarding further universal prevention activities carried out during 2010 on both local (45%) and family (35%) levels.

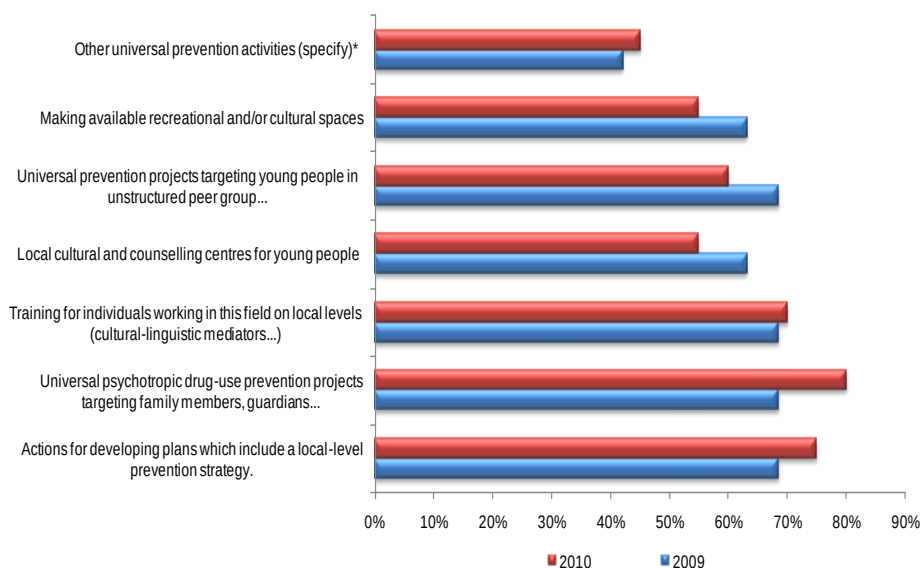
In 2010, over half (55%) of Regions and Autonomous Provinces held the drug prevention plans objective to be a priority, while a further 35% made official mention of this goal, for a total of 90%.

In 2010, from an operational standpoint, an average of over 60% of Regions and Autonomous Provinces launched or were in the process of setting up universal psychotropic drug-use prevention projects targeting family members, guardians, teachers and peers, educational activities for individuals working in this field on local levels (cultural-linguistic mediators, etc.). In other words, actions were undertaken in order to develop plans which include a local-level drug-use prevention strategy and universal prevention projects were launched targeting young people in unstructured peer-group contexts. (Figure 3.4).

90% of Regions and Autonomous Provinces have a local-level prevention strategy

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

Figure 3.4: Percentage of regions with universal prevention project plans launched, on-going and/or completed in 2009 and 2010, at the local community level



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

In over 60% of Regions and Autonomous Provinces, projects were launched or were already on-going to create incentives for making available recreational and/or cultural spaces. Specifically, 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 (1,659). The Regions and Autonomous Provinces also paid particular attention to the development of universal prevention projects targeting young people in unstructured peer group contexts, 236 of which were active in 2010 and 122 of which were launched during the course of the year (Figure 3.3), and to cultural and counselling centres for young people on a local level, of which 326 were active in 2010 and of which 42 were launched in the same year.

3.2. Selective prevention in at-risk groups

3.2.1. At-risk groups

Over the course of 2010, in official documents on healthcare and/or social policies, a frequently mentioned topic was that of selective prevention initiatives targeting immigrants (75% of Regions and Autonomous Provinces) and young party-goers (65%). Differently from in the previous edition, this latter interest group was included in the “specific groups held to be at high-risk of problem psychoactive drug use”.

The selective prevention activity areas least frequently mentioned in official documents were the following categories: “other at-risk subgroups” (25%), “students with social and/or academic marginalisation problems” (35%), “young people residing in socially disadvantaged areas” (40%) and “young people who leave school early” (45%).

Special attention
expressed for
immigrants and
young party-goers

The total number of selective and targeted prevention initiatives which were either on-going or completed by the Regions and Autonomous Provinces, 242 in all, was over twice the number of the previous year (the 2009 figure was 107). This can be explained in part by the increase in the number of interest areas (10 as opposed to 8) and, in particular, by the addition of the “young party-goers” category, which accounted for 43 of the on-going projects and 9 of those which had been completed. This same at-risk target also accounts for the highest number of projects launched (19), followed by the category of “young people who leave school early”, which accounted for 16. Prevention initiatives targeting the various at-risk groups were carried out largely in and by specialised organisations and services.

A significant increase (doubling) in the number of selective prevention initiatives between 2009 and 2010

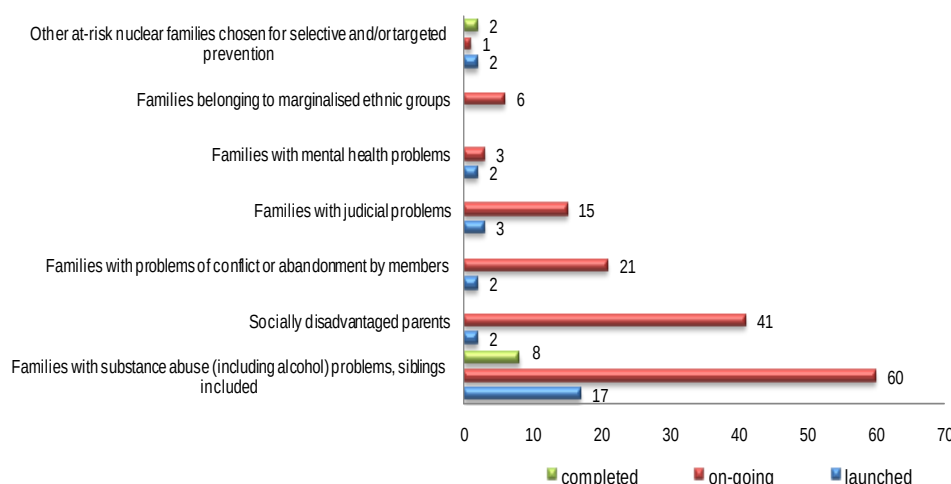
Over 200 prevention projects on-going

3.2.2. At-risk families

As far as regards selective prevention at a nuclear family level, programmes targeting “families with substance abuse (including alcohol) problems, siblings included” were the most frequently mentioned (in 45% of official documents); explicit references to the other at-risk categories included in the EMCDDA structured questionnaire are found in less than 50% of official documents.

Special attention expressed and plans activated for problem families

Figure 3.5: Number of selective prevention initiatives targeting families which were launched, on-going and/or completed in 2010



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

The Regions and Autonomous Provinces have a total of 147 on-going project plans that fall under the category of selective prevention targeting families. Two-thirds of these fall under two specific subcategories: “socially disadvantaged parents” (41) and “families with substance abuse (including alcohol) problems, siblings included” (60) (Figure 3.5). For at-risk families as well, prevention initiatives were largely carried out in and by specialized organizations and services.

147 selective prevention projects targeting families: 41 for socially disadvantaged parents and 60 for families with substance abuse problems

3.3. Prevention in specific target groups

3.3.1. In schools

Regarding selective narcotic drug-use prevention, 10% of the sample group of schools participating in the survey about psychotropic drug use in secondary schools reported having used standard protocols and/or criteria for the early identification of students exhibiting at-risk behaviours for psychotropic drug use, with a maximum percentage of 11.9% of technical institutes and a minimum of 6.7% in art schools at the secondary level and art institutes. 45.0% of these institutions use *counselling centres* in their selective prevention initiatives and another 45.0% have initiated *protocols of understanding with external entities*. The remaining 10.0% employ *internal measures* implemented within the schools themselves. Moreover, professionals are available to provide advice and counselling on these issues in 68.8% of these schools. 31.3% of these are *health education counsellors*, 50.0% are *psychopedagogists* and 18.8% are *other types of professionals*.

Other selective psychotropic drug use prevention initiatives targeting students at a high risk of leaving school early were conducted by 22 of the sample institutes (9.2% of institutes participating in the survey), with art schools at a secondary level and art institutes conducting the highest number of such initiatives (13.3%) and secondary schools and secondary schools formerly specialising in education conducting the lowest number (6.2%). 52.9% implemented educational psychology services to which students could be sent or to whom students could go directly with issues on this topics, while 23.5% provided training courses for teachers and a further 23.5% distributed guidelines on ways of recognizing problem students, including those who already use drugs. Most of these initiatives targeted the age group comprised of the youngest students – those up to and not over 17 years of age (87.0% of students at high risk of leaving school early).

3.4. National and local media campaigns

Information regarding the information campaigns conducted concerning the use of legal and illegal drugs during the year in question (2010) was part of the information gathered from the structured questionnaires provided to the Regions and Autonomous Provinces on “Universal Prevention of Psychoactive Drug Use at a Local Community Level” and on “Selective and Targeted Prevention”.

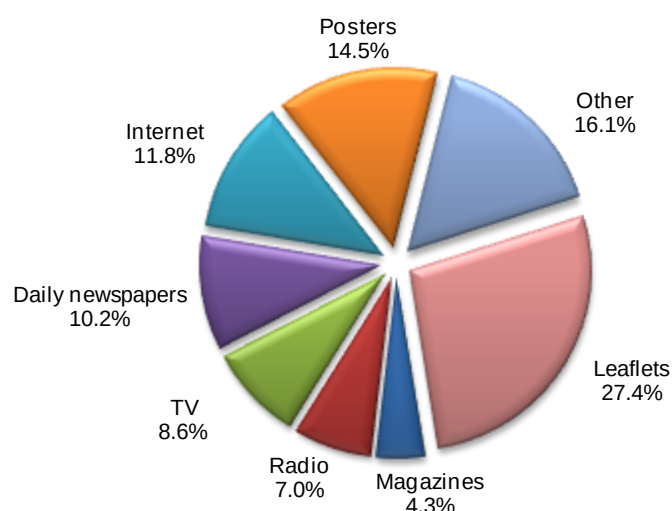
Media information
campaigns

Table 3.1: Number of universal and selective prevention information campaigns conducted by the Regions and Autonomous Provinces during the course of 2010

Regions	Universal Prevention	Selective Prevention	Total
Basilicata	2	1	3
Bolzano	3	-	3
Calabria	3	1	4
Emilia-Romagna	1	-	1
Friuli Venezia Giulia	6	1	7
Liguria	1	1	2
Lombardy	20	9	29
Marche	1	-	1
Piedmont	1	1	2
Apulia	5	-	5
Sicily	-	12	12
Trento	5	-	5
Umbria	3	2	5
Total	51	28	79

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

Figure 3.6: Percentage distribution of prevention campaigns conducted by the Regions and Autonomous Provinces during the year 2010, by type of mass media



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

From an analysis of Table 3.1, we can see that more universal prevention campaigns were conducted (51, equal to almost 65%) than selective prevention ones, and that only six regions launched at least one campaign in each of these areas.

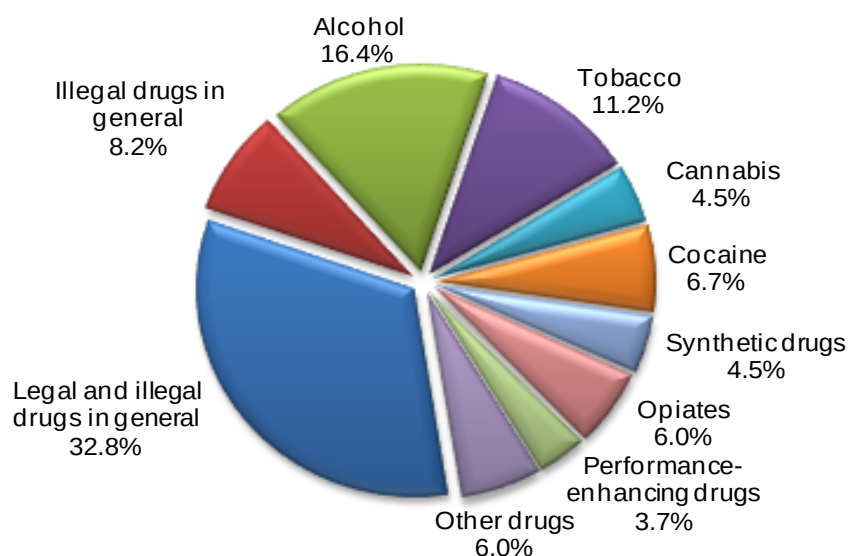
The Region with the most media campaigns aimed at advancing universal prevention is Lombardy, with a full 20 campaigns. The most active region on the selective prevention front, as far as media campaigns are concerned, was Sicily, with 12.

The most commonly employed information tool was the leaflet (27%), followed by the category “other” which, in most cases, was described as having consisted of artistic performances of a wide range of sorts (musical events, theatrical performances). Magazines were rarely employed – in only 4% of campaigns (Figure 3.6).

Only six regions committed to campaigns in both universal and selective prevention areas.

Leaflets were the most commonly employed information tool

Figure 3.7: Percentage distribution of prevention campaigns conducted by the Regions and Autonomous Provinces in 2010, by subject matter



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

The subject matter most frequently dealt with in the course of prevention campaigns is clearly that of “legal and illegal drugs in general”, which accounts for more than a third of campaigns reported (Figure 3.7), followed by alcohol (16%) and tobacco (11%).

8% of campaigns dealt with illegal drugs in general, while campaigns about specific drugs ranged in number from 4% to 7%.

4. PROBLEM DRUG USE

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 from elsewhere (Student Population Survey of 15-to19-year-olds, police Prefectures).

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, especially opiate users.

Further information on problem narcotic drug use was provided by an analysis of the national information flow concerning patients admitted to hospitals' acute care units (hospital discharge records), from the information flow coming from the Prefectures concerning individuals reported for possession of narcotic drugs for personal use as well as from data regarding the subpopulation of students aged between 15 and 19 gathered from the relevant 2010 survey.

Foreword

Information sources

4.1. Prevalence and incidence estimates of PDU

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

Over the years, panels of experts within the European Monitoring Centre in Lisbon have come to agree upon a definition for problem psychoactive drug use¹, and they have also established the methodology for estimating the total fraction of the population who fit the PDU profile. The methods developed – which take full advantage of information gathered from the users who come into contact with treatment services or with other agencies responsible for the fight against drugs or for rehabilitation of users within a certain time frame – make it possible to calculate the numerical amount of problem drug users, both those already known or those still completely unknown who were never registered or counted during the period of time in question. All the methods which have been advanced for calculating these estimates attempt to take utmost advantage of the information available, and each adjusts itself to the level of detail of the information provided (aggregate or analytical data) and to whether it comes from multiple sources or from one alone, mathematically modelling the data generation process of available data.²

Subjects undergoing
treatment: just one
part of the problem

¹ The classic definition of problem drug use, while currently undergoing revision, should be understood to mean injecting drug use or long-term/regular use of opiates, cocaine and/or amphetamines.

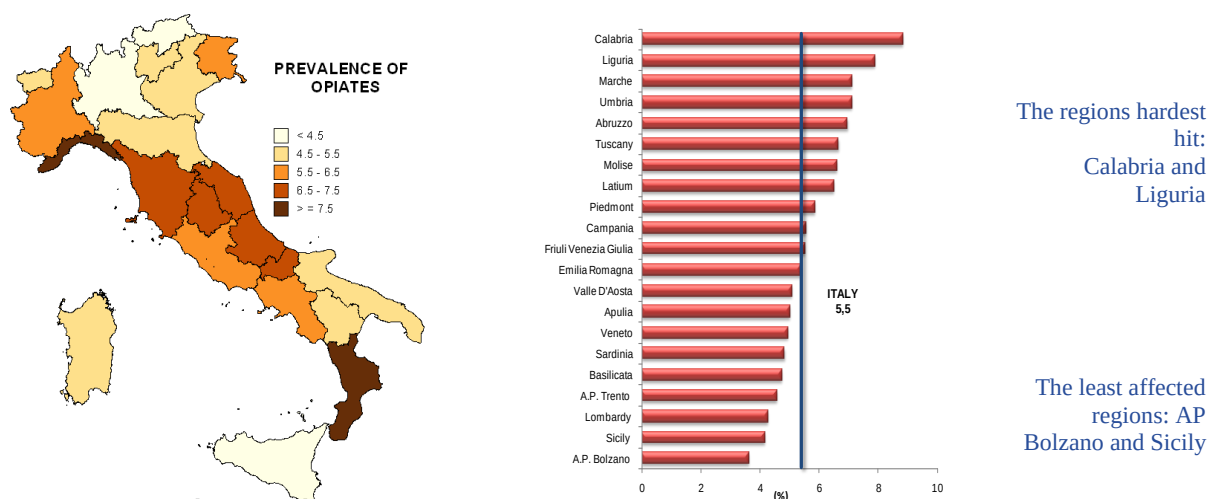
² For a description of different methods, consult the European guidelines at <http://www.emcdda.europa.eu/html.cfm/index65519EN.html>

The current market trends and trends in drug use suggested that it was necessary to reconsider the definition of PDU and the methods used to estimate it, both of which were created at a time when frequent drug use which evolved into a need for treatment was linked mainly to the use of a few specific drugs and polydrug use was virtually non-existent. The panel of experts which works with the European Monitoring Centre on this indicator has not yet reached a consensus on a new definition, but it does agree on the necessity of not limiting the definition to specific types of substances and of basing it mainly on lifestyles and on frequency of drug use in the previous year³. Methods for estimating PDU will also be reassessed and integrated, and there has been some agreement, especially regarding the fact that multiple-source information capture-recapture methods, which have provided excellent results when estimating the number of heroin and opiate users in need of treatment, are not reliable when estimating numbers of cocaine or stimulant users, let alone of cannabis. For these same reasons, the use of the multiple indicator method is also no longer adequate. On an international level, it is with increasing frequency that we observe the application of single-source capture-recapture methods, such as the truncated Poisson model or models based upon an analysis of time elapsed between three consecutive captures⁴.

In view of these problems, of those estimation methods listed in the EMCDDA guidelines, the simple multiplier method using treatment data was chosen to be applied solely to opiate users. The multiplier values at local levels, as estimated in 2010 for the Region of Abruzzo, the Autonomous Province of Trento and the metropolitan area of Bologna, the only local studies available, were very similar to each other and maintain the scale rankings of multiplier values estimated in previous years, even those obtained using other local studies.

Problems with
current
methodological
criteria for
estimating PDU

Figure 4.1: Prevalence estimates (per thousand residents aged 15-64) of subjects requiring treatment for opiate use. The year 2010



Source: Based on ministerial information flows

³ One must keep in mind that, every year, new drugs, principally chemical ones, are introduced into the market. The effects of these drugs are not yet known and they are analysed and inserted into the tables of controlled substances over the course of time. A full 41 new substances were registered in 2010.

⁴ For an example, see: Mascioli F. and Rossi C. (2008), *Capture-recapture methods to estimate prevalence indicators for evaluation of drug policies*. Bulletin on Narcotic Drugs, 1, Issue LX, 5-25.

In Italy, In 2010 (ST 7 & 8), it is estimated that there were approximately 218,500 subjects in need of treatment for opiate use, a 1.2% increase over the previous year, which corresponds to a 5.5 per thousand prevalence rate among residents between 15 and 64 years of age.

An analysis of regional estimates shows the highest prevalence levels in Calabria and in Liguria (8.8 and 7.9 cases per thousand residents aged between 15 and 64, respectively) and in the central regions of Tuscany, Umbria and the Marche, in addition to Abruzzo and Molise, regions in which we can potentially see the highest number of drug users eligible for treatment with Drug Addiction Services as a fraction of the resident population. In the extreme north and south of Italy, on the other hand, are the regions with the lowest prevalence levels. Indeed, the lowest prevalence rate calculated was in the Autonomous Province of Bolzano (3.6 cases per thousand residents aged between 15 and 64). Regarding estimates of problem drug users in need of treatment for opiate use divided according to gender, we can see that levels are markedly higher for men in comparison with women, although the regional prevalence distribution does not bring to light any notable differences between the two gender profiles, with the sole exception of Calabria, where prevalence levels among males are more marked than in other regions.

As mentioned earlier, it is not possible to use the same approach used for subjects in need of treatment for opiate use when estimating prevalence of problem cocaine users. It is nonetheless possible to glean population estimates which can be seen as being indicative of the estimates which are of interest, taking into consideration other information sources such as, for instance, the Prefectures, which gather information regarding persons reported to Law Enforcement Agencies for possession of narcotic drugs for personal use (Art. 75 of D.P.R. 309/90). Based on an analysis of the completeness and quality of data from the five-year period spanning the years 2005-2009, a section was extracted for the year 2008 and estimates of users were calculated using the truncated Poisson heterogeneity model, calculating Chao's and Zelterman's estimators and their relative confidence intervals.

218,500 opiate addicts in Italy: 5.5 per thousand (aged between 15-64)

Regional prevalence estimates vary widely

Estimate of problem cocaine use

Table 4.1: Zelterman estimates for **cocaine** users, New and Already Known, and relative confidence intervals, by geographic area. The year 2008.

Geographic area	Total reported	Cocaine users (Zelterman)		
		Average	Min (CI 95%)	Max (CI 95%)
New reported subjects				
Northeastern Italy	679	28,774	14,802	56,570
Northwestern Italy	1,626	45,589	31,878	65,515
Central Italy	1,012	51,209	28,107	94,010
Southern Italy and the islands	1,404	70,403	42,227	118,027
Total	4,721	195,975	148,300	259,580
Already reported in previous years				
Northeastern Italy	261	3,772	2,040	7,187
Northwestern Italy	583	10,606	6,607	17,260
Central Italy	299	11,138	4,498	28,282
Southern Italy and the islands	608	9,222	6,041	14,291
Total	1,751	34,746	24,105	50,453

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

With the type of information available in the aforementioned archive – especially the data regarding reported subjects who were “Already Known” to Law Enforcement as a result of prior reports as well as “New” subjects reported – it is possible to estimate the number of drug users in need of treatment starting from the group of subjects who had already been reported, while incidence can be estimated based on the population of “New” subjects reported. (Table 4.1).

If we adjust the estimates for cocaine users using the information on the proportion of the population which is at risk of being reported (a figure cautiously estimated at 30%), we obtain, at a national level, an approximation by defect equal to approximately 120,000. Considering the fact that these are subjects who have been reported more than once over a number of years, it is possible to consider this population as being that of cocaine users in need of treatment.

120,000 cocaine
addicts estimated in
Italy: 3.0 per
thousand (15-64
years of age)

We can see that this figure, which certainly represents a minimum limit, is not very far off from the figure representing the size of the population eligible for treatment for cocaine use as estimated in 2008 (172,000).

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 analysing the dynamic of this phenomenon is an observation of 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 drug addiction services.

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, as opposed to estimating all new cases of use. 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 Monitoring Centre for Drugs and Drug Addiction in Lisbon⁵. This technique makes it possible to reconstruct the “incidence of evolving drug use”, based on two known or estimated variables:

Incidence of
“evolving” use
indicator

- The number of new treatment requests placed each year with the Drug Addiction Services
- The distribution of time between the initiation of drug use and the first treatment request placed with drug addiction services (“latency period”).

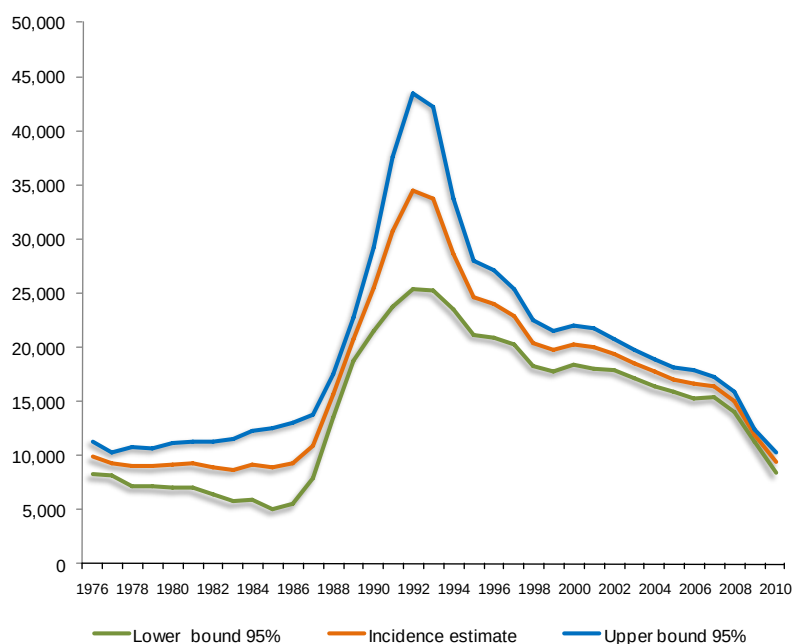
This method can only be applied with heroin users, since it is only for this group that there are sufficiently accurate estimates of the distribution of latency period drawn from a large sample group⁶, something which is not yet possible for cocaine users.

⁵ Scalia Tomba GP, Rossi C, Taylor C, Klempova D, Wiessing L., 2008, *Guidelines for Estimating the Incidence of Problem Drug Use*. EMCDDA, Lisbon.

⁶ 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*”)

The figure (Figure 4.2) shows a stable incidence of evolving heroin use from the mid-1970s until 1984, a significant increase between 1985 and 1992, peaking at a maximum of approximately 34,000 subjects. Incidence then decreased steadily until falling to approximately 15,000 during the last two years.

Figure 4.2: Incidence of subjects requiring treatment for heroin use in Italy (estimates and confidence intervals at 95%)



Source: Based on data from ministerial information flows

4.2. Data on PDUs from non-treatment sources

4.2.1 Problem drug users in data sources other than those used for the Treatment Demand Indicator

In addition to the information sources which have been used in the past, and in the interests of arriving at a new, Europe-wide operational description in view of best estimating the numbers of the different user populations, the information gathered from the surveys on drug use among the population, which are conducted in a number of different countries, have also been useful.

In Italy, in 2010, the Department for Anti-drug Policies, with the scientific collaboration of the Inter-departmental Centre for Bio-statistics and Bio-informatics of the University of Rome "Tor Vergata", conducted the annual survey on psychotropic drug use among students 15-19 years of age (information provided by 20- to 21-year-old students who had been held back, although the numbers for this age group are not statistically represented, was particularly useful).

If we define as problem drug users those students who reported a frequency of use of at least 20 uses per month, then we can deduce an

Population surveys
as an additional
information source
for estimating PDU

Definition of
problem drug users
aged 15-21

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.

estimate of use percentages hypothetically “in need of treatment”. (Table 4.2).

As the table shows, 22.2% of those who reported having used psychoactive drugs during the month prior to the survey had used them at least 20 times during that time period. If we exclude from our percentage calculation of users in need of treatment those who used cannabis alone, who used substances categorised as “other drugs” – a category which requires more in-depth examination – and those who used cannabis only in combination with those same “other drugs”, we are able to provide a cautious and conservative estimate of the overall percentage of users in need of treatment among the student population (aged 15-21), an estimate which is equal to 11.1% of those who had used some psychotropic drug at least once in the month prior to the survey.

Table 4.2: Percentage distribution of students aged 15-21 who had used drugs at least 20 times in the month prior to the survey (out of the total number of students who had used drugs at least once during the 30 days prior to the survey) – The year 2010

Drug of use	% of students aged 15-21 who had used drugs at least 20 times in the month prior to the survey
cannabis alone	5.4
cannabis heroin cocaine	4.1
cannabis cocaine	6.9
cannabis heroin	0.1
heroin alone	0.0
heroin and cocaine	0.0
cocaine alone	0.0
only other drugs	1.3
cannabis and other drugs	4.4
Total	22.2

Source: Based on data from the 2010 SPS – ITA

The total prevalence of drug users in need of treatment in the 15- to 21-year-old age group of Problem Drug Users can be calculated by applying the conservative hypothesis that young people of the same ages who do not attend school have the same drug use habits as those who do. Beginning from an estimate of the total number of drug users in the 15- to 21-year-old age group (692,000 residents between 15-21 years of age) obtained using the population information provided by the National Institute of Statistics (ISTAT), we find that there are 76,812 subjects aged 15 to 21 who are eligible for treatment (obtained as $0.111 \times$ users between the ages of 15 and 21).

In order to proceed to an estimate of the total population of drug users in need of treatment between the ages of 15 and 64, information on age distribution of users eligible for treatment was used. This information had been estimated through surveys conducted in therapeutic communities and in low threshold services, validated through age distribution information for drug addiction services clients, calculated using data from the DPA multicentric study. Results showed that the percentage of drug users eligible for treatment who were between 15 and 21 years of age was equal to about 8%. 15- to 21-year-old Problem Drug Users therefore represent approximately 8% of drug users eligible for treatment. There are therefore 960,000 (ST 7 & 8) drug users between the ages of 15 and 64 who are eligible for treatment under the definition given.

According to information gathered from a number of surveys conducted in Italy in 2010, there are 960,000 drug users in need of treatment

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 another subpopulation of persons in need of treatment, based on hospital admissions of patients who are psychoactive drug users, and thus also to draw up a profile of principle drug-related medical conditions. In addition to the personal information obtained from hospital discharge records, the archive also collects information about the hospital admission episodes in question, such as diagnoses and surgical procedures, and diagnostic or treatment operations performed, codified according to the international ICD-9-CM classification. Patients discharged from inpatient and outpatient treatment whose principal or secondary diagnosis was drug-related were taken into special consideration (codes ICD-9-CM).

Hospital discharge records: hospital admissions related to narcotic drug use

Table 4.3: Characteristics of subjects admitted to hospitals, by gender, nationality and age. The years 2008-2009

Characteristics	2008		2009		Δ %
	N	%	N	%	
Gender					
Men	15,028	58.0	13,738	58.0	-8.6
Women	10,882	42.0	10,259	42.0	-5.7
Total	25,910	100	23,997	100	-7.4
Nationality					
Italians	24,541	94.6	2,684	94.6	-7.6
Foreigners	1,379	5.4	1,303	5.4	-5.5
Age					
Average age - men	38.5		40.2		4.4
Average age - women	44.8		46.1		2.9
Median age - men	38		38		0.0
Median age - women	42		43		2.4

Average age of subjects admitted to hospitals:
40.2 years of age for men;
46.1 years of age for women

Source: Based on Hospital Discharge Records – Ministry of Health

In the three-year period spanning 2007-2009, the total number of hospital admissions for all pathologies fell by 5.4% (12,342,537 in 2007, 12,112,389 in 2008 and 11,674,098 in 2009); hospital discharge records showing (principal or secondary) diagnoses related to psychoactive drug use were about 2 per thousand (26,601 in 2007, 25,910 in 2008 and 23,997 in 2009) of the countrywide total, showing a 9.8% decrease over the three-year period in question, a greater decrease than the overall decrease in hospital admissions for all pathologies.

9.8% decrease in the number of drug-related hospital admissions in the three-year period spanning 2007 - 2009

Table 4.4: Characteristics of subjects admitted to hospitals, by Type of admission, Type of care received and Type of discharge. The years 2008 – 2009.

Characteristics	2008		2009		Δ %
	N	%	N	%	
Type of admission					
Inpatient	23,616	91.1	22,081	92.0	-6.5
Outpatient	2,294	8.9	1,916	8.0	-16.5
Type of care received					
Scheduled, non-urgent	7,665	31.8	7,057	31.5	-7.9
Urgent (emergency)	15,445	64.0	14,470	64.5	-6.3
Mandatory treatment	688	2.9	561	2.5	-18.5
Pre-hospitalisation	68	0.3	100	0.4	47.1
Other	268	1.1	244	1.1	-9.0
Type of discharge					
Regular discharge to home	20,554	79.3	18,846	78.5	-8.3
Voluntary discharge	2,756	10.6	2,532	10.5	-8.1
Transfer to another facility	1,090	4.2	1,024	4.2	-6.1
Death	192	0.7	177	0.7	-7.8
Other	1,317	5.1	1,417	5.9	7.6

Source: Based on Hospital Discharge Records – Ministry of Health

A decrease in the number of admissions for:
 -Medical emergencies (-6.3%)
 -Mandatory treatments (-18.5%)
 -Scheduled admissions (-7.9%)

94.6% of drug-related hospital admissions in 2009 were of Italian citizens, 58% of whom were men, with an average age of 40.2. The average age was higher for women (46.1 years of age) than for men. If, instead of average age, we consider the median age figure, more suitable when there is such an asymmetrical distribution of age, the median age goes down by two years, from 46 to 43 years of age for women. 92% of care was provided during inpatient hospitalisations, with an average hospital stay of 9.6 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 3 stays of such length).

Table 4.5: Characteristics of subjects admitted to hospitals by drug type. (2008-2009)

Characteristics	2008		2009		Δ %
	N	%	N	%	
Type of drug					
Opiates	6,537	25.2	5,597	23.3	-14.4
Barbiturates	4,853	18.7	4,884	20.4	0.6
Cocaine	2,408	9.3	1,898	7.9	-21.2
Polydrug	1,818	7.0	1,706	7.1	-6.2
Cannabinoids	1,180	4.5	1,194	5.0	1.2
Antidepressants	858	3.3	765	3.2	-11.0
Hallucinogens	173	0.6	147	0.6	-15.0
Amphetamines	108	0.4	79	0.3	-26.9
Unspecified substance	7,975	30.8	7,727	32.2	-3.1

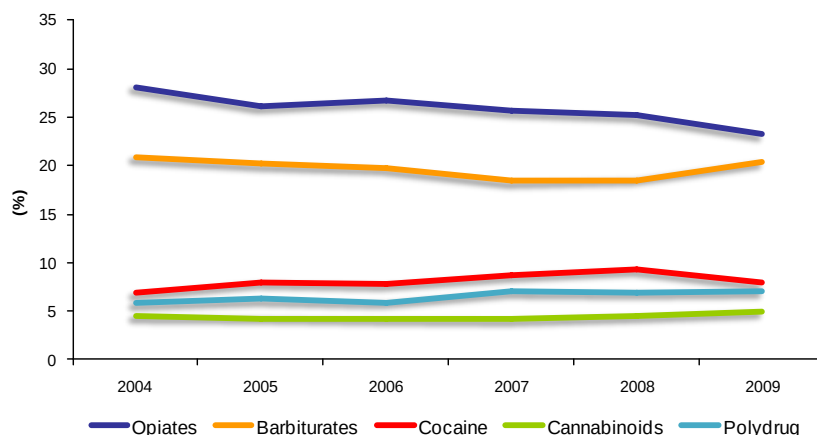
Source: Based on Hospital Discharge Records – Ministry of Health

Decrease in the number of hospital admissions for use of:
 -opiates (-14.4%)
 -cocaine (-21.2%)

Increase in the number of hospital admissions for use of cannabinoids (+1.2%).

In 78.5% of cases, the patient was discharged to home according to ordinary treatment procedures, 10.5% were voluntarily discharged due to patient request, 4.2% were discharged to other acute care facilities and 0.7% (177) of patients treated died during the course of their hospital stays.

Figure 4.3: Percentages of subjects admitted to hospitals according to drug type. The years 2006 - 2009



Source: Based on Hospital Discharge Records – Ministry of Health

Among the categories of drugs most commonly reported in hospital diagnoses were those which were “unspecified” (32.2% vs. 31% in 2008), followed by opiates (23.3% vs. 25.2 in 2008), and by barbiturates (20.4% vs. 19% in 2008). Among the substances least frequently reported in hospital diagnoses, we find cocaine (7.9%), showing a decrease in comparison with 2008, when it stood at 9.3%, and cannabinoids (5.0%) showing an increase over the previous year’s figure (4.5%).

The percentage of drug-related hospitalisations in which central nervous system or sense organ disorders were recorded as the principal or secondary diagnosis remained unchanged over the three-year period from 2007 to 2009.

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

In 2009, both sexes saw equal numbers of drug-related hospitalisations of patients with comorbid circulatory system conditions. In almost half of these cases (45.4%), the patients were over 65 years of age, and only rarely did young subjects fall into this category (4% under the age of 30). Approximately 91% of drug-related hospitalisations with comorbid circulatory system disorders were inpatient treatments and 60% were of an emergency nature.

Drug-related hospitalisations with comorbid hypertension e ischemia

The conditions most often diagnosed during treatment were arterial hypertension (46.8%), other heart diseases (40.6%) and ischemic heart diseases (13%).

In 2009, 8.2% of the total of drug- or psychotropic drug-related hospitalisations with comorbidity (1,973) 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 (63.6%) and of over-65-year-olds (22.4%). Another 49.2% of cases were patients between 30 and 49 years of age.

97.6% of drug-related hospital admissions with comorbid respiratory

disease or disorder were admitted for inpatient treatment. Almost 79% of these admissions were of an emergency nature. These should be viewed in comparison with the more modest figures for non-comorbid hospital admissions (92% inpatient and 60% of an emergency nature).

In 45% of cases with respiratory disease or disorder comorbidity, a specific diagnosis was not recorded; chronic obstructive pulmonary disease was found in an additional 27.7% of cases (540).

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

In accordance with the system of organisation as set forth under European standards, information about treatment demand on the part of subjects who use narcotic substances provides a profile which can be used to frame policies and strategies for the treatment of drug addicted subjects, as well as to determine organisation of the social and healthcare services throughout the country and provide useful information about the epidemiological aspects of the population of Service network clients.

In Italy, this information comes from different information sources. Some of the information flows employed are created ad hoc, but most have been organised and put into use in accordance with regulations currently in force for monitoring the Services network.

Specifically, information useful for developing strategies and social and healthcare policies for the treatment of individuals who approach the Services for assistance, especially at a Regional level, is gathered through the use of the structured EMCDDA questionnaire (SQ 27 Part 1), while Part 2 of the same questionnaire is used to gather data about the monitoring of the quality of treatments provided. These questionnaires were distributed to all of the Regions and Autonomous Provinces for completion during the course of 2011, with the intention of gathering data regarding the situation in 2010. In addition, information was requested from a sample group of local drug addiction service providers (approximately 50% those which exist country-wide) regarding the adoption of protocols, guidelines and other standard instruments for the monitoring and assessment of the quality of treatments provided.

Information on the organisation of the network of local services, as well as information regarding clients of those services and the treatments provided by them come from the information flow of the Ministry of Health, in accordance with DPR 309/90.

Information flows
and information
sources

5.1 Strategy/policy

Strategy and action policies for the treatment of drug addicts are contained within the National Action Plan on Drugs for 2010 – 2013, where they are organised according to 5 principal action areas, one of which is devoted to the treatment and diagnosis of drug addictions and concomitant prevention of drug-related diseases).

For each action area, the Action Plan includes goals which must be reached, as well as actions and assessment indicators for each of these.

As far as the treatment of drug addictions is concerned, the Action Plan essentially aims to encourage an interdisciplinary treatment approach for individuals who use drugs, alcohol or tobacco, in full awareness of the fact that the addiction to narcotic substances is a chronic disease, but one which can be treated and cured. To this end, it is necessary to make early contact with drug users (early outreach). It is then that, through a diagnostic assessment process, the user can be inserted into a suitable, personalised and integrated treatment programme inclusive of aspects

The National
Action Plan on
Drugs 2010 - 2013

Action Plan stance
on the treatment of
drug addictions

regarding the prevention of drug-related diseases, which are complementary, but not alternative, to the treatment itself.

Remaining in the context of drug addiction treatment, in 2009 and in 2011, the Department for Anti-drug Policies published guidelines for the treatment of users of specific drug types.

In particular, the volume entitled, “An Individual Drug Counseling Approach to Treat Cocaine Addiction” (a manual published by the NIDA and translated into Italian) describes the most effective and most scientifically-supported cognitive-behavioural-approach treatments for treating cocaine addiction. Meanwhile, the publication entitled, “Cannabis and the Harm It Causes to Health – Toxicological, Neuropsychological, Medical and Social Aspects and Guidelines for Prevention and Treatment”, contains a chapter devoted specifically to the different possible treatments available for adolescents who use cannabis.

Another document published very recently is, “Cocaine Use and Destructive Facial Lesions: Guidelines for Otorhinolaryngologists”, whose most important aim is to raise the awareness of ORLs, alerting them to the fact that a number of commonly occurring lesions may be linked to cocaine use and of the consequent need to begin a treatment programme for people who exhibit these types of lesions.

According to information provided by Regional Administrations, most regional strategies for the treatment of subjects with social and health problems related to narcotic drug use are contained in regional social and healthcare plans while, in some other cases, they are contained in strategy documents drawn up specifically for the drug-addiction field as opposed to for the larger healthcare context. Following the approval, by the Presidency of the Council of Ministers in 2010, of the National Action Plan for Drugs, a number of Regions and Autonomous Provinces incorporated the document into their local legislation, thus adopting strategies and policies for action in this field which were in line with national and European recommendations.

DPA publications on drug addiction treatment: Translation of the NIDA manual, “Individual Drug Counseling to Treat Cocaine Addiction”; “Cannabis and the Harm It Causes to Health”; “Cocaine Use and Destructive Facial Lesions: Guidelines for Otorhinolaryngologists”.

Strategy and Policy Documents for the treatment of drug addicts produced by the Regions and Autonomous Provinces

5.2 Treatment systems

5.2.1 Organisation and quality assurance

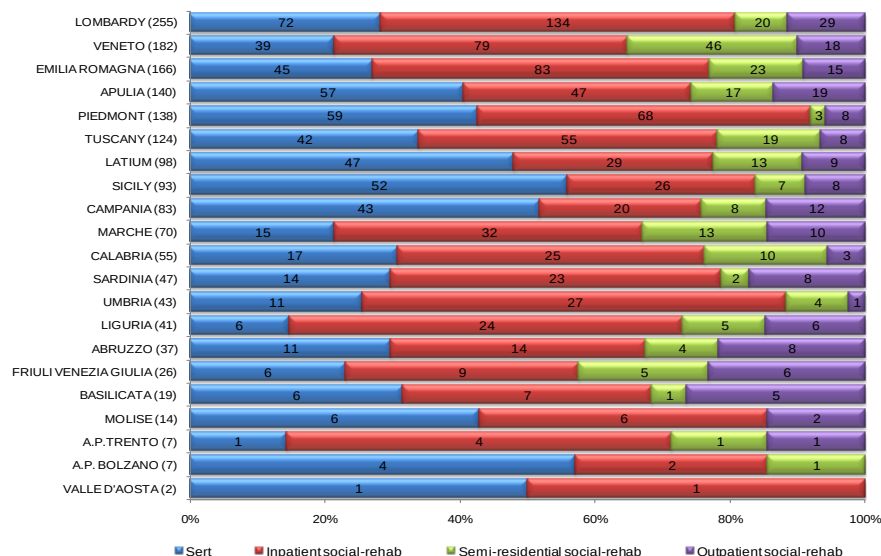
On and not after 31 December 2009, according to Ministry of Health and Interior Ministry Sources, a network of 1,647 active social-healthcare facilities were dedicated to the treatment and rehabilitation of individuals with treatment needs associated with the use of psychoactive drugs. Of these, 554 (33.6%) were public drug addiction service units (SerTs), and the remaining 1,093 were social-rehabilitative facilities, for the most part inpatient facilities (65.4%), followed by semi-residential facilities (18.5%) and outpatient facilities (16.1%). In comparison with 2009, there has been a 1.4% decrease (15 facilities) in the number of social-rehabilitation facilities, a decrease which has affected a greater number of semi-residential facilities (3.8%) and outpatient facilities (2.8%), while the number of inpatient facilities has remained more or less stable (717 in 2009 and 715 in 2010). As far as regards the distribution of public healthcare facilities and those belonging to private non-profit, we find that there is a greater presence of the latter in Sicily, the Autonomous Province of Bolzano, Campania, Valle d'Aosta and Latium (Figure 5.1).

1,647 treatment facilities, of which:

554 SerTs (public drug addiction service units)

1,093 social-rehabilitative facilities, of which 65.4% inpatient therapeutic communities

Figure 5.1: Distribution of health and social services structures for drug addicts by type and by region – The year 2010



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

During the course of the first three months of 2011, a survey was conducted by Regional Authorities regarding the recognition of private non-profit facilities (Auxiliary Entities which have received accreditation or authorisation pursuant to Articles 115 and 166 of DPR 309/90) and of public facilities. The facilities in question are those of a diagnostic – therapeutic – rehabilitative type as set forth in the State-Regional Accord Act of 5 August 1999.

According to the information received from 85% of the Regions and Autonomous Provinces, it can be seen that there are a total of 67 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, 98 less than in the previous year (Table 5.1). The number of inpatient facilities fell dramatically, confirming the previous year's trend (69.2% fewer than in 2009), while the number of semi-residential facilities increased by one unit (a 4.5% increase over 2009). The number of services which fall under the category of "Reception" services in the Framework for the Accord Act is up by 12.5%; specifically, the number of such services in inpatient facilities increased by 66.7%, while the number in semi-residential facilities increased by 12.5%. The number of facilities of a therapeutic-rehabilitative type has increased by 14.1%, although the number of semi-residential treatment units has shrunk by 10.5% after having undergone a dramatic increase in 2009. There has also been a 15.2% increase recorded in the number of pedagogical-rehabilitative facilities, which rose from 152 in 2009 to 187 in 2010, with the largest increase being in the number of semi-residential service facilities. There are a total of 176 specialised treatment structures (20.5% more than in 2009) in all of the Regions which participated in the survey, with the exception of Campania, Molise, Apulia and Sicily (Table 5.4). 32% provide services to patients with double diagnoses, of which 17% for alcoholics, 14% for women with children, 14% of which are assisted living communities for patients with AIDS and 8% are crisis centres.

The State-Regional Accord Act of 5 August 1999

69.2% decrease in the number of inpatient facilities

12.5% increase in "reception" services

A 15.2% increase in the number of pedagogical-rehabilitative facilities

A 20.5% increase in the number of specialised treatment facilities

Table 5.1: Diagnostic - therapeutic - rehabilitative facilities according to the Framework for State-Regional Accord Act of 5 August 1999, by type of structure and type of care provided. The years 2009 – 2010

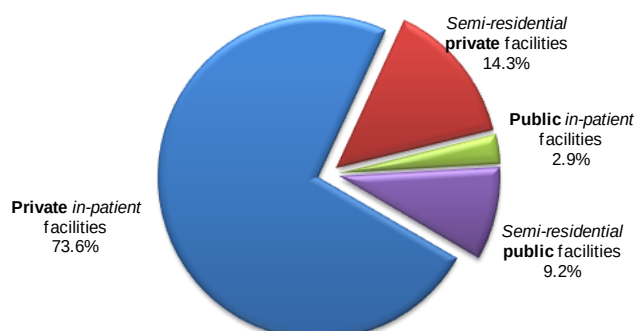
	In-patient			Semi-residential			Total facilities		
	2009	2010	Δ %	2009	2010	Δ %	2009	2010	Δ %
<i>Collective pathological addictions (not included or not includable in the Framework for the Accord Act study)</i>	143	44	-69.2	22	23	4.5	165	67	-59.4
<i>Reception services Art.11</i>	21	35	66.7	9	10	11.1	40	45	12.5
<i>Therapeutic-rehabilitative services Art.12</i>	291	353	21.3	86	77	-10.5	377	430	14.1
<i>Specialised treatment services Art.13</i>	145	170	17.2	1	6	500	146	176	20.5
13 a) Double Diagnosis	53	53	0.0	-	3	n.c	53	56	5.7
13 b) Mother with child	23	24	4.3	-	-	n.c	23	24	4.3
13 c) Alcoholics	19	29	52.6	1	1	0.0	20	30	50.0
13 d) Cocaine addicts	-	-	n.c	-	1	n.c	-	1	n.c
13 e) Pathological gamblers	-	-	n.c	-	-	n.c	-	0	n.c
13 f) Minors	4	14	250	-	1	n.c	4	15	275.0
13 g) Couples	-	1	n.c	-	-	n.c	-	1	n.c
13 h) Crisis centres	6	14	133.3	-	-	n.c	6	14	133.3
13 i) AIDS assisted living communities	24	24	0.0	-	-	n.c	24	24	0,0
13 l) Other	16	11	-31.3	-	-	n.c	16	11	-31.3
<i>Pedagogical-rehabilitative services Art. 14</i>	131	155	18.3	21	32	52.4	152	187	23.0
<i>Integrated multi-disciplinary services Art. 15</i>	21	10	-52.4	5	1	-80.0	26	11	-57.7
<i>Other accredited programmes</i>	-	-	n.c	1	-	n.c	4	0	n.c.
Total	752	767	2.0	145	149	2.8	910	916	0.7

Source: Based on information from the Regions and Autonomous Provinces

In addition to the private facilities, there were a total of 126 public in-patient and semi-residential diagnostic-therapeutic rehabilitative facilities in the Regions participating in the survey.

52% are therapeutic-rehabilitative facilities, 3.2% are reception facilities and 31% are specialised treatment facilities. Of this last group, 9% provide assistance to patients with double diagnoses, 19% to alcoholics, one facility is devoted to crisis management, two are assisted living facilities for patients with AIDS and, lastly, 6 cover other areas of specialisation.

Figure 5.2: Percentage distribution of diagnostic therapeutic and rehabilitative public and private facilities according to the Framework for the State-Regional Accord Act of 5 August 1999. The year 2010



Source: Based on information from the Regions and Autonomous Provinces:

Specific quality standards for assessing the quality of treatments provided by drug addiction services do not currently exist in Italy, although, as part of the networked project activities carried out together with the Regions and Autonomous Provinces, the Department for Anti-drug Policy is promoting the drafting of a common document on the assessment of the results of pharmacological treatments provided by the drug addiction services.

To this end, the Department has created a pilot project over the two-year period spanning 2010-2011. This project concerns the assessment of the results of pharmacological treatment (effectiveness), and it has involved 31 Addiction Departments throughout Italy which, together, have gathered social-demographic, toxicological and clinical data on a sample group of approximately 10,000 service clients. This data has made it possible to put together a profile for understanding the effectiveness of pharmacological treatments (methadone and buprenorphine) provided to patients undergoing treatment for opiate use, published in the Annual Report to the Parliament.

According to information provided by the Regions and Autonomous Provinces through their responses to the SQ 27 Structured Questionnaire Part 2, we find that there are a minimal number of documents at a regional level which deal with the quality of outpatient services provided to drug addicts (Region of Lombardy: DGR 22/12/2008 No. 8/8720 "Decisions concerning reforms in outpatient drug addiction services"; Region of Piedmont: "Quality Manual"; the Marche Region: "Regional Guidelines for creating treatment and organisational programmes to enable operations of the pathological addictions departments of the ASUR [Marche Regional Health Authority] DGR 154/2009").

The regional documents concerning the quality of care provided also include treatment and pharmacological protocols, psycho-social and/or complementary psycho-social protocols and, in some cases, educational protocols and/or protocols for workforce reintegration. Furthermore, the information provided by local service providers who participated in the survey shows that a congruent number of addiction service providers have their own internal treatment protocols, despite the fact that a document outlining guidelines for quality in regions or in facilities does not formally exist.

In particular, pharmacological and complementary psycho-social treatment protocols have built-in result assessment carried out through the taking of toxicological measurements (on urine and hair) at the beginning of the treatment, during the treatment and upon conclusion of the treatment, with the aim of testing for drug use or lack thereof during the course of the pharmacological treatment.

5.2.2 Availability and diversification of treatment

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 facilities (Social-Rehabilitative Structures), as well as healthcare for prison inmates. 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. Facilities that differentiate between the drug types for which social-healthcare treatment is being requested do not

The Outcome
Project, created by
the DPA

Only a few
Regions have
established
strategies and
actions for
assessing the
quality of
treatments
provided

Numerous local
Service providers
have launched
internal protocols
which permit the
assessment of
treatments, and
pharmacological
treatments in
particular, even
when these are not
part of Regional
regulations

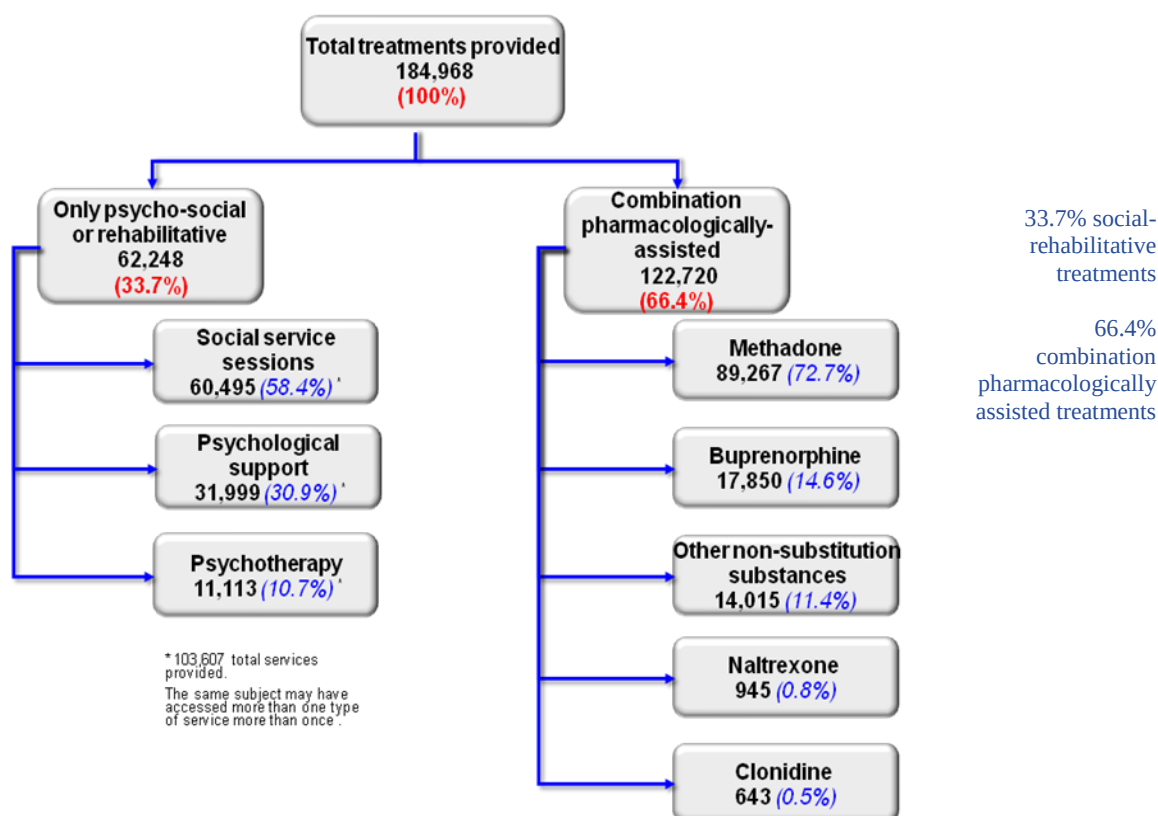
Preface on the
type of treatment
provided

generally exist, although the treatment programme is designed based on a diagnostic assessment carried out by a multidisciplinary team within drug addiction services and tailored to 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).

An initial assessment of the data forms received by the Ministry of Health regarding the distribution of clients receiving care by type of treatment shows that, in 2010, most clients received pharmacological treatments (66.5%), of which most were methadone-based (48.3%), while 33.5% of clients received 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.

184,968
treatments
provided by
Public Drug
Treatment Units
(SerTs)

Figure 5.3 Outline of the organisation of the flow of treatment data – The year 2010



Source: Based on data from the Ministry of Health

It should be pointed out that, as established by the Decree of the Ministry of Health of 20 September 1997, pharmacological treatments must be in “combination”, meaning that they must include psycho-social and/or rehabilitative treatment. This is the reason for the use of the classifications “pharmacological” and “only psycho-social and/or rehabilitative” in identifying the number of combination treatments which are pharmacologically assisted (Figure 5.3). The total number of subjects treated, divided according to treatment type, increased by 9.1% from 2009 to 2010, rising from 169,511 to 184,968 (Table 5.2).

Table 5.2: Types of treatments provided by drug addiction services – The years 2009 and 2010

	The year 2009		The year 2010		Diff. %
	Number	%C	Number	%C	
Clients by type of treatment					
Psycho-social/rehabilitative	60,885	33.1	62,248	33.7	0.6
Methadone	89,968	48.8	89,267	48.3	-0.5
Buprenorphine	16,708	9.1	17,850	9.7	0.6
Naltrexone	826	0.4	945	0.5	0.1
Clonidine	399	0.2	643	0.3	0.1
Other non-substitution substances	15,437	8.4	14,015	7.6	-0.8
Total	184,223	100	184,968	100	-
Patients receiving pharmacological treatment – Methadone					
Short-term	10,091	11.2	9,704	10.9	-0.3
Mid-term	18,576	20.6	19,102	21.4	0.8
Long-term	61,301	68.2	60,461	67.7	-0.5
Total Methadone	89,968	100	89,267	100	-
Patients receiving pharmacological treatment – Buprenorphine					
Short-term	1,689	10.1	2,161	12.1	2.0
Mid-term	3,069	18.4	3,422	19.2	0.8
Long-term	11,950	71.5	12,267	68.7	-2.8
Total Buprenorphine	16,708	100	17,850	100	-
Patients by type of psycho-social rehabilitation treatment received					
Psychological support	31,592	31.5	31,999	30.9	-0.6
Psychotherapy	10,049	10.0	11,113	10.7	0.7
Social service session	58,661	58.5	60,495	58.4	-0.1
Total psycho-social (*)	100,302	100	103,607	100	-

(*)The total number reported is greater than the sum of the numbers in the section above because a subject may have received more than one type of psycho-social/rehabilitative treatment
Source: Based on data from the Ministry of Health

Methadone:
Increase in
number of mid-
term treatments

Buprenorphine:
Increase in the
number of
treatments,
especially short-
and mid-term

Psycho-social:
Increase in the
number of
psychotherapy
treatments

5.3 Characteristics of subjects undergoing treatment

Data regarding the characteristics of patients receiving care from 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 2011 using 2010 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 flows of aggregate data for regional Drug Addiction Services from the Ministry of Health, which covers approximately 90% Services, the drug-addicted population receiving care in 2010 was found to number 176,430 individuals.

The prevalence figures for the population of service clients as a fraction of

176,430 drug
addicts receiving
care from Drug
Addiction Services
in Italy

the resident population (clients per 1,000 residents) reaffirms that more men approach healthcare services for assistance than women (7.6 vs. 1.4 clients per 1,000 residents), a difference which is even more marked among new clients (men: 1.5 per 1,000 residents; women: 0.3 per 1,000 residents).

Among all the people undergoing treatment with Drug Addiction Services in 2010 who specified a primary drug, 70% reported that drug to be heroin, followed by cocaine (15.2% of the total number of clients undergoing treatment) and then by cannabis (9.2% of the total number of clients undergoing treatment). In comparison with the European profile, more clients report using opiates, while levels for cocaine use were similar, but levels for cannabis and other drugs, predominantly of the synthetic type, are much lower.

Most widely used primary drugs:
70% heroin,
15.2% cocaine,
9.2% cannabis

Table 5.3: Drug use among Drug Addiction Services clients, according to primary drug type. The years 2009 – 2010

Primary drug	2009		2010		Δ %	Diff%
	No.	%	No.	%		
Heroin	114,606	68.9	120,671	70.1	5.3	1.2
Cocaine	25,846	15.5	26,227	15.2	1.5	-0.3
Cannabis	15,550	9.3	15,787	9.2	1.5	-0.1
Other stimulants	1,739	1.0	1,493	0.9	-14.1	-0.1
Other drugs	8,645	5.2	7,941	4.6	-8.1	-0.6

Source: Based on data from the Ministry of Health

Cannabis and cocaine, while continuing to grow in appeal as primary drugs among service clients, are also the preferred secondary drugs of clients who use more than one type of drug.

Indeed, in 2010, cocaine and cannabis are almost equal in the classification of secondary drugs of choice, coming in at approximately 30.4% apiece. (Table I.2.6).

Table 5.4: Drug use among Drug Addiction Services clients, according to secondary drug type. The years 2009 – 2010

Secondary drug	2009		2010		Δ %	Diff%
	No.	%	No.	%		
Heroin	5,581	4.9	6,554	5.4	17.4	0.5
Cocaine	35,418	31.0	37,025	30.4	4.5	-0.6
Cannabis	33,090	29.0	36,991	30.3	11.8	1.3
Psychotropic drugs	6,070	5.3	8,598	7.1	41.6	1.8
Alcohol	19,100	16.7	18,066	14.8	-5.4	-1.9
Other drugs	15,010	13.1	14,669	12.0	-2.3	-1.1

Increase in the use of psychotropic drugs, heroin and cannabis as secondary drugs

Alcohol shows a decrease

Source: Based on data from the Ministry of Health

Injecting drug use, and in particular the injecting use of opiates, has showed a nearly linear decrease over time, falling from 68% of clients reporting heroin taken via injection as their primary drug in 1997 to 59.0% in 2010.

Table 5.5: Narcotic drug use via injection by clients undergoing treatment with Drug Addiction Services. The year 2009 – 2010

Injecting drug use	2009		2010		Δ %	Diff%
	No.	%	No.	%		
Heroin	70,434	61.5	71,282	59.0	1.2	-2.5
Cocaine	3,360	13	3,396	12.9	1.1	-0.1
Benzodiazepine	68	9.3	157	15.7	130.9	6.4
Other opiates	291	37.7	108	15.5	-62.9	-22.2

Source: Based on data from the Ministry of Health

Decrease in the use
of heroin via
injection

Increase in the use
of benzodiazepine
via injection

Multicentric study on a sample group of drug addiction service providers

Individual client data according to the SIND (*t.n. National Information System on Addictions*)-format record layout was collected for a sample of 47,821 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.

47,821 subjects
assessed

In addition to the findings already brought to light thanks to the aggregate information collected by the Ministry of Health, the multicentric study shows that, among opiate 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 (nearly 28% of women undergoing first-time treatment are between 20 and 24 years of age).

Figures concerning injection as the method of primary drug use also differ between new and returning clients: we can see that primary drug use via injection is more common among clients who have already undergone treatment in the past, with percentages of injecting users standing at 61.6% for opiate users, 5.9% for cocaine addicts and 8.5% of psychotropic drug users. Among new clients beginning treatment, on the other hand, only 19% of the total use the injection method, specifically, 45.9% of opiate users and 3.3% of cocaine users.

As seen in studies conducted over previous years, there is a difference in the average age of first use which varies from drug to drug: for heroin and cocaine users, average ages are 21 and 22 years of age, respectively, while the average age of first use for cannabis users is 17. In comparison with previous years, we can see an increase in the age of first use reported both by clients undergoing treatment for heroin use (20 years of age in 2009) as well as by those undergoing treatment for cannabis use (16 years of age in 2009).

Age of first use
varies from drug to
drug:
heroin: 21
cocaine: 22
cannabis: 17

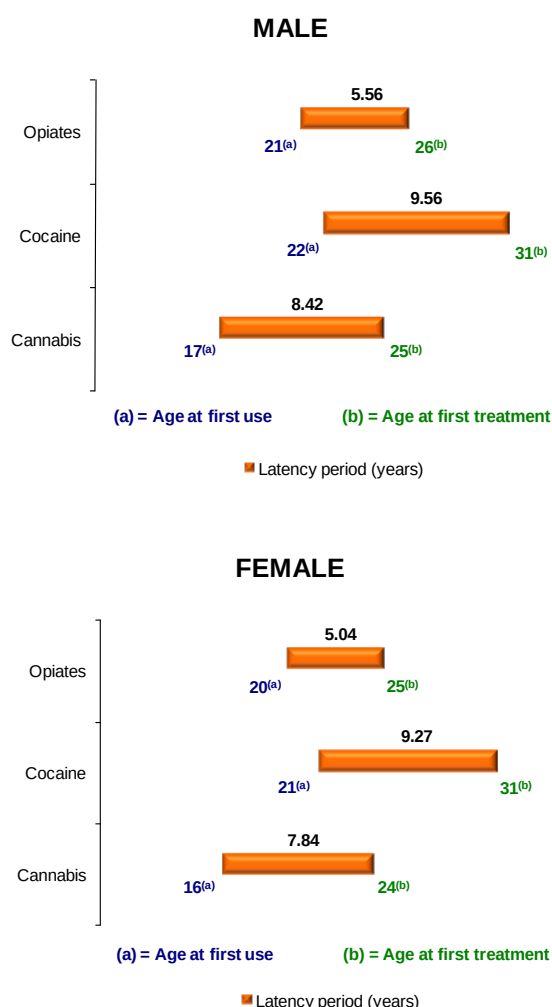
There has, however, been no change in age at the time of first treatment (heroin: 26 years of age; cocaine: 31; cannabis: 25), which has remained stable over the last two years.

First treatment:
earlier for cannabis
(25 years of age),
compared with
cocaine (31)
and heroin (26)

Unlike the average age at the time of first treatment, the latency period is a direct consequence of the variation in ages at first drug use. Latency period, defined as the period of time that passes between first drug use and first request for drug treatment assistance (as a result of problems deriving from the use of the particular drug in question), is 7.4 years in the sample group overall. An analysis based on primary drug type reveals longer latency periods for both cocaine and cannabis users. Specifically, we find that latency periods are 5.5 years for opiate users (the figure was 5.6 in 2009), 9.5 for cocaine users (9.3 years in 2009) and 8.4 years for cannabis users (8.3 years in 2009). These figures vary slightly when findings are analysed according to gender. Latency periods for female opiate and cocaine users were found to be about one year shorter compared to men's latency periods, whereas they were the same for cannabis. As far as age at first use is concerned, it was found to be younger for women, just as was age at first assistance request, with the exception of cocaine. For both men and women, the first treatment for cocaine use was at about 31 years of age.

Latency period
elapsing between
first use and first
assistance request:
heroin: 5.5 years
cocaine 9.5 years
cannabis 8.4 years

Figure 5.4: Age at first use, age at first treatment and latency period, by gender. The year 2010



Source: Based on the data from the multicentric study conducted by the DPA in 2010 on data from Public Drug Treatment Units (SerTs)

Latency times can vary greatly from drug to drug, and the age of the population being surveyed also has an impact on the calculation since there is a trend, which has been confirmed by a number of studies, to use drugs at ever-younger ages. Furthermore, there are other important factors which can influence the length of time that passes before first request for assistance from Drug Addiction Services, and these can vary as well. These include whether or not the subject engages in polydrug use (which can produce more mental disorders), and can be affected by the institution of different and more effective reception policies and ways of getting in touch with Services.

As far as other social-demographic characteristics of clients are concerned, i.e. 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 65.4% of new clients and an even higher percentage (72.1%) of returning clients. This is in contrast with very low percentages of clients who had completed a university degree (3.2% of new clients compared with 1.6% of clients returning to Drug Addiction Services after previous treatment). Significant differences also emerge from a comparison by gender: men were found to have a lower level of education, a fact which is most evident when considering that 26.6% of male subjects reported having obtained a diploma, in comparison with 40.1% of women.

The majority of the clients in the sample group have steady employment, and there is no real difference in employment numbers between new and returning clients (49.7% vs. 48), whereas there is a difference when comparing employment numbers among these same clients by gender. 51.5% of men, but only 35.4% of women, reported having steady employment. As far as unemployed clients are concerned, on the other hand, there is a higher percentage of these among clients who have already been undergoing treatment than among new clients (34.7% vs. 29.5%).

When examining the situation in light of clients' living situations, we find no real differences between new and returning clients' situations, with the exception of the fact that the percentage of new clients who live with their partner and with their children was found to be 3 points higher than the percentage of returning clients who reported the same situation (15.1% vs. 12.1%). Overall, the gender-based analysis reveals one substantial difference: the percentage of men who live alone with their partner is lower than the same percentage category for women (11.2% vs. 19.3%), in comparison with a markedly higher number of men who live with their parents (45.1% vs. 35.8%).

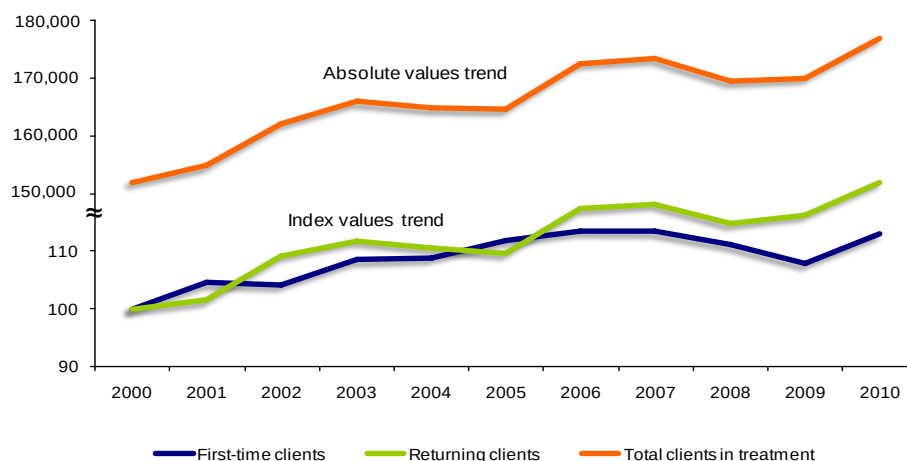
5.4 Trends of clients in treatment

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), growing 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 (35,731 in 2007 to 35,020 in 2008 and finally to 33,983 in 2009), followed by an

Number of first-time clients increased over the last year

increase over the last year, which brought the figure up to 35,597, a return to the levels observed in 2007 (Figure 5.5).

Figure 5.5: Clients undergoing treatment with Drug Addiction Services by type of contact – Absolute values and index values (Base year 2000 = 100) – The years 2000 – 2010



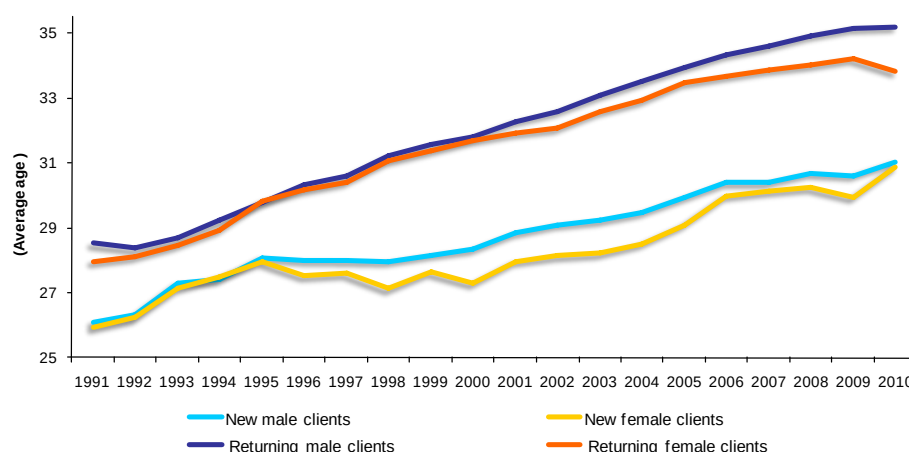
Source: Based on data from the Ministry of Health

This trend, which also exists among clients who have already been undergoing treatment with Services, may be explained by a lower level of information-flow coverage in the previous two-year period, which reveals a steady trend in new clients during the period spanning 2006 to 2010.

Between 1991 and 2009, the average age of first-time clients increased, rising from 26 to 31 both for women and for men. In comparison with returning clients, for whom the average age is constantly rising, this trend is less noticeably and more variable for the female cohort.

Increase in average age at the time of first request for assistance with Services: from 26 (1991) to 31 (2010)

Figure 5.6: Clients undergoing treatment with Drug Addiction Services by type of contact and by gender. The years 1991 - 2010

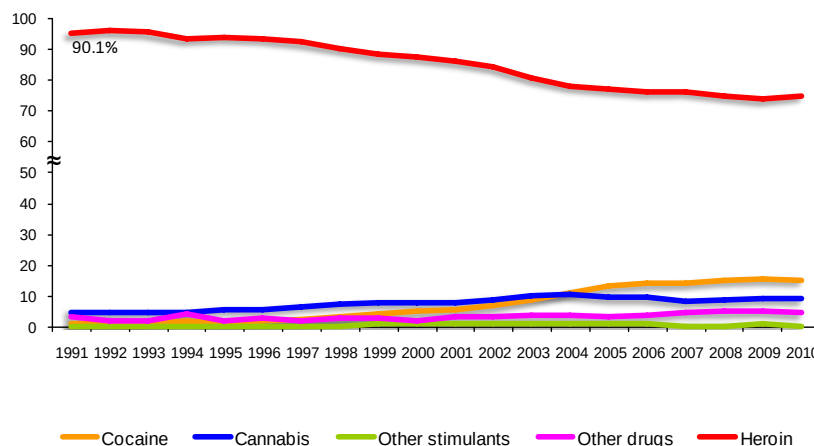


Source: Based on data from the Ministry of Health

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%.

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

Figure 5.7: Percentage distribution of clients undergoing treatment with Drug Addiction Services, by primary drug. The years 1991 - 2010



Increase in the number of clients undergoing treatment for cocaine use

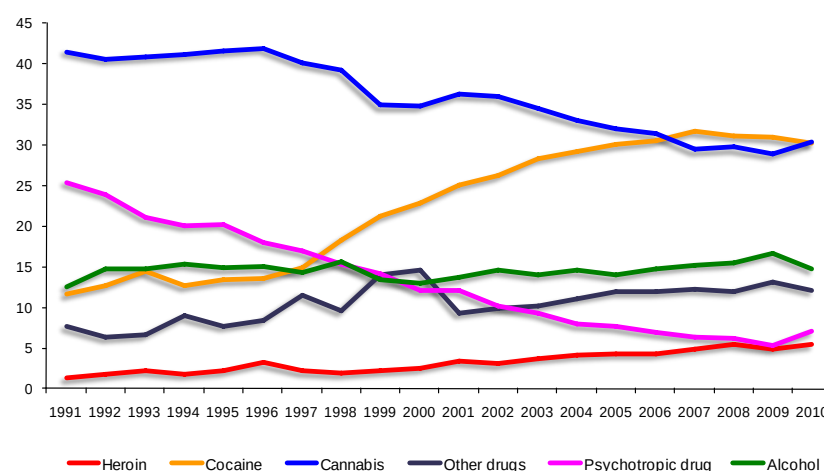
Source: Based on data from the Ministry of Health

While the number of clients who use heroin as their primary drug has decreased, the number who use cocaine has increased (from 1.3% to over 15.2%) and, since 2005, has been greater than the number of clients undergoing treatment for cannabis use (which climbed from 5% to 9.2%). Indeed, ever since 1997, there has been a perceptible increase in the use of cocaine as a secondary drug, which rose from 15% to 32% in 2007 and then remained stable until 2009, only to fall slightly to 30.4% in 2010. Over the last year under consideration, psychotropic drug use, meaning prevalently the use benzodiazepine as a secondary drug used in addition to a primary drug, rose (5.3% vs. 7.1%), unlike alcohol used in combination with a primary drug, which fell 16.7% in 2009 to 14.8% in 2010. The use of heroin as a secondary drug fluctuated slightly. Although remaining at very low levels, it rose over the last five-year period under consideration, from 3% in 2002 to approximately 5.4% in 2008, but falling to 4.9% in 2009 only to rise again to 5.4% in 2010.

Trend in cannabis and psychotropic medications as secondary drugs on the rise among clients undergoing treatment

Decrease in the use of alcohol in combination with the primary drug of use

Figure 5.8: Percentage distribution of clients undergoing treatment with Drug Addiction Services, by secondary substance. The years 1991 - 2010



Ever since 2007, cocaine has been the most widely-used secondary drug

A decrease in alcohol consumption

Source: Based on data from the Ministry of Health

As far as the types of treatment provided by drug addiction services are concerned, methadone remains the most widely-used treatment drug, even though, ever since buprenorphine came onto the market in 2000, there has been a slow but steady decrease in methadone use over time, compensated by an increase of the percentage of buprenorphine being used in treatments. Substitution treatments for opiate addiction using methadone and buprenorphine are, in any case, the most widely employed treatments in Public Drug Treatment Units (SerTs), in keeping with the fact that the body of clients being given assistance are predominantly heroin addicts. Overall, the percentage of pharmacological treatments which are substitution therapies range from 81.4% in 2000 to 87.3% in 2010.

The use of other non-substitution pharmacological treatments has also progressively risen over time, climbing from 11,578 (2000) to 14,015 (2010), figures which correspond, respectively, to 11.2% and 11.4% of the total number of pharmacological treatments provided.

There has been a dramatic drop in the use of Naltrexone and Clonidine. In 2010, treatment percentages stood at 0.8% for Naltrexone and 0.5% for Clonidine.

Methadone:
increase in the
number of mid-
term treatments
(+2.8%), decrease
in the short-
(-3.8%) and
long-term
(-1.4%)

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 leads, is, among other things, the high risk of contracting infectious diseases, a topic to which a large part of this chapter is devoted.

One specific section will be devoted to traffic checks carried out by Law Enforcement Agencies for drivers under the influence of psychoactive substances.

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 admission.

Drug-related
infectious diseases
among drug
addiction services
clients

Drug- and alcohol-
related traffic
checks

Deaths caused by
acute effects

6.1. Drug related infectious diseases

One of the key indicators established by the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA) for monitoring the phenomenon of drug use is the prevalence of diseases related to the use of illegal psychoactive drugs. At the European level, special attention is devoted to injecting drug users (IDUs), as a consequence of their high risk of contracting infectious diseases, HIV and viral hepatitis. In Italy, testing is carried out both among drug addiction services users as well as among patients admitted to hospitals for drug-related issues (although the majority of tests are performed on clients receiving assistance from outpatient services). Data regarding the results of tests carried out on clients undergoing treatment with drug addiction services are collected by the Ministry of Health through the annual survey conducted using 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.

As was already mentioned in the 2010 National Report, when the new information system on addictions (SIND) enters into force, as it is set to do in 2013, it will make it possible to collect information on infectious diseases in accordance with ST 09 standards. In other words, it will make it possible to draw a distinction between tests performed on clients who are IDUs and other clients, as well as take into consideration other stratification variables, such as gender and age.

Drug-related
infectious diseases:
in the form of HIV,
HBV, HCV, TBC,
STDs

The new National
Information System
on Addictions
(SIND)

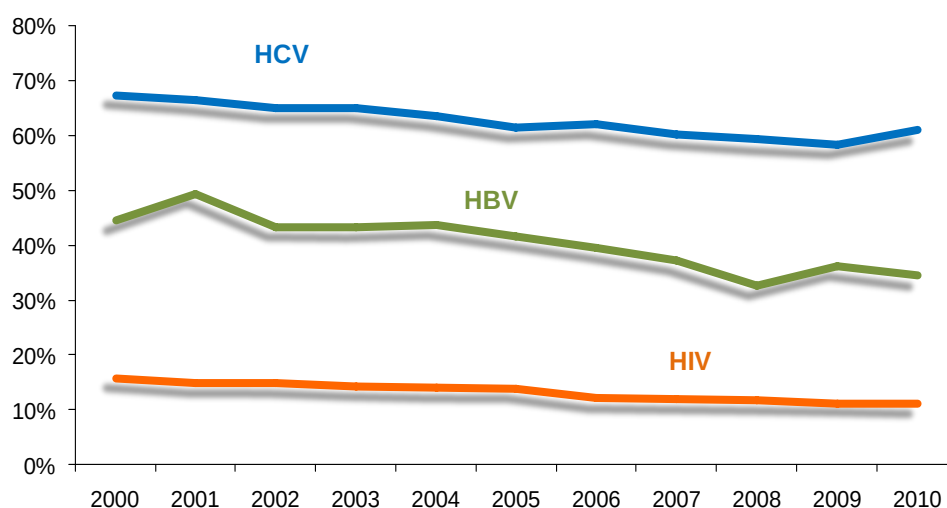
Table 6.1: Prevalence of HIV-, HBV- and HCV-positive test results. The years 2000 – 2010

Prevalence positive	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Δ %
HIV	15.8	14.8	14.8	14.2	13.9	13.8	12.0	11.9	11.7	11.5	11.1	-2.71
HBV	44.5	49.4	43.4	43.2	43.6	41.7	39.5	37.2	32.7	36.2	34.4	-4.94
HCV	67.4	66.3	64.9	64.9	63.5	61.4	62.0	60.2	59.2	58.5	61.0	4.16

Source: Based on data from the Ministry of Health

To state the situation very simply and briefly, in 2010, the number of Public Drug Treatment Unit (SerT) clients subjected to testing for drug-related diseases continued to decline (HIV -5.8%; HBV -15.3%; HCV -6.2%). In comparison with 2009 figures, the prevalence of clients testing positive for drug-related infectious disease in 2010 dropped for HIV (11.5% vs. 11.1%) and for HBV (36.2% vs. 34.4%), while the number testing positive for HCV increased (58.5% vs. 61.0%).

Figure 6.1: Prevalence of clients testing positive for HIV, HBV and HCV. The years 2000 - 2010



Source: Based on data from the Ministry of Health

6.1.1. HIV and viral hepatitis

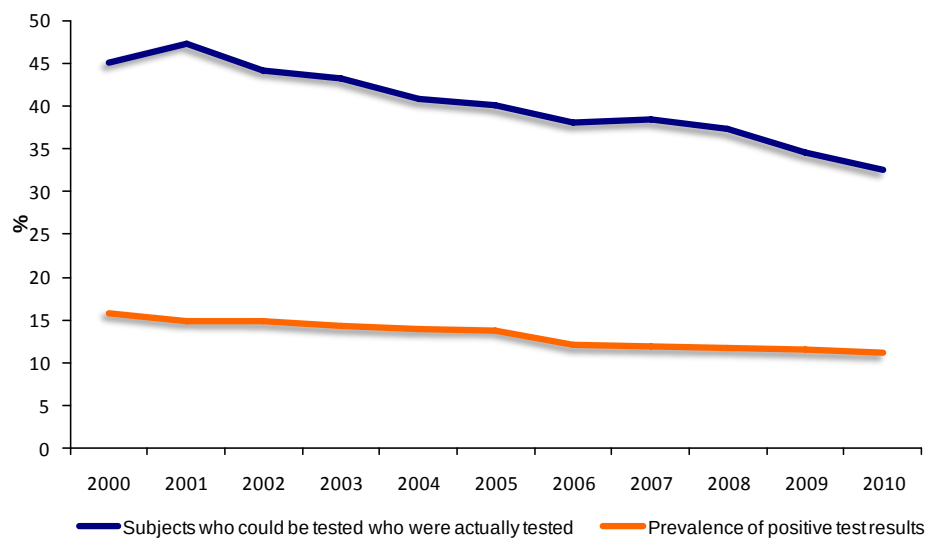
The percentage of individuals receiving assistance from Public Drug Treatment Units (SerTs) who are tested for drug-related infectious diseases has been steadily decreasing over the last 11 years from 2000 to 2010. As far as HIV infection is concerned, the percentage of subjects tested for it has decreased by 12.4 percentage points, dropping from the approximately 45% found to have been tested in 2000 to 32.6% in 2010.

This trend could ostensibly be the consequence of the combination of two factors, the first of these being a reluctance on the part of drug addicts to submit to testing and the second, which is more likely, being a reduction in the active offering of such testing on the part of drug addiction services, in part for financial reasons.

In 2010, the percentage of clients who should have been subjected to serologic HIV testing by Public Drug Treatment Units (SerTs) who actually were tested varied greatly at the local level, ranging from a minimum of 4.6% (Autonomous Province of Bolzano) to a maximum of 58.6% (Autonomous Province of Trento).

Only 32.6% of drug addicts are tested

Figure 6.2: Percentage of subjects who could be tested who were actually tested and prevalence of positive HIV test results among drug addiction services clients. The years 2000 – 2010



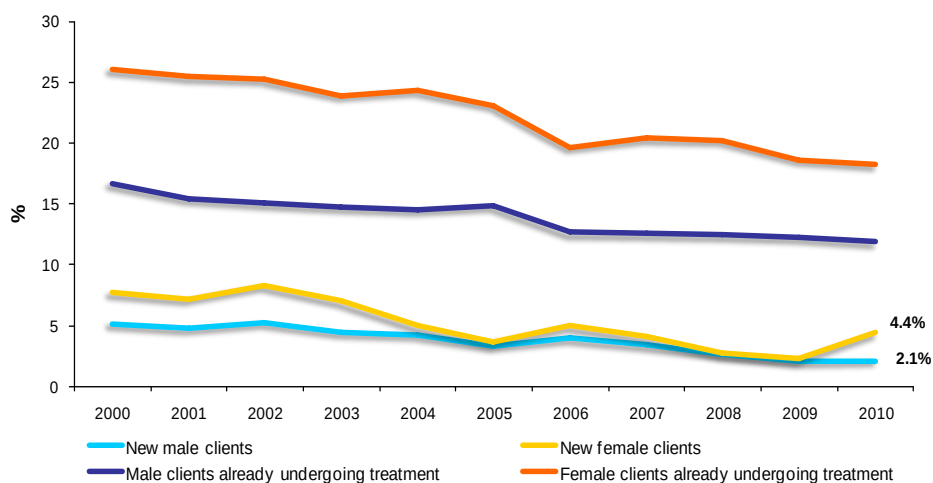
Source: Based on data from the Ministry of Health

The HIV prevalence rate among the population of drug addiction services clients decreased from 2000 to 2010, dropping from approximately 16% in 2000 to 11.1% in 2010.

Of the subjects who tested positive, 78.0% of these were men. This means that the female gender is strongly over-represented among HIV-positive subjects (22%), highlighting different trends in comparison with their male peers.

In comparison with 2009, the prevalence of HIV-positive test results among first-time clients rose (2.4% in 2010 vs. 2.1% in 2009). This increase was especially marked among women (2.3% in 2009 vs. 4.4% in 2010).

Figure 6.3: Prevalence of clients testing positive for HIV, according to gender and type of contact with drug addiction services. The years 2000 – 2010



Increase in the prevalence of HIV-positive test results among women entering first-time treatment with Public Drug Treatment Units (SerTs)

Source: Based on data from the Ministry of Health

Among clients entering treatment for the first time over the last five-year period in consideration, the phenomenon has seemed to affect both genders equally. However, among clients already undergoing treatment, we can see a substantial difference between the genders, with women being much more affected by the phenomenon than men.

This difference could plausibly be attributed to women's higher risk of sexual exposure in comparison with men. From information collected by drug addiction services, it has been confirmed that male clients often have female partners who are not drug addicts, while almost all of the drug-addicted female clients have drug-addicted male partners, among whom HIV prevalence is higher than among the non-drug-addicted partners of the male clients.

While the number of clients subjected to serologic HIV testing has continued to decline, the percentage of subjects tested who returned positive results (new cases), both among first-time service clients and those who had already undergone treatment with services, remained largely steady over the last four-year period in consideration (Figure 6.3). This decline (not disappearance) can ostensibly be interpreted as the normal consequence of screening campaigns, with a decrease in the number of HIV-positive subjects intercepted over time, and not a reduction in the spread of infection (new cases), which should be calculated using incidence measures, by monitoring groups of subjects created for this purpose over time.

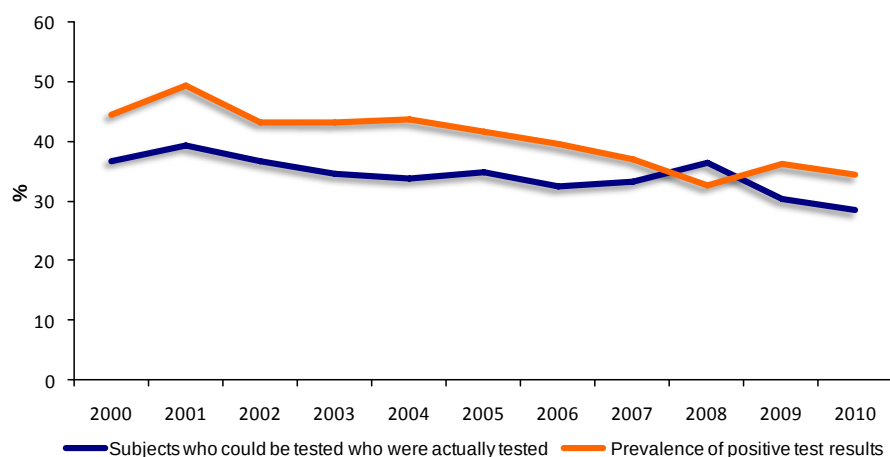
The prevalence of viral hepatides among the drug-addicted population is much more widespread than the prevalence of HIV infection, both in Italy and on a European level. In EU Member States, the prevalence of hepatitis B virus (HBV) antibodies varies even more greatly than in the case of HCV, a statistic which runs counter to figures regarding the spread of the virus in Italy, although the national figure does refer to the entire drug-addicted population and not just IDUs. In the two-year period spanning 2007-2008, 4 of the 9 countries which provided figures for IDUs reported levels of anti-HBc prevalence which were higher than 40%, a figure which is in line with Italian statistics, even though it represents an underestimate of the real prevalence of HBV-positive subjects in the Italian subpopulation of IDUs.

The percentage of subjects who could be tested but who are actually tested for Hepatitis B has decreased over the last decade, falling by about 8 percentage points, from 36.7% in 2000 to 28.5% in 2010, with the exception of the year 2008 (36.5%), when we can see a temporary increase in viral hepatitis B testing.

Low % of subjects
who could be tested
who are actually
tested for
hepatitis B

The prevalence of drug addiction services clients who tested positive for hepatitis B fell during the period from 2000 to 2008, dropping from 44.5% to 32.7%. Over the two years that followed, there was an increase in the prevalence of positive results, with the percentage climbing to 36.2% in 2009, followed by a decrease in 2010, when the figure stood at 34.4%. 86.6% of those testing positive for Hepatitis B in 2010 were men, while the remaining 13.4% were women.

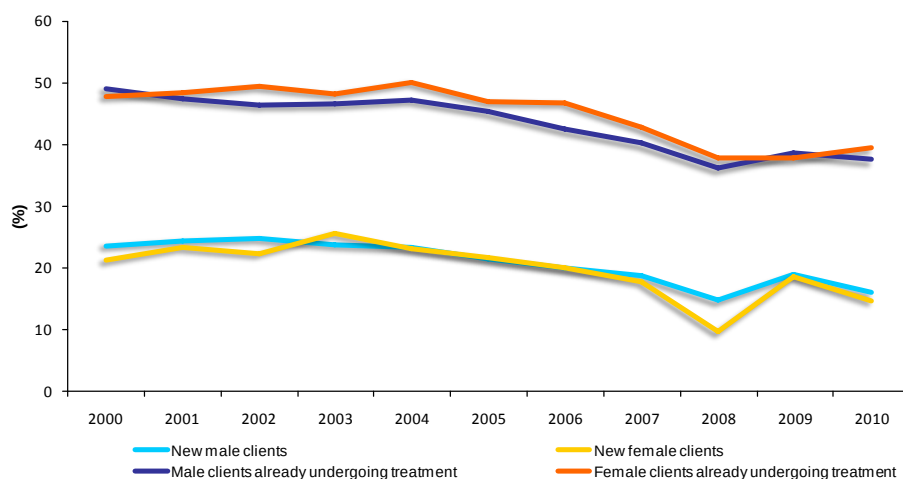
Figure 6.4: Percentage of subjects who could be tested who were actually tested for HBV and prevalence of positive test results. The years 2000 - 2010



Source: Based on data from the Ministry of Health

In comparison with 2009, the prevalence of HBV-positive subjects among new drug addiction services clients fell by 3 percentage points (15.8% in 2010 vs. 18.9% in 2009), with an even more noticeable decline among the women in this category (14.7% in 2010 vs. 18.6% in 2009).

Figure 6.5: Prevalence of clients testing positive for HBV, according to gender and type of contact with drug addiction services. The years 2000 - 2010



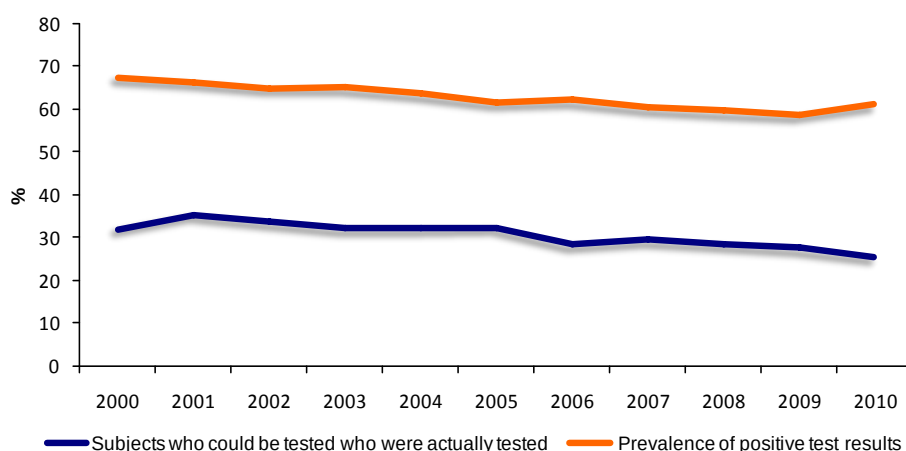
Source: Based on data from the Ministry of Health

We can see that the same worrying situation which exists for HIV exists for viral hepatitis C as well, with a low number of tests being performed and a concomitant wide spread of the virus.

Testing for the presence of drug-related viral hepatitis C among subjects receiving assistance from Public Drug Treatment Units (SerTs) was conducted on an ever-lower percentage of these subjects in the period from 2000 to 2010. The percentage of subjects tested decreased from approximately 32% in 2000 to approximately 26% in 2010 (Figure 6.6).

Low level of HCV testing in Public Drug Treatment Units (SerTs), especially for drug addicts accessing services for the first time

Figure 6.6: Prevalence of clients testing positive for HCV, according to gender and type of contact with drug addiction services. The years 2000 - 2010



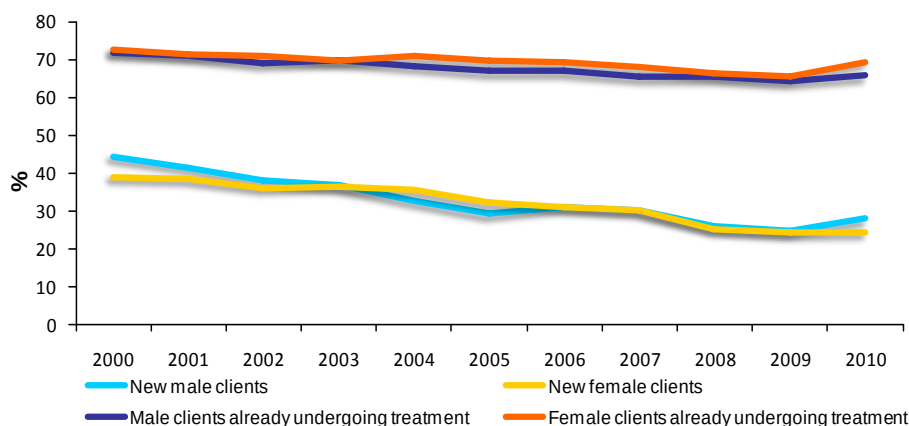
Source: Based on data from the Ministry of Health

As far as viral hepatitis C virus is concerned, the percentage of subjects testing positive fell by 6.4 percentage points over the last ten years in consideration, decreasing from 67.4% in 2000 to 58.5% in 2009, while the final 2010 figure stood at 61.0%.

HCV prevalence
remains high:
61.0%

During the period under consideration, the number of new service clients affected by this phenomenon seems to be the same for both genders, and to have been in constant decline until 2008. During the last two years under consideration, however, the prevalence of HCV-positive test results among new female clients appears to have been stable, while it seems to have increased slightly among new male clients. The prevalence figures for clients who had already undergone treatment who tested positive for HCV was found to be more stable, without significant difference between the genders. Indeed, there was a slight increase in the percentage of both men and women in this group testing positive for HCV in 2010. (Figure 6.7).

Figure 6.7: Prevalence of clients testing positive for HCV, according to gender and type of contact with drug addiction services. The years 2000 - 2010



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.

When broken down according to local figures, the percentage of subjects receiving assistance from drug addiction services who were tested for HCV in 2010 ranged from a minimum of 10.6% in the Region of Lombardy to a maximum of 53.8% in the Campania region. The prevalence of clients tested who tested positive for HCV ranged from 37.7% in the Campania region to 80.5% in the Region of Lombardy.

6.2 Other drug-related health correlates and consequences

The following analysis draws exclusively upon information provided by the Traffic Police (Ministry of the Interior) and the PASSI (Progress by local health units towards a healthier Italy) system of the Ministry of Health in collaboration with the Italian Higher Institute for Health.

The ACI-ISTAT report published in November 2010, based upon data from the previous year, contains some observations regarding underestimates in the description of the situation concerning alcohol- and drug-related traffic accidents. It highlighted the fact that, as a result of the scant number of alleged circumstances of these accidents which had to do with drivers' altered psychological and physiological states and with vehicle defects or failures, detailed data regarding these circumstances of traffic accidents were not published for 2009. Moreover, for reasons which are often linked to the unavailability of information at the moment when data is being collected, it is extremely difficult for the Information-gathering entities to completely satisfy requests concerning the alleged circumstances of accidents when these are linked to the driver's psychological and physiological state.

The number of traffic accidents related to one of the circumstances from one of the above two groups therefore appears to have been underestimated. In particular, in the case of traffic accidents with alleged circumstances linked to the driver's altered psychological or physiological state, there was found to be a clear discrepancy between this data and the findings shared by other international entities conducting ad hoc studies on this topic (specifically, statistics and studies were published in "Global status report on road safety: time for action", Geneva, World Health Organization, 2009¹).

Seeing as information regarding alcohol- and drug-related traffic accidents was no longer available, what follows, as an alternative, are the findings of the PASSI surveillance system and data from checks carried out by Law Enforcement Agencies throughout Italy in connection with Traffic Code violations relating to driving under the influence of drugs or alcohol.

The PASSI surveillance system (the programme developed by the Italian Ministry of Health and the Italian Higher Institute for Health with the aim of carrying out on-going surveillance on the state of health of the Italian adult population) published a National Report on Alcohol and Driving for 2010, based upon a study conducted through telephone interviews involving

The overall
situation

¹ http://whqlibdoc.who.int/publications/2009/9789241563840_eng.pdf

nearly 20,000 subjects throughout the country.

The average figure which emerged from the Local Health Authority (ASL) sample involved indicates that nearly 10% of those who had consumed alcoholic beverages during the 30 days prior to the interview reported having driven a car or motorcycle within an hour of having consumed at least two units of alcohol.

In particular, a regional analysis shows that Friuli Venezia Giulia has the highest percentage, while the lowest percentages can be found in the south of Italy.

The Traffic Police carry out their duties all along the network of Italian motorways and along the country's major traffic arteries, and the force consists of a little fewer than 12,000 units. Every day, nearly 1,500 patrols are stationed along the 7,000 kilometres of the network of Italian motorways and along the 450,000 kilometres of the country's network of primary roadways. Over 42,000,000 vehicles use these roads and motorways, making Italy the European country with by far the highest vehicle-to-person ratio.

Table 6.2: Confirmed violations of Articles 186 and 187 of the Traffic Code and percentages of the total for each of these – Italy. The years 2008-2010

	2008	2009	2010	%08	%09	%10
Driving under the influence of alcohol (Art. 186)	29,854	26,785	24,744	1.11	1.09	1.04
Driving under the influence of drugs (Art. 187)	2,561	2,211	2,083	0.09	0.09	0.09
Total violations of Articles 186 and 187	32,415	28,996	26,827	1.20	1.18	1.13
Total Traffic Code Violations	2,697,436	2,448,641	2,369,540			

A decrease in violations of Articles 186 and 187 of the Traffic Code

Source: Based on data from the Ministry of the Interior – Traffic Police

From an analysis of Table 6.2, we can see that the number of confirmed violations of Articles 186 and 187 of the Traffic Code declined steadily between 2008 and 2010, just as the total number of Traffic Code violations did. This could be explained either by more law-abiding behaviour on the part of drivers or by a decrease in the number of checks being performed (the number of patrols fell from 531,204 in 2008 to 521,473 in 2009, and then to 513,719 in 2010).

A comparison between violations relating to drugs or alcohol and the overall number of violations of all types shows that violations of Art. 186 are on the decline, while the number of violations of Art. 187 of the Traffic Code remains more or less unchanging.

6.3 Drug related deaths and mortality of drug users

6.3.1. Drug-induced deaths (overdoses)

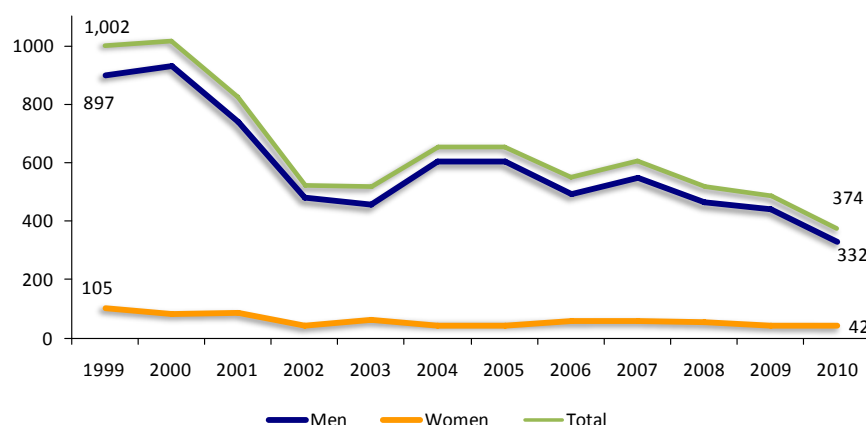
As per the instruction of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon, the following section on the mortality of drug users will only take into consideration deaths by overdose, while the section following that will then discuss deaths of patients hospitalized for drug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

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 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 information from this source, the on-going decrease in these types of deaths which had been seen over the previous three years continued in 2010. This decrease has followed a period of largely stable figures during the years 2002 – 2007 (Figure 6.8). 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 every one woman (9.5); 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) (Table 6.3).

Sharp decrease in the number of drug-related deaths: from 1,002 deaths in 1999 to 374 in 2010

Figure 6.8: Trend in deaths by overdose, by gender and year of death. The years 1999 – 2010



The number of deaths continues to fall

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

Table 6.3: Deaths by overdose, by gender and year of death. The years 1999 – 2010

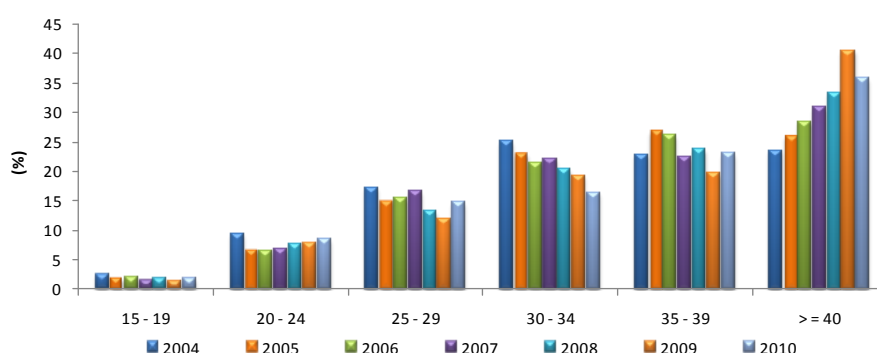
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
M	897	931	737	478	454	602	602	492	546	462	440	332
F	105	85	88	42	63	51	51	59	60	55	44	42
Tot.	1002	1016	825	520	517	653	653	551	606	517	484	374
M/F	8.5	11.0	8.4	11.4	7.2	11.8	11.8	8.3	9.1	8.4	10.0	7.9

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

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 36 in 2010. If, at the beginning of the time period under consideration, approximately 31% of deaths were of people over 35 years of age, in 2010 that figure had risen to 58%, after having reached a peak at 60% in 2009. If we analyse the trend by drawing a distinction between the genders, we find largely similar characteristics, although there is a greater variability in the time frame under consideration where women are concerned. 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: from 32 in 1999 to 36 in 2010

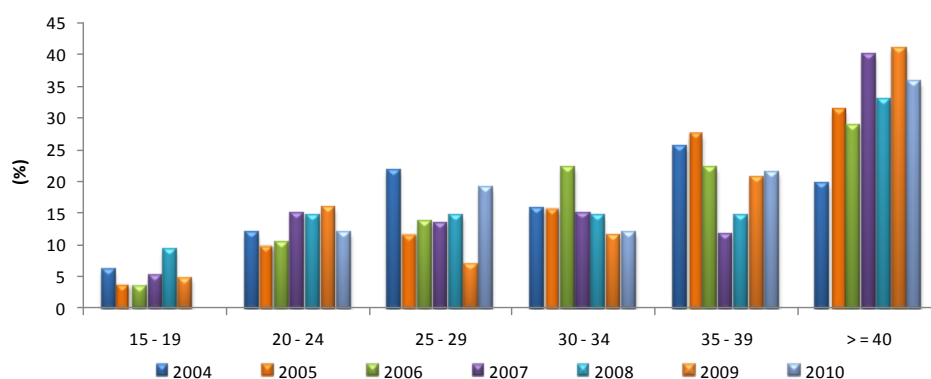
Figure 6.9: Percentage distribution of deaths by overdose in the male population, by age group. The years 2004 – 2010



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

Gender differences emerge in the young adult age group (20-24 years of age) and among the very young (15-19 years of age), where percentages of deaths are higher for girls and women. In the age group comprised of the very young, there had been a decrease over time in the percentage of boys dying until 2009, followed by a slight increase in 2010. As far as girls are concerned, on the other hand, the percentage of deaths they account for is always higher than for boys among the very young, reaching its highest numbers in 2008 (11.5%); 2010 is not included, due to the absence of female deaths for that age group (Figure 6.10).

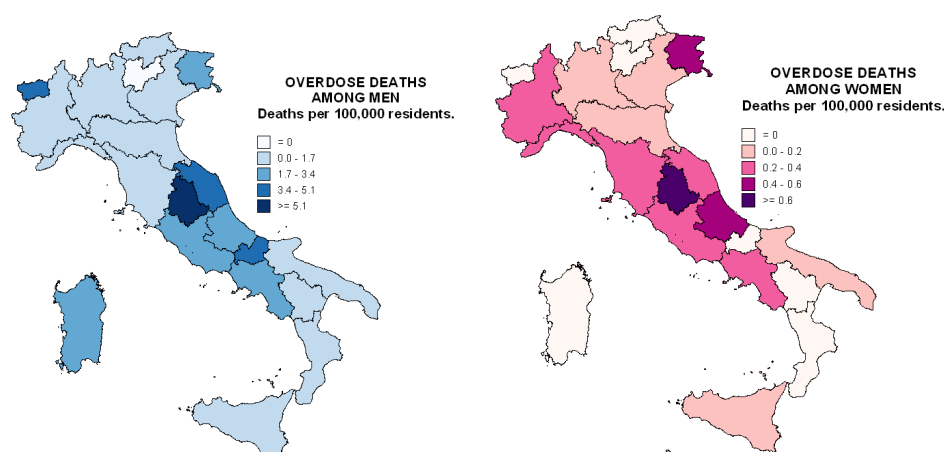
Figure 6.10: Percentage distribution of deaths by overdose in the female population, by age group. The years 2004 – 2010



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

The rate of drug-related mortality², or overdose deaths, according to gender and divided by region, shows that the highest figures for both genders come from the Region of Umbria (8 deaths per 100,000 male residents and 2 deaths per 100,000 female residents). This indicator is significantly lower for the female population in all of the Regions and Autonomous Provinces, with a national average of 0.2 deaths per 100,000 female residents, in comparison with the average of 1.7 deaths per 100,000 male residents (Figure 6.11).

Figure 6.11: Rate of acute drug-related mortality, or overdose deaths, in the male and female populations (deaths per 100,000 residents). The year 2010



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

In approximately 44% of deaths recorded in 2010, it was not possible to detect the substance which had allegedly caused the death (we remind the reader that findings were not based on toxicological analyses but on purely circumstantial elements). In 41% of cases, the cause of death could be traced, with reasonable certainty, back to heroin, while in 11% of cases it could be traced back to cocaine, to methadone in 2% of cases and to other substances in the other 2% (these include one death caused by MDMA amphetamine, one by crack, one by hashish and one by barbiturates). Heroin therefore reaffirms its place as the narcotic which causes the greatest number of deaths and drug addictions.

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%, but had risen to 7.5% in 2010.

Of all drugs, heroin remains the number one cause of death

6.3.2. Mortality and causes of deaths among drug users

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

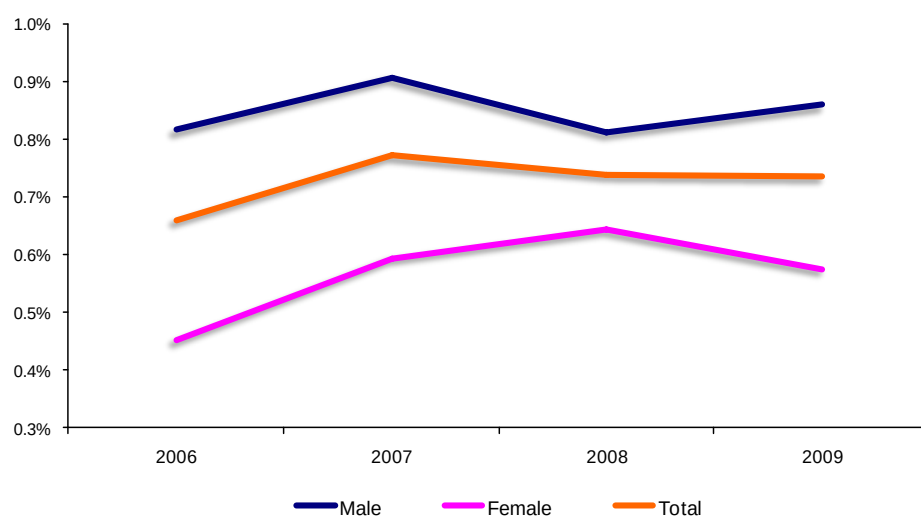
It is still difficult to reconstruct the various causes of drug related deaths

² The rate of acute drug-related mortality, or overdose deaths, is calculated by dividing the number of deceased and resident in a particular region by the population (the at-risk population between the ages of 15-64) resident in the region on 1 January 2010.

poisoning). Most information regarding mortality among narcotic drug users is gathered from hospital discharge records for hospital admissions ending in death.

Attribution of cause of death is based upon the first diagnosis of cause of death made by the doctor certifying death or by the doctor conducting the post-mortem examination, and not upon specific clinical documentation. There is therefore an issue of proper and complete clinical verification of the “initial cause” or, in other words, “the disease, or cause, which set off the chain of events which ended in death”.

Figure 6.12: Percentage distribution of drug-related hospitalizations ending in death, by gender. The years 2006 – 2009



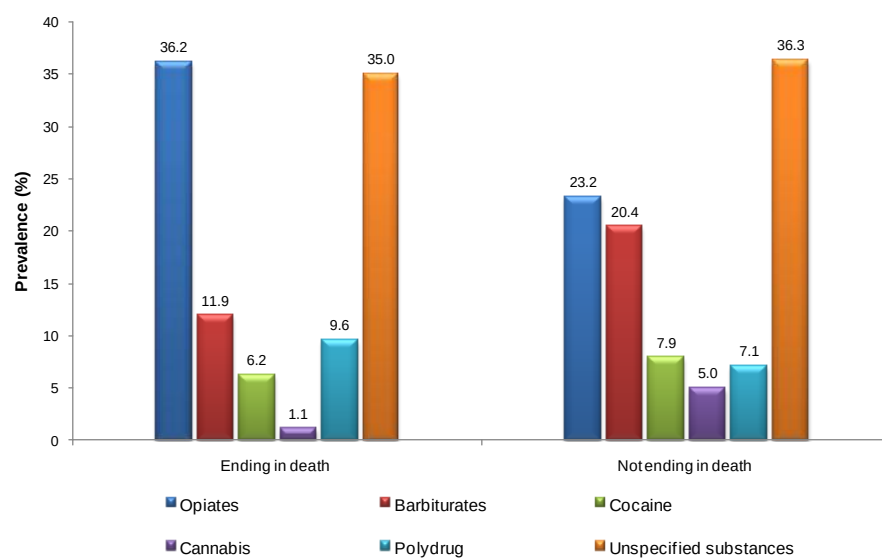
Source: Based on information contained in Hospital Discharge Records – Ministry of Health

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 as being 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 admissions.

Hospital admissions ending in death account for less than 1% of total drug-related hospital admissions in 2009 (177). Over the last four years, after a slight increase in the number of deaths from 2006 to 2007, the numbers levelled off. Deaths among girls and women were on the rise until 2008 (0.4% in 2006, 0.6% in 2007 and 0.65% in 2008), and in 2009 they stood at 0.6% (Figure 6.12).

If we separate drug-related hospital admissions recorded in 2009 into the two categories of admissions ending in death and those not ending in death, we can see that, in both of these groups, 35% of admissions were linked to the use of unspecified substances. 36.2% of admissions ending in death involved opiate users and a further 12% involved cocaine, while in the group of hospital admissions which did not end in death, 23.2% were opiate users and 20.4% used cocaine (Figure 6.13).

Figure 6.13: Percentage of drug-related hospital admissions ending in death and not ending in death, by drug type. The year 2009



Source: Based on information contained in Hospital Discharge Records – Ministry of Health

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

Italy had its first experiences in preventing drug-related diseases in the early 1990s. These involved mostly the need to deal with the emergency of the spread of HIV among drug addicts. These initial experiences were extremely important, from both epidemiological and epistemological viewpoints. 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 into care” those not being treated at drug treatment services because at that time in their lives they did not wish to stop using drugs.

After over fifteen years of working to prevent the spread of drug-related diseases and to reduce the risk and the harm caused by drugs in Italy, the range of services and initiatives continues to be heterogeneous and diversified, while the anti-drug strategy of the Council of Europe still highlights the importance of reducing harm in social and health spheres.

First approaches to harm reduction in Italy

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

In 2009, the Department for Anti-drug Policies 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 aim of this document was to focus on the means of activating desirable and realistic initiatives to prevent the risks and reduce the harm arising from the use of narcotic or psychoactive drugs and/or from diseases and deviant behaviour (for example drug-related prostitution and crime). Following the publication of this document, the Department for Anti-drug Policies, while drafting the National Action Plan on Drugs 2010 – 2013, devoted a large section of the Plan to specific actions for the treatment and prevention of drug-related diseases.

Guidelines on measures and actions for the prevention of drug-related diseases

The National Action Plan on Drugs (PAN)

National Action Plan goals for the prevention of drug-related diseases

The National Action Plan includes the following goals relating to this area:

1. To launch programmes to improve the management of patients with drug-related psychiatric conditions.
2. To decrease the number of deaths by acute drug-related mortality, or overdose.
3. To further integrate drug-related disease prevention as a part of treatment plans.
4. To set down new national operational guidelines regarding the launch, maintenance and direction of drug-related disease prevention activities throughout the country.
5. To prevent and reduce the risk of acquiring and transmitting drug-related infectious diseases including HIV, the viral hepatides, TBC and sexually transmitted diseases
6. To launch gender-oriented programmes
7. To prevent and reduce the social risks linked to drug use:

marginalisation; discrimination; stigmatisation; involvement in criminal networks; incarceration; loss of positive social networks; prostitution; leaving school and loss of learning capacity; loss of employment and loss of production capacity.

National Action Plan goals 1,2 3 and 5 were flanked within the document by the actions which should be undertaken in order to achieve them and principal relevant indicators, as follows:

Goal: To launch programmes to improve the management of patients with comorbid psychiatric conditions.

Actions: a) To improve integration with the Mental Health Departments (DSM) while maintaining the differentiation between them and the Addictions Departments (DDD).
b) To establish an integrated planning system among the different operative units dealing with drug-addicted psychiatric patients.
c) To standardise services offered by DSMs and DDDs for the treatment of psychiatric conditions at a national level.

Actions for improving the management of patients with comorbid psychiatric conditions

Goal: To decrease the number of deaths by acute drug-related mortality, or overdose.

Actions: a) To launch protocols for collaboration between local emergency service units and the Addictions Departments, using models which have already been tried and proven to be effective (for instance, projects belonging to the National Centre for Disease Prevention and Control (CCM) of the Ministry of Health).
b) To launch specific training programmes for Emergency Services personnel focusing on drug addiction and its acute clinical manifestations, as well as on those conditions or diseases which can act as “warnings” of drug use (for example, heart attack or other cardiovascular diseases as signs of cocaine use or disassociative states or panic attacks as a result of using cannabis or methamphetamines, etc.) using models which have already been tried and proven to be effective (for instance, projects belonging to the CCM of the Ministry of Health).
c) To make drug-addicted drug addiction services clients and occasional or habitual drug users aware of preventative measures and of factors which can increase risk of overdose.
d) To provide timely reports to the National Early Warning System (NEWS) regarding unusual drug-related deaths or the appearance of new phenomenon or substances, in order to be able to prepare to deal with these quickly and issue warnings.

Actions to decrease the number of deaths by acute drug-related mortality, or overdose

Goal: To further integrate drug-related disease prevention as a part of treatment plans.

Actions: a) To launch programmes for the organisational and functional integration between the operative units engaged in drug-related disease prevention initiatives and those responsible for treatment and rehabilitation.
b) To standardise the language, planning and organisation of drug-

Actions to further integrate drug-related disease prevention as a part of treatment plans

related disease prevention initiatives (in terms of how many exist and of which type) among the different Regions, Autonomous Provinces and Local Health Authorities.

Goal: To prevent and reduce the risk of acquiring and transmitting drug-related infectious diseases.

Actions: a) Syringe distribution and exchange.
b) Distribution of condoms.
c) Education to acquire prevention skills.

Actions to prevent
and reduce the risk
of acquiring and
transmitting drug-
related infectious
diseases

7.2. Prevention and treatment of drug-related infectious diseases

Although, since the use of serological testing in Drug Treatment Units (SerTs) has been in a phase of on-going decline, the available data on the number of drug-related infectious disease cases in Italy do not provide a truly accurate picture, the data which are available, and which have been presented in the other chapters of this report, nonetheless provide some indication of the true scale of the phenomenon. The prevalence of HIV-positive subjects over the two-year period spanning 2009 and 2010 was found to be in decline among those subjects who had already been undergoing treatment with drug addiction services (13.3% in 2009 and 12.9% in 2010). The situation is quite different, however, for new clients approaching the SerTs for assistance. Indeed, we can see that there has been an increase in the prevalence of HIV-positive subjects in this group, with figures rising from 2.1% in 2009 to 2.4% in 2010.

Scale of the
phenomenon in
Italy

Women accounted for most of the HIV prevalence. The situation was found to be most critical in Lombardy, Sardinia, Emilia-Romagna and Liguria, where higher HIV-positive figures combined with a simultaneous low number of tests performed.

In 2010, there was a 37.7% prevalence of HBV-positive subjects among clients who had already been undergoing treatment with drug addiction services, while prevalence of new clients testing positive for HBV fell during the two-year period spanning 2009 and 2010, from 18.6% in 2009 to 14.7% in 2010).

The same lack of sufficient testing was found for hepatitis B. The Regions with the highest prevalence of HBV-positive test results were Sardinia, Abruzzo, Lombardy, Piedmont and Emilia Romagna.

Lastly, 66.3% of subjects who had already been undergoing treatment with drug addiction services tested positive for HCV, but only 27.3% of new clients tested positive. On a local level, the Regions with the highest numbers of HCV-positive test results are Lombardy, Sardinia, Emilia Romagna, Liguria and Valle d'Aosta.

From an examination of Hospital Discharge Records, we can see that the number of drug-related hospital admissions remains stable at 2 per thousand of total hospital admissions. Medical emergencies account for most of these admissions, and there is also a high percentage of voluntary discharges (10.5%), a figure which fell, but only slightly, in comparison with 2009, when it stood at 10.6%.

There has been an on-going, long-term decline in the number of drug-related deaths, a decline which has been sharper in Italy than in Europe as a whole. In 1999, there were 1,002 drug-related deaths, while in 2010 there were 374. There has also been an increase in the average age of

death, which rose from an average of approximately 32 in 1999 to 36 in 2010, with an increase in the number of deaths among women, especially in the age group younger than 19.

Figures regarding acute drug-related mortality, or overdose, in Italy over the last ten years show that the highest number of these deaths occurred in the central-southern area of the country, with some small variation over the time period in consideration. In 2010, we can see an increase in the number of these deaths occurring in central Italy accompanied by a decline in all other areas of the country.

Once again, in 2010, Umbria was found to be the Region with the highest number of overdose deaths, with numbers peaking at nearly 5 deaths per 100,000 residents. Umbria was followed by Valle d'Aosta and the Marche region. The only two cases recorded in Trentino Alto Adige occurred within the Autonomous Province of Bolzano.

Of all drugs, heroin is the primary cause of death by overdose, responsible for 41% of deaths. It is followed by cocaine, which is responsible for 11%.

In the face of the significant decline over recent years in HIV and Hepatitis B and C testing being offered by drug addiction services, a decrease which could lead to substantial delays in the early diagnosis of said diseases and a reduction of access to antiretroviral therapies, the Department for Anti-drug Policies has deemed it necessary to re-launch the offering of testing for these important diseases among the drug-addicted population, thus pursuing an “early detection” strategy which, in addition to ensuring timely treatment for those in need, also ensures higher containment of the spread of these diseases by those unwittingly infected.

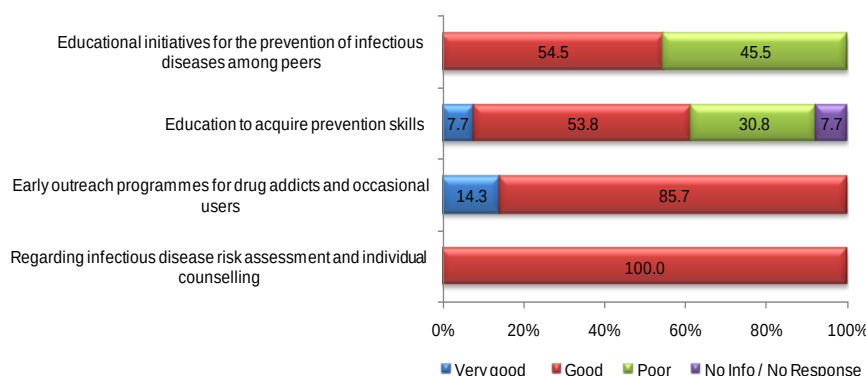
With this goal in mind, in 2010 the DPA published guidelines for the “Screening and early diagnosis of the principal drug-related infectious diseases” which contains a number of technical guidelines for competent facilities. These are based on a series of epidemiological studies which brought to light the need to act quickly to suitably increase access to testing, especially for HIV and the hepatitis. These guidelines should not be seen as prescriptive, rather, they are meant merely to provide direction and, therefore, are intended as a valid technical-scientific contribution on the part of the Department for Anti-drug Policies (in collaboration with the Ministry of Health) aimed to help improve the different service systems involved, it being understood that Regional autonomy for the planning and organisation of local healthcare remains unchanged.

Information regarding drug-related infectious disease prevention initiatives in prisons (see Chapter 9) and in social-rehabilitation facilities was gathered from Regional Administrations through the use of the EMCDDA structured questionnaire. It was found that the prevention initiatives primarily taken involved, for the most part, infectious disease risk assessment and individual counselling, with 75% of Regions reporting that such actions had been carried out within therapeutic communities.

Department for
Anti-drug Policies
guidelines for re-
launching the
offering of
infectious disease
testing to drug
addicts

Drug-related
infectious disease
prevention
initiatives in
therapeutic
communities and in
prisons, by Region.

Figure 7.1: Assessment of availability of drug-related infectious disease prevention services in therapeutic communities – The year 2010.

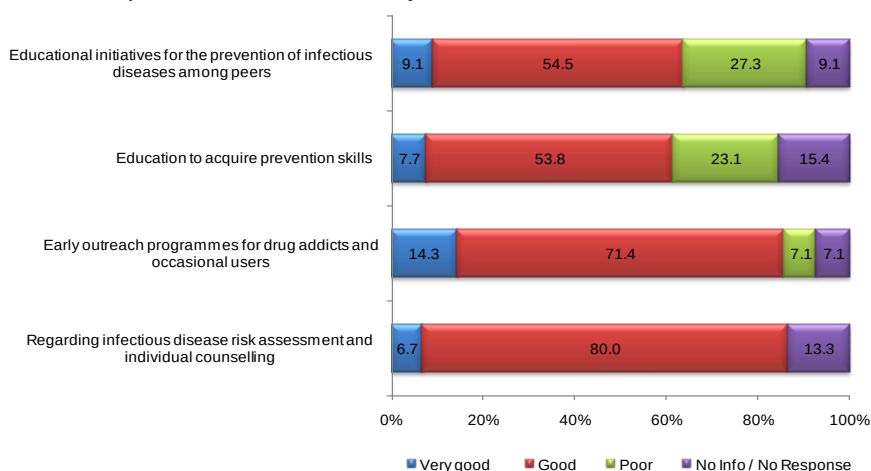


Source: Based on data gathered through EMCDDA structured questionnaires provided to the Regions

The assessment of the availability of infectious disease prevention services in therapeutic communities (Figure 7.1) gave overall positive findings, with the exception of educational initiatives for the prevention of infectious diseases among peers, which returned a poor assessment result.

Poor availability of educational initiatives for the prevention of infectious diseases among peers

Figure 7.2: Assessment of accessibility of drug-related infectious disease prevention services in therapeutic communities – The year 2010



Source: Based on data gathered through EMCDDA structured questionnaires provided to the Regions

As far as the accessibility of these services is concerned (Figure 7.2) it was found that the situation regarding access within therapeutic communities to educational initiatives for the prevention of infectious diseases among peers remained critical. Very few Regions and Autonomous Provinces, still less than 50%, have launched educational initiatives to acquire prevention skills which target specific groups. Specifically, only 45% have launched such initiatives for professionals in the drug addiction services field (including professionals who work in prisons), and only 25% for other groups, while not a single such initiative was launched for pharmacists. However, where they do exist, educational initiatives were found to have at least a good level of availability in nearly 80% of cases, with an almost equally good level of accessibility (at least 75% in most cases).

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

This chapter is devoted to the social consequences for particularly vulnerable subjects who regularly use illegal drugs. Specifically, the profiles of marginalised subjects were analysed using the information collected by means of a multicentric study conducted on 47,821 subjects undergoing treatment with drug addiction services in 2010, carried out by the Department for Anti-drug Policies.

The information flows employed as part of the treatment demand key indicator, which exists thanks to the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA), involve the gathering of data concerning subjects' living situations, in particular regarding the nuclear family within which the drug addict lives on a day-to-day basis and the type of accommodation it is. This information is collected by Drug Addiction Services and forms part of the core data that makes up the individual information flow for each client undergoing treatment (the National Information System on Addictions [SIND] information flow).

Further information was recorded by providing the Regional Administrations responsible for issues concerning drug addiction with EMCDDA Structured Questionnaire SQ 28 to complete.

Foreword

Sources of
information

Drug addict data

SQ 28 data

8.1 Social exclusion

8.1.1 Social exclusion among drug users

An analysis of the characteristics of the individuals sampled as part of the Department for Anti-drug Policies' (DPA) Multicentric Study on Public Drug Treatment Units (SerTs) makes it possible to sketch a profile of subjects undergoing treatment with drug addiction services for the use of psychotropic drugs in relation to their employment situation. In the sample group in question, it was found that nearly a third of all clients (31%) were unemployed, 65% were employed in some capacity and in various ways (temporary, permanent, etc.), while approximately 3% were economically inactive.

The employment situation appears to be more critical among female drug services clients, of whom 37.7% were unemployed, compared to 29.8% of men.

Although slight, there is a difference in the extent of the employment issue if we draw a distinction between users based on the amount of time they have been undergoing treatment with services, with a higher unemployment rate among returning clients than among new ones (31.4% and 29.4% respectively). Comparing these two groups based on employment rate, we find a higher percentage among returning clients than among new (60.6% and 57.2% respectively). It can also be seen that there is a substantial difference in numbers of subjects currently studying among these two groups, with 8.6% of new clients currently enrolled in courses of studies but only 3.6% of returning SerT clients.

65% of Public Drug
Treatment Unit
(SerT) clients are
employed in some
capacity;
31% are
unemployed

Higher level of
unemployment
among women

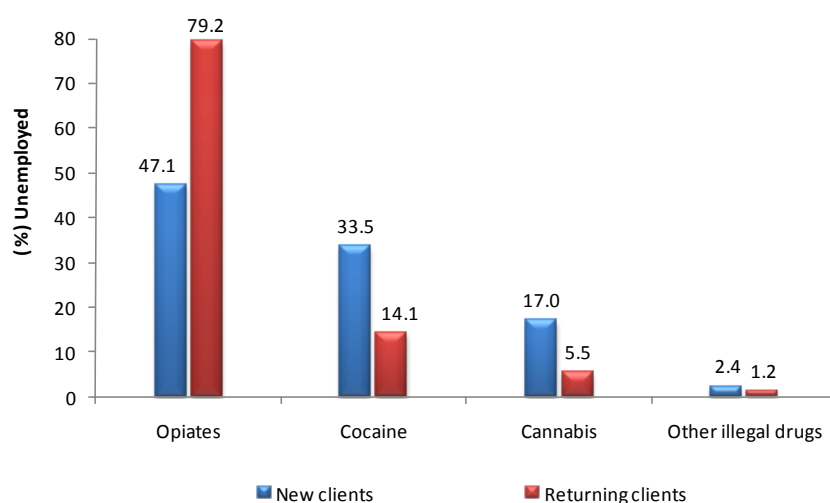
Table 8.1: Percentage distribution of drug addiction services clients according to type of employment, gender and type of client (new or returning) – The year 2010

Employment type	New clients			Returning clients		
	Men	Women	Total	Men	Women	Total
permanent / temporary employment	59.7	43.8	57.2	63.3	46.2	60.6
unemployed	28.6	33.8	29.4	30.1	38.5	31.4
student	7.9	12.3	8.6	3.0	7.1	3.6
housewife	0.0	3.2	0.5	0.0	2.4	0.4
economically inactive *	2.6	5.5	3.0	2.9	4.4	3.1
other	1.3	1.5	1.3	0.8	1.3	0.9

* subject who is retired, suffers from a disability, etc.

Source: Based on information from the Department for Anti-drug Policies' 2010 Multicentric Study based on Public Drug Treatment Unit (SerT) data

There is a large difference, on the other hand, between the number of unemployed foreign or Italian public drug addiction services clients. 38.7% of the foreigners are unemployed, in comparison with 29.4% of the Italians. As far as “primary” substance of abuse is concerned, if we consider the percentage of opiate users among the unemployed in comparison with the percentage of these in the overall client community, we can see that there is a slightly higher percentage of opiate users among the unemployed subjects than among the total sample group, standing at 74.4% among the former group and 72.9% among the latter. The situation is similar for cocaine users, with 17% of the unemployed members of the sample group being cocaine users, while these made up only 16.4% of the total sample. The percentage of cannabis users among the unemployed is lower than the percentage of cannabis users in the sample as a whole (7.2% vs. 9.1%). Among unemployed drug addiction services clients, we can see that there are substantial differences between opiate users who are approaching services for the first time (new) and those who are returning clients (47.1% vs. 79.2%) (Figure 8.1).

Figure 8.1: Percentage distribution of unemployed drug addiction services clients according to drug type and type of client (new or returning) – The year 2010

Source: Based on information from the Department for Anti-drug Policies' 2010 Multicentric Study based on Public Drug Treatment Unit (SerT) data

Table 8.2: Percentage distribution of unemployed drug addiction services clients according to drug type and type of client (new or returning) – The years 2009 and 2010

Drug type	New clients			Returning clients		
	2009	2010	Diff. %	2009	2010	Diff. %
Opiates	52.3	47.1	-5.2	79.9	79.1	-0.8
Cocaine	31.6	33.5	+1.9	14.3	14.1	-0.2
Cannabis	14.5	17.0	+2.5	4.6	5.5	+0.9
Other illegal drugs	1.6	2.4	+0.8	1.1	1.2	+0.1

Decrease in opiate use and increase in cocaine use among new clients in 2009

Source: Based on information from the Department for Anti-drug Policies' 2010 Multicentric Study based on Public Drug Treatment Unit (SerT) data.

The group in question appears to be characterised by a more critical drug addiction profile in comparison with the community of drug addiction services clients as a whole. Indeed, among the unemployed we find higher numbers of injecting drug users (55.1%, in comparison with 49.2% of the client community as a whole), of subjects who use cocaine as a secondary drug (24.7%, in comparison with 21.1% of the client community as a whole) and who use alcohol as a secondary substance (10.6%, in comparison with 9% of the client community as a whole).

As far as treatment is concerned, it was found that 55.1% of unemployed subjects had never received any pharmacologically-assisted treatment, but solely psychological (55.8%), social (5.5%) or both of these two (24.8%).

8.1.2 Drug use among socially excluded groups

Based on the Multicentric Study carried out in 2011 by the Department for Anti-drug Policies based on 2010 Public Drug Treatment Services (SerT) data, it is possible to identify specific characteristics of subjects undergoing treatment with drug addiction services concerning their housing situation (whether they have a permanent residence, live in some type of facility or are homeless).

4% of SerT clients are homeless

Of the sample group under consideration, 89.2% reported having a permanent residence, while 4% were homeless. Data from the study shows that, among service clients who are homeless, there are a higher percentage of men than of women (85.9% vs. 14.1%), and a higher number of returning clients than new ones (85.8% vs. 14.5%).

Table 8.3: Percentage distribution of drug addiction service clients according to housing situation, by gender and type of client (new or returning) – The year 2010

Housing situation	New clients			Returning clients		
	M	F	Total	M	F	Total
Permanent residence	88.5	90.3	88.8	89.0	91.1	89.3
In a facility *	8.0	6.9	7.9	6.8	5.1	6.6
Homeless	3.5	2.8	3.4	4.2	3.7	4.1

* prison, hospital, therapeutic community, etc.

Source: Based on information from the Department for Anti-drug Policies' 2010 Multicentric Study based on Public Drug Treatment Unit (SerT) data.

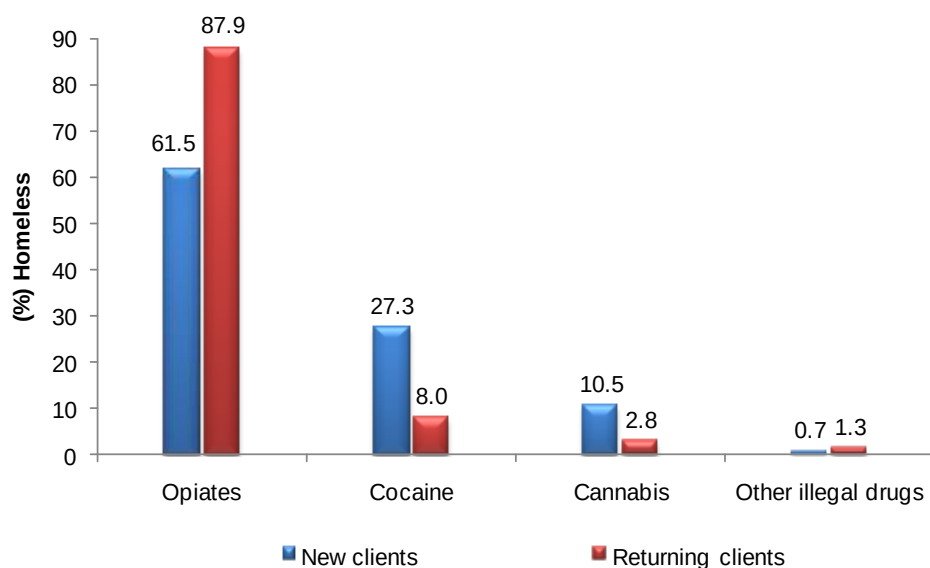
An in-depth analysis based on gender and type of client (new or returning) shows 88.8% of new clients and 89.3% of returning Public Drug Treatment (SerT) clients have a permanent residence, with more women having a permanent residence than men, regardless of the length of time they had been receiving treatment from drug addiction services. The percentage of subjects who reported living in various types of facilities (prisons, hospitals, therapeutic communities, etc.) was higher among new clients than among returning ones (7.9% vs. 6.6%) while, on the other hand, the number of homeless was higher among returning clients (4.1%) than among new ones (3.4%).

In comparison with the community of drug addiction service clients as a whole, among homeless clients there is a higher percentage of opiate users (84% vs. 71.4%) and a lower percentage of cocaine users (10.6% vs. 16.5%) and cannabis users (3.8% vs. 9.6%).

Disaggregating this information in relation to the type of user, we can see that the request for treatment on the part of homeless opiate users is lower among new clients than among returning ones (61.5% vs. 87.9%), while the opposite is true for cocaine users (27.3% vs. 8%) (Figure 8.2).

Higher percentage
of opiate users
among the homeless

Figure 8.2: Percentage distribution of homeless drug addiction services clients according to type of drug and type of client (new or returning) – The year 2010



Source: Based on information from the Department for Anti-drug Policies' 2010 Multicentric Study based on Public Drug Treatment Unit (SerT) databn

As far as the method of drug use is concerned, there was found to be a higher percentage of injecting drug users among the homeless than among the sample group as a whole (64.9% vs. 49.2%). This percentage is lower among new clients (28.1%), against a high percentage of clients whose reported method of use is smoking or sniffing (53.2%), and against the percentage among returning clients (70.9%).

Regarding treatment of unemployed drug addiction service clients, it can be seen that over half of these receive pharmacological treatments (53.4%), while the remainder receive solely psychological (55.5%) or social (7%) treatments or both of these two (24.8%).

Table 8.4: Percentage distribution of homeless drug addiction services clients according to type of drug and type of client (new or returning) – The years 2009 and 2010

Drug type	New clients			Returning clients		
	2009	2010	Diff. %	2009	2010	Diff. %
Opiates	52.5	61.5	+9.0	73.3	87.9	+14.6
Cocaine	38.8	27.3	-11.5	22.5	8.0	-14.5
Cannabis	8.0	10.5	+2.5	2.8	2.8	0.0
Other illegal drugs	0.7	0.7	0.0	1.4	1.3	-0.1

Source: Based on information from the Department for Anti-drug Policies' 2010 Multicentric Study based on Public Drug Treatment Unit (SerT) data

Decrease in cocaine use and increase in opiate use in 2009

8.2 Social reintegration projects

The 2010-2013 National Action Plan on Drugs includes, among its five principal action areas, one specifically devoted to the social and work reintegration of drug addicts. Rehabilitation and reintegration are a central and integral part of the action plan, as these two aims reinforce the belief that it is not only possible but of fundamental importance to always and completely rehabilitate drug addicted individuals and fully reintegrate them into society. To this end, the National Action Plan puts forward a number of concrete solutions which involve the establishment of drug treatment units devoted solely to the goal of reintegration.

The 2010-2013 National Action Plan on Drugs

National Action Plan goals in this sphere, which were flanked within the document by specific actions which should be undertaken in order to achieve them and indicators for monitoring their results, are listed below:

2010-2013 National Action Plan Goals

1. Reduce criminal and illegal activities as well as prostitution among drug addicts through the promotion of targeted social and work reintegration programmes
2. Standardise at, a national level, the principles and principal methods of rehabilitation and reintegration
3. Promote concrete actions and targeted projects to increase the number of rehabilitation activities involving both the social and interpersonal spheres of drug addicts undergoing treatment with drug addiction services and in therapeutic communities
4. Improve the education and professional skills of drug addicts undergoing treatment
5. Promote the development within Addiction Departments of operative units specialised in reintegration activities
6. Integrate and coordinate reintegration activities among the various local entities (Public Drug Treatment Units [SerTs], therapeutic communities, local and provincial administrations, local health authorities and associations of business owners)
7. Promote the direct involvement of public entities and administrations (local governments, provincial governments, Local Health Authorities) in social and work reintegration activities for drug addicts through the allocation of contracts to social cooperatives operating in this sector
8. Encourage the reintegration of drug addicts into the employment structure of ordinary businesses
9. Orient organisations which deal with social and work reintegration towards developing corporate social responsibility programmes in

order to encourage the creation of organisations for reintegration which are capable of generating income and thus self-financing their own activities

10. Promote a targeted national project for social and work rehabilitation and reintegration, in order to support the process of national innovation in this sphere

With regard to the last of these goals in particular, the Department for Anti-drug Policies, as part of the implementation of the 2010-2011 DPA Projects Plan, funded with a budget of approximately 26 million Euros, dedicated a full 34% of that budget to the RELI Project for the social reintegration and rehabilitation of drug addicts.

The RELI project

This project, which is of key importance, aims 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 the support and on the creation of “productive units” where drug addicted persons undergoing rehabilitation can stay, thus easing their reintegration into the work world. These production units will be strongly oriented towards social enterprise work, with workers receiving regular pay and a managed and regulated credit line, and towards the production of goods or services which can be placed on the market, with the aim of generating income able to partially or totally cover business costs.

RELI project goals

The project presents itself as the first step in a cultural and organisational transformation which will attempt to establish “diversification of facilities” in the drug treatment services system which exists today, in order to free, as much as possible, those organisations which are responsible for reintegration from types of thinking rooted in assistance and instead help them to create conditions of self-sufficiency in the activities they undertake and in the different types of organisation they institute.

It is anticipated that the different local entities which become involved in this project will be able to turn to a local coordination group which will be formed of two parts: firstly, the productive units or, in other words, those organisations belonging to the public services or private non-profit sector which contain units whose purpose is to further social and work reintegration and, secondly, the support and collaboration units or, in other words, those administrations and organisations which are capable of creating favourable conditions for the assignation of contracts to productive units both because they are able to identify companies which employ less than the required quota of individuals with certified as disabled or which are able to offer jobs.

Methodologies employed to carry out the RELI project

The productive units would thus be easily and effectively supported by public companies offering non-complex maintenance contracts, but also by private companies with local specialised labour requirements who could therefore provide orientation for productive units’ professional training programmes in order to create conditions where the specific labour requirement in question was fulfilled, thus raising the probability of unit clients’ work reintegration.

The Entity in charge of the project has currently concluded the project’s first phase, which involved the publication of a call for submissions for participation by both public and private facilities and the presentation of a local working project for social and work reintegration in accordance with the methodologies described above. The projects submitted to the competent Entity in response to the call for participation were evaluated, and those which passed under the selection criteria set forth in the call for

State of completion of the RELI project

participation where inserted into a ranked list to receive future funding in order to be carried out.

According to information reported in the questionnaires designed by the European Monitoring Centre, 70% of Regions and Autonomous Provinces (APs) reported having targeted and clearly defined strategies for the social reintegration of current and former problematic drug users in 2010, most of which (71.4%) have been made accessible on the Internet in the form of official documents.

The goal which Regions and APs most frequently reported was social and work reintegration.

70% of Regions and Autonomous Provinces reported having targeted reintegration strategies

Table 8.5: Total amount dedicated by Regions and Autonomous Provinces to finance social reintegration projects over the course of 2009 and 2010

Nearly 12 million Euros for social reintegration projects in 2010

Regions	Amount 2009	Amount 2010	Diff % 2010/2009
Abruzzo	84,000.00	Data not provided	n.a.
Basilicata	Data not provided	444,345.00	n.a.
Bolzano	632,750.70	1,712,285.00	+171%
Calabria	1,281,823.28	886,221.78	- 31%
Campania	Data not provided	2,334,998.00	n.a.
Emilia-Romagna	600,000.00	584,000.00	- 3%
Friuli Venezia Giulia	628,000.00	648,000.00	+ 3%
Lazio	3,022,000.00	Data not provided	n.a.
Lombardy	2,026,402.03	1,472,164.31	- 27%
Piedmont	1,680,000.00	1,680,000.00	0%
Apulia	455,429.13	Data not provided	n.a.
Sicily	Data not provided	1,436,139.00	n.a.
Tuscany	710,264.00	710,264.00	0%
Trento	29,523.00	49,713.00	+ 68%
Veneto	660,000.00	Data not provided	n.a.
Total	11,810,191.44	11,968,130.09	n.a.

Source: Based on information gathered from the Regions via survey using EMCDDA questionnaire SQ 28

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

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 Ministry of the Interior. 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 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.

Information sources

9.1. Drug-related crime

9.1.1. Drug law offences

According to information collected by the Central Directorate for Anti-drug Services of the Ministry of the Interior, Law Enforcement Agencies, during the course of 22,064 anti-drug operations (slightly fewer than in 2009) carried out throughout Italy in 2010 (ST 11 – IT 2), issued 39,053 charges (7.2% more than in 2009) 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.

Since 2003, the year in which the smallest number of subjects were reported (approximately 29,500), the number of cases submitted to the courts has continued to grow, reaching its highest point in seventeen years in 2010.

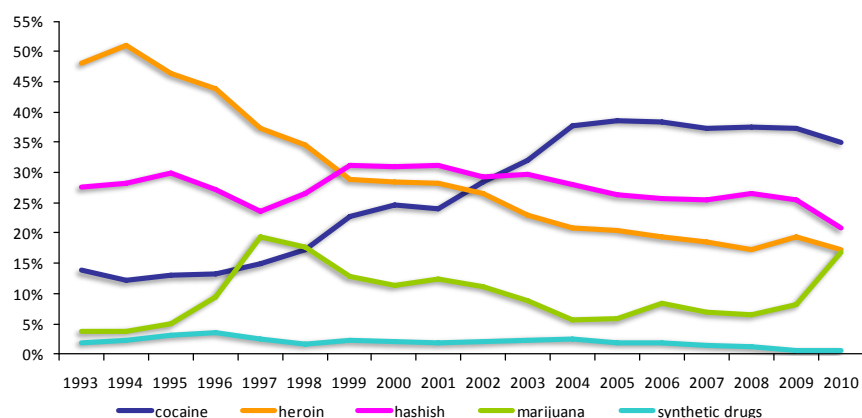
Over the last seventeen years, the profile of illicit-substance trafficking has evolved appreciably; the percentage of charges filed for the sale of heroin fell from 48% in 1993 to 17.2% in 2010. On the other hand, there was a sharp increase in charges of cocaine dealing until 2004, when the figures began levelling off, which they continued to do for the last few years until beginning to fall again in 2010 (34.9%). During the same year, there was a significant increase in the percentage of charges for the sale of marijuana (from 8% in 2009 to 16.8% in 2010) and a decrease in the number of charges for the sale of hashish (Figure 9.1). In terms of absolute values, in 2010 there was an increase over the 2009 figures, equal to about 15%, in the number of charges filed for the selling of synthetic drugs.

Over 22,000 operations: intense prevention and drug-fighting activity.
Over 39,000 charges filed (an increase over 2009)

Increasing number of cases submitted to the Courts

Trends in charges filed by drug type: Increase in the % of charges regarding hashish

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 – 2010



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

By cross-checking official residence data for the subject charged with a crime against the location where the Law Enforcement operation was carried out, it is possible to identify and calculate an estimate of the level of mobility and migration of subjects implicated in crimes.

We can see that, unlike the other the other macro-geographic areas of Italy, subjects resident in the northwest are more likely to commit crimes in violation of Art. 73, which deals with the production, traffic and unlawful possession of narcotic and psychotropic substances, outside of their own area of residence. Indeed, in approximately three-quarters of cases (76.9%) the location where the charge was filed matches the subject's location of residence, while the remaining 23.1% commit crimes predominantly in the northeast. Residents of central Italy also tend to engage in criminal activity in the northeast. Foreigners charged with these crimes are generally charged in the centre-north of the country.

Table 9.1: Percentage of charges filed for crimes pursuant to Art. 73 of DPR 309/90, by region in which the Law Enforcement operation was carried out and region of residence of subjects charged with crimes

Area of operation	Area of residence						Total
	NW	NE	Centre	South	Islands	Abroad	
NW	76.9	3.7	2.2	2.0	2.1	40.7	22.6
NE	17.1	92.3	12.6	8.7	6.2	24.1	23.8
Centre	2.3	1.8	80.2	4.2	1.8	26.2	19.7
South	2.5	1.6	4.3	84.2	1.0	6.4	23.4
Islands	1.3	0.6	0.7	0.9	88.9	2.6	10.5
Total absolute values	6,388	4,748	6,035	9,614	4,109	8,144	39,038

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

According to information collected by the Central Directorate for Documentation and Statistics, 31,550 persons were reported to the Prefectures for possession of illicit substances for personal use (pursuant to Art. 75¹ of DPR 309/90) (ST 11 – IT 1) (while 28,494 were reported in 2009). Of these, 29,408 were men (equal to 93.2%) and 2,142 were women (equal to 6.8%).

The number of persons reported pursuant to Art. 75 of DPR 309/90, calculated at 37,800 on 25 May 2011, showed a decrease in comparison with the 2009 number, although the data from the last three-year period under consideration, and especially the data for 2010, should still be considered provisional.

Trends that have emerged regarding the different age groups over the course of the years between 1990 and 2010 remain unchanged from those reported in 2009 concerning the fact that, over the course of the years, 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.

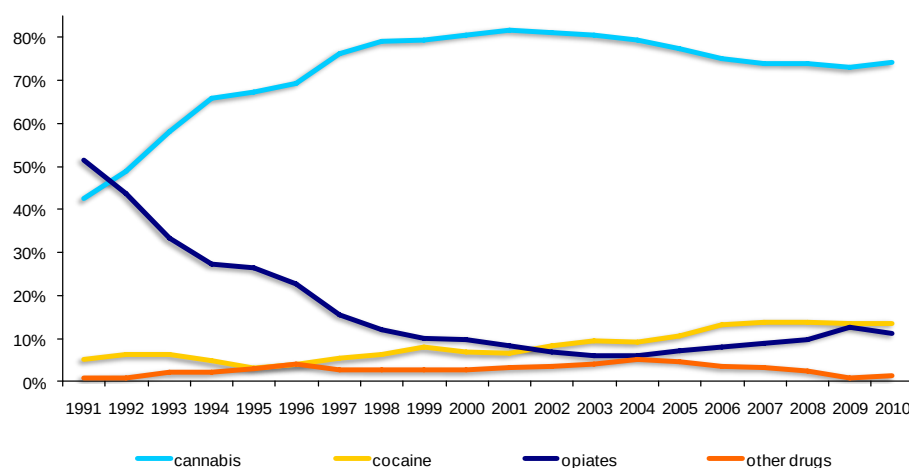
As far as types of drugs are concerned, in the year 2010, the majority of subjects reported (74% of the total of new subjects and repeat offenders), were found to be in possession of cannabinoids, followed by those in possession of cocaine (13%), and then by those in possession of heroin (10% of the total number of subjects reported for possession in that year). If one adds the number of persons reported for heroin use to those reported for methadone, morphine and other opiates, the percentage reaches approximately 11%, a drop in comparison with the 2009 figure (14%).

Persons reported pursuant to Art. 75 of DPR 309/90 and the amendments thereof

Trend on the rise for individuals over 30 years of age

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

Figure 9.2: Percentage distribution of persons reported pursuant to Art. 75, by drug type. The years 1991 - 2010



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

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.

In 2010, 16,030 administrative sanctions were imposed by the Prefectures pursuant to Paragraph 1 of the afore-mentioned Art. 75. Of these, 10,507 (65.5%) were imposed following interviews conducted at the Drug Addiction Operating Units (NOTs) of the Prefecture Territorial Government Offices (UTGs) and 5,523 (equal to 34.5%) were imposed as a result of the failure of the subjects to present themselves for their interviews.

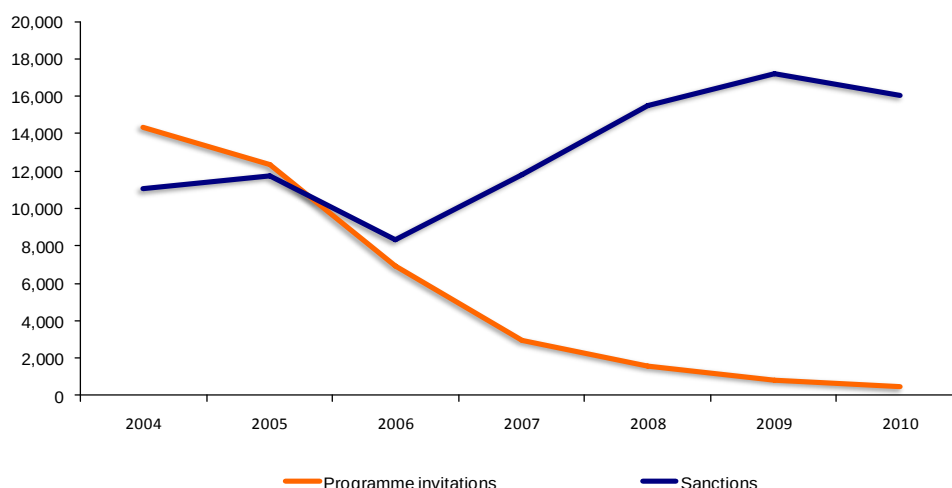
In comparison with the previous year, when 17,215 sanctions were imposed, the 2010 figure shows a decrease, but this may be due to the fact that the figures are even more provisional.

Furthermore, during the year in consideration, 507 subjects were invited to enter treatment with Drug Addiction Services or in social-rehabilitative therapeutic communities. During the same period of time, administrative proceedings against 2,201 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, during which 901 of the persons reported were invited to enter treatment programmes, as well as in comparison with the figure for 2008 (1,639) and with the figures for previous years. (Figure 9.3).

Decline in administrative sanctions

Decline in the number of invitations to enter treatment and rehabilitation programmes

Figure 9.3: Administrative sanctions and invitations to enter treatment and rehabilitation programmes following the filing of a report pursuant to Art. 75. The years 2004 – 2010



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

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

9.2. Prevention of drug-related crime

In addition to the preventative action taken from a legislative point of view by reducing the legal limits for concentrations of psychotropic substances in the body and the imposition of stricter sanctions against transgressors, 2010 also saw the continuation of checks and monitoring of the psychological and physiological state of drivers (1,643,135 checks performed on drivers in 2010 by the Traffic Police and by the Carabinieri, which represent nearly 35% of the total checks performed on national roadways), albeit with a 3.3% decline in comparison with 2009.

Considering the positive results achieved in the “Drugs on Street” (D.O.S.) pilot project during the two-year period spanning 2009-2010, the project was extended to 29 Italian municipalities, which were provided with funds to launch local working projects tailored to local needs, in accordance with

Drugs, alcohol and driving

The “Drugs on Street” Project

the goals set forth in the National Network for Drug- and Alcohol-related Accidents (NNIDAC) Project Framework – D.O.S. Protocol.

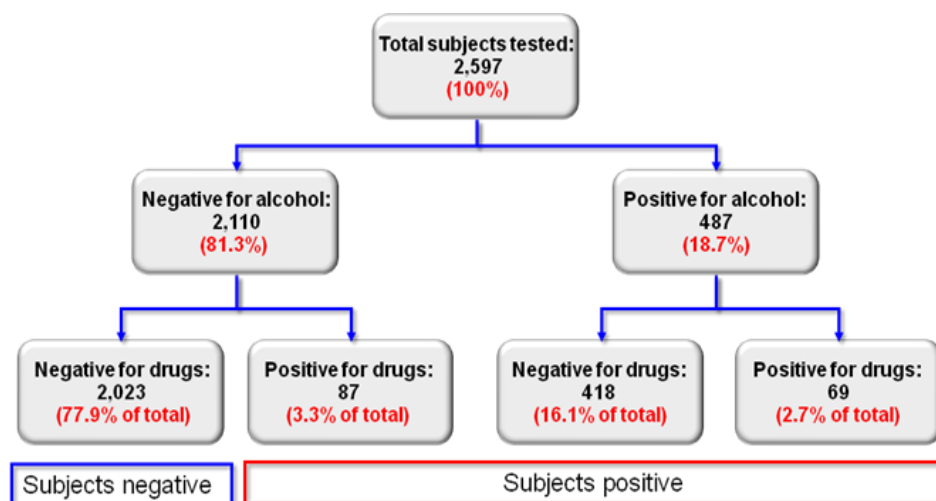
The checks, performed thanks to the synergetic collaboration between different branches of Law Enforcement (the Traffic Police, Carabinieri, Guardia di Finanza [Revenue and Excise Police], Municipal Police, Provincial Police) and a team of doctors and nurses, covered a very large portion of the country, equal to 5,256.06 square kilometres, or 1.74% of the entire surface area of Italy, and a potential population (aged 15-64 years) of 4,635,728 inhabitants, equal to 11.69% of the total population belonging to that age group.

During the course of the checks, nearly 38,000 vehicles were stopped and over 19,267 drivers between the ages of 15 and 64 were subjected to clinical and toxicological testing. As a percentage of the entire sample of drivers who underwent testing, there was a 5.26% positive test result for alcohol, drugs or alcohol and drugs together. Of the drivers who tested positive with the breathalyser (930), the majority (80%) had a blood alcohol level of between 0.5 and 1.5 g/l (up to three times the legal limit of 0.5 g/l), 11% had blood alcohol levels between 0.0 and 0.5 g/l (the limit for drivers under the age of 21, new license holders and professional drivers responsible for the transport of people or goods) and the remaining 9% had blood alcohol levels higher than 1.5 g/l, which results in seizure of the vehicle.

38,000 vehicles
checked

Figure 9.4: Results of checks carried out on the sample of drivers tested for alcohol and drugs

3% positive for
drugs but negative
for alcohol



Source: Based on data from the Department for Anti-drug Policies – National Network for Drug- and Alcohol-related Accidents (NNIDAC) Project Framework – D.O.S. Protocol

It should be pointed out that, of the total group of subjects who were tested for alcohol and drugs (2,597), of those who returned negative results when tested with the breathalyser, 3.35% showed up positive when subjected to toxicological testing. Among drivers who tested positive for drugs, cannabis was the drug which had most often been used (50% of cases).

This drug plays an important role as a cause of traffic accidents, both because of the frequency with which it is used among the general population and as a result of the effects caused by its use.

Cannabis was followed by cocaine (36.5%), then opiates (6.3%) and finally amphetamines (7.1%). Polydrug use, meaning the use of more than one type of drug simultaneously, or the combined use of alcohol and drugs, is quite a common phenomenon. Although available data is limited, it is still possible to see that cannabis and cocaine are often used in combination, as are alcohol and cannabis or alcohol and cocaine.

9.3. Interventions in the criminal justice system

9.3.1. Alternatives to prison

Special cases concerning probation or release on parole into the care of social services are governed by Art. 94 of DPR 309/90 and can involve, in accordance with the Law, both alcoholics and drug addicts, although actually nearly all of the cases involve drug addicts.

2,526 drug addicts were granted probation or parole

Table 9.2: Drug addicts on probation or released on parole into the care of social services. The year 2010

Characteristics	2009 ⁽¹⁾		2010 ⁽²⁾		Diff.%	Δ%
	No.	% c	No.	% c		
Gender						
Men	1897	93.8	2356	93.3	-0.5	+24.2
Women	125	6.2	170	6.7	+0.5	+36.0
Total	2022		2526			+24.9
Nationality ⁽²⁾						
Italians	1910	94.6	2121	94.3	-0.3	+11.0
Foreigners	109	5.4	128	5.7	+0.3	+17.4
Average age ⁽²⁾						
Men	36.9		37.6			
Women	36.7		36.8			
Total	36.9		37.6			

Significant increase (+ 24.9%) in the number of drug-addicted subjects who were granted parole

⁽¹⁾ 2009 data updated in 2011

⁽²⁾ nationality and age data is not available for some subjects

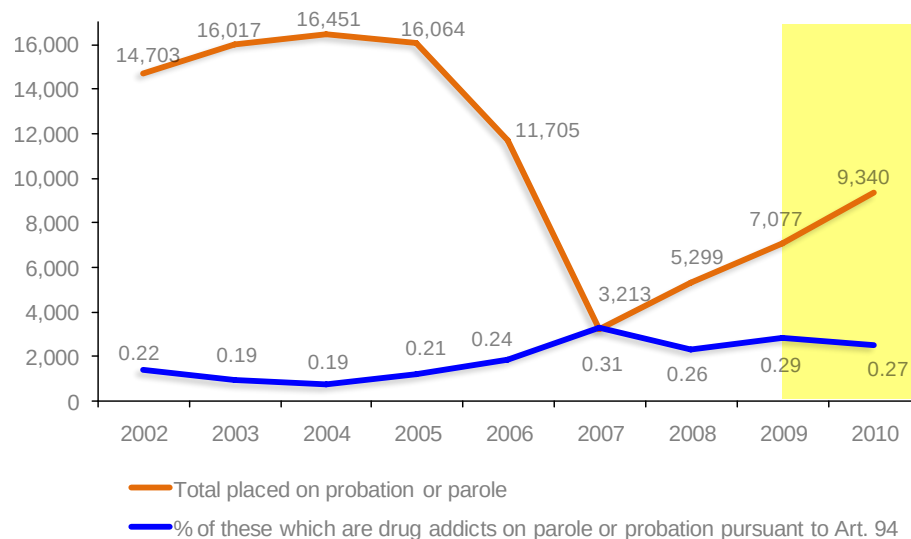
Source: Ministry of Justice - Department of Prison Administration - Directorate-General for the Execution of External Sentencing

In 2010, a total of 9,340 persons were placed in the care of social services. Of these, 2,526 were drug addicts granted probation or parole under Art. 94 of DPR 309/90, accounting for a total of 27% of the total number of persons on probation or parole in 2010.

The number of subjects who have benefited from alternatives to imprisonment has been steadily increasing since 2007 (up 32% in 2010 in comparison with the previous year), and this following a three-year period spanning the years 2005 to 2007 in which alternatives to imprisonment had decreased significantly, falling from over 16,000 subjects placed on parole or probation in 2005 to little more than 3,200 in 2007 (Figure 9.5), effect of the implementation of Law 241 of 31 July 2006, the Collective Clemency Bill.

In 2010, 27% of persons placed on probation or parole in the care of social services were drug addicts

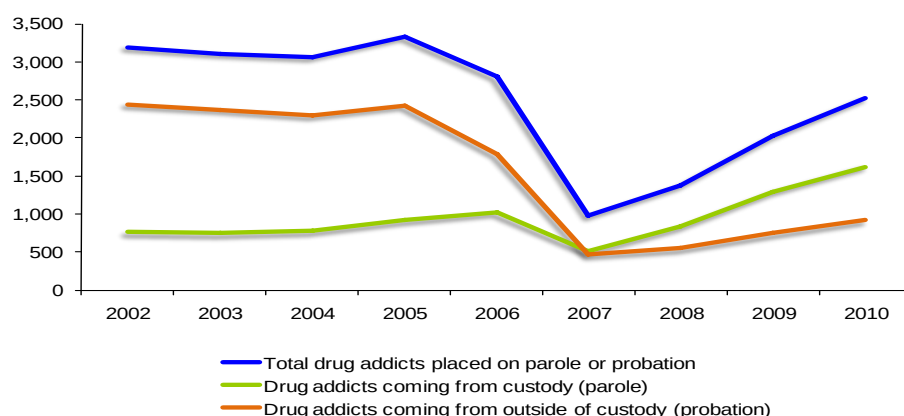
Figure 9.5: Total subjects on probation or parole and percentage of these who are drug addicts placed on probation or parole pursuant to Art. 94. The years 2002 – 2010



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

Just as the total number of subjects on parole or probation has increased, so has the number of drug addicts who have benefited from alternatives to imprisonment during the last three years under consideration (24.9% more than in 2009), even if the percentage of the total number of persons on probation or parole who are drug addicts remains more or less stable, fluctuating between 26% and 27% from 2008 to 2010.

Figure 9.6: Number of drug addicts placed in care of social services coming from custody (parole) or from outside of custody (probation). The years 2002 – 2010



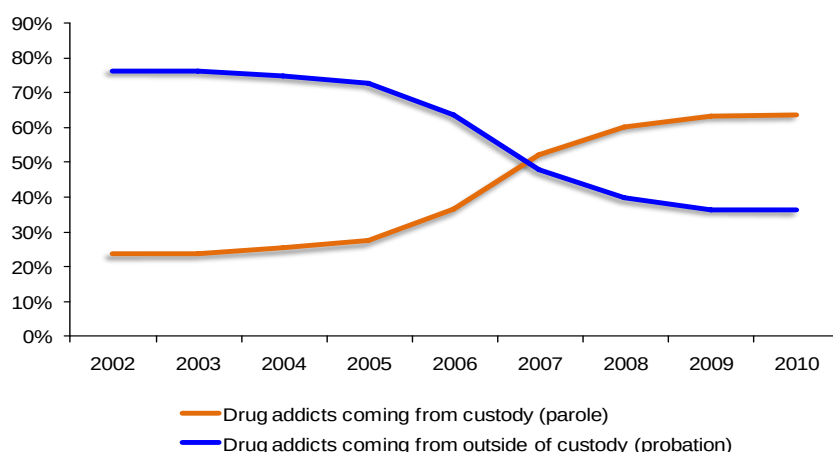
Source: Ministry of Justice - Department of Prison Administration - Directorate-General for the Execution of External Sentencing

During the last two-year period under consideration, there was an increase in the number of subjects placed on parole with the Offices for the Execution of External Sentencing (UEPE) after having spent time in prison (Figures 9.6 and 9.7), rising from 36% in 2006 to 52% in 2007, to reach 64% in 2010. This figure can also be seen as a consequence of the reduction of sentencing provided for by Law 241/06 which, with the exception of a few types of crimes, accelerated the possibility of benefiting from alternative measures for convicts serving custodial sentences of over

Sharp increase in the number of subjects on parole with the Offices for the Execution of External Sentencing (UEPE):
36% in 2006
64% in 2010

three years in length and simultaneously brought about a sharp decrease in the number of convicts receiving sentences of three years or less, who are now able to take advantage of alternative measures without ever having to enter prison.

Figure 9.7: Percentage of drug-addicted subjects in the care of social services who were released on parole after having served time in prison and percentage placed directly on probation in care of social services without having served time in prison. The years 2002 – 2010



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

Figure 9.8: Proposed classification system and definitions for subjects entering prison from outside, designed in view of making differentiated calculations based on whether inmates taking drugs are addicted or not



Source: Department for Anti-drug Policies

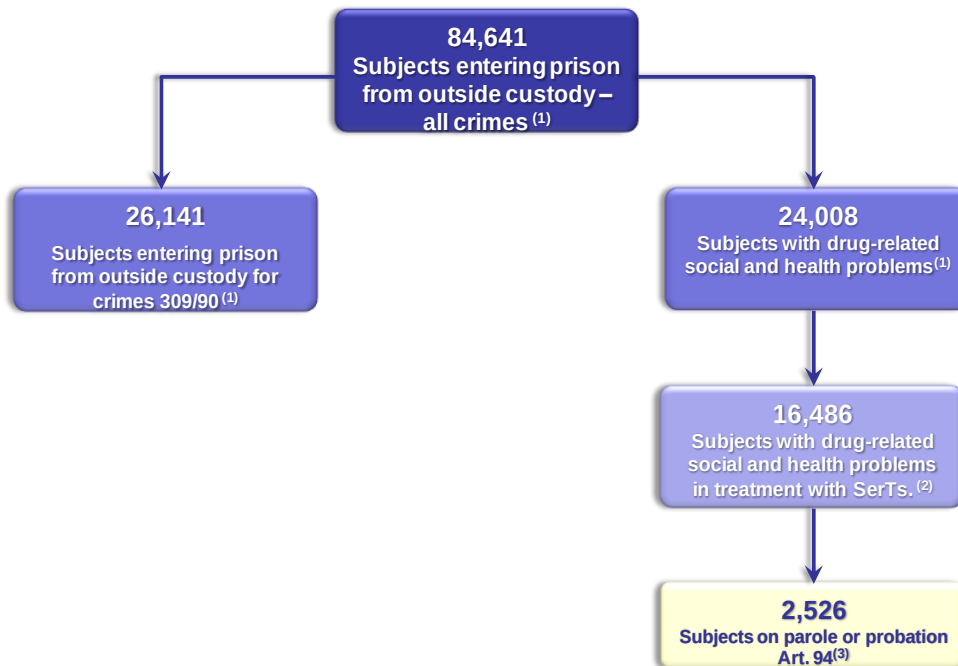
The principal aim of the study of prison inmates is to identify those who are addicted to drugs, a condition which implies the need to provide treatment and care for the subject, and therefore apply Art. 94 (parole or

Presence of drug addiction among prison inmates

probation in care of social services) of DPR 309/90.

Figure 9.8 illustrates the conceptual flow diagram of the “classification” of subjects entering the prison system based on their condition as drug users, possible addiction and implementation of legislation in order to place these subjects, as special cases, on parole in care of social services (Art. 94 DPR 309/90).

Figure 9.9: Reconstruction of data on prison inmates from multiple sources: entering prison from outside custody, entering prison for crimes under 309/90, subjects with drug-related social and health problems, prison inmates receiving treatment from Public Drug Treatment Units (SerTs) and subjects on parole or probation in accordance with Art. 94 of DPR 309/90. The year 2010



(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 of the Ministry of Health

(3) Ministry of Justice - Department of Prison Administration - Directorate-General for the Execution of External Sentencing

Source: Department for Anti-drug Policies

Based on the information currently provided by the Ministry of Justice and the Ministry of Health, it is possible to identify and calculate the number of prison inmates according to the categories shown in Figure 9.9.

This figure reveals the significant differences between information sources, particularly evident in the difference between the number of subjects placed in care of social services in 2010 in accordance with Art. 94 of DPR 309/90 (2,526) and the number of drug addicts placed in care of social services without having served custodial sentences in 2010, according to information from the Department for Prison Administration of the Ministry of Justice (24,008) (this information source is used when completing ST 12).

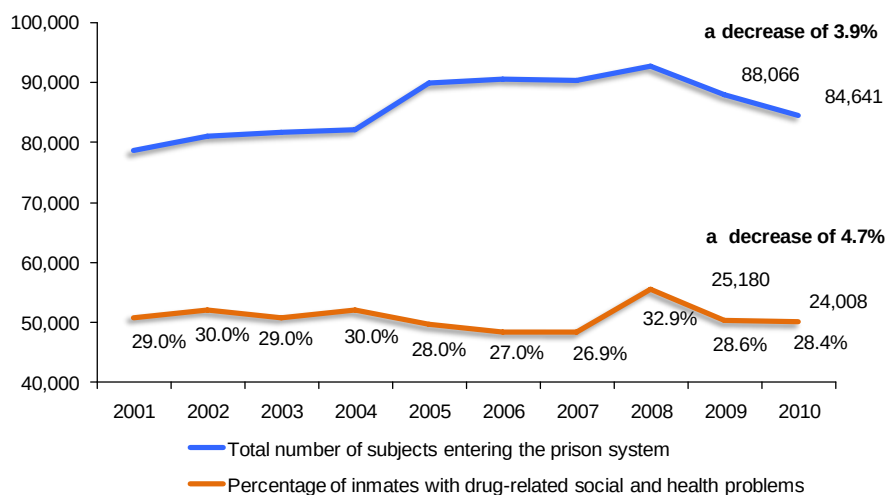
9.4 Drug use and problem drug use in prisons

9.4.1. Incarcerated adult drug addicts

According to the figures published by the Department of Prison Administration, there were a total of 84,641 persons entering prison from custody in 2010, a 4.7% decrease in comparison with figures for 2009. In the same year, 26,141 subjects were serving prison time for violations of Art. 73 of DPR 309/90, which deals with the production, traffic and unlawful possession of narcotic and psychotropic substances, a 7.9% decrease in comparison with 2009. In 2010, the number of subjects with drug-related social and health problems entering the prison system from outside custody had fallen in comparison with the previous year (25,180 in 2009 in comparison with 24,008 in 2010), showing a return to the percentage values observed at the beginning of this most recent ten-year period (Figure 9.10).

4.7% decrease in the number of persons with drug-related social and health problems entering the prison system from outside custody in comparison with figures from 2009

Figure 9.10: Total number of subjects entering the prison system and percentage of prison inmates with drug-related social and health problems. The years 2001 – 2010

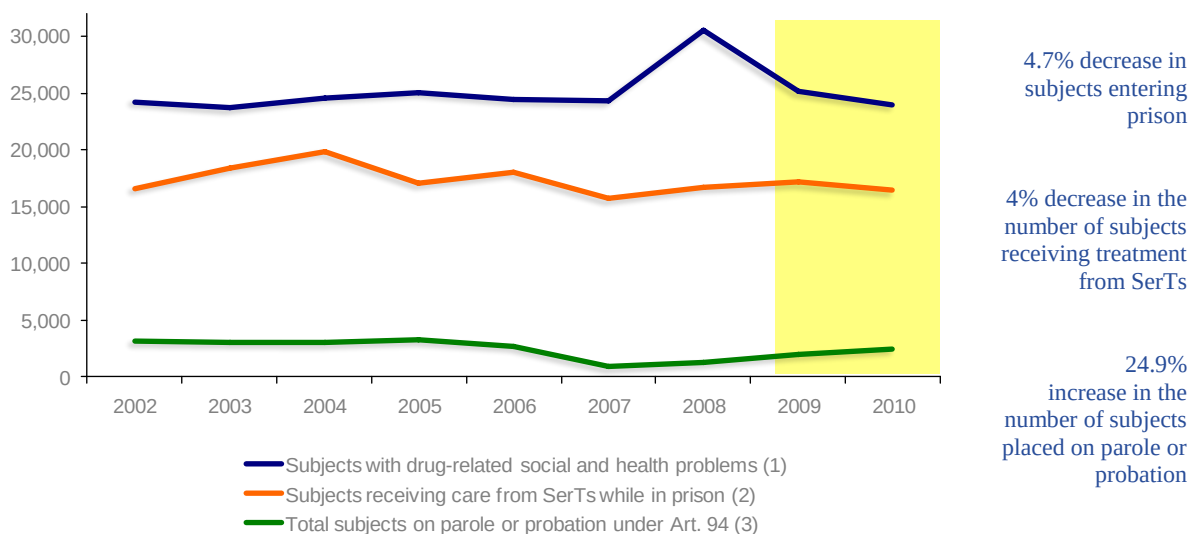


Source: Based on data from the Ministry of Justice – Department of Prison Administration

Over the last ten-year period under consideration, there has been a fluctuation in the percentage of subjects with drug-related social and healthcare problems receiving treatment from SerTs in relation to those entering the prison system from outside of custody and defined as such by the Ministry of Justice, always less than 100%, with values ranging between 55% and 80%.

This evidence lends credence to the hypothesis that only a part of those inmates with drug-related social and health problems have required diagnostic services or treatment/rehabilitation from the SerTs, while it nonetheless remains impossible to clearly distinguish the group of persons who are truly addicted to drugs from those who simply use them. Moreover, it is likely that some of those persons receiving treatment from SerTs while serving time in prison did not enter prison for crimes in violation of DPR 309/90, but for other crimes.

Figure 9.11: Subjects with drug-related social and health problems entering prisons, inmates receiving treatment from SerTs and subjects placed on parole or probation under Art. 94 of DPR 309/90. The years 2002 - 2010



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 of the Ministry of Health
(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

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.

According to said report, 860 juvenile drug-users passed through the juvenile justice system during the course of 2010 after having been found guilty of crimes, showing a 16.9% decrease in comparison with the previous year's figure (1,035).

Nearly 96% of these juveniles entering the juvenile justice system were male, 81% were Italian, and the average age was 17.

Although the number of drug-using minors who passed through the juvenile justice system in 2010 was smaller in terms of percentage than it was in 2009, the same comparison also shows an increase in the percentage of these who are girls (+13.5%) as well as in the percentage who are Italian citizens (+1.8%).

Once again in 2010, the drug used by more than 83% of minors receiving treatment from the Juvenile Justice Services was cannabis, followed by cocaine (7.3% of cases) and heroin (a further 4.7% of cases). 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. Among foreign drug users, both opiate and cocaine use is higher than among their Italian peers. This is in contrast with figures for cannabinoids, which are used more by Italian minors.

Although an examination of the trends in percentage distribution of minors by type of drug used and by nationality (Figures 9.12 and 9.13) reveals very different drug-use profiles for Italian minors and their foreign peers, cocaine use has become more prevalent than heroin use for both groups since 2003.

Subjects, and subjects entering the juvenile justice system

Decrease in comparison with 2009 (-16,9%)

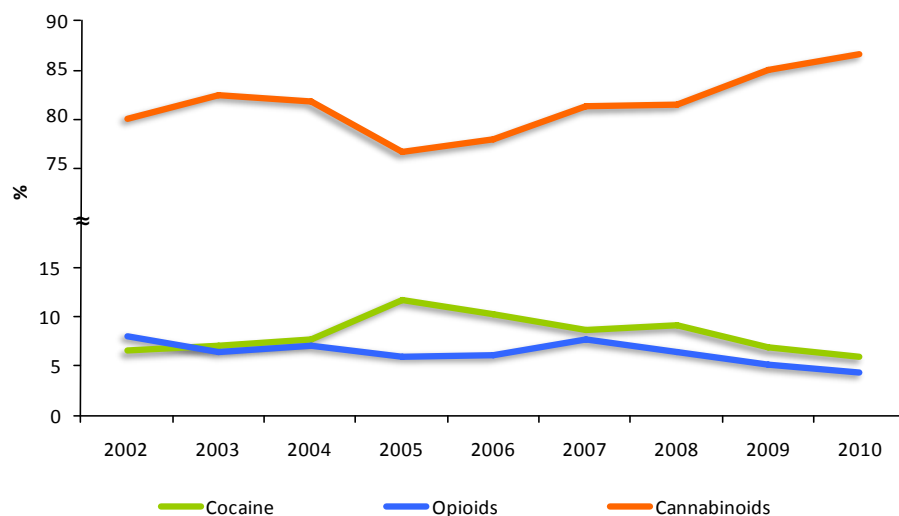
Predominance of male gender

Cannabis and cocaine: the two substances most used by minors

Cocaine is more widely used than heroin

Figure 9.12: Percentage of juvenile *Italian* drug users passing through the juvenile justice system, by type of drug used. The years 2002 – 2010

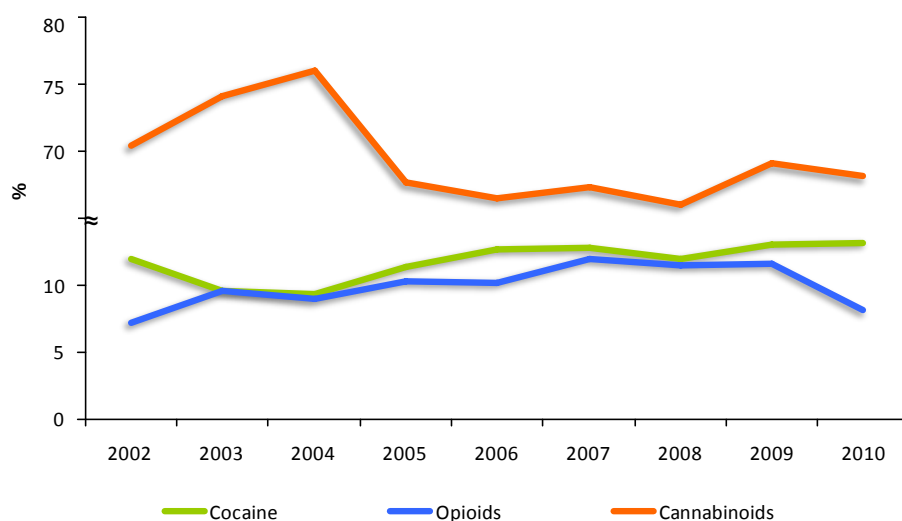
The trend among Italian minors: a higher level of cannabis use



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

Figure 9.13: Percentage of juvenile *foreign* drug users passing through the juvenile justice system, by type of drug used. The years 2002 – 2010

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



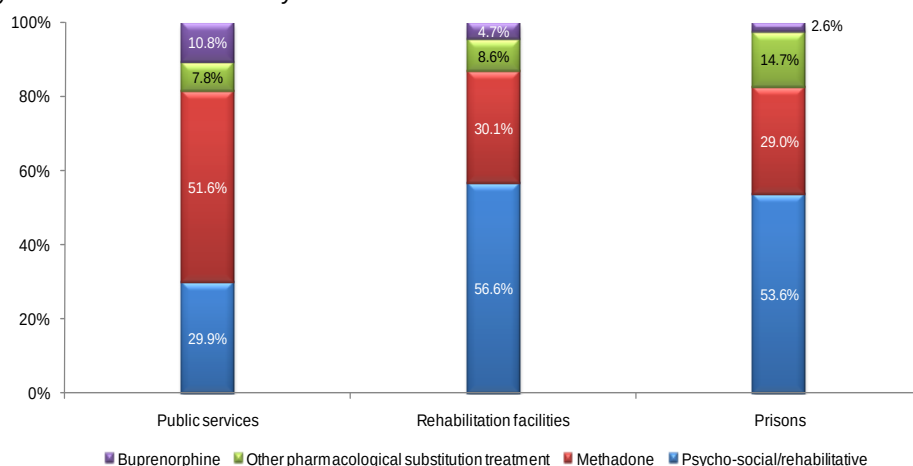
Source: Based on data from the Ministry of Justice – the Department of Juvenile Justice

9.5 Responses to drug-related health issues in prisons

9.5.1. Drug treatment

Figures regarding psycho-social or pharmacological treatment provided to prison inmates by drug addiction services differ greatly from figures regarding both these types of treatments for subjects receiving treatment at public drug treatment facilities, according to data collected by the Ministry of Health (Figure 9.14).

Figure 9.14: Percentage distribution of drug addiction service clients by treatment type and by treatment location – The year 2010

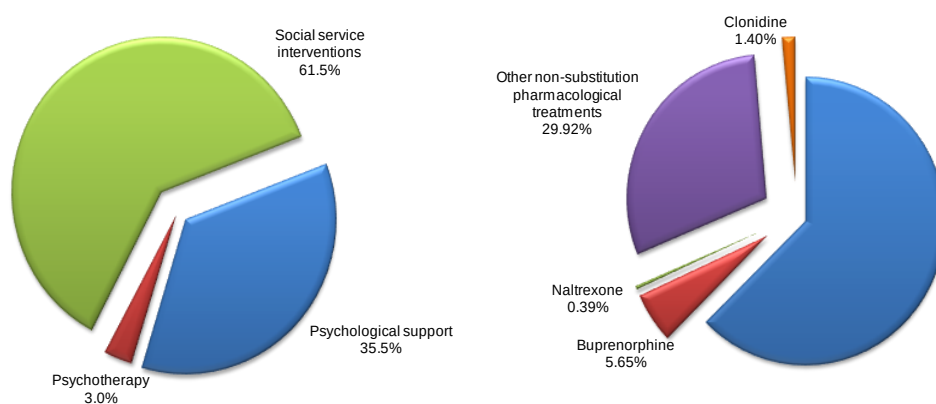


Source: Based on data from the Ministry of Health

In prisons, unlike at public service locations, the majority of treatments provided are psychosocial/rehabilitative (53.6%). These treatments consist mainly of social service interventions, with a very small percentage of treatments consisting of psychotherapy (3.0% of the total of all psychosocial treatments provided). Psychological support is more commonly provided to subjects receiving treatment while in prison (35.5%) than to clients receiving treatment at local public drug treatment services locations (31.0%).

Most of the pharmacological treatments provided are substitution treatments using methadone (62.6% of the total of pharmacological treatments provided to inmates in 2010), followed by non-substitution pharmacological treatments (30%) (Figure 9.15). These figures are in contrast with percentages which stand at 74% and 10% respectively for pharmacological treatments provided to Public Drug Treatment Unit (SerT) clients.

Figure 9.15: Percentage distribution of inmates receiving treatment in prison, by type of psycho-social treatment and type of pharmacological treatment – The year 2010



Source: Based on data from the Ministry of Health

9.5.2. Prevention of overdose-risk upon prison release

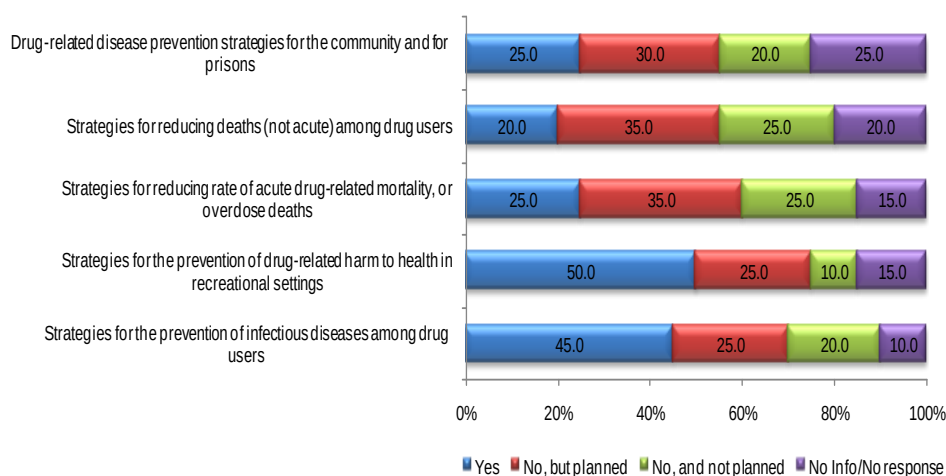
When drafting the 2010-2013 National Action Plan on Drugs, in reference to the action area targeting the treatment and prevention of drug-related diseases, the Department for Anti-drug Policies focused specific attention on the prevention and reduction of death by overdose, drawing up the following actions:

- Actions:
- a) distribution of vials of naloxone hydrochloride to family members of heroin addicts for the emergency aid of patients
 - b) organising training courses for drug addicts in order to provide them with the basics of emergency aid in case a companion should overdose
 - c) launching coordinated, agreed-upon actions (through the use of shared protocols and processes) intended to prevent the increase of overdose risk when drug addicts leave prisons for the outside world, leave their communities for other locations or leave attenuated custody programmes in prison for the outside world.

Actions included in the National Action Plan to prevent and reduce the risk of death by overdose

At a local level, this topic was investigated through use of EMCDDA Structured Questionnaires SQ 23 and SQ 29, which include sections devoted to policies for reducing acute psychoactive drug-related mortality.

Figure 9.16: Percentage of Regions and Autonomous Provinces which have official documents describing prevention strategies for drug-related diseases. The year 2010



Source: Based on data collected from EMCDDA Questionnaires provided to the Regions

Based on the answers provided by the Regions, the existence of official documents describing strategies ranges from 20% for strategies for reducing deaths (not acute) among drug users and 50% for the reduction of drug-related harm to health in recreational settings (Figure 9.16). One Region in three indicated that it had official documents which describe strategies for reducing the rate of acute drug-related mortality, which include Regional Social and Healthcare Plans, the Regional Early Warning Systems, to the reorganisation of regional pathological addictions services and regional guidelines for the prevention of overdose mortality rates among drug addicts.

At least 50% of Regions and Autonomous Provinces launched high-priority initiatives for the prevention of acute drug-related mortality in 2010. Specifically, in 80% of cases, informational materials were distributed on

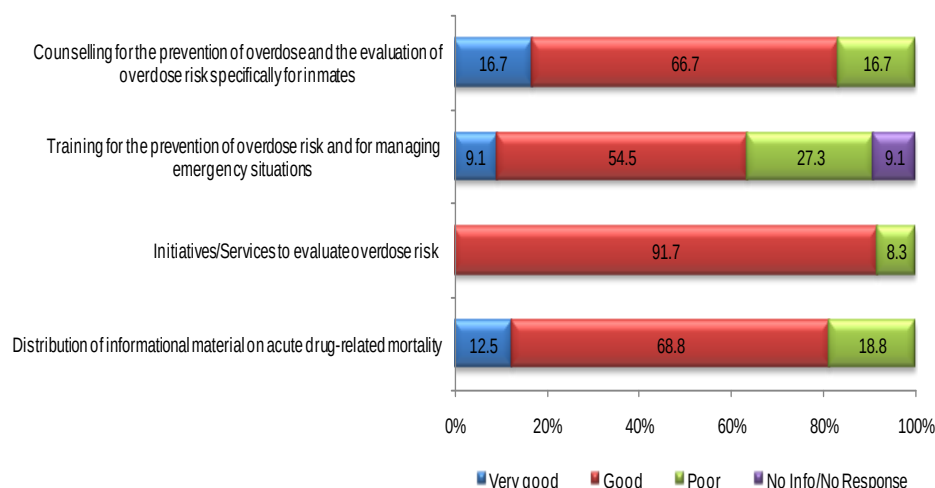
One out of every three regions has official documents mentioning strategies for reducing deaths by overdose

50% of Regions have launched initiatives for the prevention of

the topic and, in 60% of cases, initiatives were carried out or services provided to evaluate overdose risk, give prevention counselling and evaluate the risk of overdose among the prison population specifically. The evaluation of the availability of these services (Figure 9.17) was generally good and remained at over 60% across the board.

overdose deaths,
80% of which
consisted of the
distribution of
informational
materials

Figure 9.17: Evaluations of the availability of high-priority initiatives for the prevention of acute drug-related mortality. The year 2010



Source: Based on data collected from EMCDDA Questionnaires provided to the Regions

The production of informational materials on the prevention of acute drug-related mortality targeting specific groups of people was generally rated as poor and was at less than 50% across the board, reaching a maximum of 45% for groups consisting of the family and friends of psychotropic drug users and the staff of discoteques and bars, and falling to a minimum of 5% for groups consisting of police officers.

In comparison with 2009, the funds set aside for the prevention of acute mortality increased by nearly three million Euros (a 44.6% increase). This is mostly due to the region of Latium, which more than doubled the amount of funds it dedicates for this purpose.

3 million Euros
more than in 2009

Table 9.3: Total funds provided within the Regions and Autonomous Provinces over the course of 2010 for prevention projects concerning health risks, with specific provisions concerning prevention initiatives for acute drug-related overdose

Over 9 million
Euros for the
prevention of drug-
related deaths

Regions	Amount (Euros)	%
AP Bolzano	652,994.00	7.2
Calabria	35,000.00	0.4
Latium	4,404,000.00	48.4
Lombardy	1,016,503.00	11.2
Marche	216,998.00	2.4
Piedmont	919,300.00	10.1
Apulia	400,00.00	4.4
Tuscany	1,461,608.00	16.1
Total	9,106,403.00	100.0

Source: Based on data collected from EMCDDA Questionnaires provided to the Regions

The Regions have launched targeted services to provide support for drug-related disease prevention and risk reduction strategies.

In 2010, there were 199 targeted services (a 76% increase) throughout the Regions and Autonomous Provinces, which, between them, had been in contact with over four-hundred thousand subjects.

Specifically, there were 67 street units (PRSs) dedicated to the prevention of drug-related health risks and 63 street units (LRDs) dedicated to combating alcohol and night-related risks which, between them, were responsible for the majority of contacts made in 2010. 12 street units were dealing with problems related to prostitution. There were also 39 daytime drop-in centres, 7 low-threshold 24-hour reception centres, 7 shelters specialising in pathological addictions and 6 services supplying basic needs.

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

Table 9.4: Structured services for the prevention of health risks present in the Regions and Autonomous Provinces during the course of 2010

Type	Number of service units	Subjects contacted during the year
Street Units (PRS) for drugs	67	163,940
Street Units (LDR) for alcohol/night-related risks	63	235,070
Street Units for problems relating to prostitution	12	16,075
Daytime drop-in centres	39	41,571
Low-threshold 24-hour reception centres	7	2,591
Shelters specialising in pathological addictions	7	No data
Other specialised social services (basic needs)	4	611

Source: Based on data collected from EMCDDA Questionnaires provided to the Regions

10. DRUG MARKETS

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

The profile described in this chapter is based on 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, an information source to which reference should be made for further details and in-depth analyses.

Preface

DCSA:
the principal source
of information

10.1. Availability and supply

Our country, with its over 6,000 kilometres of coastline, is one of the principal points of access for drugs coming into Europe due to its unique position in the centre of the Mediterranean Sea near the coasts of North Africa (an important new area not only for narcotic drug production but also for drug stockpiling). Italy's location also makes it an ideal access point for drugs arriving from the Balkan route, the same overland route along which most of the heroin coming from Afghanistan is transported.

In the year 2010, the on-going trend established in 2003 continued, with the number of persons charged with drug-related crimes in Italy continuing to increase (7.1% more this year than in 2009). By disaggregating Regional data on conspiracy charges (Art. 74 of D.P.R. 309/1990) we can see that, of 4,068 subjects, 50.6% of these were charged with crimes in the South of Italy, specifically in Apulia (643), in Campania (595), in Calabria (347) and in Sicily (330), regions where mafia-type organised crime is deeply rooted.

Drug trafficking is the most typical activity of organised crime syndicates, and is their most lucrative sector. When examining the data on narcotic drug seizures carried out by Law Enforcement Agencies, a clear picture begins to emerge. The effects of the presence and of the deeply-rooted nature of mafia-style organised crime in its regions of origin, although it is in some ways less visible than in the past, continue to be evident in the quantity of drugs seized in 2010, with Campania, Apulia, Calabria and Sicily continuing to be the Regions where the greatest quantities are seized.

Specifically, concerning plantations growing cannabis, from which marijuana and hashish are made, it was in the aforementioned four regions that a full 71% of the total number of plants seized during the course of the year were found. At a national level, the four highest rankings for plant seizures were occupied, in descending order, by Sicily, Campania, Calabria and Apulia, the last of which showed a 144.4% increase in comparison with the previous 12-month period. The 76.3% increase in plant seizures in Sardinia, which thus rises to occupy sixth place in the ranking of the most plant seizures, was also of operational interest. This once again confirms that, for yet another year, these Indian

Italy: one of the
principal trafficking
areas and transit
routes for illicit
drugs

Increase in the
number of persons
charged with
crimes: 7.1% more
than in 2009

The role of
organised crime

Campania, Apulia,
Calabria and Sicily
in the highest
positions for
quantity of drugs
seized

71% of cannabis
cultivation takes
place in the south

hemp plantations have remained an important item on the balance sheet of “criminal capitalism” in Southern Italy, generating a few million Euros when sold at street value. It was also in the four above-mentioned Regions that the majority of marijuana was seized in 2010 (63.6% of all marijuana seized in Italy, compared with 58.5% in 2009).

Foreign crime syndicates continue their expansion throughout Italy, and their activities in the drug market are more often “intermeshed” with Italian syndicates than in competition, this to better respond to the particular demands of illicit drug trafficking. Foreign crime transplanted to Italy has been an important phenomenon for some time now, characterised by its ever greater expansion throughout the country and the many different forms it can take. Profits generated by the sale of drugs in Italy are shared between different foreign crime syndicates, but predominantly in areas less subject to mafia control. Moroccans (+126.6% of charges for conspiracy to traffic narcotic drugs) are most active in the trafficking and dealing of hashish, while Nigerians once again reaffirm their nearly exclusive involvement in cocaine dealing and trafficking through their presence in the innumerable host of drug mules who swallow cocaine which, however, is comprised of ever greater quantities of drug mules who are no longer Nigerian but Baltic, Caucasian or South American. We should also like to call attention to the presence of this ethnic group among the managers of internet points and call centres, which lend themselves to activities of money laundering, often of illegal money coming from the drug trade, through remittance of capital by money transfer.

Tunisians, on the other hand, were more often found to be involved in crimes in connection with hashish, heroin and/or cocaine, the same as Albanians (+80.6% conspiracy charges), although this latter group deals especially in larger quantities, and of marijuana as well.

Chinese organised crime in Italy deserves a special assessment. Although drug trafficking is not currently one of its most important balance sheet items, favoured though it would be by innumerable and well-established commercial and illegal routes (trafficking in illegal labourers and counterfeit products), as well as by the extensive available finances deriving from numerous and thriving businesses, not to mention the fact that China is one of the most important producers of synthetic drugs and drug precursors, Chinese organised crime groups are beginning to enter the Italian illicit drugs market, although mostly, at least for the moment, within their own local communities. Moreover, the fact that the Chinese community, although concentrated largely in the Centre-North of Italy, has grown significantly in the Campania Region, especially in the Province of Naples, should not be taken lightly, since Chinese organised crime has already established firm connections with the Camorra clans in that area with the purpose of producing, transporting and distributing counterfeit goods. The port of Naples has already witnessed an increase in trafficking with the Far East and with China in particular.

Serbian-Montenegrin organised crime, distinguished by its military-style organisation, methodology, mentality and equipment, given many of its members' past affiliation with paramilitary units, gives particular cause for alarm. Different investigative branches have shown that these organisations are active largely in the North of Italy, and particularly in the Milan area. Moreover, it has been documented that the 'Ndrangheta itself turns to Serbian groups for cocaine supplies, since these are able to offer very large quantities of extremely pure cocaine at competitive prices, taking upon themselves all the risk burden associated with transportation and stockpiling.

The nomadic criminal activities of Roma people in Italy deserve attention

Foreign criminal
activity growing in
Italy

Moroccans: hashish
trafficking and
dealing

Nigerians:
cocaine trafficking
and dealing

Tunisians and
Albanians: crimes
in connection with
hashish, heroin and
cocaine

Chinese criminal
activity in the drug
market

Serbian-
Montenegrin
criminal activity:
mostly located in
the North of Italy

as well, since there has recently been substantial involvement on their part in the drug sector. This involvement has comprised not only the dealing of various types of drugs, but also charges of conspiracy, including armed conspiracy, to traffic drugs on an international level, and has involved close ties with Italian and foreign criminal groups and mafia clans such as the 'Ndrangheta. It is drug trafficking which, more than any other illegal activity, not only produces new criminal groups and reinforces those already involves, but also contributes to creating and extending the network of relationships that revolve around it, going beyond national borders and permitting the development of cross-border criminal networks which oversee the different phases of the drug-trafficking chain.

As far as marijuana is concerned, or, more generally, cannabis cultivation, it should be noted how this phenomenon – already very widespread, considering that cannabis remains the most produced drug in the world with the highest number of users – is further favoured not only by, as we have already seen, the greater direct involvement of indigenous traditional criminal organisations, but also by other factors, such as the Internet and the ever-greater spread of so-called smart shops, both within the country and online.

10.1.1. New drugs

In 2008, in accordance with European regulations, the Department for Anti-drug Policies launched the Italian National Early Warning and Rapid Response System for Drugs – National Early Warning System (N.E.W.S.). This system, under the requirements of European Council Decision 2005/387/JHA of 10 May 2005, gathers information on the manufacturing, trafficking and use, including medical use, of new psychoactive drugs and compounds containing those drugs, in respect of the respective mandates of both these bodies.

As far as the appearance of new drugs in Italy is concerned, the most noteworthy phenomenon tracked by the National Early Warning System in 2010 was the one involving synthetic cannabinoids. These are molecules of synthetic origin which are added to mixtures of herbs (herbal blends) and sold as ambient perfumes or incense but promoted by sellers over the Internet or in so-called smart shops as legal alternatives to cannabis, meant to be smoked, although labelled as “not for human use”. The extent of this phenomenon was so great that, in 2010 and 2011, 19 cases of severe toxicity following ingestion of synthetic cannabinoids were reported to the National Early Warning System, giving rise to a country-wide state of alert.

In 2010, with the collaboration of the Ministry of Health, the synthetic cannabinoids JWH-018, JWH-073, JWH-122, JWH-250 as well as their analogues, and the synthetic cathinone mephedrone, were inserted in Table I of DPR 309/90, thus making any herbal blend containing these molecules illegal as well.

In addition to the synthetic cannabinoids, in 2010, 5 seizure operations were reported to the N.E.W.S. These seizures, which had taken place between January and March, involved pills containing mephedrone (4-methylmethcathinone, 4-MMC), a synthetic molecule belonging to the class of synthetic cathinone derivatives, with stimulant properties. Considering how widespread this substance has become in Europe (at least 20 cases of deaths with suspected or confirmed presence of cathinones throughout Europe), Italy included, and the ever-growing number of cases documenting its toxicity, the N.E.W.S. issued a Level 2 national alert. Mephedrone was inserted in Table I of DPR 309/90 by

Nomadic criminal activities of the Roma people: conspiracy to traffic drugs internationally

Il National Early Warning System (N.E.W.S.)

Synthetic cannabinoids

Synthetic cannabinoids inserted in catalogue of illicit drugs

Pills containing mephedrone seized

Legislative Decree issued on 16 June 2010.

Halfway through the year, the N.E.W.S. received the first report of the presence of Butylone, a entactogen, psychedelic and stimulant of the synthetic cathinone class, and of traces of Methylone. The EMCDDA had also received reports from Germany, Belgium, Hungary and Ireland that those countries had detected the presence of Butylone, in powder and/or pill form, during the same period.

Appearance of
Butylone

During the course of 2010, numerous reports were made to the N.E.W.S. regarding the presence in Italy of pills very similar in shape and appearance to Ecstasy but which, upon toxicological analysis, were found to contain another synthetic stimulant drug, meta-Chlorophenylpiperazine (mCPP). The spread of mCPP, an active principle which is not currently included in Table I of DPR 309/90, was confirmed by other seizures which took place during the second half of the year.

Spread of meta-
Chlorophenylpiper-
azine (mCPP)

10.2. Operations and Seizures

Law Enforcement activities fighting the illicit drug trade 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 2010 by Law Enforcement Agencies (LEA) to fight this phenomenon, and of the results thus achieved.

10.2.1. Quantities and numbers of seizures of illicit drugs

In 2010, Law Enforcement Agencies conducted a total of 22,064 anti-drug operations, a 5.2% decrease with respect to the previous year, when numbers had reached a historical high for the decade.

5.2% decrease in
the number of anti-
drug operations in
2010 (historical
high was reached in
2009)

Anti-drug operations conducted by Law Enforcement Agencies led to the seizure of illicit drugs in 85% of cases, 8.5% of operations led to further crime detection, and 6.1% led to the discovery of quantities of drugs. In comparison with the previous year, three laboratories for the processing of cocaine and liquid hashish were also discovered and dismantled.

Types of operations

In 2010, unlike in the previous year, there was a significant decrease in marijuana seizures (down by 34.1%), while hashish seizures remained stable (down by just 0.8%). The greatest amounts of these drugs were seized, for the most part, in Northern Italy, and particularly in Liguria (30.4% of the total amount seized) and Lombardy (14.7%). This was in contrast with 2009 figures, which placed the Campania region in the highest place on the list for these seizures.

Decrease in
marijuana
seizures

There has also been a reduction in the quantities of cocaine and heroin seized by LEA (3.8 and 0.9 tons respectively), which is equal to a 5.8% decrease in cocaine seizures and an 18.3% decrease in heroin seizures in comparison with 2009.

Decrease in cocaine
and heroin seizures

The trend in the seizure of cannabis plants is completely the opposite, confirming the alert issued by the National Directorate for Anti-drug Services regarding the spread of local growing of illicit drugs on the part of organised crime syndicates. Indeed, seizures of cannabis plants, which are down by 39.5% in comparison with 2009, were carried out mostly in the Southern Regions of Sicily (28.7%), Campania (24.8%) and Calabria (11.3%), regions which also have climates which are favourable for the growing of cannabis plants.

Local growing of
cannabis plants and
seizures of them by
geographic area:
Sicily and
Campania

Table 10.1: Anti-drug operations and seizures of illicit drugs. The years 2009 – 2010

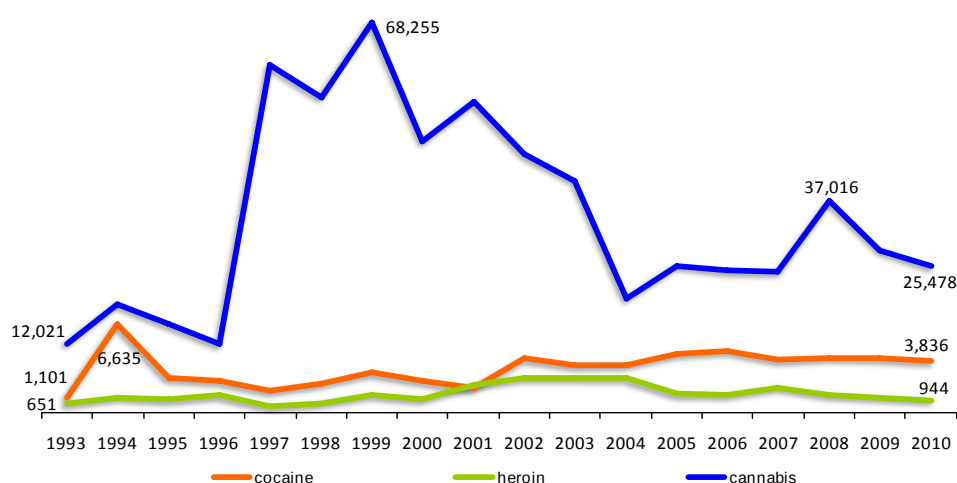
	2009		2010		Δ %
	No.	%	No.	%	
Anti-drug operations					
Seizure	19,738	84.9%	18,759	85.0%	-5.0%
Crime detection	1,895	8.1%	1,883	8.5%	-0.6%
Discovery	1,547	6.6%	1,339	6.1%	-13.4%
Other	86	0.4%	86	0.4%	0.0%
Total	23,266	100.0%	22,064	100.0%	-5.2%
Seizures of illicit drug					
Cocaine (Kg)	4,073	11.9%	3,836	12.4%	-5.8%
Heroin (Kg)	1,155	3.4%	944	3.0%	-18.3%
Hashish (Kg)	20,311	59.6%	20,141	64.9%	-0.8%
Marijuana (Kg)	8,098	23.7%	5,337	17.2%	-34.1%
Cannabis plants (No. of plants)	118,967	-	71,988	-	-39.5%
Synthetic drugs (units/doses)	66,208	-	74,622	-	+12.7%

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

Trends in the quantities of drugs seized over the last fifteen years place cannabis derivatives at the top of the ranking, with a particularly high quantity, exceeding 40 tons, in the period spanning 1997 – 2003. Figures remained more or less stable after 2004, with the exception of 2008, a year in which the LEA intercepted a quantity in excess of 37 tons. Figures for the seizures of cocaine and heroin remain much less variable. Between 2002 and 2010, cocaine seizures fluctuated between 3.5 and 4.5 tons, while heroin fluctuated between 1.0 and 2.5 tons, falling to a ten-year low in 2010. (Figure 10.1).

Trends in the quantities of illicit drugs seized

Figure 10.1: Quantities of illicit drugs seized by Law Enforcement Agencies during the course of anti-drug operations. The years 1993 – 2010



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

1.5.2.2. Laboratories dismantled

Since 2004, 20 laboratories for the manufacturing and processing of psychoactive substances, mainly cocaine, have been dismantled. Intense activity on the part of LEA led, in 2008, to the discovery of the most laboratories in the last five years, 4 of which were used for cocaine processing, and one for heroin. 3 laboratories were discovered in 2010, one of which was used for the manufacturing of liquid hashish.

If we consider the whole of this period, we find that half of all laboratories dismantled were in Lombardy, 3 were in Latium, 2 in Veneto and 2 in Piedmont, while the regions of Liguria, Apulia, Campania and Sicily accounted for 1 laboratory each.

New laboratories dismantled in 2010

Laboratories by geographic area: Lombardy, Latium

Table 10.2: Laboratories dismantled by the LEA, by type of drug manufactured. The years 2004 – 2010

	2004	2005	2006	2007	2008	2009	2010
Cocaine	2	4	1	2	4	-	2
Heroin	-	-	1	1	1	-	-
Amphetamine	-	-	-	-	-	1	-
Methamphetamine	-	-	1	-	-	-	-
Liquid hashish	-	-	-	-	-	-	1
Total	2	4	2(*)	3	5	1	3

(*) The total number of laboratories is less than the sum of laboratories by substance because one laboratory processed both heroin and cocaine.

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

Trends in retail and wholesale prices of drugs represent one of the variables which determines how drug demand relates to supply. It is therefore a variable of utmost importance when analysing the effects of national and international policies for anti-drug policy management.

Table 10.3: Minimum and maximum price per unit (gram/dose/pill) of drug – The year 2010

Drug	Minimum price			Maximum price		
	2009	2010	Δ%	2009	2010	Δ%
Hashish (g)	8.8	8.9	+1.8%	12.8	13.5	+5.2%
Marijuana (g)	7.5	7.7	+2.7%	8.9	9.4	+5.6%
Brown heroin(g)	34.7	35.5	+2.3%	48.2	48.4	+0.4%
White heroin (g)	53.3	53.3	0.0%	68.3	68.3	0.0%
Cocaine (g)	58.8	57.9	-1.4%	83.8	80.4	-4.0%
Amphetamine (g)	14.8	16.0	+8.1%	16.2	17.4	+7.4%
Ecstasy (dose)	14.1	14.8	+4.8%	17.7	18.5	+4.5%
LSD (dose)	28.0	23.3	-16.7%	29.2	28.2	-3.6%

Source: Ministry of the Interior – the Central Directorate for Anti-drug Services

Different price variations:

slight increase in the price of cannabis and cannabis derivatives

decrease in price of cocaine

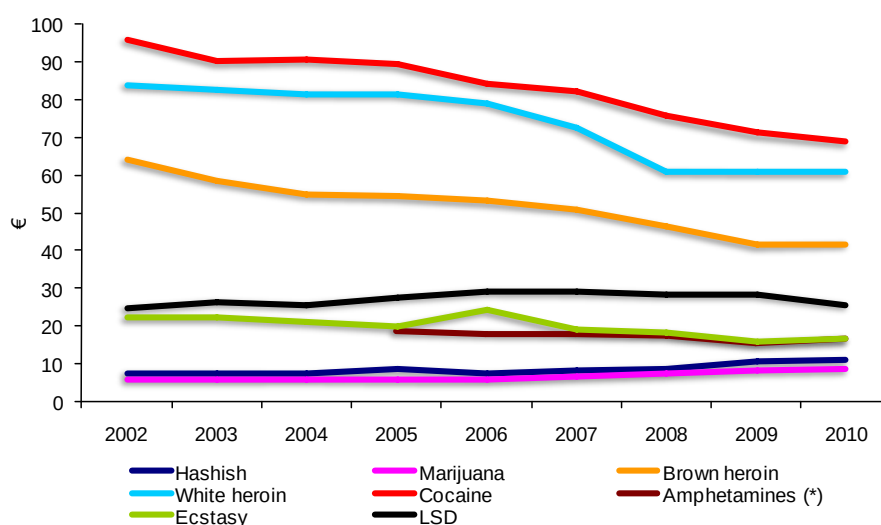
heroin prices remain stable

increase in prices of amphetamines

decrease in price of LSD

Collection of price information is currently the responsibility of the Central Directorate for Anti-drug Services, which processes information coming from the local policies forces of twelve sample cities (Palermo, Reggio Calabria, Naples, Bologna, Venice, Florence, Trieste, Turin, Rome, Genoa, Milan, Verona). In 2009, as in the past, the maximum and minimum prices of cocaine and lysergic acid (LSD) continue to fall, while there has been a new increase in the minimum and maximum prices of cannabinoids. The price of white heroin remains stable, while the minimum and maximum prices of brown heroin, amphetamines and single doses of ecstasy have been on the rise again ever since 2009.

Figure 10.2: Average prices (minimum and maximum) per dose of psychoactive drug. The years 2002 – 2010



(*) Data concerning amphetamines prices are available only from the year 2005

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

From 2002 to 2010, average prices have fallen from €96 to little more than €69 per gram of cocaine and from approximately €29 to little less than €26 per single dose of LSD; minimal increases, of little more than one Euro per dose, have been recorded during the last year for cannabinoids, brown heroin, ecstasy and amphetamines (Figure 10.2).

General average price trend from 2002 to 2010 shows a downturn

10.3.2. Purity of illicit drugs

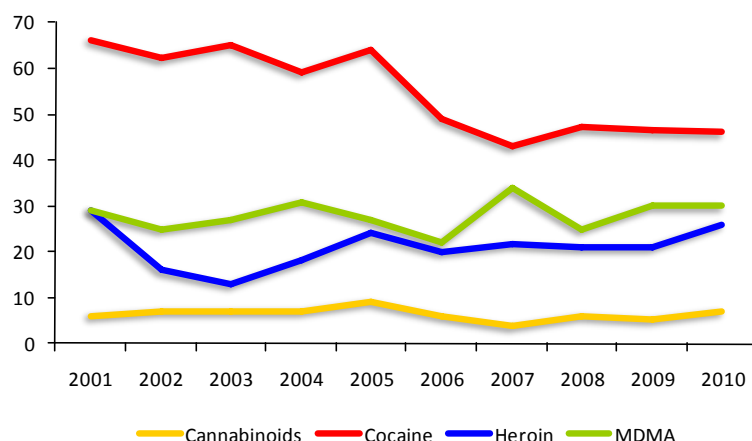
The data on the purity of drugs comes from analyses conducted by the Drug Investigation Section of the Police Scientific Service of the Central Anti-crime Directorate of the State Police as set forth in the specifications established by the European Monitoring Centre for Drugs and Drug Addictions. The data recorded refers to both high-quantity seizures and street seizures.

In 2010, the average percentage of active principle found in the samples analysed increased for both cannabinoids (THC), which rose from 5% to 7%, and for heroin, which rose from 21 to 26%. The percentages of pure drug in MDMA and cocaine remained stable at the values observed in 2009, 30% and 46% respectively (Figure 10.3).

Increase in % of active principle in cannabinoids and heroin

% of active principle in cocaine and MDMA compounds remained stable

Figure 10.3: Average percentage of pure drug in drugs found by Law Enforcement Agencies in the years 2001 to 2010



Source: Based on data from the Ministry of the Interior – Central Anti-crime Directorate of the State Police

Table 10.4 contains the maximum, minimum, average and median values of active principle found in illegal psychoactive drugs in 2010. Variability is very high, ranging from 0.3% to 16.5% for cannabinoids, from 12% to 84% for cocaine, from 2.4% to 48% for heroin and from 7% to 45% for MDMA. All variation registered may also be the result of combining the types of seizures (large shipments or retail), since drugs seized in these two different situations can have very large differences in percentage of active principle.

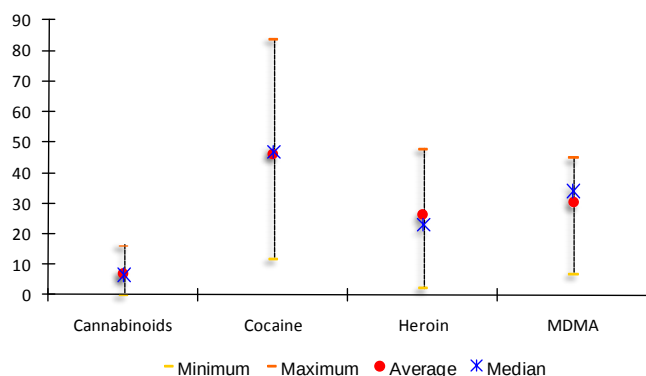
High variability in quantities of active principle

Table 10.4: Minimum, average, median and maximum active principle values found in illicit psychoactive drugs. The year 2010

	Cannabinoids	Cocaine	Heroin	MDMA
Minimum	0.3	12	2.4	7
Average	6.9	46	26	30
Median	6.6	47	23	34
Maximum	16.5	84	48	45

Source: Based on data from the Ministry of the Interior – Central Anti-crime Directorate of the State Police

Figure 10.4: Variability in the quantity of active principle in illegal psychoactive drugs found by Law Enforcement Agencies in 2010



Source: Based on data from the Ministry of the Interior – Central Anti-crime Directorate of the State Police

Part B

Selected Issues

11. DRUG RELATED HEALTH POLICIES AND SERVICES IN PRISON

11.1. Prison systems and prison population: contextual information

In Italy, data on prison inmates have always been managed by different institutional administrations: the Ministry of Justice and the Ministry of Health, through their specific departments. Since 2008, in accordance with the law, the prison health system passed entirely from the Ministry of Justice to the Ministry of Health. Since then, data flows have been being reengineered. However, general data on prisoners are still handled by the Ministry of Justice.

In 2010, the total prison population consisted of 84,641 subjects. 24,008 of these have been defined as “subjects with drug-related problems”, 16,486 were assisted by Public Drug Treatment Facilities (SerTs) while they were in prison, and 2,526 were released on parole into the care of drug addiction services. These data still refer to the old system, which did not recognize the drug-addicted prison population as subjects who could benefit from being released on parole into treatment programmes.

As the situation of drug users in prison is still not completely clear, the Department of Anti-drug Policies, in agreement with the Ministries of Justice and of Health, as well as the Regional Administrations, defined the process for recording data about:

- The number of subjects entering prison or already in prison
- The number of subjects with drug-related problems
- The number of subjects who have been diagnosed as having drug dependence (the main requirement for parole)
- The number of people requesting parole
- The number of people released on parole

This process is needed to monitor:

- The characteristics of inmates with regard to drug use
- Their treatment needs
- The willingness, availability and accessibility of probation or parole as alternatives to imprisonment

11.1.1. Organization of prison health policies and service delivery

As described above, the scenario changed in 2008: health competencies concerning prison inmates passed from the Ministry of Justice (which had a health section) to the Ministry of Health, and, within this new system, subjects with drug-related problems became the responsibility of the public health system.

For this reason, other services provided have also been revised after having come under the sole authority of the Public Health System.

11.1.2. Provision of drug-related health services in prison

In the presence of drug-related problems, prison health units provide services as requested or needed by subjects who declare or who are known to be drug users or addicts.

First of all, a case evaluation is performed which covers health, psychological, social and legal areas. After the evaluation, an intervention plan is formulated. The level of intervention depends on the severity of a given case and the diagnosis made by specialised professionals employed by the public health unit within the prison, as well as on legal conditions which can determine application of alternative measures to prison.

Italian drug law (DPR. 309/90) allows probation (or parole) if the prisoner:

- suffers from drug dependence (clinical diagnosis using DSM-IV criteria and/or ICD-9 codes)
- has a definitive criminal sentence lasting no more than six years
- has not yet benefited twice from probation (or parole) during previous prison episodes

All of these criteria must be met.

A surveillance judge can also oppose the application of probation in the case of other legal and juridical impediments (e.g. in the case of social danger) or, otherwise, suspend detention if health condition is not compatible with prison (e.g. AIDS).

Health services provided by prison health units are similar to those provided by external public units: psychological intervention, social assistance and pharmacological treatment (OST as well) are available and are provided. In most cases, people entering prison are already known addicts and it is very probable that they are already enrolled in a treatment program in an external facility; in this situation, the treatment programme continues within prison to ensure continuity of care.

The registry of the Ministry of Health reports that, in 2010, 45% of prisoners assisted by prison drug treatment units are on OST. Unfortunately, the existing data system does not permit us to know the primary drug used by inmates suffering from drug addictions.

This and other limitations will be overcome with the adoption of the new data flow. It is a system that, in respect of health competencies in prison, records demographic and clinical information (drugs and DRID) as well as information on legal issues. It is an extension of the new electronic National Information System on Addictions (SIND) adopted in Italy to record information regarding the sphere of drugs and drug use.

Data sheets, based on individual records, record the number of subjects with drug-related problems, how many of them have a diagnosed drug addiction (and to which drug) and how many underwent drug testing upon entry.

It goes without saying that gender and age are recorded, as well as geographic origin and legal status, drug interventions/treatments provided, applicability and application of parole/probation, as well as HIV and hepatitis status (including observed seroconversion)

11.1.3. Debates, methodological limitations and information gaps

This system, which began to be implemented in 2011, has two scheduled data transmission times (June and December, as sectional observations) and will put at our disposal a detailed archive containing all the information required to have a real picture of the drug situation in prisons. Preliminary data (although still inconsistent) show a situation which varies from prison to prison. The first impression is that there are different models of intervention due to the lack of the presence of guidelines providing support and direction of a “how-to” sort. As a consequence of this, and due to a lack of reference points, the quality of interventions could not be assessed.

In May 2011, the National Department for Anti-drug Policies drew up a document (*Carcere e Droga: linee di indirizzo per l'incremento della fruizione dei percorsi alternative al carcere per persone tossicodipendenti e alcolodipendenti detenute* [Prison and Drugs: Guidelines for Increasing the Application of Alternative Measures to Imprisonment for Drug-addicted and Alcoholic Prison Inmates]) containing “how-to” recommendations on this topic. The aim of the document is to standardise and enhance procedures for the application of probation and parole as alternatives to detention, as this is a right under law for people with diagnosed drug dependence. In order to achieve this, a stable and validated data flow is needed.

Part C

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