2014
NATIONAL REPORT

European Monitoring Centre for Drugs and Drug Addiction

Reitox Italian Focal Point

2014 National Report (2013 data) to the EMCDDA
by the Reitox Italian Focal Point

ITALY
New Developments and Trends

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SUMMARY

1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS

Legal framework

The national legal framework applicable in cases related to illegal psychotropic substances did not undergo any changes in 2013, remaining the same as in the previous year. This 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. 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, as well as the 20 December 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, also remain applicable in this context.

International legal framework. The Vienna Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances

EC regulations currently in force governing precursors have the purpose of implementing the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, adopted in Vienna on 20 December 1988 and ratified in Italy on 5 November 1990 with Law no. 328. The Convention establishes a surveillance system for monitoring international trade in substances susceptible to use in drug production.

New regulations (EU) governing drug precursors

In the National Action Plan on Drugs, within the Action area dealing with legislation, Goal no. 4, Action 4.1 calls for ongoing monitoring, in coordination with the competent Administrations, of legislative activities to ensure that laws regarding drug precursors are in compliance with regulations established and governed by the EC regulations.
In line with this goal, two new regulations on drug precursors followed. The first was Regulation (EU) No. 1258/2013 of the European Parliament and of the Council of 20 November 2013, amending Regulation (EC) No. 273/2004. The second was Regulation (EU) No. 1259/2013 of the European Parliament and of the Council of 20 November 2013, amending Council Regulation (EC) No. 111/2005.

National and EC Regulatory Acts

In order to bring national regulations into line with the requirements of European regulations, the Ministry of Health issued two Ministerial Decrees during the course of 2013: Ministerial Decree of 23 January 2013 and Ministerial Decree of 25 June 2013, updating the tables containing descriptions of narcotic and psychotropic substances (in accordance with the requirements of DPR 309/90).

Amendments to Presidential Decree 309/1990

Lastly, Legislative Decree No. 146 was issued on 23 December 2013, amending Article 73, Paragraph 5 of Presidential Decree No. 309 of 9 October 1990, regarding sanctions against subjects in cases of offences of a less serious nature.

The National Action Plan on New Psychoactive Substances (NAP - NPS)

September 2013 saw the publication of the new National Action Plan on New Psychoactive Substances (NPS).

The Department for Anti-drug Policies, pursuant to the guidelines of the United Nations, and specifically to Resolutions 56/4 of March 2013 and 55/1 of March 2012 and the EU Action Plan on Drugs (2013-2016), adopted by the Council on 6 June 2013, has promoted the creation of this first summarized update on the main characteristics of the NPS identified in Italy. The document also contains a series of strategic recommendations, objectives and actions to be taken in order to be able to begin building an integrated and coordinated response between all the administrations and organizations involved, in one way or another, with this phenomenon, so as to deal with this emerging issues.

Activities of the Warning System

A total of 245 reports were recorded by the System in 2013. Most of these were received from Law Enforcement Agencies (57.1%), others from the European Monitoring Centre for Drugs and Drug Addictions (33.5%) and from analytical testing laboratories (3.7%). 2.0% of reports came from Poison Control Centres. Smaller numbers of reports were sent to the System by Healthcare Facilities (emergency medical care facilities or Addictions Department) (0.8%), the Courts (0.4%) and media (2.5%).
If we examine the number of reports received by the System each six months since 2009, we find that the peak number of reports received since the Warning System's inception (160) was reached during the second half of 2013.
The most significant phenomena are transmitted throughout the nation by means of Alerts. 11 Alerts were issued in 2013: 1 Pre-alert, 2 Level-2 Alerts and 8 Level-3 Alerts; no Level 1-Alerts were issued.
Since 2009, 372 substances have been reported to the National Early Warning System by the European Monitoring Centre and Italian Collaborating Centres. They are listed below: 110 synthetic cannabinoids, 56 synthetic cathinones, 82 phenethylamines, 5 piperazine, 14 tryptamine, 5 ketamine and its analogues, 31 active principles of medicinal drugs, 5 fentanyls, 9 opioids, 8 azepane analogues, 3 phencyclidine analogues and another 44 substances of various types.

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

During the year 2013, the Department for Anti-drug Policies further strengthened its involvement in activities in the international arena, in collaboration with both European institutional bodies and international organizations, as well as through bilateral agreements. The fundamental aim of these actions has been to ensure that our country's presence in the various international assemblies is a valuable and active one. Indeed, the Department for Anti-drug Policies has played a decisive part in the drafting of international and European instruments, such as the European Action Plan, UN Resolutions and a number of EMCDDA documents.

The European Monitoring Centre for Drugs and Drug Addiction

Furthermore, the National Focal Point operates within the DPA and in close cooperation with the National Monitoring Centre. Its activities have earned it the title of "monitoring centre of excellence" and a role as a school for European education for the implementation of national and regional monitoring centres.

During the course of 2013, moreover, the Department maintained institutional and technical relations with various governments and with the principal international organizations involved in the field of drugs:

- the United Nations Organization (Annual Report Questionnaires on Drugs, a collaboration with UNODC – WHO for the implementation of a system of services for the treatment and care of drug addiction in the Balkans and for the training of U.N. countries' policy makers);.
- the European Commission (S.O.N. Project – objectives: monitoring and discouraging the sale of drugs by minors and the trafficking of harmful substances on the Internet and the preparation of a large-scale communication campaign targeting parents and educators to inform them of the dangers that minors can come into contact with on the web, the ERANID project – objective: the definition of new priorities in the fields of prevention and the fight against drugs);
- the Council of the European Union (Horizontal Drugs Group – the drafting of the CODROGUE and of Council of the European Union declarations, the Pompidou Group – actively participating in meetings, training activities and activities to export the Italian model to the Arab states of the Mediterranean);
- UNICRI (the launch of an international school of "Addictology"),
- the U.S. Government (agreement for the implementation of common policies and activities in the drugs field, specifically in the spheres of prevention, treatment and rehabilitation from addictions);
- the NIDA (agreement for research within the sphere of the neurosciences, for the development of models of care, treatment and experimental and advanced prevention interventions, with the reciprocal participation of representatives from both organisations in conferences and conventions);
- the Chinese Government and the Government of the Russian Federation (round table to discuss strategies for dealing with the phenomena of drugs and drug addiction).

The social costs linked to the phenomenon of drug use

According to the definition of “social costs” as the costs directly and indirectly borne by the citizens and the population as a whole which derive from the consequences of drug use and the drug market, the overall social cost of the drug use in Italy in 2012 has been estimated at 15,809,093,608.83 euros, equivalent to 1% of Italian gross domestic product (GDP) during that same period, which, in per capita terms, amounts to 405 euros per year per member of the population aged 15-64. The cost category which accounts for the greatest portion of the total is that of expenditures for the purchase of drugs, which amount to approximately 8.81 million euros (55.7% of the total social cost). Meanwhile, the direct costs borne by the public administrations for drug-fighting activities and for activities to reduce and suppress drug demand and supply, together with social and healthcare costs, amount to nearly 3 million euros, or 18.2% of the overall social cost.

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

In 2013, in order to provide support for the epidemiological results obtained by means of the general population study, the Department for Anti-drug Policies once again entrusted the Mario Negri Pharmacological Research Institute of Milan with the collection and analysis of wastewater samples collected during the month of October in 17 cities throughout the country in order to measure the concentrations of drug residues present in the samples.

Wastewater analysis: an increase in cannabis use

In 2013, the drug used in the most substantial amounts was cannabis, with an average of 39.3 doses per day per 1,000 population, a significant increase over the previous year, result of a sharp rise in use prevalences in North-western Italy.

Wastewater analysis: cocaine use figures remain stable, as do those for heroin and ecstasy, during the two-year period of 2011-2012

Turning our attention to cocaine, we find that, after a slight increase in use in 2012, use levels over the last year shifted to match those for 2011. Fluctuation during this three-year period has been most significant in the north-eastern and central areas of the country.

Heroin use has been relatively limited and stable over the most recent two-year period (at an average of approximately 2 doses per day per 1000 population), despite a steep rise in the north-eastern part of the country (from 1.8 to 5.9) and a slight decline in Central Italy (from 3.6 to 2.3) during the three-year period in question.

Wastewater analysis: slight increase in ketamine use

With regard to ketamine, for which a standard unit of measure of milligrams/day per 1000 population was applied, there was shown to be an overall increase during the three-year period of 2011-2013 (an average of approximately 2-3 doses per day per 1000 population); use prevalence was found to be almost nil in Southern Italy and the Islands, unlike the other geographic areas, where higher concentrations were recorded, particularly in Northern Italy (levels increased from 1.5 to 5.0 in North-western Italy and from 2.0 to 4.2 in North-eastern Italy).

2014 Survey of students aged 15-19: a considerable rise in cannabis use

In parallel with the general population study based on wastewater analysis, a new edition of the student population survey (based on a sample of 34,922 subjects between the ages of 15-19) was also carried out in 2014. The results show the following percentages of drug users (who reported having used drugs in the 12 months prior to the survey): heroin 0.21% (0.36% in 2013); cocaine 1.58% (2.05% in 2013); cannabis 23.46% (21.56% in 2013); stimulants – amphetamines – ecstasy 1.36% (1.35% in 2013); hallucinogens 2.03% (2.13% in 2013).

An analysis of the figures for subjects who had used drugs in the last 30 days confirmed the above-mentioned trend, also showing a slight but not significant fluctuation in the prevalence of cannabis and stimulant use.

A general analysis of data on drug use among students, which has been collected on a yearly basis since 2003, shows a progressive, albeit variable, decrease in the number of cannabis users, which continued until 2011. In the three-year period that followed (2011-2013), there was an upturn in the number of cannabis users, with 2014 prevalence percentages returning to 2008 levels.

Strong trend towards polydrug use

The prevalence of polydrug use and, therefore, polydrug addiction, has been recorded for the last few years. It is a phenomenon that is on the rise, especially among young age groups (15- to 19-year-olds, at least once in the last 30 days). The concomitant or consecutive use of different

drugs is most typical among young people, who often take "uppers" and "downers" in sequential association. In fact, it was found that subjects who use cocaine (primary drug) also use cannabis (secondary drug) in 86.7% of cases, and heroin (secondary drug) in 12.4% of cases. Heroin users (primary drug) also use cannabis (secondary drug) in 78.0% of cases, and cocaine (secondary drug) in 68.3% of cases. It should also be noted that the concomitant use of tobacco and alcohol in association with other drugs was also reported by 70% to 93% of young people between 15 and 19 years of age. The use of these substances among young people who do not use drugs (83.6% of the Italian population) is much lower, standing at 29.0% for tobacco and 54.5% for alcohol.

New drugs reported in Italy by the National Warning System

Recent years have witnessed the rise of a never-before-seen phenomenon which has revolutionized drug use trends among, but not limited to, young people. The traditional drugs (cannabis, cocaine, heroin, etc.) have been joined by synthetic substances, which are widely available online, where they can be sold easily and quickly due to the difficulty inherent in monitoring and patrolling an environment in such constant fluctuation and evolution as the Internet.
To combat this phenomenon, the Department for Anti-drug Policies, by means of its National Early Warning System, has put into operation an Internet monitoring unit to identify websites selling these new drugs, which include synthetic cannabinoids, synthetic cathinones and phenethylamines.

Drug tests for workers in high-risk professions

Data from the Drug Testing for Workers in High-Risk Professions project show that, among the 45,390 workers who were subjected to Level One testing in 2013 (50.6% less than in 2012), use prevalence stood at 0.20% (92 subjects).
An analysis differentiated by type of drug detected during 1st-level testing showed that 53.3% tested positive for cannabinoids, 26.1% for cocaine, 13.0% for codeine and 2.2% for opiates.
21.7% of subjects who tested positive at the first level had their positive results confirmed during second-level testing (20 workers). Only two subjects were diagnosed as having drug addictions, one for cannabinoids and the other for cocaine. The most common diagnosis remains that of occasional use (19.6% of 1st-level positives).

3. PREVENTION

In the specific context of drugs, both universal prevention of drug use and selective prevention for specific target groups in the population play a crucial part in the 2013-2013 National Action Plan. The document is divided into 5 principal action areas. The first of these, in order of importance, is Prevention, and it focuses on providing information, starting as early as elementary school, as well as support to families and schools. A multitude of specific projects intended to put into effect the various actions anticipated under the NAPD's programme document accompanied the Plan's launch at both national and regional levels.

Agreements between the DPA-MIUR and DPA-ANCI

The beginning of 2013 saw the signing of two important collaboration agreements, one between the DPA and the Ministry of Education, Universities and Research (MIUR) and the other between the DPA and the National Association of Italian Municipalities (ANCI). The basic principle of

these agreements is to promote and create activities whose purpose is to prevent even occasional drug use, alcohol abuse and pathological gambling among students. Their purpose is to define and share the basic concepts necessary for the creation of prevention strategies and interventions aimed to prevent members of the youth population from beginning to use drugs or abuse alcohol, or else be able to delay that beginning.

The "Valore Salute" Network Project

2013 saw the creation of the "Valore Salute" Network project, on the recommendation of the Department of Sociology and Business Law of the Alma Mater Studiorum, University of Bologna. It calls for the creation of interventions for the prevention of drug use, alcohol abuse and pathological gambling, to encourage the proper use of medications, healthy diet and exercise, as well as to promote initiatives designed to foster respect for the law and combat drug-related organized crime.
The project also proposes a flexible and multidimensional organizational model based on an assessment of individual and collective needs, such as for the prevention of material risks (environmental, in the workplace, etc.). Among the goals which have been established in the environmental prevention area, the training of subjects responsible for the verification and monitoring of actions designed to modify environments in order to make them safer is of considerable importance. In addition to training, special attention is devoted to the launching of support actions for people who are already involved in difficult situations, as well as to actions to raise awareness regarding this topic.

The Environmental Prevention Project

Continuing on the topic of environmental prevention, in 2013 the CADCA in Bologna launched a pilot "Environmental Prevention Project", the product of an agreement promoted by the Department for Anti-drug Policies, together with the Department of Sociology and Business Law of the University of Bologna and the Fondazione 2000 foundation.This project is based on the approach of building community anti-drug coalitions, a strategy that has been shown to be very effective for dealing with problems of substance abuse and related issues.

Initiatives and actions for universal and selective prevention

At a national level, the initiatives and actions for the universal and selective prevention of tobacco, alcohol and drug use launched by the Higher Institute of Health continued in 2013 (“sFRECCIA CONTRO IL FUMO” – the app “Quanto fumi?” – DVD Video about addictions – "Fumotto" – "Venditori di Fumo" – "Se sai navigare sai come bere" – the “Sorveglianza Passi” project – the "Operazione Naso Rosso” project – the "Net_GAD" project) and by the Department of Anti-drug Policies of the Presidency of the Council of Ministers (ALCOHOL AND DRUG BROCHURES – the "Edustrada" project, for a culture of road safety – The NNIDAC Framework Project – "In-Dipendente" – the "EDU" Project – the "EDU Life" Project – the "DAD.NET" ["DAWN"] Project), in collaboration with the Ministry of Health and the Ministry of Education, Universities and Research.

Approximately 15 million euros invested by 6 regions in prevention

Furthermore, primary, universal and selective prevention were the subjects of a survey conducted by the Department for Anti-drug Policies of the Presidency of the Council of Ministers throughout the Regions and Autonomous Provinces. The survey was conducted using Structured Questionnaires (SQ) 25 and 26, provided by the European Monitoring

Centre for Drugs and Drug Addiction in Lisbon. The survey examined new or ongoing prevention projects, evaluating them based on the following prevention aspects: universal, selective for at-risk groups or targeting nuclear family groups. Based on information received from only 6 Italian regions, the total amount invested in 2013 was approximately 6,848,295 euros for universal prevention and a further 8,128,257 euros for selective prevention, for a total of approximately 15 million euros, used for the creation and implementation of 538 activities, centres, courses, plans and projects, all active.

Universal and selective prevention activities in schools

Universal and selective prevention activities in schools were examined as part of the survey on drug use conducted in upper secondary schools in 2014, during the course of which school representatives were asked to fill out a questionnaire on universal and selective prevention activities conducted within their schools during the 2013/2014 academic year.

Information campaigns

Activities for the promotion and organization of information campaigns to raise awareness about drug-use prevention among the general population were conducted by a number of Regional Administrations.
Based on data provided by only 8 of the Regions, of the initiatives launched by the Regions and Autonomous Provinces in 2013, most were universal prevention campaigns as opposed to selective (28 vs. 10). Only three Regions launched at least one campaign in both prevention areas.

4. HIGH-RISK DRUG USE

461,000 is the estimated number of subjects in need of treatment

An increase in the number of high-risk users of cannabis and a decrease in the number of high-risk subjects who use opiates and cocaine

Subjects who suffer from drug addictions (drug addicts who require treatment) were found to number approximately 461,000, thus representing 11.9 per 1,000 population between the ages of 15 and 64 (438,500 in 2012). Of these, approximately 170,000 use opiates (4.3 per 1,000 population), 90,000 use cocaine (2.3 per 1,000 population), 186,000 use cannabis (4.8 per 1,000 population) and 16,000 use other drugs (0.4 per 1,000 population). For opiates and cocaine, numbers have fallen with respect to 2012 (174,000 and 105,500 subjects, respectively), while the estimate of subjects in need of treatment who use cannabis has risen significantly (186,000 in 2013, in comparison with 159,000 in 2012).

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

Data transmission on the part of the Regions and Autonomous Provinces

By 31 December 2013, not all Regions had adopted the new information flow (Ministerial Decree of 11 June 2010, "Institution of the National Information System on Addictions [SIND])", and a number of Regions therefore did not provide all the information they were required to produce. The 2013 information received from the Ministry of Health, containing data from information flows of the Regional Drug Addiction Services and from Regional Administrations, covers 90% of the services active throughout Italy.

Also on 31 December 2012, there were reported to be a total of 1,604 social-healthcare facilities dedicated to the treatment and rehabilitation of individuals with drug-use problems: 645 are public drug addiction services and 959 are social-rehabilitation facilities run by private non-profits. Of the latter, 66.9% are residential facilities, 18.6% are semi-residential and 14.5% are outpatient service units.

1,604 social-healthcare treatment facilities

645 Local Public Drug Addiction Service Units (SerT)
959 Communities

Turning our attention to the clientèle of outpatient addiction services, comprising new clients entering care in 2013, those already known to services (both those which began a new treatment in 2013 and those already undergoing treatment when 2013 began), and also based on estimates calculated in light of the lack of any information from a number of Regions, we can estimate that 164,993 individuals received assistance from public drug addiction services in 2013, a decline of 1.3% over the previous year's figures. Of this population, over 17% were beginning their first-ever treatment of any kind with drug addiction services, while the remainder were returning clients already known to services; this latter group is further subdivided into those who began a new treatment programme in 2013 (returning) and those who had already begun their treatment programme before the year of reference began (already in care).

A total of 164,993 people receiving care from public drug addiction services, according to the aggregate data provided by the Ministry of Health

There has recently been a slight increase in the number of new clients in care of services, which rose from 26,745 in 2012 to 28,324 in 2013, the result of adjustment to the new information system.

The number of new clients increased over the last year

TDI protocol 3.0

The data used to calculate the TDI refer to 92% of the overall total number of clients in care, broken down as follows: 25,834 new subjects and 32,122 returning subjects, meaning that the latter group is already known to services and that they did not have a treatment programme already on-going when the year began. 85.9% of the sample taken into consideration were male.

Turning our attention to primary drugs of use, 2013 data is in line with results found in 2012: 54.7% reported opiates as their primary drug, followed by cocaine (25.8%) and cannabis (17.4%). Cocaine and cannabis were also the most commonly used secondary drugs (more than 35% for both).

Most commonly used primary drugs: heroin, cocaine, cannabis

Injecting drug use rose slightly among opiate users during the course of the last year (50.8% in 2012 vs. 53.6% in 2013).

As has also been seen in studies conducted during previous years, the average age at first drug use and the average age at first treatment vary based upon the type of drug first used by a subject: younger for cannabis, older for heroin and older still for cocaine. The same differences based on drug type are reflected in the lengths of latency periods. Latency periods tend to be shorter overall among women than among men, the result of an often younger age at first treatment among women, despite the same age at first use.

Shorter latency periods for women

When we draw a distinction between clients undergoing psycho-social-rehabilitative treatment and those in integrated pharmacological treatment, we find that 50.6% of patients were receiving integrated pharmacological treatment, in comparison with 51.3% in 2012; the remaining 49.4% of clients received no pharmacological treatment during the course of 2013.

50.6% of clients receive pharmacological treatment

6. HEALTH CORRELATES AND CONSEQUENCES

Information flows on infectious diseases are partial

The introduction of the Decree of 11 June 2010 established the National Information System on Addictions (*t.n. known by the acronym* SIND). Under the SIND system, the amount of information on testing for HIV, hepatitis B virus and hepatitis C virus sent by the Regions to the Ministry of Health, as well as the subsequent transfer of said data to the Department for Anti-drug Policies (DPA) has dropped sharply. In 2013, as in previous years, this has led to a significant decrease in the amount of useful information available to be processed in the case of the majority of Regions and Autonomous Provinces. As a result, an updated representation of the national situation which incorporated data on this aspect of the drug phenomenon would be unreliable. For this reason, the only results presented are those formulated using data from the Regions of Emilia-Romagna, Lombardy and Umbria.

Turning our attention to hepatitis B testing in 2013, we find that approximately 60% of clients who were eligible for testing were actually tested in Emilia Romagna; fewer were tested in Lombardy (48%) and Umbria (32%). The percent of these whose results were positive, however, was higher in Umbria (22%) and in Emilia Romagna (23%), although percentages differed between different types of clients; this figure was much lower in Lombardy (11%).

Over half of clients in care were tested for HCV in 2013 in the Regions of Emilia-Romagna and Lombardy (54.3% and 50.8% respectively), while the number in Umbria was much lower (26.2%). In all three regions, the total prevalence of positive test results in 2013 was higher than that which was found for HBV: 24.4% in Lombardy, 32.4% in Emilia-Romagna and 44.5% in Umbria.

A slightly smaller number of clients were tested for HIV by addiction services than were tested for the two previously mentioned diseases; this is particularly true in Umbria (12.0%). The prevalence of clients testing positive for HIV among those tested in 2013 is markedly lower than the prevalence of positive results for the other types of tests in all three of the Regions (no higher than 3%).

A slight increase in the number of drug-related traffic accidents in 2012

Another possible consequence of drug use is traffic accidents; these are a serious problem, not only for drug and alcohol users, but also for third parties involved in them. Focusing our attention on drug-related traffic accidents, we find that there was a slight increase in the number of these types of accidents and in the number of fatalities caused by them in 2012 (in comparison with the previous two-year period); the percentage of injuries in these types of accidents, however, remained largely stable with respect to the 2010 and 2011 percentages. This indicates that, in addition to having increased in number, drug-related accidents have also become more frequently fatal for the persons involved in comparison with previous years.

Decrease in the number of deaths from acute drug intoxication

Between 1999 and 2003 there was a drop in drug-related deaths, a trend more pronounced in Italy than in Europe as a whole. Between 2004 and 2007, numbers remained largely stable at approximately 600 deaths, despite some fluctuation. The following years saw a new decline, with numbers reaching their lowest point in 2013, when the number of deaths stood at 344. The ratio of deaths between men and women stands at approximately 9 men for each woman.

Drug-related hospital admissions ending in death

An examination of Hospital Discharge Records (HDR) shows that drug-related hospital admissions ending in death account for less than 1% of the total number of drug-related hospital admissions in 2012. Between 2006 and 2012, the drugs of abuse which caused the highest number of deaths were opiates (44.1%); cocaine and cannabis were among the drugs that caused smaller percentages of deaths; neither was responsible for more than 5% of drug-related hospital admissions ending in death.

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

Monitoring regional best practices in the sphere of addictions

During the course of 2013, the Department for Anti-drug Policies conducted a study to monitor actions at a Regional level in the sphere of drug-related disease prevention. These were divided according to objectives within the action area and evaluated in relation to the National Action Plan on Drugs 2010-2013.

NAPD goals with the lowest levels of actualization in the Regions

The NAPD actions for which no initiatives have been undertaken in any of the Regions or Autonomous Provinces but one are the following: defining new national operational guidelines and directions for work to prevent drug-related diseases at a Regional level and the activation of gender-oriented programmes. In most cases, these two goals are either absent from the Regions or exist only as goals within Regional plans.

NAPD goals with the highest levels of actualization in the Regions

Turning our attention to actions to reduce the transmission of HIV, hepatitis viruses and other infectious diseases, to reduce risk of death by overdose, to reduce drug-related social risks and drug-related family problems, we find that most of the Regions and APs have incorporated these as routine activities, especially in the northern Regions.

The data collected from the Regional Administrations by means of Structured Questionnaire (SQ) 23, regarding the “Prevention and reduction of drug-related diseases and of acute drug intoxication mortality”, show a lower number of priority programmes for the prevention of death by acute drug intoxication being in effect in 2013.

5.8 million euros invested in 2013 for the prevention of drug-related acute mortality

In comparison with 2012, there was a decrease of approximately three million euros (-34.8%) in the amount of funds allocated for the prevention of acute drug-related deaths; this is due principally to the Lazio Region, where no funds were allocated at all for the year 2013.

The Regions launched targeted, structured services in support of policies and strategies encouraging the prevention of drug-related diseases and risk limitation.

Initiatives for the prevention of drug-related infectious diseases in therapeutic communities and in prisons, according to Region

Information regarding drug-related infectious disease prevention initiatives in prisons and in social-rehabilitation facilities, collected from Regional Administrations, shows that the most common prevention initiatives were mainly those concerning infectious disease risk assessment and individual counselling, with over 80% of the Regions and Autonomous Provinces reporting that such actions had been carried out both in therapeutic communities and in prisons.

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

Analysis based on TDI data

An analysis of the data used to formulate the 2013 TDI shows that the percentage of unemployed Local Public Drug Addiction Service Unit (SerT) clients stands at 35.4%. The employment situation appears to be slightly more critical for returning clients, of whom 35.9% are unemployed, in comparison with 34.7% of new clients. Turning our attention to the housing situation, 5.6% of SerT clients were found to be homeless.

Monitoring the application of NAPD Actions (rehabilitation and reintegration)

During the course of 2013, a study was conducted to monitor actions conducted by the Regions and Autonomous Provinces in the sphere of rehabilitation and social and work reintegration of drug addicts, divided according to objectives within the action area and evaluated in relation to the National Action Plan on Drugs 2010-2013.

NAPD goals with the lowest levels of actualization in the Regions

Only four Regions had actualized the majority of the goals through routine activities (Friuli Venezia Giulia, Liguria, the Autonomous Province of Trento and Sardinia), a confirmation that the degree of actualization of the NAPD at a national level is quite low.
Especially in the southern regions, we find goals numerous actions implemented in the form of projects, but none as routine activities.

16.2% less funding for social reintegration than in 2012

In comparison with 2012, there has been a dramatic overall decrease in funding (-16.2%), largely attributable to the discontinuance of funding in Piedmont, the Autonomous Province of Trento, Apulia and Umbria. Total funding stood at 6.2 million euros.

30% of Regions reported having launched housing programmes for drug addicts

In 2013, 30% of Regions and Autonomous Provinces had created housing programmes specifically targeting individuals undergoing social and healthcare treatment for drug use. 53% of Regions and APs report that they provide residential facilities for the social reintegration of drug addicts

Few job training programmes launched

In 2013, as in the past, workplace reintegration was reported as being a high priority goal by the Regions and the Autonomous Provinces, even if employment and job training programmes created exclusively for current and former drug users were put into effect in only 42% of the Regions and Autonomous Provinces (less than half). If we include in this figure programmes which are open to other socially disadvantaged groups as well, the percentage rises to 47%.

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

32,163 subjects reported by Law Enforcement under Art. 75

In 2013, a total of 32,163 persons were reported pursuant to Art. 75, of whom 29,931 were male (accounting for 93.1%). Over the last four years, there has been a slight decrease in the percentage of subjects reported for possession for personal use for heroin, in comparison with an increase in cannabinoid users since 2010 (75% of the total in 2010 vs. 81% in 2013).

33,676 charges filed for offences under DPR 309/90 (-3.7%)

Turning our attention to activities in the fight against drug-law violations, Law Enforcement Agencies conducted 21,864 anti-drug operations in Italy in 2013, resulting in 33,676 charges filed for offences 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, registering a 3.7% decrease in comparison with 2012.
The percentage of foreigners apprehended and brought before the Judicial

Authorities also decreased in 2013 (approximately 35% of the total number of persons charged during the course of anti-drug operations). In addition, the number of women reported to the Judicial Authorities in 2012 stood at 2,648, an 11% decrease in comparison with the 2012 number.

As in 2012, 2013 also saw a drop in the overall number of subjects entering prisons, which fell from 63,020 to 59,390. The number of subjects with drug-related social and healthcare problems also fell, dropping from 18,285 to 16,543 (-9.5%), but still accounting for 28% of the total number of subjects entering prison.

1,742 fewer drug-addicted subjects entering prison (-9.5%)

According to data supplied by health services which provide care for drug addicts in prisons, 22.9% of inmates (12,897 subjects) were diagnosed with a clinical substance addiction, while a total of 33.3% of inmates (18,816 subjects) were users, although not all of these were addicted.

Only 30.2% of drug addicts in prison were tested for HIV upon entering prison (34.7% in 2012), 32.5% (38.6% in 2012) were tested for HCV and 30.3% (29.4% in 2011) for HBV. Prevalences of positive results among those tested stood at 5.4% for HIV, 38.8% for HCV and 13.5% for HBV.

Few tests for HIV, HCV and HBV

Regarding drug-addiction treatment, it was found that 93.9% of inmates with drug-related problems undergo treatment in prison. The most commonly-implemented treatment type appears to be integrated psycho-social and pharmacological, which is provided to over 5,400 inmates.

93.9% of drug-addicted inmates receive treatment

In 2013, a total of 11,383 new persons were placed in the care of social services. Of these, 2,499 were drug addicts granted probation or parole under Art. 94 of DPR 309/90 (22% of the total number of persons placed in the care of social services).

Excluding a slight fluctuation in 2011, the number of subjects who have benefited from alternatives to imprisonment has increased steadily from 2007 to the present (+13.6% in 2013 in comparison with the previous year).

22% of persons placed on probation or parole into the care of social services were drug addicts

2,499 drug addicts placed on probation or parole with services (+13.6% more than in 2012)

10. DRUG MARKETS

There were a total of 21,864 anti-drug operations in 2013, of which 82.2% led to the seizure of illicit drugs, 8.7% to additional crime detection and 8.8% to the discovery of quantities of drugs.

Decrease in the number of anti-drug operations

In 2013 there was a significant increase in hashish seizures, which rose by 66%. There was also a +34.1% rise in marijuana seizures. The largest quantities of cannabis derivatives were seized for the most part in Sicily (46.9% of the total), in Apulia (16.4%) and in Lazio (9.8%). On the other hand, the quantity of cocaine seized decreased by 6.6% (4.9 tons).

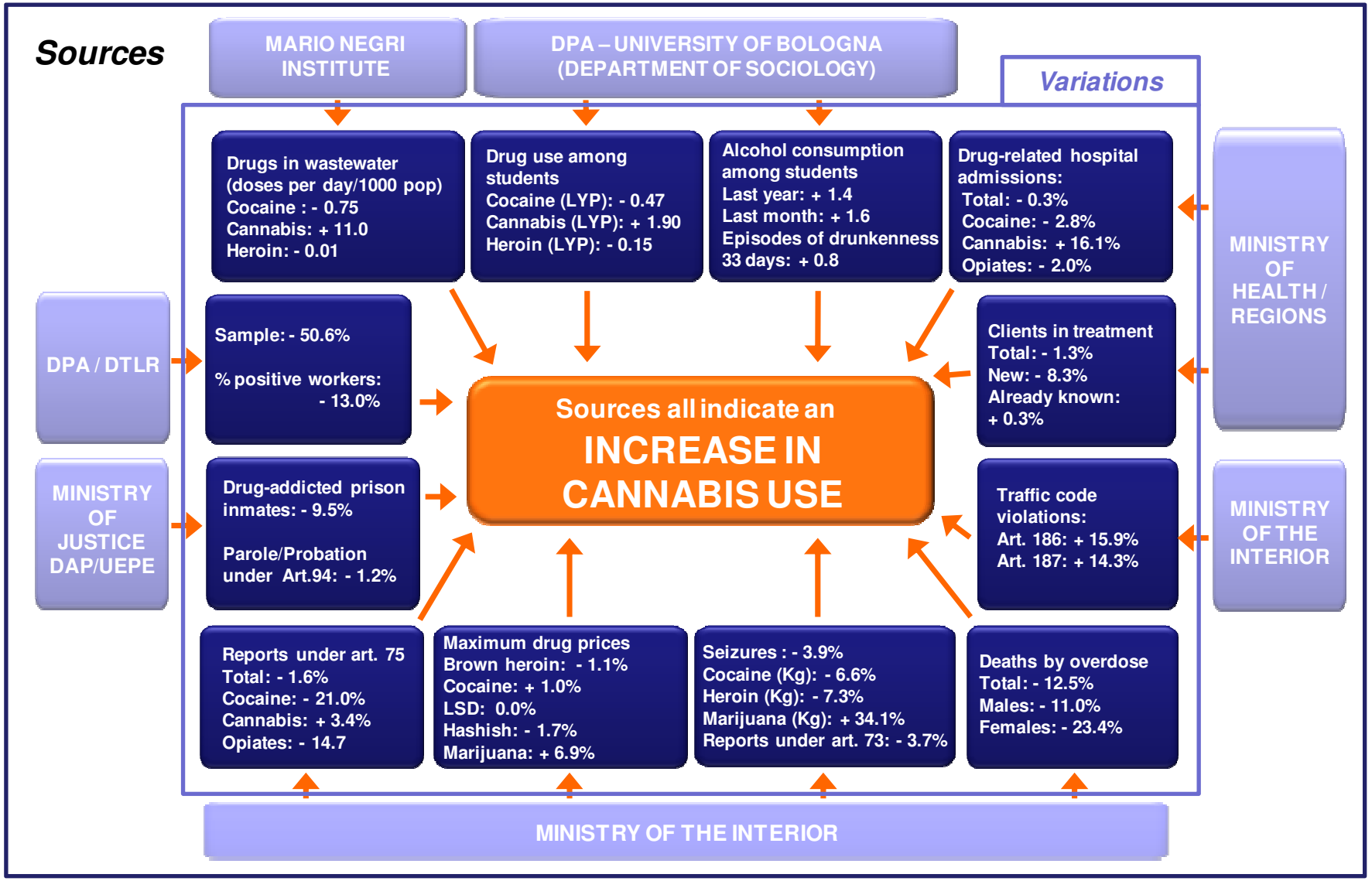
An increase in the amounts of hashish and marijuana seized

From 2002 to 2013, the average price for cocaine fell from €96 to little more than €71 per gram, and from approximately €29 to little more than €25 for a dose of LSD. In 2013, the prices of hashish, amphetamines and white heroin all fell, while the average prices of marijuana, brown heroin and synthetic drugs remained largely unchanged. Overall, price trends were found to be continuing to decline.

Overall trend in average prices between 2002 and 2013 shows a downturn

Increase in the % of active principle

Turning our attention to amounts of active principle in drugs, we find that the average percentage detected in the samples analysed in 2013 increased for cannabinoids (THC), rising from 10% to 12%, as well as for cocaine, which rose from 50% to 60%, and for heroin (from 21% to 27%). However, for MDMA, the number of mg of MDMA contained in each pill/unit rose, from 67 mg in 2012 to approximately 96 mg in 2013.


Sources
MARIO NEGRI INSTITUTE
DPA – UNIVERSITY OF BOLOGNA (DEPARTMENT OF SOCIOLOGY)
Variations
Drugs in wastewater (doses per day/1000 pop)
Cocaine : - 0.75
Cannabis: + 11.0
Heroin: - 0.01
Drug use among students
Cocaine (LYP): - 0.47
Cannabis (LYP): + 1.90
Heroin (LYP): - 0.15
Alcohol consumption among students
Last year: + 1.4
Last month: + 1.6
Episodes of drunkenness 33 days: + 0.8
Drug-related hospital admissions:
Total: - 0.3%
Cocaine: - 2.8%
Cannabis: + 16.1%
Opiates: - 2.0%
MINISTRY OF HEALTH / REGIONS
DPA / DTLR
Sample: - 50.6%
% positive workers: - 13.0%
Clients in treatment
Total: - 1.3%
New: - 8.3%
Already known: + 0.3%
Sources all indicate an INCREASE IN CANNABIS USE
MINISTRY OF JUSTICE DAP/UEPE
Drug-addicted prison inmates: - 9.5%
Parole/Probation under Art.94: - 1.2%
Traffic code violations:
Art. 186: + 15.9%
Art. 187: + 14.3%
MINISTRY OF THE INTERIOR
Reports under art. 75
Total: - 1.6%
Cocaine: - 21.0%
Cannabis: + 3.4%
Opiates: - 14.7
Maximum drug prices
Brown heroin: - 1.1%
Cocaine: + 1.0%
LSD: 0.0%
Hashish: - 1.7%
Marijuana: + 6.9%
Seizures : - 3.9%
Cocaine (Kg): - 6.6%
Heroin (Kg): - 7.3%
Marijuana (Kg): + 34.1%
Reports under art. 73: - 3.7%
Deaths by overdose
Total: - 12.5%
Males: - 11.0%
Females: - 23.4%
MINISTRY OF THE INTERIOR

Part A

New Developments and Trends

1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS

1.1 Legal framework

Legal framework

The national legal framework applicable in cases related to illegal psychotropic substances did not undergo any changes in 2013, remaining the same as in the previous year. This 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. 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, also remain applicable in this context.

1.1.1 National and international regulations issued in 2013

International legal framework. The Vienna Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances

EC regulations currently in force governing precursors have the purpose of implementing the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, adopted in Vienna on 20 December 1988 and ratified in Italy on 5 November 1990 with Law no. 328. Article 12 of said Law sets forth the legislation applicable internationally for the control of 23 chemical precursors.
In short, the Convention establishes a surveillance system for monitoring international trade in substances susceptible to use in drug production.

New regulations (EU) governing drug precursors

In the National Action Plan on Drugs, within the Action area dealing with legislation, Goal no. 4, Action 4.1 calls for ongoing monitoring, in coordination with the competent Administrations, of legislative activities to ensure that laws regarding drug precursors are in compliance with regulations established and governed by the following EC regulations:

- No. 273/2004 of the European Parliament and of the Council, of 11 February 2004
- No. 111/2005 of the Council, of 22 December 2004
- No. 1277/2005 of the Commission, of 27 July 2005, as modified by EU regulation no. 297/2009 of the Commission, of 8 April 2009.

Pursuant to Article 16 of Regulation (EC) No. 273/2004 and to Article 32 of Council Regulation (EC) No. 111/205 on the monitoring and control of trade in drug precursors, on 7 January 2010 the Commission presented a Report evaluating the implementation and functioning of the afore-mentioned regulations three years after they had entered into force. The report contains, among other points, a recommendation to modify existing regulations so as to strengthen monitoring and control of category 2 precursors, which include acetic anhydride (the main drug precursor for heroin).

In line with this goal, two new regulations on drug precursors followed. The first was Regulation (EU) No. 1258/2013 of the European Parliament and of the Council of 20 November 2013, amending Regulation (EC) No. 273/2004. The second was Regulation (EU) No. 1259/2013 of the European Parliament and of the Council of 20 November 2013, amending Council Regulation (EC) No. 111/2005.
The new regulations entered into force within the European Union on 30 December 2013.
The most important innovations they introduce are as follows:

- the addition of the substance known as Alpha-phenylacetoacetonitrile, or APAAN (CAS No 4468-48-8) to the list of category 1 drug precursors, so that operators who intend to produce or acquire this substance are obliged to obtain a licence from this Office. Any person who is already in possession of this substance must alert law enforcement authorities and this Office of this fact;
- the export of medicinal products and veterinary medicinal products containing ephedrine or pseudoephedrine or their salts, which are included in the newly-added category 4 schedule of drug precursors, to countries outside the European Union is subject to export authorization, which must be granted by this Office for each individual instance of exportation.
- the introduction of a definition of the term "user", meaning a natural or legal person who possesses a drug precursor for purposes other than placing it on the market, and therefore not for the purpose of supply in the Union;
- the category 2 schedule of drug precursors has been subdivided into two subcategories. 2A includes only Acetic anhydride, while 2B contains all the remaining substances (phenylacetic acid, anthranilic acid, piperidine, potassium permanganate). This subdivision was adopted in order to ensure uniform conditions of registration in all Member States for category 2 precursors, thus also introducing a registration requirement for all operators and users of Acetic anhydride (subcategory 2A) for any purpose. However, for substances categorized as 2B, only operators, who supply in the Union, are subject to registration requirements, while users who acquire the substance but do not supply it to others are not. Thresholds for exemption for each substance, as established in Annex II of Regulation (EC) No. 273/2004, remain in force.

Therefore, overall, the amendments to European regulations introduce a number of new obligations. One is the inclusion of Alpha-phenylacetoacetonitrile (APAAN) in the category of controlled substances. Another is the obligation to obtain authorisation to export to countries outside the EU medicinal products for human use or veterinary medicinal products containing ephedrine or pseudoephedrine, substances which, until now, had not been subject to said obligation. There were also a number of simplifications, such as the exemption from registration requirements for "users" (as opposed to operators) possessing substances that fall within subcategory 2B (phenylacetic acid, anthranilic acid, piperidine, potassium permanganate).

Updating the narcotic and psychotropic substances tables

In order to bring national regulations into line with the requirements of European regulations, the Ministry of Health issued two Ministerial Decrees during the course of 2013:

- Ministerial Decree of 23 January 2013, "Updating the tables containing descriptions of narcotic and psychotropic substances, in accordance with the requirements of *Presidential Decree No. 309 of 9 October 1990* and subsequent amendments and additions. The addition of plant-based medicinal products containing Cannabis (plant-based substances and preparations, including extracts and tinctures) to Table II, Section B";
- Ministerial Decree of 25 June 2013, "Updating the tables containing descriptions of narcotic and psychotropic substances, in accordance with the requirements of *Presidential Decree No. 309 of 9 October 1990* and subsequent amendments and additions. The addition of the substances known as 6-(2-aminopropyl)benzofuran (6-APB); 5-(2-aminopropyl)benzofuran (%-APB); 6-(2-aminopropyl)-2,3-dihydrobenzofuran (6-APDB) and 5-(2-aminopropyl)-2,3-dihydrobenzofuran (5-APDB) to Table 1.

Table 1.1: National and international regulations issued in 2013

National Regulatory Acts	Field of Application
Ministerial Decree of 23 January 2013	Updating the tables containing descriptions of narcotic and psychotropic substances, in accordance with the requirements of Presidential Decree No. 309 of 9 October 1990 and subsequent amendments and additions. The addition of plant-based medicinal products containing Cannabis (plant-based substances and preparations, including extracts and tinctures) to Table II, Section B
Ministerial Decree of 25 June 2013	Updating the tables containing descriptions of narcotic and psychotropic substances, in accordance with the requirements of Presidential Decree No. 309 of 9 October 1990 and subsequent amendments and additions. The addition of the substances known as 6-(2-aminopropyl)benzofuran (6-APB); 5-(2-aminopropyl)benzofuran (%-APB); 6-(2-aminopropyl)-2,3-dihydrobenzofuran (6-APDB) and 5-(2-aminopropyl)-2,3-dihydrobenzofuran (5-APDB) to Table 1
Regulation (EU) No. 1258/2013	Amending Regulation (EC) No. 273/2004 on drug precursors
Regulation (EU) No. 1259/2013	Amending Council Regulation (EC) No. 111/2005 laying down rules for the monitoring of trade between the Community and third countries in drug precursors
Legislative Decree No. 146 of 23 December 2013	Urgent measures on the protection of fundamental rights of prisoners and the controlled reduction of the prison population

Source: Department for Anti-drug Policies

Amendments to Presidential Decree 309/1990

In line with that which was set forth in Objective No. 11, Action No. 11.1 of the "Legislation and actions combating drugs, and youth justice" Action Area of the National Action Plan on Drugs 2010-2013, Legislative Decree no. 146 of 23 December 2013, containing "Urgent measures on the protection of fundamental rights of prisoners and the controlled reduction of the prison population" was issued. Specifically, Art. 2 of this Legislative Decree states that:

✓ "The following amendments are hereby made to Presidential Decree no. 309 of 9 October 1990: a) Paragraph 5 of Article 73 is hereby substituted with the following paragraph: "5. Except in cases when the offence is considered a more serious crime, whosoever commits one of the offences listed under this Article which, by virtue of the means, method

or circumstances, or, in other words, of the quality and quantity of the substances, is considered to be a minor offence, shall be subject to a term of imprisonment of one to five years and to a fine of between 3,000 and 26,000 euros"; b) Paragraph 4 of Article 94 is revoked.

1.2 National action plan, strategy, evaluation and coordination

Action Plan presented by the Minister of Health

In September 2013, the new National Action Plan on New Psychoactive Substances (NPS) was published at an event held in the Palazzo Chigi Press Room. Minister of Health Beatrice Lorenzin, Head of the Department for Anti-drug Policies Giovanni Serpelloni, and the General of the NAS (Anti-adulteration and Health Divisions of the Carabinieri Corps) Cosimo Piccinno were all present.

Document drafted in accordance with international recommendations

This important document was drafted in accordance with European and United Nations recommendations and is accompanied by a scientific update on new psychoactive substances, an initiative promoted by the Department for Anti-drug Policies of the Presidency of the Council of Ministers (National Early Warning System – N.E.W.S.), in collaboration with the Higher Institute of Health, the Pavia Poison Control Centre, the Addictions Department ULSS 20 Verona, the Carabinieri Corps Scientific Investigation Department (R.I.S.), the Forensic Police and the Customs Agency.

Strategy recommendations, objectives and actions

The use of new psychoactive substances can often go undetected when using traditional laboratory and clinical tests, because there is a lack of analytical reference standards and technical and scientific knowledge, not to mention of technologies suitable for detecting them. In order to address these issues, an update was made of the principal characteristics of NPS that have been identified, along with a series of strategy recommendations, objectives and actions to be take in order to begin building an integrated, coordinated response between all the administrations and organizations involved in dealing with this phenomenon in one way or another.

1.2.1 The Department for Anti-drug Policies' New National Action Plan on New Psychoactive Substances (NPS)

The National Action Plan on New Psychoactive Substances (NAP - NPS)

The Department for Anti-drug Policies, pursuant to the guidelines of the United Nations, and specifically to Resolutions 56/4 of March 2013 and 55/1 of March 2012 and the EU Action Plan on Drugs (2013-2016), adopted by the Council on 6 June 2013, has promoted the creation of this first summarized update on the main characteristics of the NPS identified. It has also drawn up a series of strategic recommendations, objectives and actions to be taken in order to be able to begin building an integrated and coordinated response between all the administrations and organizations involved, in one way or another, in dealing with this phenomenon, so as to deal with this emerging issue, which we hope will be able to garner sufficient consideration and support at all levels. The purpose of these undertakings has been to prepare and integrate into the existing response system the recommendations contained within this National Action Plan on New Psychoactive Substances. These NPS would otherwise continue to spread uncontrollably, in a manner detrimental to public health.

Who the NAP - NPS is intended for

The National Action Plan – New Psychoactive Substances (NAP-NPS) is intended for those who work in the field of drug-use prevention, who work to combat drug trafficking and dealing, for laboratory personnel assigned to recognize and identify NPS, as well as medical personnel called upon to deal with cases of intoxication. The NAP - NPS identifies concrete objectives and actions for each of the areas of intervention identified. These will provide support to operators and institutions involved in the management of the phenomenon and in the protection of public health and the law.

Manual on New Psychoactive Substances (NPS): Data Sheets on the New Substances Recorded by the National Early Warning System

Technical requisites for the identification of NPS

In order to provide help remedy operational difficulties and facilitate the work of laboratory personnel who participate in the National Early Warning System, the Department for Anti-drug Policies, in collaboration with the Higher Institute of Health, the Pavia Poison Control Centre and the Addictions Department ULSS 20 Verona, distributed reference standards for the various new psychoactive substances to these centres. This made it possible to enhance the laboratories' analytical capacity and, consequently, improve their ability to identify NPS, thus increasing the number of reports sent to the System. This, in turn, improved the quality of the information shared within the network in the form of data sheets, since these are compiled using the information sent from the collaborating centres to the Warning System, in combination with the information available in scientific literature. We are aware of the fact that the phenomenon being dealt with is constantly evolving, and that new substances are always ready to be put on the market, not only to satisfy new demands on the part of customers, but also, and most importantly, to evade the monitoring mechanisms that are being put in place by various countries through the updating of relevant applicable regulations. We therefore believed it would be useful to collect all the data sheets produced by the Warning System into a single volume, which would contain information that could prove extremely useful to professionals operating in the sector (laboratory personnel, emergency medical/urgent care personnel, healthcare workers, researchers, etc.), facilitating the analysis of unknown samples.

Information contained in the data sheets

Notably, the data sheets collected in this manual contain the primary information for each individual substance (common name, abbreviations, systematic name, street names), an image of its chemical structure, molecular formula, molecular mass, CAS number, analytical characterization and, where possible, its pharmacology, toxicology, effects and metabolism, as well as its legal status in Italy and in Europe. This information is supplemented by research conducted on websites, online forums and personal pages and blogs where users of these drugs publish information on the different types of NPS, and especially on their methods of use, doses and effects. Lastly, the data sheets also contain information gathered from reports from other European Warning Systems, passed on by the European Monitoring Centre. Within the manual, the data sheets are organized based on substance type (synthetic cannabinoids, cathinones, phenethylamines – including benzofuran and dihydrobenzofuran derivatives, aminoindanes – ketamine and its analogues, piperazine, tryptamine, azepane derivatives, fentanyls, opioids, phencyclidine analogues, medicinal drugs, miscellaneous) and by the

number of reports received about each substance from the Warning System following analyses of evidence, biological samples from patients suffering from acute intoxication linked to the use of NPS or samples from other sources. The purpose is to represent those substances which are most commonly found within Italy and could therefore be of particular interest, insofar as they could be detected in unknown samples.

New Psychoactive Substances (NPS) national training and updating programme

During the course of 2013, the Department for Anti-drug Policies of the Presidency of the Council of Ministers (National Early Warning System – N.E.W.S.), in collaboration with the Higher Institute of Health, the Pavia Poison Control Centre and the Addiction Department ULSS 20 Verona, launched a conference series entitled, "The New Psychoactive Substances: technical-scientific updating and prevention strategies". Conferences were held in 10 different Italian cities, in the Department's Collaborating Centres.

1. 24 September – Rome – Università Cattolica del Sacro Cuore;
2. 7 October - Pavia - Poison Control Centre, Coordination of clinical-toxicological aspects within the National Early Warning System - the “Salvatore Maugeri” Foundation Convention Centre;
3. 29 October - Venezia Mestre - Laboratory of Environmental Hygiene and Forensic Toxicology, Department of Prevention, ULSS 12 Veneziana;
4. 12 November - Bologna - Specialisation School for Public Administration Studies (S.P.I.S.A) Alma Mater Studiorum – University of Bologna
5. 25 November - Florence - Department of Health Sciences, School of Human Health Sciences - "Università degli Studi" of Florence;
6. 12 December – Milan – "Mario Negri" Pharmacological Research Institute, IRCCS (Research Hospital);
7. 10 January - Perugia - "Università degli Studi" of Perugia, Faculty of Medicine and Surgery;
8. 22 January - Orbassano (Province of Turin) - “A. Bertinaria” Regional Antidoping and Toxicology Centre;
9. 5 February - Bari - "Università degli Studi" of Bari;
10. 19 February - Naples - "Università degli Studi" of Naples - Second University of Naples (SUN).

During the course of the event, the National Action Plan for the Prevention of the Spread of New Psychoactive Substances (NPS) and of their Sale on the Internet was presented and distributed, along with the technical-scientific manual entitled New Drugs, containing data sheets on the new substances reported by the National Early Warning System between 2009 and 2013.

The event garnered wide interest, attracting over 1,500 attendees, including drug addiction services professionals, laboratory personnel, emergency medical/urgent care personnel, Law Enforcement personnel and representatives of the Judiciary.

National Early Warning System – General Activities

This section contains a description of the activities and results recorded by the National Early Warning System during the course of 2013, in terms of both reports received (input) and communications sent (output).

57.1% of reports from Law Enforcement Agencies, 33.5% from the EMCDDA and 3.7% from laboratories

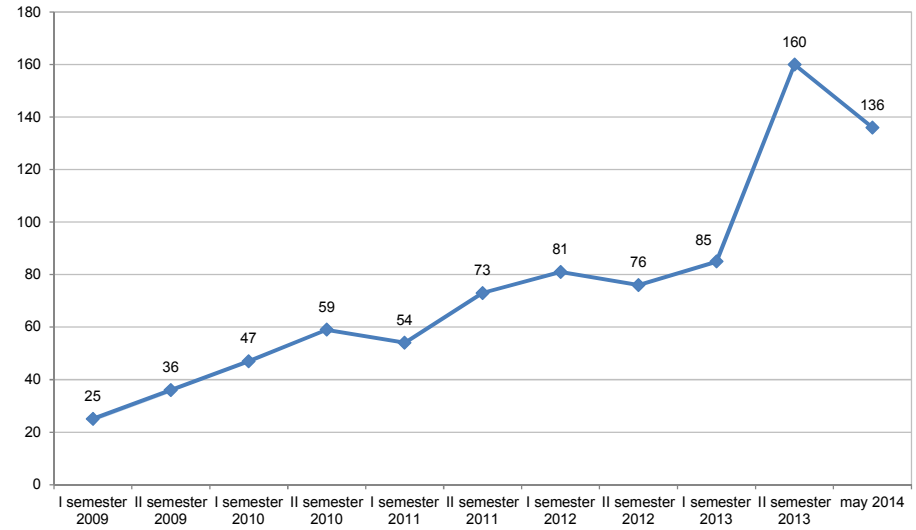
A total of 245 reports were recorded by the System in 2013. Most of these were received from Law Enforcement Agencies (57.1%), others from the European Monitoring Centre for Drugs and Drug Addictions (33.5%) and from analytical testing laboratories (3.7%). 2.0% of reports came from Poison Control Centres. Smaller numbers of reports were sent to the System by Healthcare Facilities (emergency medical care facilities or Addictions Department) (0.8%), the Courts (0.4%) and media (2.5%).

Table 1.2: Reports received by the National Early Warning System during the course of 2013, according to type of organization sending the report

Type of organization	Number of Reports	Percentage
EMCDDA	82	33.5
Law Enforcement Agencies	140	57.1
Analytical testing laboratories	9	3.7
Poison Control Centres	5	2.0
Healthcare Facilities	2	0.8
Other	7	2.9
Total	**245**	**100.0**

Source: National Early Warning System

Figure 1.1: Reports received by the National Early Warning System from 2009 to 2014 (May)



Source: National Early Warning System

The majority of reports were received in October, November and December

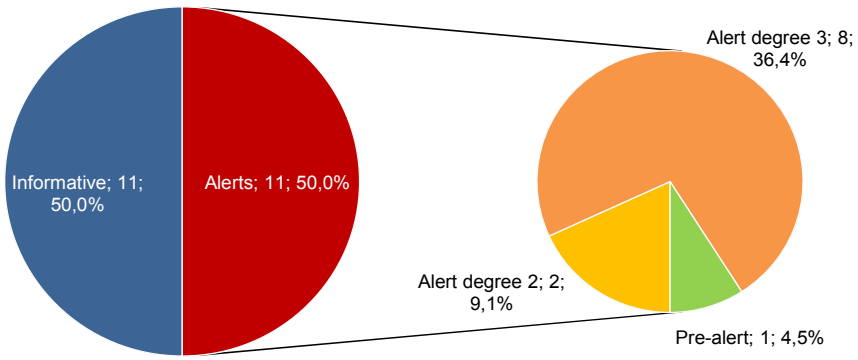
The majority of the reports were received in the months of October (15.1%), November and December (13.1% each, respectively), August and May (9.0% and 8.5%, respectively). The least number of reports were received in February (3.7%), January and March (4.9% each, respectively).

If we examine the number of reports received by the System each six months since 2009, we find that the peak number of reports received since the Warning System's inception (160) was reached during the second half of 2013.

301.6% increase in reporting since 2009, 131.1% since 2010, 92.9% since 2011 and 56.0% since 2012

As the trend shows, the number of reports received by the Warning System in 2013 (245) showed an increase (+301.6%) over 2009, when the number of reports stood at just 61, over 2010 (+131.1%), when they stood at 106, over 2011 (+92.9%), when they stood at 127, and over 2012 (+56.0%).
This increase could be related to at least two factors. The first is that the visibility of the Warning System on a national level has increased since 2009, encouraging reporting on the part of input sources. The second is that the activities conducted by the System's network since 2010 to raise awareness about cannabinoids and synthetic cathinones has contributed to getting the input sources involved, thanks to the frequent transmission of useful information to the network to assist in the identification of new substances and new clinical cases linked to their use. These factors, in conjunction with the distribution of indispensable reference standards to the laboratory network by the Higher Institute of Health in 2010 and 2012, made it possible for the input sources to identify new substances and report them to the System, thus increasing the number of reports based on analytical verification as opposed to presumption.

Figure 1.2: Outgoing National Early Warning System transmissions in 2013, by type



Source: National Early Warning System

Principal phenomena reported through Alerts

The N.E.W.S. issued 11 Alerts in 2013: 1 Pre-alert, 2 Level-2 Alerts and 8 Level-3 Alerts; no Level 1-Alerts were issued. One Alert was triggered by the first two cases of acute intoxication linked to the use of PMA/PMMA being recorded in Italy, in the areas of Imperia and Treviso. 2 Alerts had to do with multiple cases of acute intoxication linked to the use of methoxetamine. 3 Alerts had to do with multiple cases of acute intoxication linked to the use of phenethylamines. One Pre-alert was to warn emergency/urgent care units of the possibility that subjects might be admitted after smoking hydrangea. One Alert was triggered by the first identification in Italy of the substance known as 4-Methylamphetamine (4-MA or 4-MeA) and the recording of 5 more deaths and 2 more cases of poisoning linked to its use in Europe. One Alert was for the two first recorded cases in Italy of assault and robbery in which analyses detected NMP, which had presumably been administered to the intoxicated subjects without their knowledge. Another Alert was triggered by the increase in overdose deaths in Bologna. Finally, one Alert had to do with 2 new

recorded cases of acute synthetic cannabinoid intoxication and, for the first time in Italy, the appearance of the synthetic cannabinoids AKB-48F, 5FUR-144, AKB48, 5F-PB22, STS-135 and MAM-2201.

Reporting Forms for the European Monitoring Centre (EMCDDA)

Reporting Forms sent to the EMCDDA

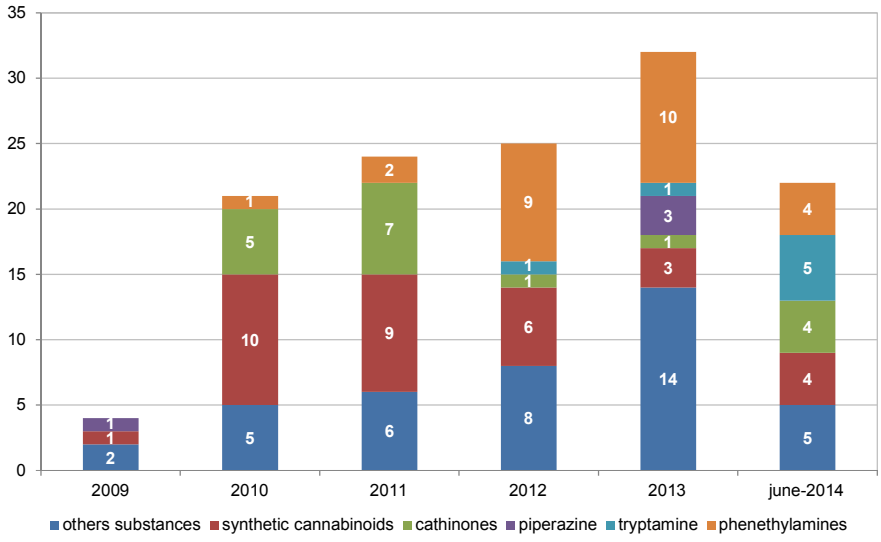
The Warning System's reports on the appearance of new substances, detected in Italy for the first time, are sent to the European Monitoring Centre by the National Focal Point using Reporting Forms. In 2013, 31 reports were sent by means of Reporting Forms: 4 had to do with synthetic cannabinoids (2 following the detection of these substances in samples from seized evidence and 2 as a result of two cases of acute intoxication). 18 were about phenethylamines (13 analytical and 5 clinical). 3 were about cathinones (all 3 clinical) and 6 (2 analytical and 4 clinical) had to do with other types of substances (NMP, 2 for methoxetamine, tropicamide, 5-MAPB and benzydamine).

The Results

The results achieved by the National Early Warning System are presented according to the principal phenomena under observation, which are listed below:

1. New unknown substances (from seizures, biological samples of patients, samples purchased online or from commercial concerns)
2. Unexpected or atypical symptoms following use
3. Web monitoring for the prevention of drug supply
4. Anomalous batches of "classic" drugs (changes in the percentages of active principle)
5. New cutting agents and/or adulterants
6. New methods of use
7. "Clusters" of cases of drug-related acute intoxication or deaths
8. Changes in the incidence of drug-related infections (HIV, HBV, HCV, TBC, STDs)

Figure 1.3: List of the new substances appearing for the first time within Italy, as reported to the National Early Warning System beginning in 2009, divided by categories



Source: National Early Warning System

Since 2009, 372 substances have been reported to the National Early Warning System by the European Monitoring Centre and Italian Collaborating Centres (Table 7). They are listed below:

- 110 synthetic cannabinoids
- 56 synthetic cathinones
- 82 phenethylamines
- 5 piperazine, 14 tryptamine, 5 ketamine and its analogues, 31 active principles of medicinal drugs, 5 fentanyls, 9 opioids, 8 azepane analogues, 3 phencyclidine analogues and another 44 substances of various types.

Reports of these substances were received from the European Monitoring Centre in Lisbon and from Italian laboratories and medical centres belonging to the National Early Warning System.

1.2.2 Coordination arrangements

The Department for Anti-drug Policies – 2013 Organisation and Activities

The Department as a permanent organization within the Presidency of the Council of Ministers

On 29 October 2009, a Decree of the President of the Council of Ministers ensured that the Department for Anti-drug Policies became a permanent organization whose aim was to assist in the promotion, coordination and interconnection of Government actions in the field of anti-drug policies. Its organizational structure was established by a second Presidential Decree on 31 December 2009.

Activities carried out in 2012 and the 2010-2013 Action Plan

Activities carried out by the Department during the course of 2013 resulted in the continuation of activities ongoing from previous years. 2012 also saw the launch of new activities further implementing actions envisioned as part of the National Action Plan on Drugs 2012-2013, approved during the 29 October 2010 session of the Council of Ministers and upheld by the government under Monti.

National Monitoring Centre

The National Monitoring Centre operates within the Department, as established by paragraph 7 of Article 1 of D.P.R. 309/90. Over the course of 2013, in addition to the institutional tasks assigned to the Service (the Annual Report to the Parliament, the National Report and Standard Tables for the Monitoring Centre in Lisbon, the statistical flows for UNODC), the National Monitoring Centre participated in the realization and assessment of all ongoing projects, collaborating in the planning of those in the development and launch phases. The Monitoring Centre also worked closely with the National Focal Point to continue necessary activities for the reorganization of national data flows and of data flows from the regional monitoring centres for addiction, aligning them with European standards (these flows consist of the National Information System on Addictions [SIND] Support project and the Italian Network of Addiction Monitoring Centres [NIOD]). The objective is to update these flows to comply with adaptations approved by the Monitoring Centre in Lisbon.

The National Statistical Programme

As part of developing a national network for the management of data flows and making it fully operational, the DPA, with the help of the National Institute of Statistic's (ISTAT) National Statistical System (SISTAN), continued to enter its statistics into the National Statistical Programme (PSN) (the official national statistics report), as part of the activities of its

Project Planning. The Monitoring Centre's activities and their outcomes will thus be validated by the ISTAT, in terms of both methodology and results, and will be published as part of Italy's official statistical data.

Institutional activities in the international arena

Areas of involvement

During the year 2013, the Department for Anti-drug Policies further reinforced its involvement in activities in the international arena, in collaboration with both European institutional bodies and international organizations as well as through bilateral agreements.

Competencies

The Department for Anti-drug Policies plays an active role in coordinating the international activities of the various Ministries responsible for different aspects of narcotic and psychotropic substance control and of prevention through social and healthcare policies.

One of the fundamental aims of these actions has been to ensure that our country's presence in the various international assemblies is a valuable and active one. Indeed, the Department for Anti-drug Policies has played a decisive part in the drafting of international and European instruments, such as the European Action Plan, UN Resolutions and a number of EMCDDA documents.

Horizontal Drugs Group of the Council of the European Union – Brussels

The Horizontal Drugs Group (HDG) of the Council of the European Union is responsible for initiating, reviewing and coordinating all activities that fall within the drugs field, developing the Council of the European Union's anti-drug policy. The HDG was set up in 1997 by COREPER, as a replacement for the ECCD (European Committee to Combat Drugs). Its meetings, usually held monthly in Brussels, are often scheduled to coincide with Troika meetings held with third party nations with whom topics of interest are currently being discussed.

The group examines proposals and projects and approves resolutions presented by Member States or by EU bodies having to do with initiatives, actions or regulatory measures arising from the EU Drugs Strategy and Action Plan on Drugs, reporting back to the COREPER. The meetings are attended by EU Member States, the EMCDDA, the European Commission and the Secretariat of the Council of the EU.

Italy plays an active role in this group, participating in the drafting of the CODROGUE and of Council of the European Union declarations. The Department plays a role coordinating the Italian position with the positions of other national central Administrations. Thanks to the active intervention of the Italian delegation, our country was able to re-establish equilibrium at the European level. The Department for Anti-drug Policies' (DPA) approach has always been a technical one, based on scientific evidence. On a European level, the DPA itself has always come out in opposition to ideological approaches that lack a basis in scientific fact,

The European Commission's S.O.N. Project has been entrusted to Italy

The European Commission, using a special fund, has commissioned the DPA to draw up a set of guidelines. The principal objective is the development of a new and efficient methodology for monitoring and discouraging the sale of drugs by minors and the trafficking of harmful substances on the web while, at the same time, the preparation of a large-scale communication campaign targeting parents and educators to inform them of the dangers that minors can come into contact with on the Internet. The project is known as "Save Our Net (S.O.N.): Drug Sale and Trade under Attack. Let the Civil Society Give Minors a Safer Internet". This action has been adopted as a fundamental European priority within

the European Strategy, and will eventually serve as the basis for the development of specific Community-wide regulations.

Participation in the European ERANID Project

The European Commission then requested that this Department participate in a network of States (ERANID), which will work for three years on the definition of new priorities in the fields of prevention and the fight against drugs. The results of this activity will be presented to the Commission, which will then prepare the new European Strategy for the following years. The European Commission will also set aside a special fund for Italy to draw on for its participation in this important activity.

The European Monitoring Centre for Drugs and Drug Addiction

The National Focal Point operates within the DPA and in close cooperation with the National Monitoring Centre. Its activities, which have been very productive, go beyond the ordinary activities envisioned under its European contract. Indeed, on the request of the European Monitoring Centre in Lisbon, it has become a "monitoring centre of excellence", as well as a school for European education for the implementation of national and regional monitoring centres.
The effectiveness and efficiency of the Italian Warning System have been widely recognized, both by the European Monitoring Centre in Lisbon and the European Commission, which has requested, on multiple occasions, that the Italian government provide training, by means of special workshops, for the functionaries of governments of countries entering the European Union, in order to teach them the strategies and techniques necessary to monitor and manage the phenomenon of new drugs.

Through our Focal Point, which acts as a catalyst for European Alerts, the system notifies all the points linked to our National Warning System of the introduction of new drugs from Europe or of batches of dangerous substances which could put people's lives at serious risk.

Agreement between the U.S. Government (Executive Office of President Obama)

2013 saw an intensification of our relationship with the United States, following the signing of an agreement for the implementation of common policies and activities in the drugs field, specifically in the spheres of prevention, treatment and rehabilitation from addictions. Signing took place at the White House in July 2011. The agreement encompassed:

- The Memorandum of Intent between the National Institute on Drug Abuse, National Institutes of Health – U.S. Department of Health and Human Services and Department for Anti-Drug Policies Presidency of the Council of Ministers - Italy
- DPA Statement on Scientific International Collaboration.

NIDA – the National Institute on Drug Abuse (a technical body of the U.S. Government)

The five-year collaboration agreement, signed in July of 2011, continued and became even stronger in 2013, with a majority of the research conducted under its auspices focusing, within the sphere of the neurosciences, on the development of models of care, treatment, and experimental and advanced prevention interventions.
The collaboration involved a series of initiatives whereby representatives from both organisations attended important conventions, each at the other's invitation. In particular, eminent U.S. representatives directly collaborated and participated in training events within the Outcome project, and contributed to a special two-day session at the National School on Addictions devoted solely to the NIDA.

UNODC – United Nations Office on Drugs and Crime

In addition to the normal institutional obligations that the DPA has to this body of the United Nations (Annual Report Questionnaires on Drugs), a number of important activities were developed in collaboration with UNODC – WHO for the implementation of a system of services for the treatment and care of drug addiction in the Balkans and for the training of policy makers from 192 U.N. countries.

UNICRI – United Nations Interregional Crime and Justice Research Institute

As part of its cooperative relationship with UNICRI, in 2013 the DPA continued its activities to implement, in collaboration with the School for Public Administration, an international school of "Addictology".
To further this end, a community has been founded, with operations extending throughout Italy and internationally. It prepares scientific articles and newsletters in collaboration with the most important international research centres.
Another set of activities carried out in collaboration with UNICRI are those analysing the principal problems specific to the female gender. The purpose of these activities, which continued in 2013, is to lay the groundwork for the preparation of guidelines that will make it possible to formulate a more appropriate response to the needs of the female populations of the192 States of the United Nations.

Relations with the Government of China

The DPA's international relations extended eastward in the form of contacts established with the Government of China. Two requests were received from Chinese, asking that private and public organizations interested in exchanging information on strategies for dealing with the phenomenon of drugs and drug addiction be allowed to visit.
The Chinese Embassy to Italy has put forward a request for more in-depth information on the Italian model for the recovery of persons suffering from addictions. Meetings with appointed functionaries to discuss the details are currently ongoing.

First visit request by a Chinese delegation

A first request was made for a visit to Italy by a delegation of Provincial and Municipal functionaries from the anti-drug departments of the Province of Zhejiang. The delegation requested that a training meeting be set up within this Department. Its purpose was to be the acquisition, on the part of the delegation, of information on the functions and activities of the Italian Government in the field of drugs and drug addiction, and the establishment of opportunities for future cooperation. The purpose of the proposed visit was focused around the following topics:

- To understand the activities of the Department for Anti-drug Policies of the Presidency of the Council of Ministers;
- To understand the Government's role in fighting the spread of drugs and compare measures put in place by both countries in the sphere of anti-drug policies;
- To discuss the regulations governing import, export, production and trade in chemical precursors;
- To evaluate the possibility of the Department for Anti-drug Policies of the Presidency of the Council of Ministers and the Zhejiang Provincial Security Public Department entering into collaboration agreements.

Second visit request by a Chinese delegation

A second request to visit Italy was put forward by a delegation of Chinese functionaries responsible for the treatment of drug addictions in the Province of Hunan. They intended to visit France and Germany as well as Italy.
The purpose of the proposed visit was focused around the following topics:

- The programme of care, from drug addiction to treatment;
- Regulations and legal obligations;
- Treatment methods employed; Due to an excess of bureaucratic formalities, neither this visit nor the first one ever occurred.

The Government of the Russian Federation

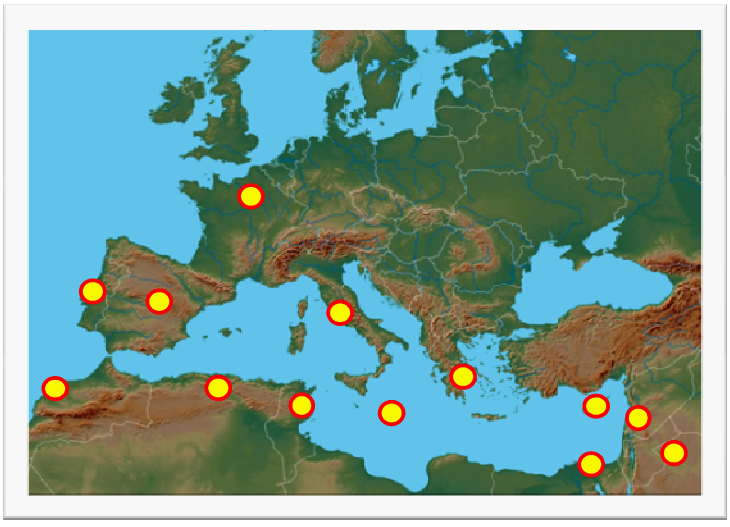
During the course of an institutional visit by the Italian government delegation to New York, at a meeting held at the United Nations headquarters, the Russian ambassador in New York expressed deep concern over the serious and rapidly evolving situation regarding drug abuse in the Russian Federation and the spread of drug-related infectious diseases, particularly HIV. He requested, in virtue of Italy's well-established experience, that the Department for Anti-drug Policies open up a round table to discuss these issues.
Moreover, the National Research Centre on Addiction of the Russian Federation's Ministry of Public Health asked whether it would be possible to get more in-depth information on the technical-operational aspects of the Italian approach to drugs, particularly with regard to models for recovery and the prevention of drug-related diseases in our country. To this end, a request was made for the arrangement of a study tour in our country.

The Arab states of the Mediterranean and the Council of Europe

In addition to participating in the meetings of the Pompidou Group of the Council of Europe and contributing to the drafting of Council of Europe documents, we are conducting training and activities to export the Italian model to:

- Tunisia
- Algeria
- Egypt
- Jordan
- Lebanon
- Morocco

Additional participants:
- Cyprus
- Malta
- Portugal
- Spain
- France
- Greece



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 socio-economic difficulty for all the countries of the world.

The social costs linked to the phenomenon of drug use

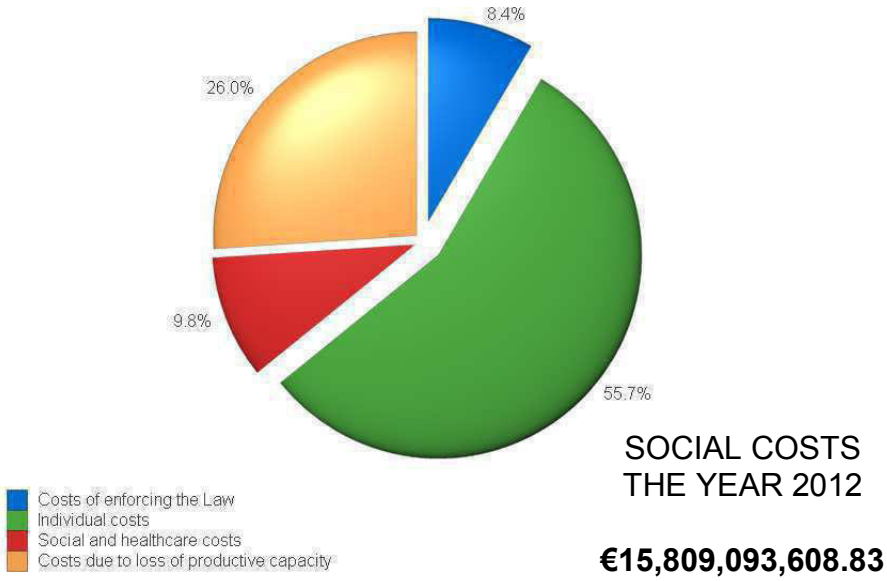
What follows is a theoretical calculation of the monetary value of the elements of this phenomenon which have the most significant impact on society, according to the established definition of the concept of “social costs”.

1.3.1 Estimate of social costs

Socials costs: 15.65 billion euros (1% of GDP)

The socials costs of drug use in Italy over the course of 2012, including expenditures for the purchase of drugs, the costs of enforcing the law, social and healthcare costs and costs due to loss of productive capacity, amounted to 15.81 billion euros, equivalent to 1% of Italian gross domestic product (GDP) during that same period. When calculated in terms of cost per capita, this is equivalent to 405 euros per year for every member of the public 15-64 years of age.

Figure 1.4: Distribution of the social costs of drug-use, by macro-cost category. The year 2012



Source: Department for Anti-drug Policies

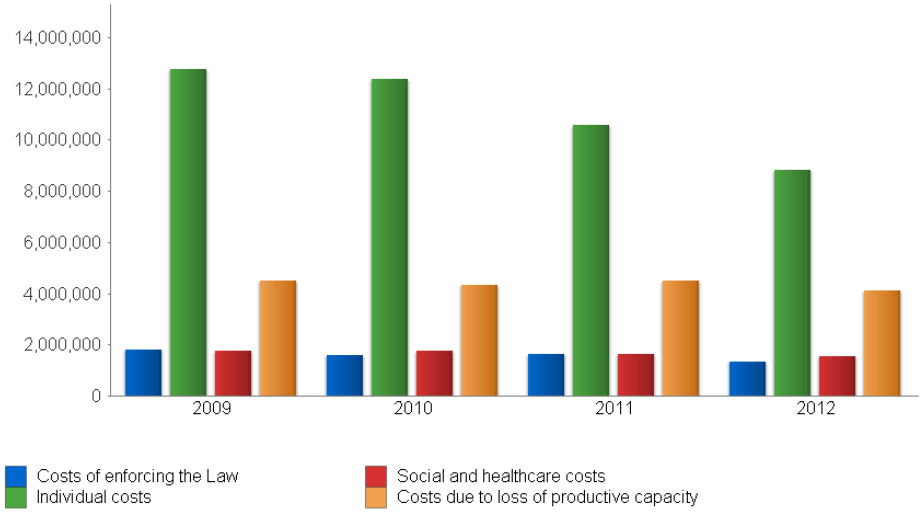
Table 1.3: Social costs of the drug-use phenomenon. The year 2012

Cost category	Cost	Percentage
Individual costs	€8,811,901,907.00	55.7
Costs due to loss of productive capacity	€4,116,880,868.80	26.0
Costs of enforcing the Law	€1,334,461,075.41	8.4
Social and healthcare costs	€1,545,849,757.62	9.8
Total	**€15,809,093,608.83**	**100.00**

Source: Department for Anti-drug Policies

In comparison with 2011, the total socials costs of drug use in 2012 fell by 13.6%.
In the period spanning 2009-2012, trends for all the social costs of drug use remained stable, with the exception of costs due to expenditures for the purchase of drugs, which fell, in relation to the falling trends in drug use observed among the general population during the time period of reference.

Figure 1.5: Trends in the social costs of drug-use, by macro-cost category. The years 2009 – 2012



Source: Department for Anti-drug Policies

The cost due to expenditures for the purchase of drugs, calculated, with no small difficulty, based on estimates of drug use in the general population, can be assumed to fall somewhere between 7.37 and 10.86 billion euros, with the resulting mean value of 8.81 billion euros representing 56% of total social costs.

Table 1.4: Estimate of the costs due to expenditures for the purchase of drugs. The year 2012

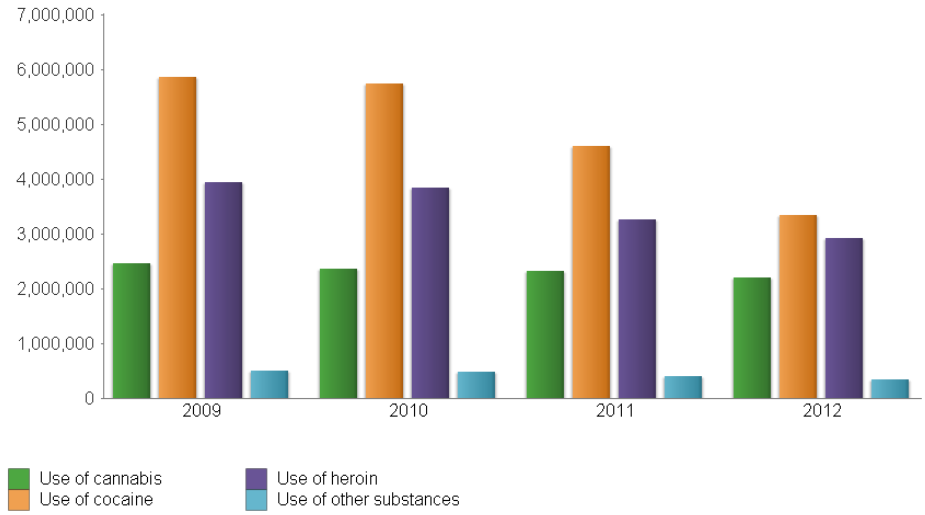
Cost category	Cost	Percentage
Cannabis use	€2,195,826,640.00	24.92
Cocaine use	€3,341,752,978.00	37.92
Heroin use	€2,926,762,654.00	33.21
Use of other drugs	€347,559,635.00	3.94
Total	**€8,811,901,907.00**	**100.0**

Source: Department for Anti-drug Policies

The greatest cost is that of expenditures for the purchase of drugs by consumers: 8.81 billion euros

In the period spanning 2009-2012, expenditures for the purchase of drugs fell significantly (-30.8%), especially for the purchase of cocaine and heroin, although less markedly so in the latter case.

Figure 1.6: Trends in social costs due to expenditures for the purchase of drugs, by drug type (figures represent thousands of euros). The years 2009 – 2012



Source: Department for Anti-drug Policies

The second-largest cost category overall, accounting for 26.0% of the total social costs, is the cost due to the loss of productive capacity, which amounted to 4.12 billion euros. 64.4% of this amount was for loss of productivity due to loss of professional employment,15.1% was due to loss of productivity as a result of premature death, and 20.5% was the social cost attributable to drug users involved in traffic accidents.
When calculated in terms of cost per capita, the costs due to the loss of productive capacity amount to 106 euros per year for every member of the public 15-64 years of age.

Table 1.5: Estimate of costs due to loss of productive capacity. The year 2012

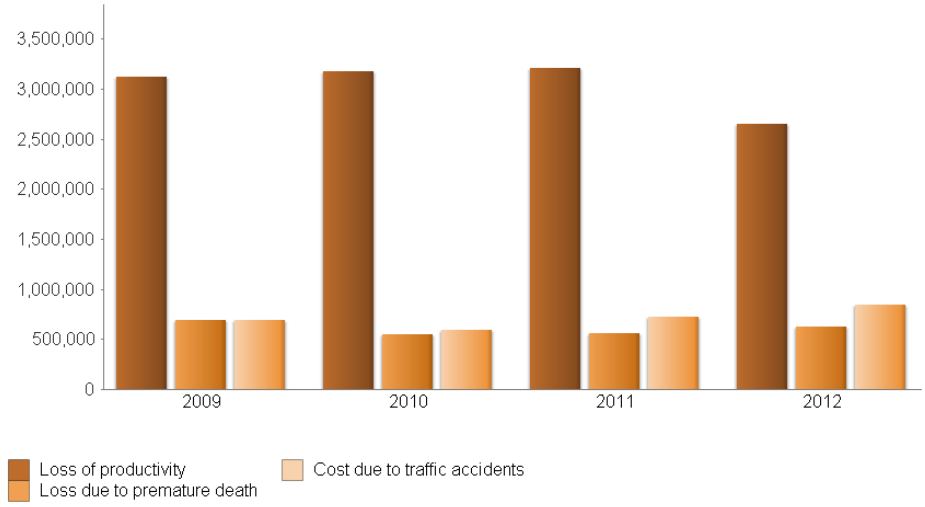
Cost category	Cost	Percentage
Loss of productivity	€2,652,646,355.70	64.4
Loss due to premature death	€621,064,931.45	15.1
Cost due to traffic accidents	€843,169,581.65	20.5
Total	**€4,116,880,868.80**	**100.0**

Source: Department for Anti-drug Policies

€4.12 billion in costs due to loss of productive capacity

During the three-year period spanning 2009-2011, trends for all the micro-categories of social cost associated with loss of productive capacity remained stable.
In comparison with 2011, when the costs due to loss of production capacity stood at 4.5 billion euros, we see a 8.3% drop in 2012. This variation is the result of an evident decrease in the costs attributable to loss of productive capacity and a slight decrease in costs related to traffic accidents.

Figure 1.7: Trends in social costs linked to loss of productivity, by micro-category (figures represent thousands of euros). The years 2009 – 2012



Source: Department for Anti-drug Policies

Activities related to the fight against drugs and the reduction and suppression of drug supply and demand account for about 8.4% (approximately 1.33 billion euros) of the overall social costs, of which over half are borne by the Ministry of Justice for the imprisonment of persons reported for crimes in connection with DPR 309/90 or of drug-addicted subjects held for other crimes. 15.5% of the costs of enforcing the law are spent by Law Enforcement Agencies in the area of prevention-related activities (Articles 121 and 75 of DPR 309/90) and for the fight against the production, trafficking and sale of drugs, in addition to traffic checks targeting drivers operating their vehicles while under the influence of alcohol or drugs (Articles 186 and 187 of the Traffic Code). The remaining 27.3% is attributable to the cost of activities conducted by the courts and prefectures.
When calculated in terms of cost per capita, the costs of enforcing the law amount to 35 euros per year for every member of the public 15-64 years of age.

Table 1.6: Estimate of the costs attributable to enforcing the Law. The year 2012

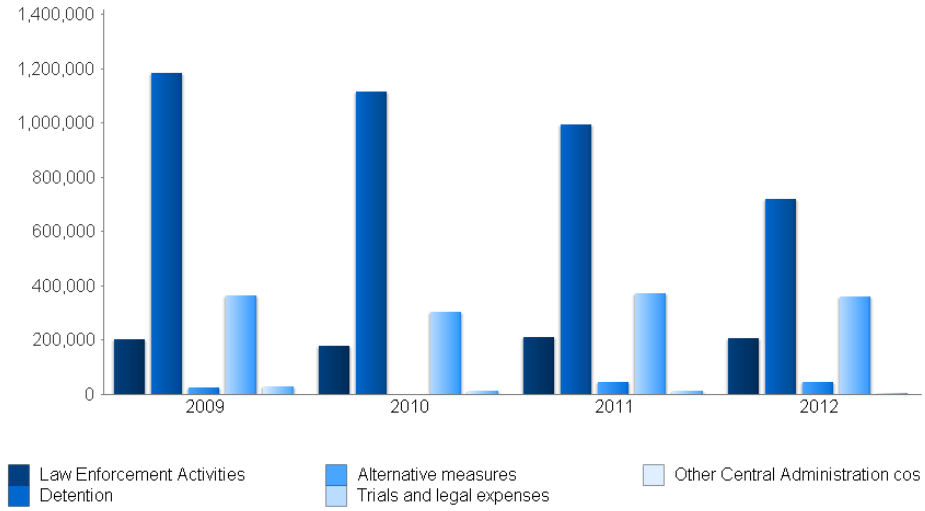
Cost category	Cost	Percentage
Law Enforcement Activities	€207,040,713.69	15.5
Prison and alternative measures	€763,126,007.68	57.2
Trials and legal expenses	€358,794,354.04	26.9
Other Central Administration costs	€5,500,000.00	0.4
Total	**€1,334,461,075.41**	**100.0**

Source: Department for Anti-drug Policies

€1.33 billion is the cost of activities related to the fight against drugs, reduction and suppression of drug supply and demand

The period of reference from 2009 to 2012 shows a progressive decrease in costs for the Ministry of Justice, most of which are attributable to the costs of imprisonment, while the other cost categories remained largely stable.
In comparison with 2011, the socials costs of enforcing the law in 2012 fell by 18.1% (costs of imprisonment fell by 27.7%).

Figure 1.8: Trends in the social costs related to enforcing the Law, by micro-category (figures represent thousands of euros). The years 2009 – 2012



Source: Department for Anti-drug Policies

1.6 billion euros spent on social and healthcare assistance for persons undergoing treatment

Social assistance and healthcare account for a total of 1.55 billion euros, which is equivalent to 9.8% the overall social cost of the drug use phenomenon. The highest costs are those for the cost of outpatient care provided by drug addiction services (47.1), closely followed by the cost of treatment for subjects suffering from infectious diseases (in particular HIV and HCV) (30.8%).
Inserting clients who are receiving care from local services into socio-rehabilitative programmes accounts for a further expenditure of approximately 255 million euros (16.5%), while hospitalisations of drug users account for 3.1% (approximately 48 million euros).
When calculated in terms of cost per capita, social and healthcare costs amount to 40 euros per year for every member of the public 15-64 years of age.

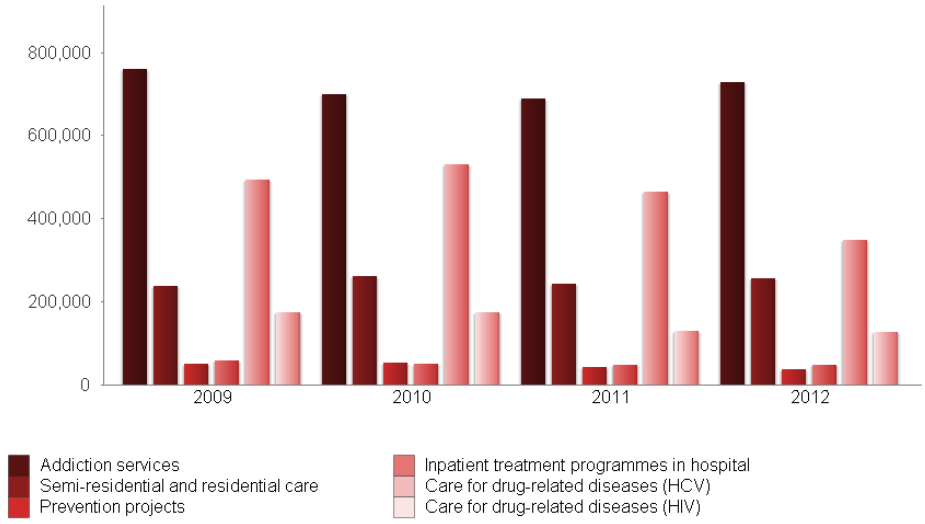
Table 1.7: Estimate of social and healthcare costs. The year 2012

Cost category	Cost in euros	Percentage
Addiction services	€728,690,119.32	47.1
Semi-residential and residential care	€255,512,540.78	16.5
Inpatient treatment programmes in hospital	€47,795,303.74	3.1
Care for drug-related infectious diseases	€475,740,000.00	30.8
Prevention projects	€38,111,793.78	2.5
Total	**€1,545,849,757.62**	**100.0**

Source: Department for Anti-drug Policies

In comparison with 2011, costs for social assistance and healthcare decreased by 4.3%. Among the different categories comprising social and healthcare costs, those which fell most steeply during the period spanning 2009-2012 were those related to in-hospital care (ordinary admissions -37.2% and ambulatory care -17.0%), care for drug-related infectious diseases (HCV treatment -29.2% and HIV treatment -27.1%) and, lastly, the costs of promoting and implementing prevention interventions(-25.7%).

Figure 1.9: Trends in social costs related to social assistance and healthcare, by micro-category (figures represent thousands of euros). The years 2009 – 2012



Source: Department for Anti-drug Policies

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

This chapter will present the results of the most recent General Population Study, conducted in 2012, and the results of the wastewater analyses conducted during the three-year period from 2011 to 2013. A section is devoted to psychotropic drug use among students, based on data which was collected during the first six months of 2014. There is also a section dealing with drug use among targeted groups (Drug Testing for Workers in High-risk Professions).

2.1 Drug use in the General Population (the GPS-DPA Survey)

Survey of the population 18-64 years of age

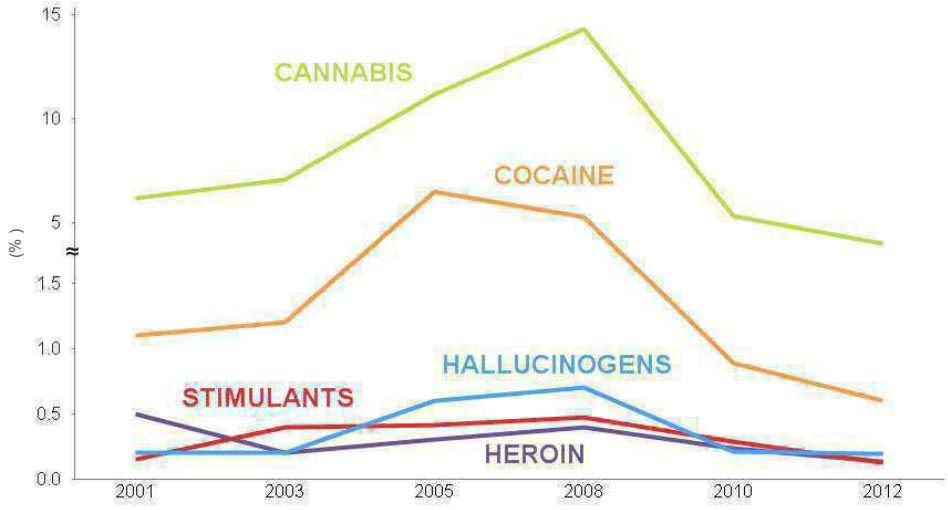
Data on the magnitude of psychoactive drug use in Italy was drawn from the most recent national survey, conducted in 2012 (General Population Survey – GPS-DPA 2012) by the Department for Anti-drug Policies.

The principal results of the study are presented below, for the sake of thoroughness with regard to the other studies conducted in 2013 and during the first six months of 2014.

A general analysis of trends in drug use during the last twelve months within the national population aged 15-64 confirms that, as in 2010, the number of users of all types of drugs included in the survey continued to fall in 2012, albeit not as steeply as in the previous period.

Figure 2.1: Drug use in the general population aged 15-64 (subjects who reported having used drugs at least once in the last twelve months). The years 2001 – 2012

The tendency towards an overall decrease in the number of users in the general population continues



Source: IPSAD-Italy 2001-2008; GPS-DPA Surveys 2010-2012 – Department for Anti-drug Policies

If we compare drug use in Italy with that in other European nations, we find that, with regard to the principal drugs (with the exception of heroin, for which the figure is not available), Italy is in the 23rd place for cannabis use, the 18th place for cocaine use, the 26th place for amphetamine use, and the 29th place for the use of ecstasy.

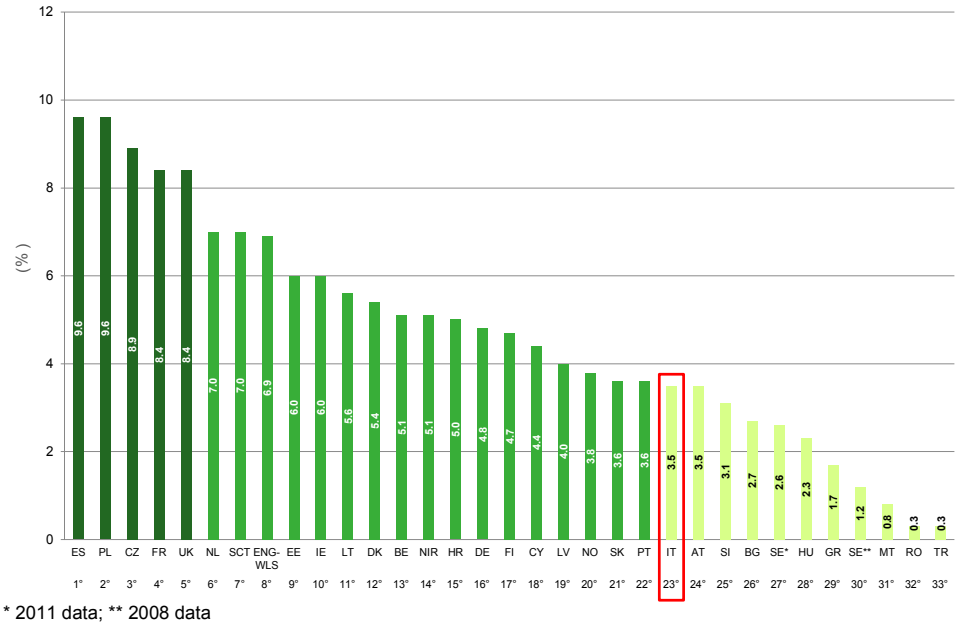
Table 2.1: Drug use (% prevalence) in the general population aged 18-64 (subjects who reported having used drugs at least once in the last twelve months) and ranking in comparison with other European nations. The years 2000 – 2012 (most recent available surveys)

Type of drug	Italy % Prevalence	Position of Italy vs. other European nations
Cannabis	3.5	23rd
Cocaine	0.6	18th
Heroin	No data	No data
Amphetamines	0.1	26th
Ecstasy	0.0	29th

Source: EMCDDA Statistical Bulletin 2013

Examining the figures specifically regarding cannabis use, we find the highest use prevalence numbers in Spain, Poland, the Czech Republic and France. The Italian figure, on the other hand, is comparable to the numbers from Austria, Portugal and Slovakia.

Figure 2.2: Cannabis use (% prevalence) in the general population aged 15-64 (subjects who reported having used drugs at least once in the last twelve months). The years 2000 – 2012 (most recent available surveys)



* 2011 data; ** 2008 data

Source: EMCDDA Statistical Bulletin 2013

Specifically, the estimated percentages of subjects in the general population aged 15-64 who have used drugs at least once in the last year are as follows: 0.12% for heroin (0.24% in 2010), 0.60% for cocaine (0.89% in 2010), 4.01% for cannabis (5.33% in 2010), 0.13% for stimulants (ecstasy and/or amphetamines, (0.29% in 2010), 0.19% for hallucinogens (0.21% in 2010).

Table 2.2: Drug use (% prevalence) in the general population aged 15-64 (subjects who reported having used drugs at least once in the last twelve months). The years 2010 – 2012

Type of drug	Men			Women			Total		
	2010	2012	Diff.	2010	2012	Diff.	2010	2012	Diff.
At least one illegal drug	7.57	5.62	- 1.95	4.54	3.22	- 1.32	5.84	4.33	- 1.51
Cannabis	7.06	5.19	- 1.87	3.82	3.00	- 0.82	5.33	4.01	- 1.32
Cocaine	1.26	1.01	- 0.25	0.47	0.25	- 0.22	0.89	0.60	- 0.29
Heroin	0.32	0.21	- 0.11	0.17	0.08	- 0.09	0.24	0.12	- 0.12
Stimulants	0.39	0.16	- 0.23	0.19	0.10	- 0.09	0.29	0.13	- 0.16
Hallucinogens	0.39	0.24	- 0.15	0.12	0.16	0.04	0.21	0.19	- 0.02

Source: GPS-DPA 2010-2012 Surveys – Department for Anti-drug Policies

Tendency towards a decrease in the number of drug users between 2010 and 2012.

If we compare the results obtained from the two most recent editions of the GPS-DPA survey, we can observe variations in use patterns. These changes are more marked among the male population than among the female.

2.2 Drug use in the General Population (wastewater analysis)

Parallel to the general population survey, the Department for Anti-drug Policies has entrusted the Mario Negri Pharmacological Research Institute of Milan with the collection and analysis of wastewater samples, collected yearly in 17 cities throughout Italy since 2011, in order to measure the concentrations of drug residues present in the samples.
In addition to the traditional drugs (cannabis, cocaine, etc.), the study also analysed concentrations of ketamine, for which standardization was carried out using milligrams per day per 1000 population as the unit of measure.

Table 2.3: Concentrations of drugs in wastewater. The years 2012 – 2013

Type of drug	2012 usage	2013 usage	Difference 2013-2012
Heroin (doses/day per 1000 pop.)	2.03	2.02	- 0.01
Cocaine (doses/day per 1000 pop.)	6.69	5.94	- 0.75
Cannabis (doses/day per 1000 pop.)	28.37	39.34	+ 10.96
Ecstasy (doses/day per 1000 pop.)	0.05	0.06	+ 0.02
Amphetamines (doses/day per 1000 pop.)	0.06	0.29	+ 0.23
Methamphetamines (doses/day per 1000 pop.)	0.25	0.26	+ 0.01
Ketamine (milligrams/day per 1000 pop.)	2.92	3.34	+ 0.42

Source: AquaDrugs Studies 2012-2013 – Department for Anti-drug Policies – Mario Negri Pharmacological Research Institute

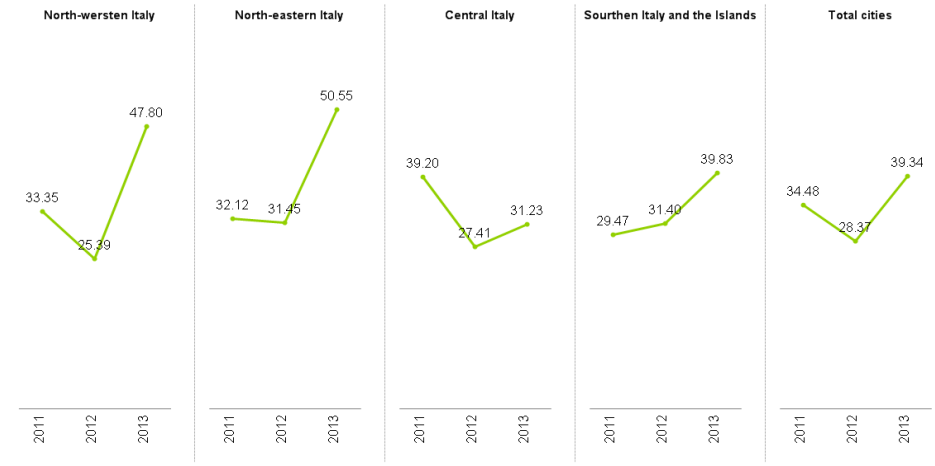
Concentrations of drugs in wastewater:
- cannabis: +10.96
- cocaine: -0.75
- heroin: -0.01
- ecstasy: +0.02
- amphetamines: +0.23
- methamphetamines: +0.01
- ketamine: +0.42

In 2013, the drug with the highest concentration was found to be cannabis, with an average of approximately 39.3 doses per day per 1000 population, a significant increase over the average figure observed in 2012 (28.4).

Cannabis: an increase in use

Different geographic areas display different trends, with an overall increase in use, in particular in northern Italy in the period spanning 2012 and 2013 (25.4 vs. 47.8 in North-western Italy and 31.5 vs. 50.6 for North-eastern Italy). In Central Italy, on the other hand, there was a sharp drop in use between 2011 and 2012 (39.2 vs. 27.4), followed by a slight rise during the last year.

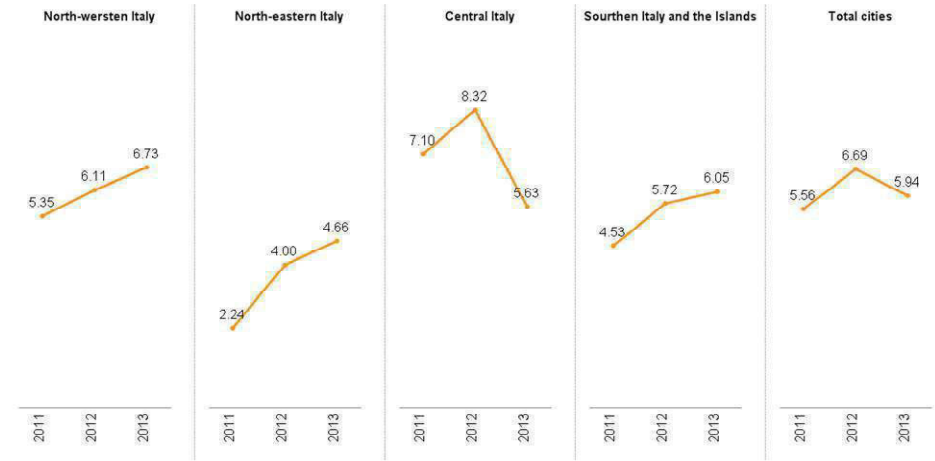
Figure 2.3: Concentrations of CANNABIS (doses/day per 1000 pop.) in wastewater, by geographic area The years 2011 – 2013



Source: AquaDrugs Studies 2011-2013 – Department for Anti-drug Policies – Mario Negri Pharmacological Research Institute

Cocaine use, however, dropped between 2012 and 2013 (from 6.7 to 5.9 doses) falling to a level closer to that observed in 2011 (5.6).
A look at the geographic areas reveals considerable variation in the North-eastern area (a rise from 2.2 in 2011 to 4.7 in 2013) and in the Central area (a decrease from 8.3 in 2012 to 5.6 in 2013).

Figure 2.4: Concentrations of COCAINE (doses/day per 1000 pop.) in wastewater, by geographic area The years 2011 – 2013

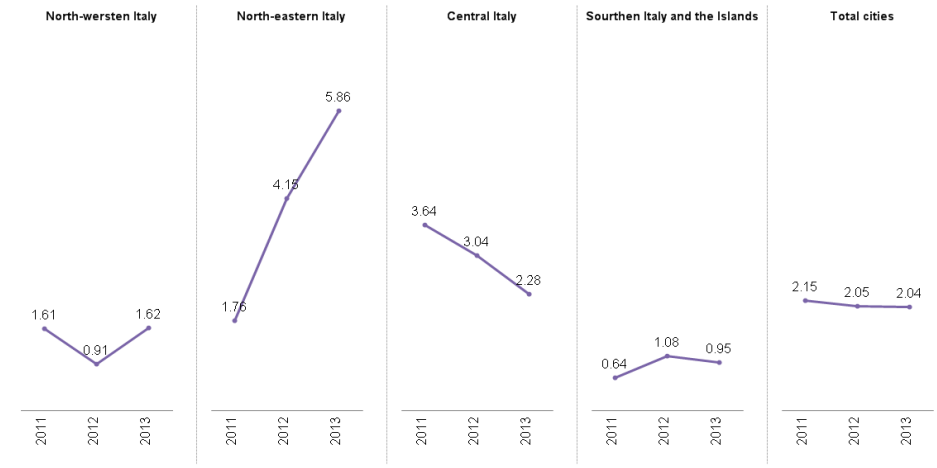


Source: AquaDrugs Studies 2011-2013 – Department for Anti-drug Policies – Mario Negri Pharmacological Research Institute

An analysis of heroin use during the entire three-year period spanning 2011-2013 reveals a certain amount of stability over time (little more than 2 doses per day per 1000 population), despite a significant increase (from

1.8 to 5.9) in the North-eastern area and a slight decrease (from 3.6 to 2.3) in the Central area during the three years in question.

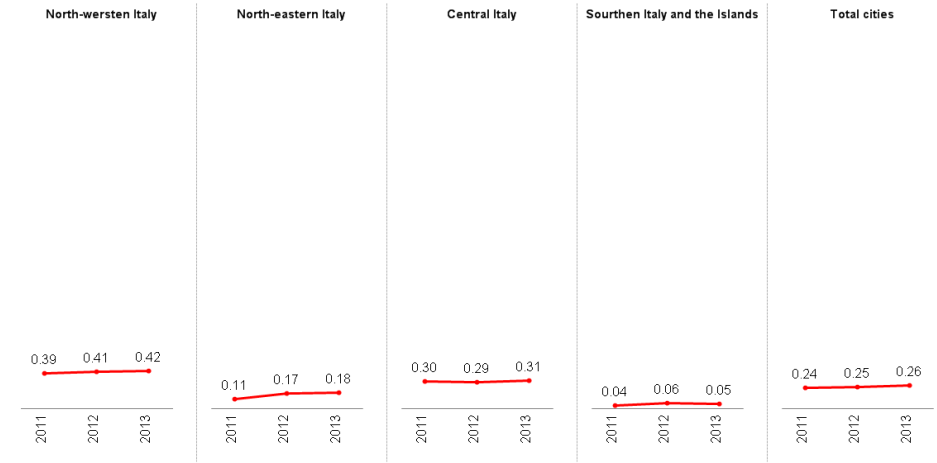
Figure 2.5: Concentrations of HEROIN (doses/day per 1000 pop.) in wastewater, by geographic area The years 2011 – 2013



Source: AquaDrugs Studies 2011-2013 – Department for Anti-drug Policies – Mario Negri Pharmacological Research Institute

Turning our attention to methamphetamine use, we find it was also largely stable during the period of reference (0.2 doses per day per 1000 population), even when taking the different geographic areas into account. Although figures remain low, the highest use prevalence can be observed in North-western Italy, with lower concentrations in the South and the Islands.

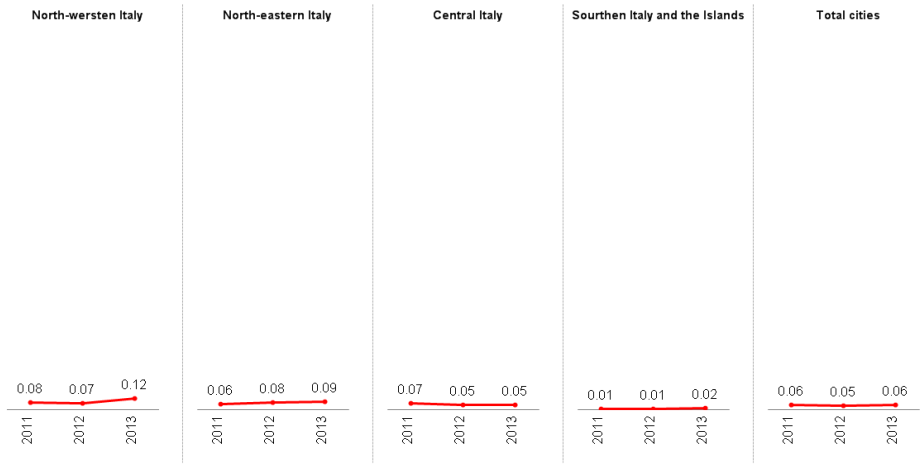
Figure 2.6: Concentrations of METHAMPHETAMINES (doses/day per 1000 pop.) in wastewater, by geographic area The years 2011 – 2013



Source: AquaDrugs Studies 2011-2013 – Department for Anti-drug Policies – Mario Negri Pharmacological Research Institute

Slight traces of MDMA (more commonly known as Ecstasy), another of the drugs set to be detected, were also found in wastewater. Levels remained stable across all of the geographic areas during the three-year period spanning 2011-2013.

Figure 2.7: Concentrations of ECSTASY (doses/day per 1000 pop.) in wastewater, by geographic area The years 2011 – 2013

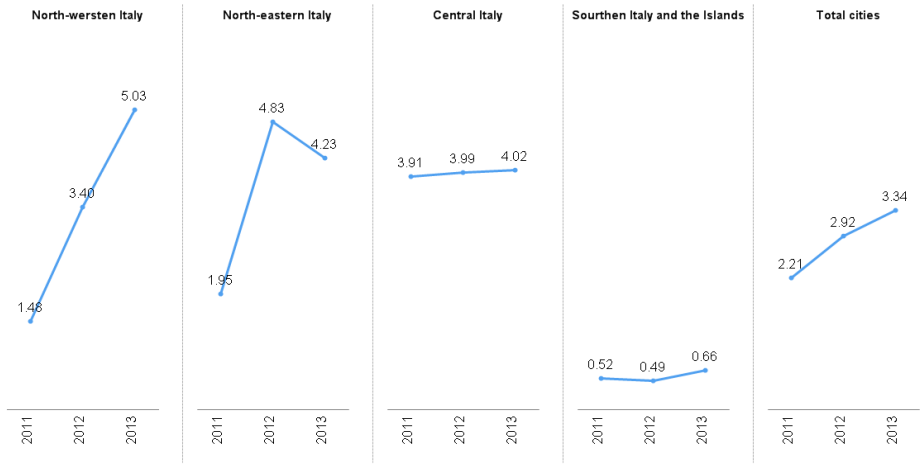


Source: AquaDrugs Studies 2011-2013 – Department for Anti-drug Policies – Mario Negri Pharmacological Research Institute

With regard to ketamine, for which a standard unit of measure of milligrams/day per 1000 population was applied, there was shown to be an overall increase during the three-year period of 2011-2013 (from 2.2 to 3.3).

Use prevalence was found to be almost nil in Southern Italy and the Islands, unlike the other geographic areas, where higher concentrations were recorded, particularly in Northern Italy (levels increased from 1.5 to 5.0 in North-western Italy and from 2.0 to 4.2 in North-eastern Italy).

Figure 2.8: Concentrations of KETAMINE (milligrams/day per 1000 pop.) in wastewater, by geographic area The years 2011 – 2013



Source: AquaDrugs Studies 2011-2013 – Department for Anti-drug Policies – Mario Negri Pharmacological Research Institute

2.3 Drug use in the school and youth population (the SPS-DPA Survey)

Survey of the student population 15-19 years of age

Data regarding the prevalence of licit and illicit psychoactive substance use among the Italian student population between 15-19 years of age was taken from the SPS-DPA (Student Population Survey) conducted during

the first half of 2014 by the Department for Anti-drug Policies (DPA) in collaboration with the Ministry of Education, Universities and Research and with the participation of the Regional Representatives for Health Education. The objective of the sample survey, conducted using a self-reported anonymous questionnaire, was to provide an estimate of the number of students 15-19 years of age who use psychoactive substances, in accordance with the ESPAD protocol.

Standard Table 02

The results with respect to prevalence of drug users for the lengths of time defined as LTP, LYP and LMP within the student population aged 15-18 are reported in STANDARD TABLE 02 METHODS AND RESULTS OF SCHOOL SURVEYS ON DRUG USE – version 1/2014.

Methodology

Sampling techniques chosen are ideal for ensuring the reliability of data gathered

As in the other two most recent editions of this survey, the population sample was selected using a two-stage sampling model, where the first-stage units were higher secondary schools and the second-stage units were students attending those schools for the duration of the curriculum. The statistical units of the survey were represented by all of the students attending each of the classes that were part of the sample, selected using a bunching method, where the class they belonged to represented the bunch.

This procedure makes it possible, firstly, to obtain a sample structure which faithfully reproduces the structure of the student population and, secondly, to significantly improve the efficiency of the sampling.

The below table shows the distribution by region of the schools included in the sample used for the survey.

Table 2.4: Distribution of the first-stage units by region and type of academic institution. The year 2014

Region	Secondary schools and ex-magistrali*	Polytechnic institutes	Vocational institutes	Arts high secondary schools and colleges	Total
Abruzzo	5	5	3	3	16
Basilicata	4	3	4	2	13
Calabria	8	8	6	3	25
Campania	26	25	12	6	69
Emilia-Romagna	10	10	8	3	31
Friuli Venezia Giulia	4	5	3	2	14
Lazio	21	17	8	6	52
Liguria	6	4	3	2	15
Lombardy	33	24	14	12	83
Marche	5	5	4	2	16
Molise	3	2	2	3	10
Piedmont / Valle D'Aosta	15	13	9	5	42
Apulia	13	15	10	5	43
Sardinia	10	8	6	3	27
Sicily	23	22	13	7	65
Tuscany	12	10	7	4	33
Trentino Alto Adige	4	5	2	3	14
Umbria	4	3	3	2	12
Veneto	14	12	8	5	39
Total	220	196	125	78	619

Source: SPS-DPA Survey 2014 – Department for Anti-drug Policies

The variables taken into consideration for the stratification of the first-stage units (region and type of school) are considered especially important for the purposes of representativeness of the entire population in terms of the phenomenon being studied.
The choice of stratification by region and type of school (secondary schools and *ex-magistrali* [t.n. secondary schools which formerly specialized in the education of teachers], polytechnic institutes, vocational institutes, and arts high secondary schools and colleges) fulfils the need to use a sample that is representative of the student population within a given local area, in the hypothesis that the 'morphological' characteristics of the different areas and types of academic paths chosen could have an impact on drug use prevalence.

The use of European protocols

In 2014, as in previous years, in order to guarantee that information collection could be compared to data gathered by other EU Member States, the tool used for the study was designed in accordance with the European ESPAD protocol, integrated and slightly modified in order to better adapt the instrument to the Italian context. The Student Population Survey was conducted with the support of computer technology. The C.A.S.I. (Computer-Aided Self-Completed Interview) method was adopted, which made it possible to fill out the questionnaire online using a nonreplicable, unique and anonymous access ID.

High percentages of response

The study was conducted during the first half of 2014, with the participation of 438 higher secondary schools, equivalent to 70.8% of the sample of schools which had been planned, for a total of 34,922 completed questionnaires.
An analysis of the quality of the information reported by the students participating in the survey was performed by means of the application of a number of criteria for the exclusion from subsequent data processing of certain questionnaires: those that were deemed to be "unreliable" or which had been completed by subjects who fell outside the survey's target age group (15-19 years of age). 3,261 questionnaires were excluded in all.

Completed questionnaires: over 30,000

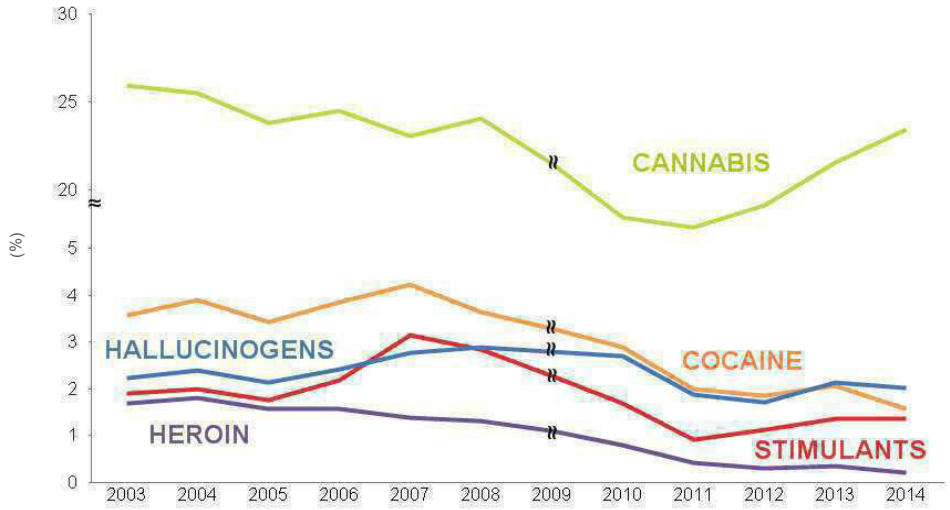
Unlike the results presented in STANDARD TABLE 02 METHODS AND RESULTS OF SCHOOL SURVEYS ON DRUG USE – version 1/2014, which refers to the student population aged 15-18, the results presented in the sections below refer to the 31,661 questionnaires (90.7% of the total number of questionnaires collected) valid for the analysis of psychotropic drug use in the student population aged 15-19.

A brief summary of drug use

Data on drug use among students, which has been collected on a yearly basis since 2003, shows a progressive, albeit variable, decrease in the number of cannabis users, which continued until 2011. In the three-year period that followed (2011-2013), there was an upturn in the number of cannabis users, with 2014 prevalence percentages returning to 2008 levels.
The prevalence of cocaine use, after an initial increase during the period lasting until 2007, remained in constant and on-going decline until 2011, levelling off during the following years, albeit with some variability. The drop in heroin use has been steady and continuous since 2004, when the highest prevalence of users of this drug during the period of reference

was recorded, albeit still at levels of less than 2%. In recent years, the phenomenon levelled out, then fell still further in 2014.

Figure 2.9: Drug use in the student population aged 15-19 (subjects who reported having used drugs at least once in the last twelve months). The years 2003 – 2014



Increase in the number of cannabis users; no significant variation in the number of users of hallucinogens, stimulants, cocaine and heroin.

Source: ESPAD Italy 2003-2008; SPS-DPA Surveys 2010-2014 – Department for Anti-drug Policies

Stimulant use trends among students mirrored those of cocaine until 2011, but recent years have shown a slight upturn in stimulant use. Finally, hallucinogen use prevalence rose slightly during the first years of surveys being conducted, until 2008; this was followed by a period of relative stability, and a subsequent decline between 2010 and 2012. During the following year, there was a slight increase in the phenomenon, which levelled off in 2014.

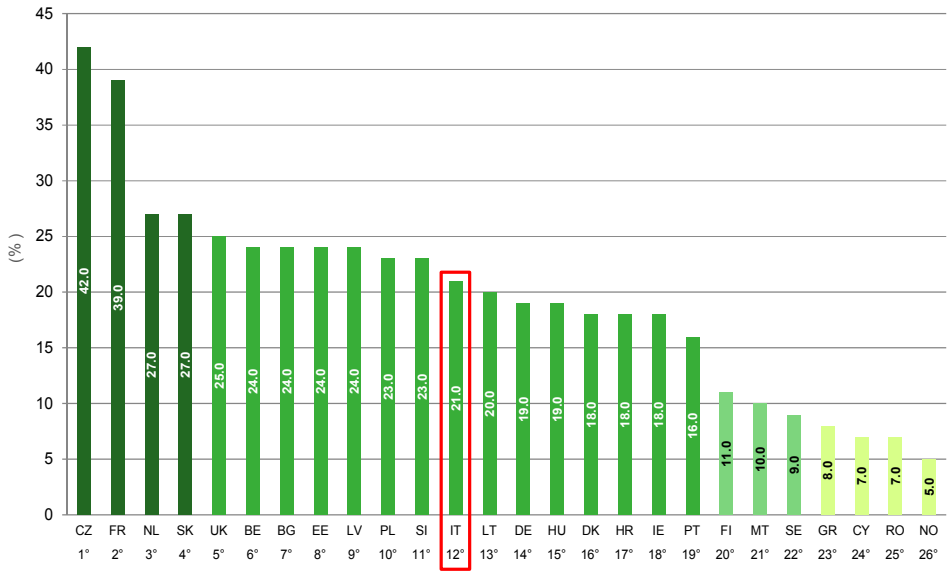
If we compare the use prevalence levels for 16-year-old Italian students with those of their peers in other European countries, we find that Italy is in roughly 12th place for cannabis use and 10th place for cocaine use. For heroin use, Italy ranks fifth in Europe. Lastly, with regard to the use of amphetamines and ecstasy, Italy comes in at 19th and 18th places respectively among the other European nations.

Table 2.5: Drug use (% prevalence) in the student population aged 16 (subjects who reported having used drugs at least once in their lifetimes) and rankings in comparison with other European nations. The year 2011

Type of drug	Italy % Prevalence	Position of Italy vs. other European nations
Cannabis	21.0	12th
Cocaine	3.0	10th
Heroin	2.0	5th
Amphetamines	2.0	19th
Ecstasy	2.0	18th

Source: EMCDDA Statistical Bulletin 2013

Figure 2.10: Cannabis use (% prevalence) in the student population aged 16 (subjects who reported having used drugs at least once in their lifetimes). The year 2011



Source: EMCDDA Statistical Bulletin 2013

Turning our attention to the results of the 2014 survey conducted on a sample of 31,661 students between the ages of 15-19 (with a response percentage of approximately 72%), we find the following percentages of drug users (subjects who have used drugs at least once during the last 12 months): cannabis 23.46% (21.56% in 2013), cocaine 1.58% (2.05% in 2013), heroin 0.21% (0.36% in 2013), stimulants (amphetamines and/or ecstasy) 1.36% (1.35% in 2013), and hallucinogens 2.03% (2.13% in 2013).

Table 2.6: Drug use (prevalence %) in the student population aged 15-19 (subjects who reported having used drugs at least once in the last twelve months). The years 2013 – 2014

Type of drug	Male			Female			Total		
	2013	2014	Diff.	2013	2014	Diff.	2013	2014	Diff.
At least one illegal drug	27.31	28.24	+ 0.93	17.65	20.31	+ 2.66	22.53	24.31	+ 1.78
Cannabis	26.25	27.26	+ 1.01	16.77	19.60	+ 2.83	21.56	23.46	+ 1.90
Cocaine	2.85	2.08	- 0.77	1.24	1.07	- 0.17	2.05	1.58	- 0.47
Heroin	0.45	0.24	- 0.21	0.26	0.18	- 0.08	0.36	0.21	- 0.15
Stimulants	1.87	1.64	- 0.23	0.83	1.08	+ 0.25	1.35	1.36	+ 0.01
Hallucinogens	3.03	2.75	- 0.28	1.22	1.29	+ 0.07	2.13	2.03	- 0.10
Misuse of prescription tranquillizers or sedatives	1.08	1.26	+ 0.18	2.27	2.89	+ 0.62	1.67	2.07	+ 0.40

Drug users (at least once in the last 12 months)
- cannabis: +1.90
- cocaine: -0.47
- heroin: -0.15
- stimulants: +0.01
- hallucinogens: -0.10

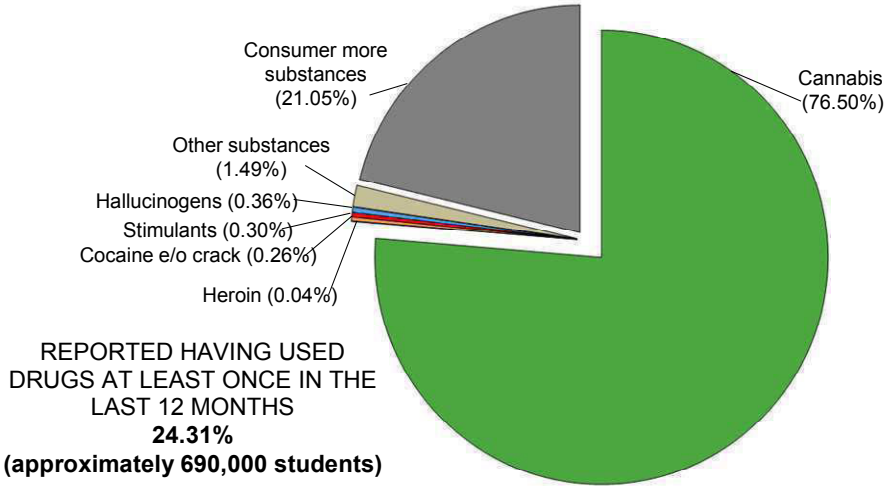
Source: SPS-DPA Surveys 2013-2014 – Department for Anti-drug Policies

A comparison of drug use differentiated by gender shows a rise in the number of cannabis users for both genders, although the increase is more marked among female subjects (+0.93 percentage points for male subjects vs. +2.66 percentage points for female). With regard to the misuse of

tranquillizers and sedatives, the increase in the number of users in 2014 with respect to 2013 is more significant among female students (+0.62 percentage points) than among their male peers (+0.18 percentage points).

Lastly, turning our attention to stimulants and hallucinogens, we find a considerable variation in user prevalence among male and female students for the two-year period spanning 2013-2014. While the number of users among the male population has dropped, there has been a slight increase in the number of users among their female peers.

Figure 2.11: Types of drugs used by students aged 15-19 who reported having used drugs at least once in the last twelve months). The year 2014



75.7% of students aged 15-19 have not taken any type of drug during the last 12 months

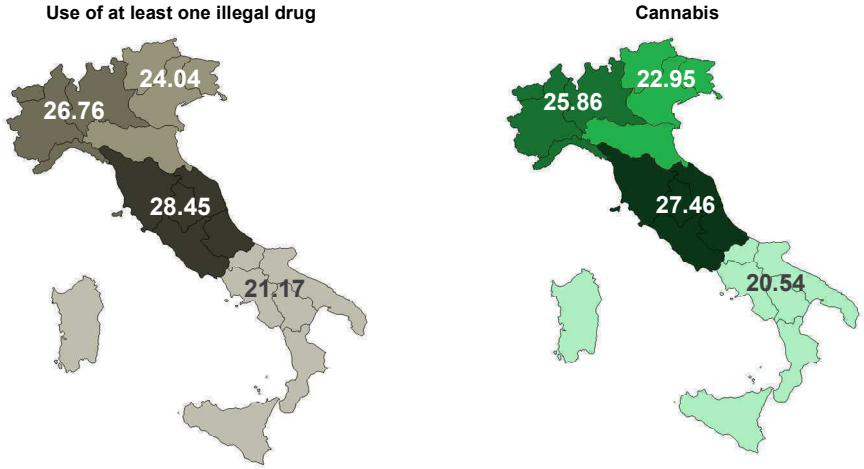
76.5% of students aged 15-19 who use drugs reported having used cannabis during the last 12 months

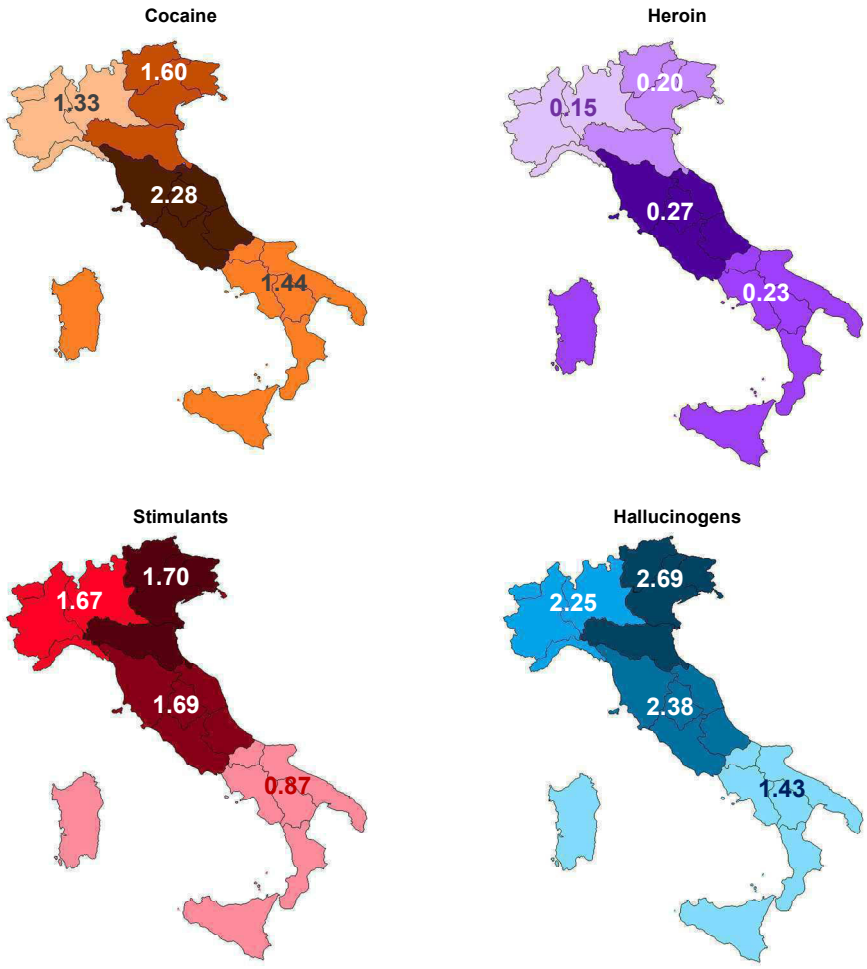
21.0% were found to be users of more than one type of drug

Source: SPS-DPA Survey 2014 – Department for Anti-drug Policies

If we examine use prevalence by geographic area, we find the highest levels of cannabis, cocaine and heroin use in Central Italy, while the highest levels of stimulant and hallucinogen use occur for the most part in North-eastern Italy.

Figure 2.12: Drug use (prevalence %) in the student population aged 15-19 (subjects who reported having used drugs at least once in the last twelve months), by geographic area. The year 2014





Source: SPS-DPA Survey 2014 – Department for Anti-drug Policies

Turning our attention to the prevalence of students who have used an illegal drug at least once in the last 12 months, we find the highest percentages of prevalence in Central Italy (28.45), followed by the North-west (26.76). The lowest figures can be found in the North-east (24.04) and the South (21.17).

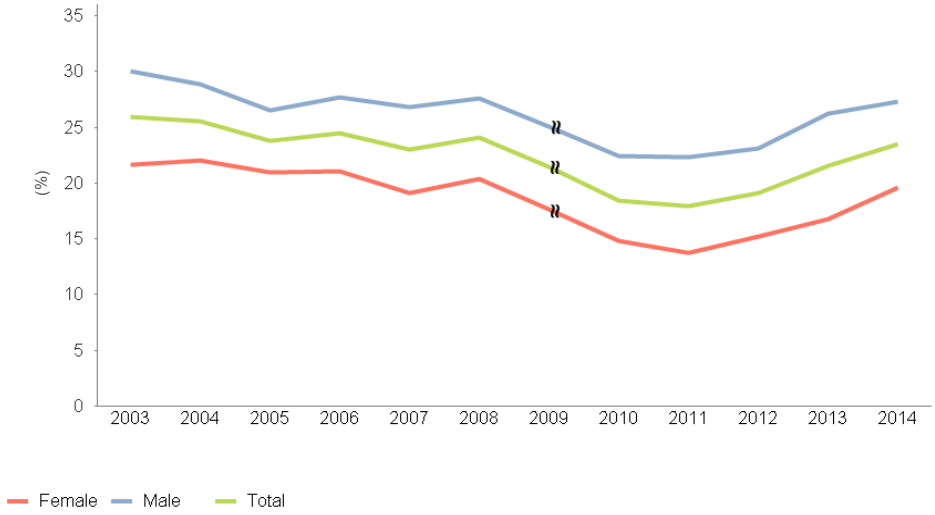
Cannabis use

Over the last decade, the illicit drug which students participating in the survey used and reported using more than any other was cannabis, with a prevalence of higher than 20% (use during the last 12 months).

The trend in the number of students who had used this drug in the last 12 months declined from 2003 to 2011. This was followed by an increase in use during the subsequent period, without differentiation between the genders.

Figure 2.13: Cannabis (marijuana or hashish) users (% prevalence) in the student population aged 15-19 over the last 12 months. The years 2003 – 2014

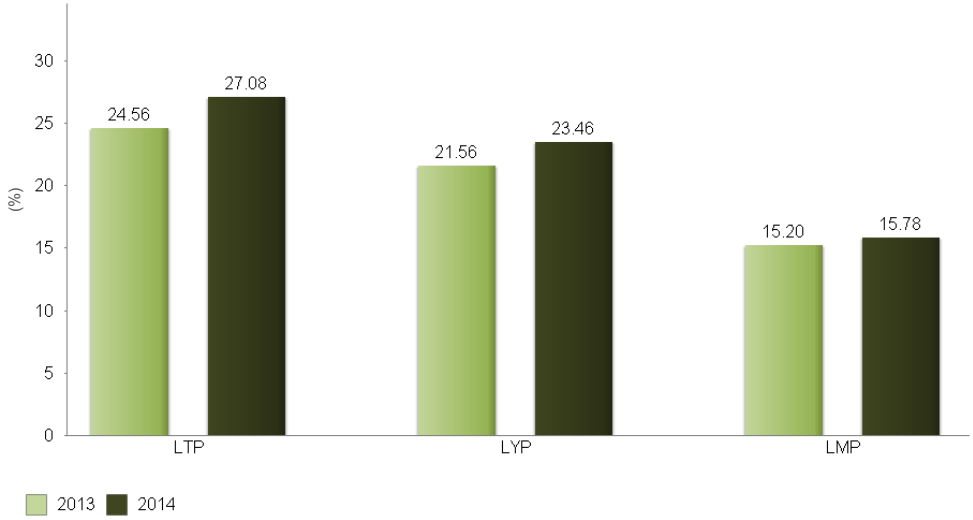
Increase in the prevalence of cannabis users beginning in 2011



Source: ESPAD Italy 2003-2008; SPS-DPA Surveys 2010-2014 – Department for Anti-drug Policies

In 2014, 23.5% of the students participating in the survey had used cannabis at least once in the 12 months prior to the survey, a 1.9 percentage-point increase with respect to 2013. If we look at the number of prevalence of students who have tried cannabis at least once in their lifetimes, the figure rises to 27.1%, while 15.8% had used it during the last 30 days.

Figure 2.14: Cannabis (marijuana or hashish) users (% prevalence) in the student population aged 15-19. The years 2013 – 2014



Source: SPS-DPA Surveys 2013-2014 – Department for Anti-drug Policies

If we consider the number of students who had used cannabis in the last 12 months, we find that there has been an increase in this figure for both male and female subjects, although numbers among the female students are higher (an increase of 2.8 percentage points; 16.8% in 2013 vs. 19.6% in 2014) than among their male peers (an increase of 1 percentage point; 26.3% in 2013 vs. 27.3% in 2014).

Table 2.7: Cannabis (marijuana or hashish) users (% prevalence) in the student population aged 15-19. The years 2013 – 2014

Higher use levels among male than among female students

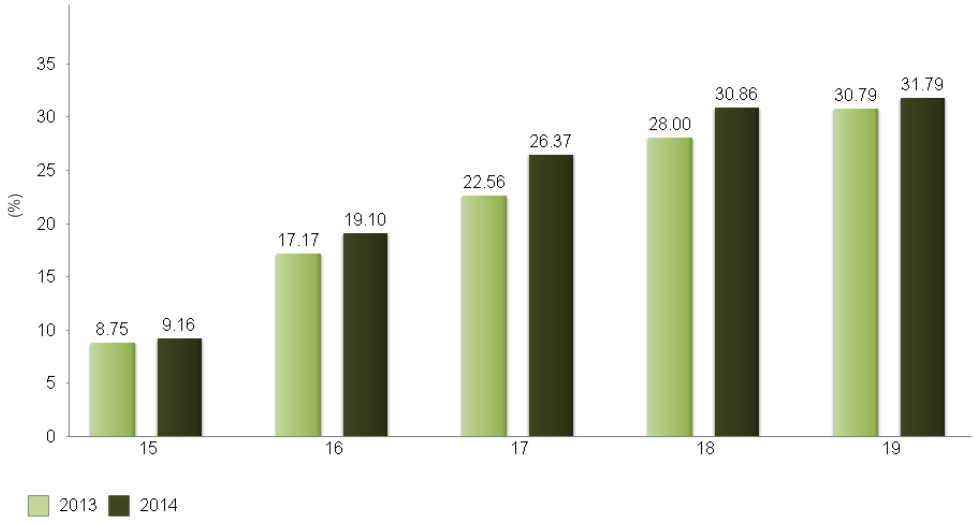
Cannabis users (%)	2013			2014		
	M	F	Tot	M	F	Tot
At least once in their lifetimes (LTP)	29.63	19.39	24.56	31.11	22.98	27.08
At least once in the last 12 months (LYP)	26.25	16.77	21.56	27.26	19.60	23.46
At least once in the last 30 days (LMP)	18.96	11.37	15.20	19.01	12.49	15.78
Age (LYP) (%)						
15 years of age	10.65	6.97	8.75	10.13	8.25	9.16
16 years of age	18.50	15.80	17.17	21.11	17.12	19.10
17 years of age	26.91	18.03	22.56	30.02	22.69	26.37
18 years of age	34.88	20.88	28.00	36.14	25.04	30.86
19 years of age	39.02	22.12	30.79	37.62	25.59	31.79
Frequency of use (LYP) (%)						
1-2 times	35.57	43.80	38.74	34.68	44.10	38.58
3-9 times	19.71	25.59	21.97	21.84	23.48	22.52
10-19 times	10.65	10.79	10.70	10.38	10.47	10.42
20 times or more	34.07	19.82	28.58	33.10	21.95	28.48

Source: SPS-DPA Surveys 2013-2014 – Department for Anti-drug Policies

Turning our attention to frequency of use, occasional use of cannabis is the most common among both genders, limited to 1-2 times during the last 12 months (44.1% of the female students and 34.7% of the male). Among cannabis users, 33.1% of the total of males and 22.0% of the total of females report having used the drug at the more intense frequency of 20 or more times in the last 12 months.

Figure 2.15: Cannabis (marijuana or hashish) users (% prevalence) in the student population aged 15-19 over the last 12 months, by age. The years 2013 – 2014

The number of cannabis users grows in relation to increase in age



Source: SPS-DPA Surveys 2013-2014 – Department for Anti-drug Policies

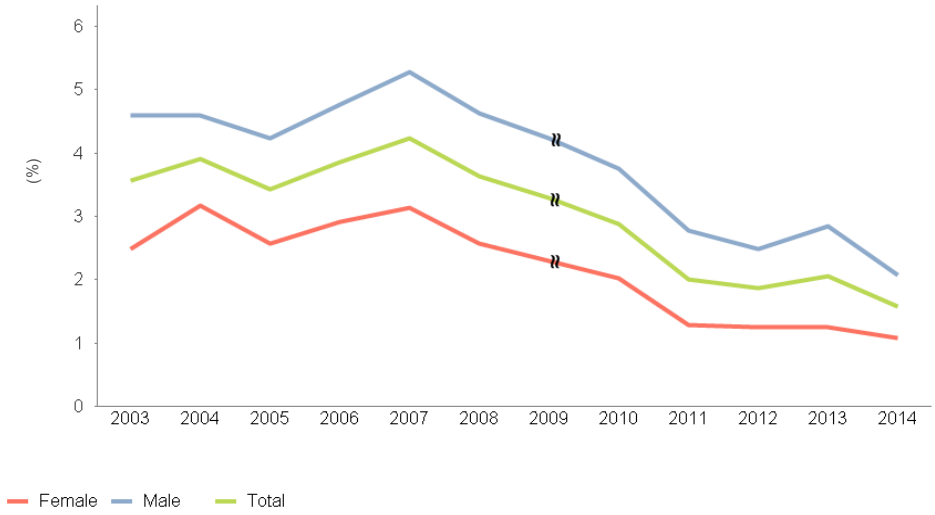
Cannabis use has been shown to be directly linked to subjects' age. Among male students, use prevalence over the last 12 months increases from 10.1% of 15-year-olds to 37.6% of 19-year-olds, and from 8.3% to 25.6% among female students for the same respective age groups.
In comparison with 2013, use prevalence by age group rose across the board, with the highest increase (3.8 points) among 17-year-olds.

Cocaine use

According to information reported by students involved in the surveys conducted over the last decade, the number of students who used cocaine and/or crack (at least once in the 12 months prior to the survey) fell from 2007 to 2011. Use continued to fall, albeit less steeply, during the subsequent period spanning 2011-2014.

Figure 2.16: Cocaine users (% prevalence) in the student population aged 15-19 over the last 12 months. The years 2003 – 2014

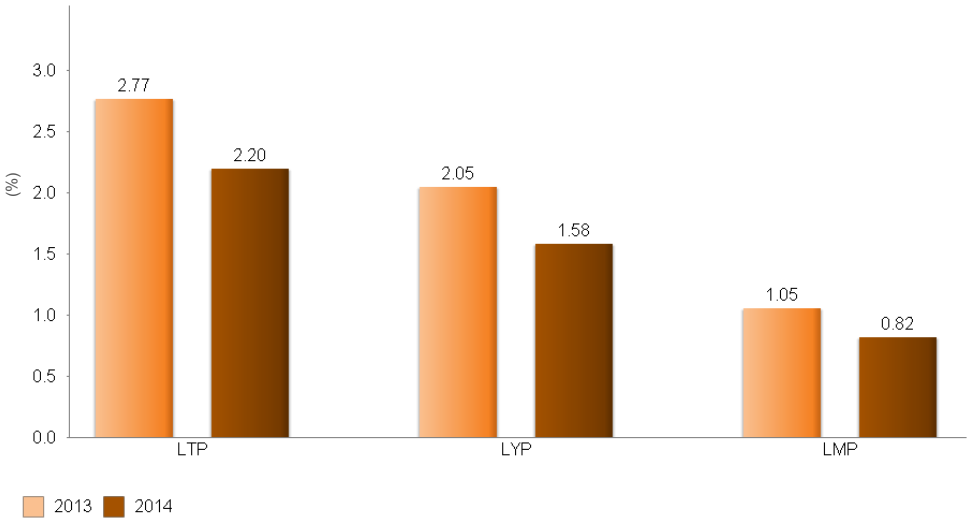
Prevalence of cocaine users has remained stable since 2011



Source: ESPAD Italy 2003-2008; SPS-DPA Surveys 2010-2014 – Department for Anti-drug Policies

In 2014, 2.2% of Italian students reported having used cocaine at least once in their lives and 1.6% reported having used the drug during the course of the last year. 0.8% of students participating in the survey reported having used cocaine recently, in the 30 days prior to completing the questionnaire.

Figure 2.17: Cocaine users (% prevalence) in the student population aged 15-19. The years 2013 – 2014



Source: SPS-DPA Surveys 2013-2014 – Department for Anti-drug Policies

The decline in cocaine use in the year prior to the survey among students participating in 2014, with respect to 2013, appears to have been more marked among male students (-0.8 points) than among their female peers (-0.2 points).

As with cannabis use, the number cocaine users increases with students' age. The number of students who reported having used the drug during the last 12 months rises from 0.8% of 15-year-olds to 1.2% of 16-year-olds, 1.7% of 17-year-olds, 1.8% of 18-year-olds and, finally, 2.5% of 19-year-olds. With respect to the 2013 survey, we can observe a drop in use prevalence for all student age groups, with the exception of the 17-year-olds.

Table 2.8: Cocaine users (% prevalence) in the student population aged 15-19. The years 2013 – 2014

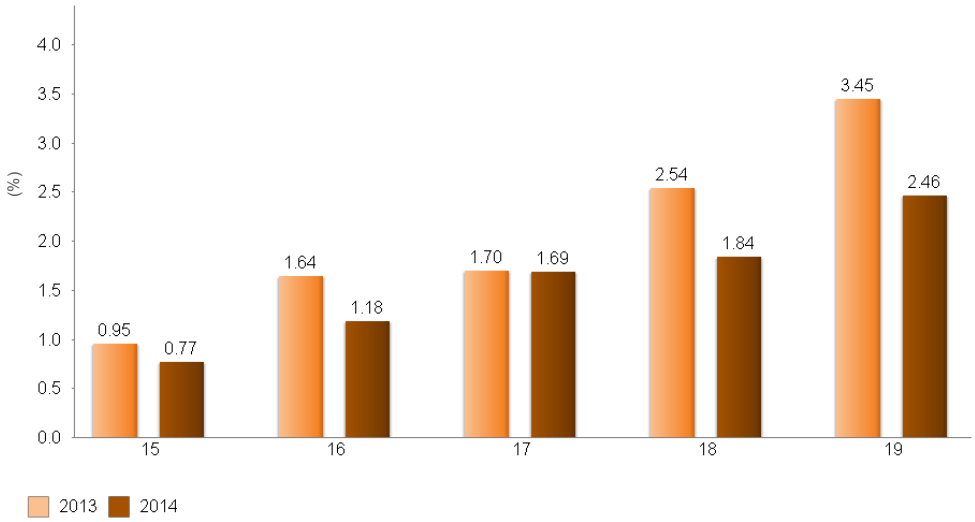
Higher use levels among the male student population across all age groups

Cocaine users (%)	2013			2014		
	M	F	Tot	M	F	Tot
At least once in their lifetimes (LTP)	3.80	1.72	2.77	2.84	1.55	2.20
At least once in the last 12 months (LYP)	2.85	1.24	2.05	2.08	1.07	1.58
At least once in the last 30 days (LMP)	1.39	0.71	1.05	1.11	0.52	0.82
Age (LYP) (%)						
15 years of age	1.06	0.85	0.95	0.71	0.82	0.77
16 years of age	1.94	1.33	1.64	1.32	1.04	1.18
17 years of age	2.28	1.09	1.70	2.08	1.30	1.69
18 years of age	3.75	1.29	2.54	2.65	0.96	1.84
19 years of age	5.15	1.67	3.45	3.60	1.24	2.46
Frequency of use (LYP) (%)						
1-2 times	60.12	73.18	64.03	67.47	70.24	68.40
3-9 times	22.37	16.82	20.71	15.66	14.88	15.40
10-19 times	6.61	6.82	6.68	6.02	4.76	5.60
20 times or more	10.89	3.18	8.58	10.84	10.12	10.60

Source: SPS-DPA Surveys 2013-2014 – Department for Anti-drug Policies

Figure 2.18: Cocaine users (% prevalence) in the student population aged 15-19, over the last 12 months, by age. The years 2013 – 2014

A fall in cocaine use for all age groups, with the exception of the 17-year-olds



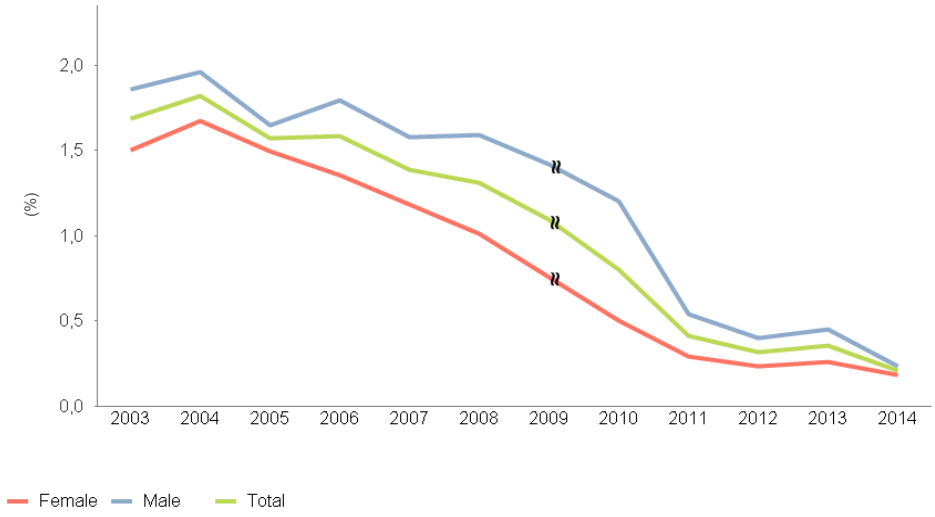
Source: SPS-DPA Surveys 2013-2014 – Department for Anti-drug Policies

Heroin use

As reported by the students who participated in the surveys conducted from 2000 to the present, the percentage of students who have used heroin at least once in the year prior to the surveys fell steadily and steeply from 2004 to 2011. During the subsequent period from 2011 to 2014, there was a further slight reduction in use levels, which was more marked among the male student population during the last year.
According to the information reported by students in 2014, 0.35% of Italian students have tried heroin at least once in their lifetimes, while 0.21% report having used it during the year prior to the survey. Lastly, 0.13% of Italian students reported having used heroin at least once in the 30 days prior to filling out the questionnaire. With respect to that which was reported in 2013, there was a significant drop in all three observation periods (LTP, LYP and LMP).

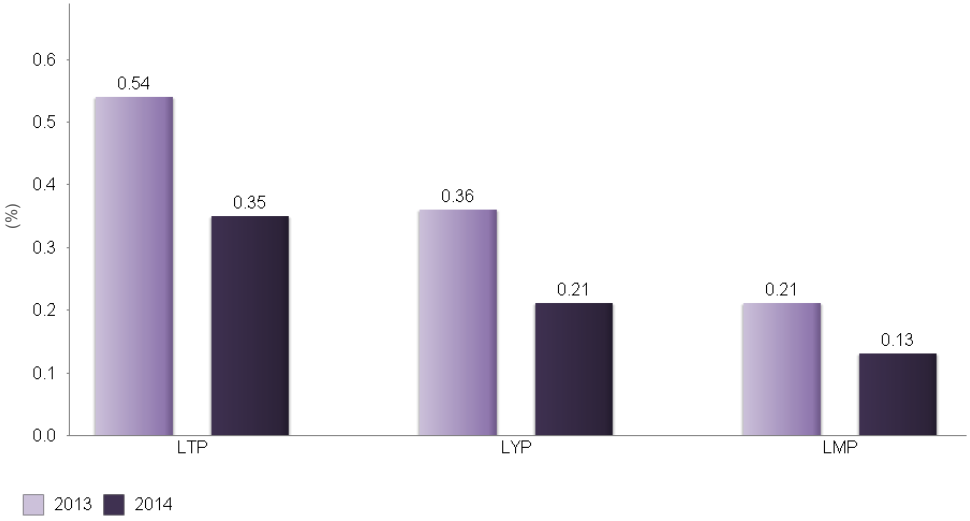
Figure 2.19: Heroin users (% prevalence) in the student population aged 15-19 over the last 12 months. The years 2003 – 2014

Use levels falling since 2008



Source: ESPAD Italy 2003-2008; SPS-DPA Surveys 2010-2014 – Department for Anti-drug Policies

Figure 2.20: Heroin users (% prevalence) in the student population aged 15-19. The years 2013 – 2014



Source: SPS-DPA Surveys 2013-2014 – Department for Anti-drug Policies

Of those students who had used heroin during the last 12 months, 57.9% of male subjects and 86.2% of females had used it once or twice during the last year. More frequent use, ranging from 10 to 19 times, appeared more common among males than among their female peers (7.9% vs. 3.5%). Similarly, regular use (20 times or more) was reported by 23.7% of the males in question, but only by 6.9% of the females.

A comparison of heroin users (last 12 months) by age also yields interesting results, with a decline in the number of users, especially among the 18- and 19-year-olds.
Decline is less significant among 15- and 16-year-olds, while the prevalence of users among 17-year-olds in 2014 differed 0.03 percentage points with respect to the previous year.

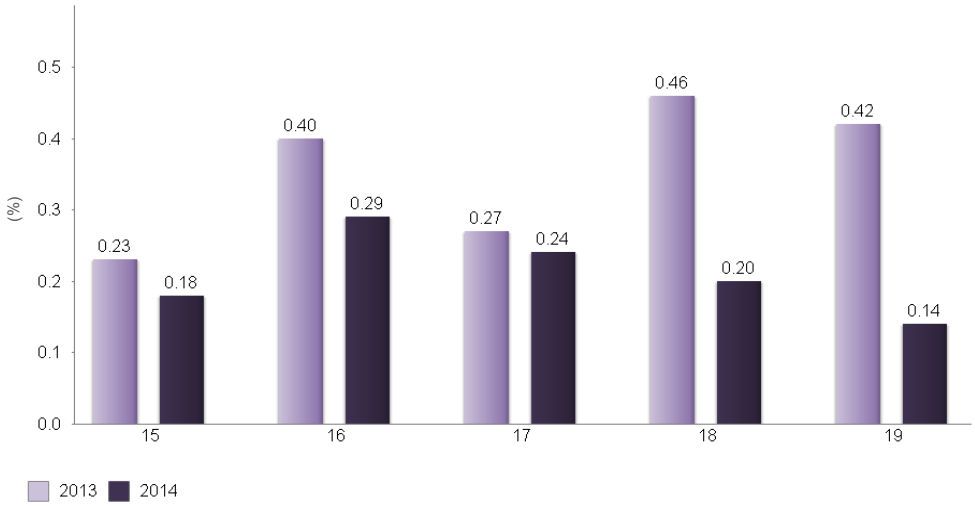
Table 2.9: Heroin users (% prevalence) in the student population aged 15-19. The years 2013 – 2014

Heroin users (%)	2013			2014		
	M	F	Tot	M	F	Tot
At least once in their lifetimes (LTP)	0.65	0.42	0.54	0.44	0.27	0.35
At least once in the last 12 months (LYP)	0.45	0.26	0.36	0.24	0.18	0.21
At least once in the last 30 days (LMP)	0.27	0.15	0.21	0.16	0.10	0.13
Age (LYP) (%)						
15 years of age	0.28	0.18	0.23	0.14	0.22	0.18
16 years of age	0.34	0.46	0.40	0.34	0.24	0.29
17 years of age	0.39	0.14	0.27	0.21	0.27	0.24
18 years of age	0.60	0.31	0.46	0.32	0.06	0.20
19 years of age	0.62	0.21	0.42	0.17	0.11	0.14
Frequency of use (LYP) (%)						
1-2 times	61.73	69.57	64.57	57.89	86.21	70.15
3-9 times	13.58	13.04	13.39	10.53	3.45	7.46
10-19 times	6.17	2.17	4.72	7.89	3.45	5.97
20 times or more	18.52	15.22	17.32	23.68	6.90	16.42

Source: SPS-DPA Surveys 2013-2014 – Department for Anti-drug Policies

Figure 2.21: Heroin users (% prevalence) in the student population aged 15-19 over the last 12 months, by age. The years 2013 – 2014

A greater decline in use among 18- and 19-year-olds



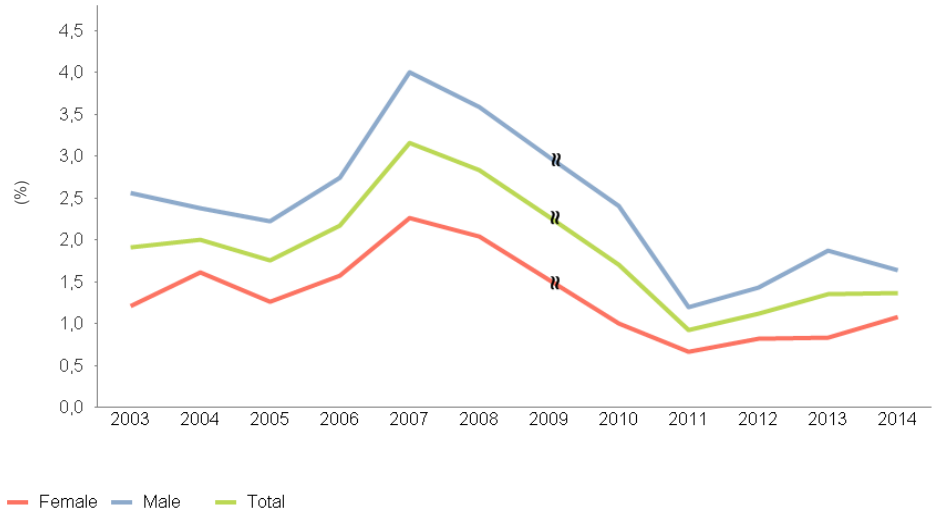
Source: SPS-DPA Surveys 2013-2014 – Department for Anti-drug Policies

Stimulant use

Over the most recent four-year period, less than 2% of students participating in the survey reported having used stimulants (ecstasy or amphetamines), although use levels rose after having dropped steeply during the period spanning 2007-2011.
2.2% of the student population aged 15-19 reports having tried stimulant drugs (amphetamines and ecstasy) at least once in their lifetimes. 1.4% had used these drugs during the course of the last year, while 0.7% of students participating in the survey reported having used stimulants during the 30 days prior to completing the questionnaire. In comparison with 2013, use prevalence figures for students who have tried these drugs at least once in their lifetimes have risen, while they remain stable for the other two use periods in question. If we differentiate by gender, however, we find that the trend remains stable for female students but not for the male, who show a slight decline.

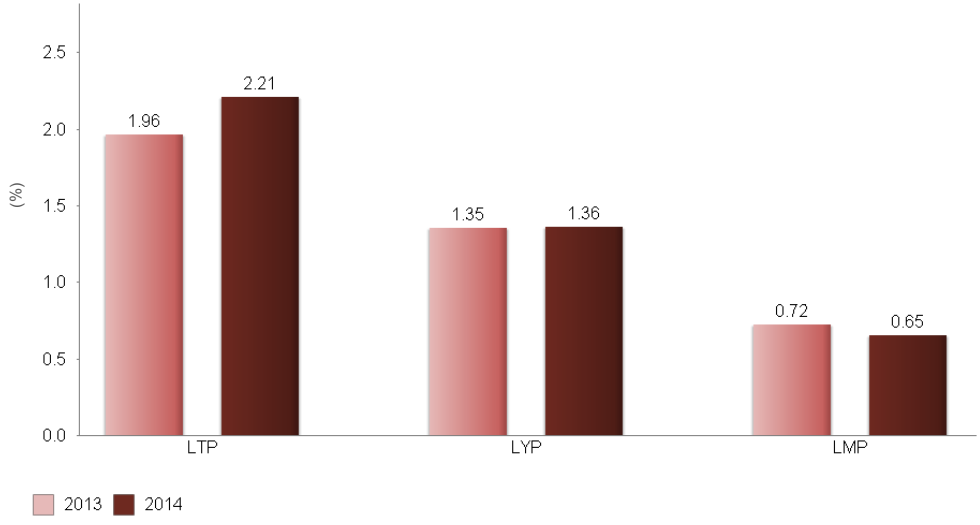
Figure 2.22: Stimulant (ecstasy or amphetamines) users (% prevalence) in the student population aged 15-19 over the last 12 months. The years 2003 – 2014

A slight increase in numbers of stimulant users during 2011-2014



Source: ESPAD Italy 2003-2008; SPS-DPA Surveys 2010-2014 – Department for Anti-drug Policies

Figure 2.23: Stimulant (ecstasy or amphetamines) users (% prevalence) in the student population aged 15-19. The years 2013 – 2014



Source: SPS-DPA Surveys 2013-2014 – Department for Anti-drug Policies

Stimulant use, like the use of other drugs, increases in the older age brackets. This increase is more significant among the male students (0.6% of 15-year-olds, 1.2% of 16-year-olds, 1.5% of 17-year-olds, 2.2% of 18-year-olds and, lastly, 2.8% of 19-year-olds) than among the female (0.8% of 15-year-olds, 1.5% of 19-year-olds).
Stimulant use rose in all the participating age groups with respect to 2013, but particularly among 16-year-olds. The 19-year-olds were an exception to this trend, with a marked drop with respect to 2013 numbers (2.48% in 2013 vs. 2.17% in 2014).
Of those students who had used stimulant drugs at least once in the last 12 months, 73.7% of males and 74.6% of females reported having used these drugs 1 or 2 times. More intense stimulant use (20 or more times in a year) was reported by 5.3% of the male student population and 5.9% of the female.

Table 2.10: Stimulant (ecstasy or amphetamines) users (% prevalence) in the student population aged 15-19. The years 2013 – 2014

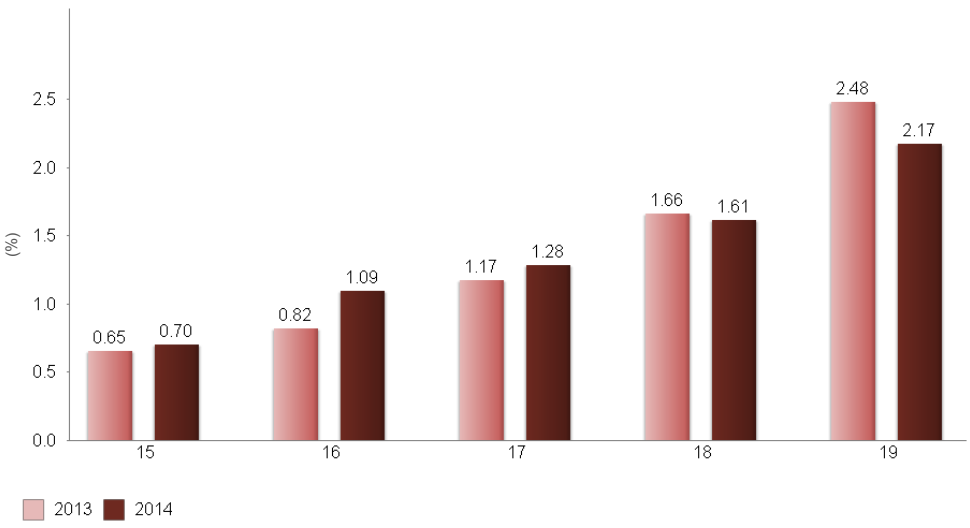
Male students report more frequent use

Stimulant users (%)	2013			2014		
	M	F	Tot	M	F	Tot
At least once in their lifetimes (LTP)	2.61	1.29	1.96	2.56	1.85	2.21
At least once in the last 12 months (LYP)	1.87	0.83	1.35	1.64	1.08	1.36
At least once in the last 30 days (LMP)	0.96	0.48	0.72	0.80	0.50	0.65
Age (LYP) (%)						
15 years of age	0.78	0.53	0.65	0.57	0.82	0.70
16 years of age	0.90	0.73	0.82	1.17	1.01	1.09
17 years of age	1.57	0.76	1.17	1.47	1.09	1.28
18 years of age	2.36	0.93	1.66	2.15	1.02	1.61
19 years of age	3.70	1.19	2.48	2.80	1.49	2.17
Frequency of use (LYP) (%)						
1-2 times	70.92	73.97	71.84	73.66	74.56	74.01
3-9 times	17.80	20.55	18.63	17.56	17.16	17.40
10-19 times	5.34	1.37	4.14	3.44	2.37	3.02
20 times or more	5.93	4.11	5.38	5.34	5.92	5.57

Source: SPS-DPA Surveys 2013-2014 – Department for Anti-drug Policies

Figure 2.24: Stimulant (ecstasy or amphetamines) users (% prevalence) in the student population aged 15-19 over the last 12 months, by age. The years 2013 – 2014

Use levels rising among all age groups, with the exception of the 19-year-olds



Source: SPS-DPA Surveys 2013-2014 – Department for Anti-drug Policies

Hallucinogen use

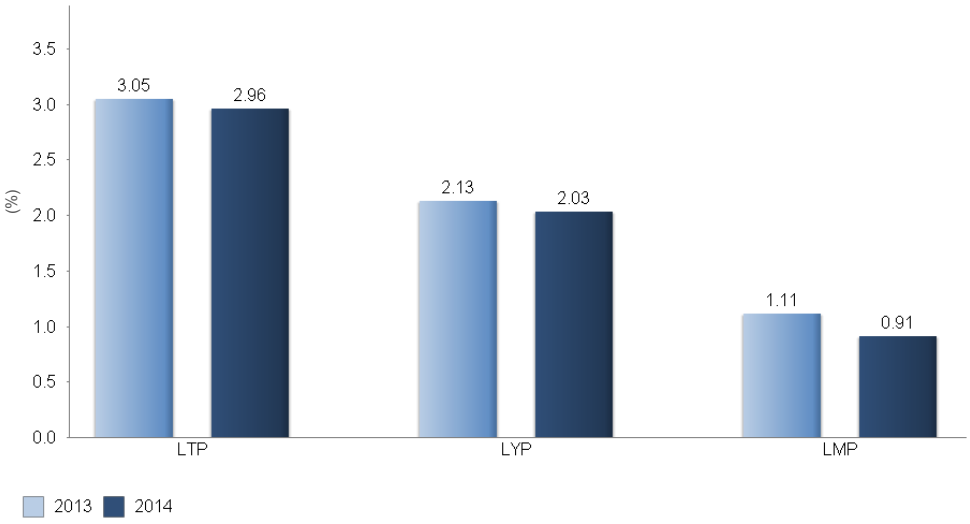
Trends in hallucinogen use (including LSD, ketamine, hallucinogenic mushrooms and other hallucinogens) have shown significant fluctuation from 2003 to the present, characterized by periods alternating between rising (from 2003 to 2008 and from 2012 to 2014) and falling (from 2008 to 2012) numbers (these figures refer to use during the 12 months prior to each survey).

3.0% of Italian students report having used hallucinogenic drugs at least once in their lives and 2.0% report having used them at least once in the year prior to the survey, while 0.9% report having used them recently (over the course of the previous 30 days).

Figure 2.25: Hallucinogen users (% prevalence) in the student population aged 15-19 over the last 12 months. The years 2003 – 2014

Source: ESPAD Italy 2003-2008; SPS-DPA Surveys 2010-2014 – Department for Anti-drug Policies

Figure 2.26: Hallucinogen users (% prevalence) in the student population aged 15-19. The years 2013 – 2014



Source: SPS-DPA Surveys 2013-2014 – Department for Anti-drug Policies

In comparison with 2013 figures, the survey conducted in 2014 showed an overall stability in use prevalence among 15- to 17-year-olds, and a fall in use levels for the other age groups (18- to 19-year-olds).
Within the student population aged 15-19, the prevalence of hallucinogenic drug use increases from one age bracket to the next (for the male students, from 1.0% of 15-year-olds to 3.9% of 19-year-olds; for the female students, from 0.8% of 15-year-olds to 1.6% of 19-year-olds).

Among students who use hallucinogens, 77.1% of the males and 79.2% of the females had used them 1 or 2 times during the course of the last 12 months, while 6.8% of male students and 3.5% of female students reported more frequent use (20 or more times over the course of the last 12 months).

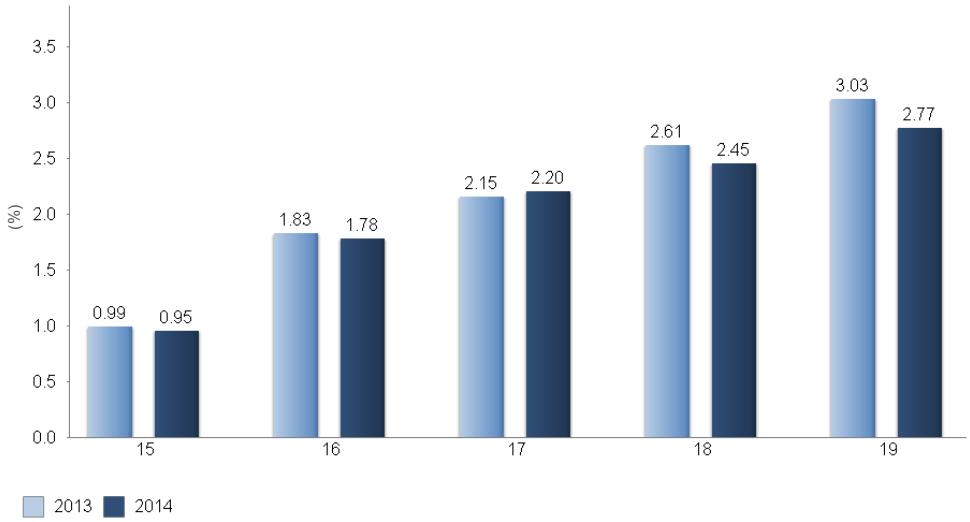
Table 2.11: Hallucinogen users (% prevalence) in the student population aged 15-19. The years 2013 – 2014

Hallucinogen users (%)	2013			2014		
	M	F	Tot	M	F	Tot
At least once in their lifetimes (LTP)	4.19	1.88	3.05	3.93	1.96	2.96
At least once in the last 12 months (LYP)	3.03	1.22	2.13	2.75	1.29	2.03
At least once in the last 30 days (LMP)	1.53	0.69	1.11	1.25	0.57	0.91
Age (LYP) (%)						
15 years of age	1.34	0.67	0.99	1.11	0.79	0.95
16 years of age	2.28	1.36	1.83	2.43	1.13	1.78
17 years of age	2.93	1.34	2.15	2.89	1.52	2.20
18 years of age	3.75	1.43	2.61	3.37	1.44	2.45
19 years of age	4.72	1.25	3.03	3.87	1.60	2.77
Frequency of use (LYP) (%)						
1-2 times	71.98	80.00	74.24	77.05	79.21	77.73
3-9 times	15.93	11.16	14.59	13.64	12.87	13.40
10-19 times	4.58	6.05	4.99	2.50	4.46	3.12
20 times or more	7.51	2.79	6.18	6.82	3.47	5.76

Source: SPS-DPA Surveys 2013-2014 – Department for Anti-drug Policies

Higher use levels among the male student population; use prevalence directly proportional to age

Figure 2.27: Hallucinogen users (% prevalence) in the student population aged 15-19 over the last 12 months, by age. The years 2013 – 2014



Source: SPS-DPA Surveys 2013-2014 – Department for Anti-drug Policies

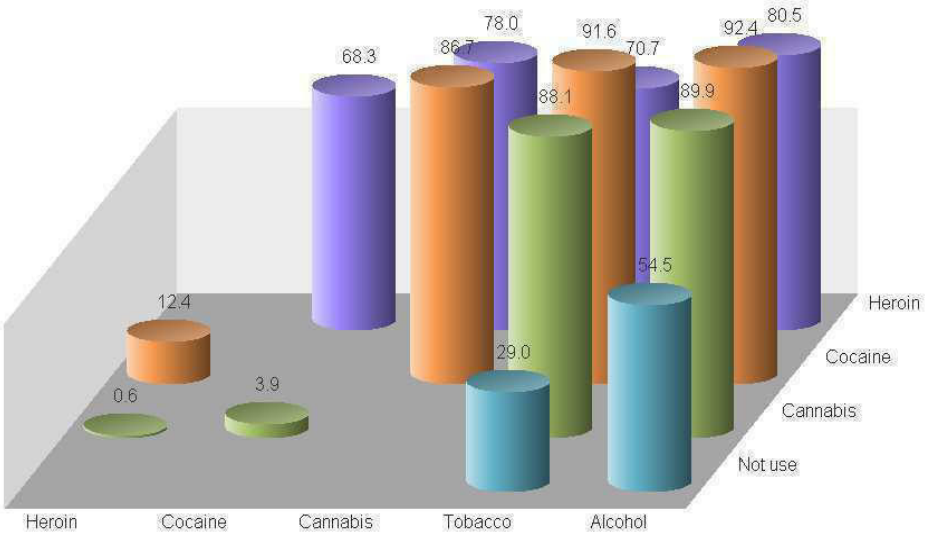
Polydrug use in the student population

The prevalence of polydrug use and, therefore, polydrug addiction, has been recorded for the last few years. It is a phenomenon that is on the rise, especially among young age groups (15- to 19-year-olds, at least once in the last 30 days). The concomitant or consecutive use of different drugs is most typical among young people, who often take "uppers" and "downers" in sequential association. In fact, it was found that subjects who use cocaine (primary drug) also use cannabis (secondary drug) in 86.7% of cases, and heroin (secondary drug) in 12.4% of cases. Heroin users (primary drug) also use cannabis (secondary drug) in 78.0% of cases, and cocaine (secondary drug) in 68.3% of cases.

It should also be noted that the concomitant use of tobacco and alcohol in association with other drugs was also reported by 70% to 93% of young people between 15 and 19 years of age. The use of these substances among young people who do not use drugs (83.6% of the Italian population) is much lower, standing at 29.0% for tobacco and 54.5% for alcohol.

Figure 2.28: Conditional prevalence distribution of polydrug use in the student population aged 15-19 who had used drugs in the last 30 days, in relation to primary drug of use: cannabis, cocaine or heroin. The year 2014

High concomitant or consecutive use of alcohol and tobacco with cannabis, cocaine and heroin



Source: SPS-DPA Survey 2014 – Department for Anti-drug Policies

2.4 New drugs recorded in Italy by the National Early Warning System

The new synthetic drugs

Recent years have witnessed the rise of a never-before-seen phenomenon which has revolutionized drug use trends among, but not limited to, young people. The traditional drugs (cannabis, cocaine, heroin, etc.) have been joined by synthetic substances, or, in other words, substances which have been artificially produced in laboratories.

A number of these substances are the products of research into the design of new products with potential therapeutic applications; nonetheless, none of these have ever advanced to the pharmaceutical development phase. Others were created specifically for use as

recreational drugs. In addition, there is often no published toxicity data available regarding the use of these drugs. There is therefore a risk that their use may produce unknown and unexpected effects, including toxic effects. There have, in fact, been numerous cases of poisoning resulting from the use of these drugs. The evolution of this phenomenon has led international organizations which routinely monitor drug supply to take action to identify so-called synthetic cannabinoids and cathinones, as well as other drugs which have proven to be particularly hazardous to the health of users, as they appear on the market. Since 2009, the National Early Warning System has also been monitoring the appearance of these drugs on the Italian market.

Availability in smart shops and on the Internet

Until 2011, almost all of the new synthetic drugs were found to be available in smart shops located in various Italian cities. Rapid updating of drug tables made these substances illegal, and diligent effort on the part of Law Enforcement has now significantly reduced the availability of these drugs in smart shops.
Nonetheless, these new drugs are still widely available online, where they can be sold easily and quickly due to the difficulty inherent in monitoring and patrolling an environment in such constant fluctuation as the Internet. To combat this phenomenon, the Department for Anti-drug Policies, by means of its National Early Warning System, has put into operation an Internet monitoring unit to identify websites selling these new drugs.

What follows is a description of the main characteristics of the new drugs identified by the National Early Warning System in 2013 and the cases of poisoning which have been linked to them.

Synthetic cannabinoids

What they are

The first synthetic cannabinoids appeared in Europe as early as 2008 in different plant blends known as “herbal mixtures” or “herbal blends”, which were sold as incense or air fresheners. The first cannabinoids to be identified were JWH-018 and JWH-073. In 2010, the synthetic cannabinoid phenomenon began to affect Italy.
Analyses conducted on different “herbal mixture” products, carried out by a number of different international laboratories, brought to light the existence of numerous other synthetic cannabinoids besides those mentioned above, including JWH-122, JWH-200, JWH-250, JWH-251, JWH-081, JWH-398, JWH-019, HU-210 and CP 47,497 and its alkyl chain analogues C6, C8 and C9. These substances act on the CB1 receptors, mimicking the effects of cannabis.
10 new synthetic cannabinoids have been reported to the System since 2013: 5-FUR, AKB48 (APINACA), MAM-2201, AKB-48F, 5F-PB22, STS-135, 5F-AMBICA, Apica, AB-FUBINACA, BB-22 (QUCHIC). The identification of these substances was communicated to the European Monitoring Centre using the Reporting Form, as well as throughout Italy by means of appropriate reporting, in keeping with the severity of the situation.

Their potency

The in-vitro activity of JWH-018 and its analogues JWH-073 and JWH-019 appears to be superior to that of Δ9-THC. Similarly, CP 47,497 shows agonist activity on CB1 receptors 3 to 28 times higher than that of Δ9-THC. For this reason, users often use them in the belief that they are

products that are natural alternatives to cannabis, but with similar psychotropic activity. Moreover, because of the ability of the synthetic cannabinoids identified to act as agonists on the CB1 receptors, it is possible to easily develop a tolerance to these substances.

Cases of acute synthetic cannabinoid intoxication

Since 2010, the National Early Warning System has recorded, through reports from its collaborative centres, 43 cases of acute intoxication requiring emergency-room admittance linked to the use of synthetic cannabinoids in Italy (2 of which occurred in 2013). Most of these cases occurred in Northern Italy and involved individuals from 14 to 66 years of age.

Synthetic cathinones

What they are

Another new type of drug recorded by the National Early Warning System in 2010 was synthetic cathinones.
Synthetic cathinones are structural analogues of cathinones (a substance that occurs naturally in the Khat plant). They are sold as tablets of various shapes and colours, as capsules or as powders/crystals. They are generally presented as "bath salts" or "plant fertilizers". These products often contain multiple cathinones and/or these are associated with other psychoactive substances.
Those recorded by the National Early Warning System since 2010 are: (among those most frequently recorded) mephedrone (19 reports); 4-Methylethcathinone (4-MEC) (35 reports); Butylone (6 reports); Methylone (15 reports); methylenedioxypyrovalerone (MDPV) (19 reports), pentedrone (12 reports); 3-Fluoromethcathinone (4 reports); buphedrone (3 reports).

Since 2013, seizures and/or clinical cases linked to 6 different synthetic cannabinoids have been reported to the System: MDPV, 4-MEC, Mephedrone/Pentedrone, 3-MMC, bk-PMMA, Dimethylone.

Phenethylamines

What they are

Phenethylamines took on a particularly important role during the course of 2013.
Phenethylamines represent a fairly broad class of psychoactive and stimulant drugs. These include amphetamines, methamphetamines and 3,4-methylenedioxymethamphetamine (MDMA, also known as ecstasy), all controlled substances under the 1971 Convention. They are divided into various sub-groups according to different aromatic ring substitution on the alkyl and nitrogen chain, and are mostly identified by numbers and letters. These structural variations give phenethylamines effects which vary from stimulant action to the hallucinogenic effects, as in analogues of mescaline, a phenethylamine of natural origin, which belongs to the "2C" series.

Among the phenethylamines recorded by the National Early Warning System since 2010, the following are noteworthy: 2C-E, OMMA, 4-FA, MDAI, Ortho-chlorobenzyl-amphetamine (Clobenzorex), Phenylpropanolamine (PPA), APB, 2-AI, 6-APDB, 4-MA, 2C-B, 2C-H, 25I-NBOMe, DOB, DOC, MAPB, 2C-NBOMe, 25H-NBOMe, 5-APDB, 6-APB, 2-PEA, Methiopropamine, TMA-2, 25B-NBOMe, 5-EAPB, 2C-P. From 2013 to the present, 22 phenethylamines have been recorded by the

System: PMA/PMMA, 2-AI (2-Aminoindane), 25I-NBOMe, 2C-B, 2C-H, 4-MA, DOC, DOB, 6-APB, APB, 6-APDB, 5-APDB, 5-MAPB, 25H-NBOMe, 2C-C-NBOMe, 2C-E, 2-phenylethanamine (2-PEA), 5-EAPB, 4-FMA, 25B-NBOMe, TMA-2 and 2C-P.

Their potency

Phenethylamines represent a large group of substances, and their pharmacological action and potency therefore vary from product to product. Amphetamine-type phenethylamines (MDMA or ecstasy, amphetamines and methamphetamines) have stimulant action and are generally sold in the form of tablets of various colours and with different logos. The phenethylamines which belong to the so-called "NBOMe" series that have recently appeared in Italy, on the other hand, have an hallucinogenic action. These are sold in the form of "stickers", like LSD, as they are extremely potent even in very low doses.

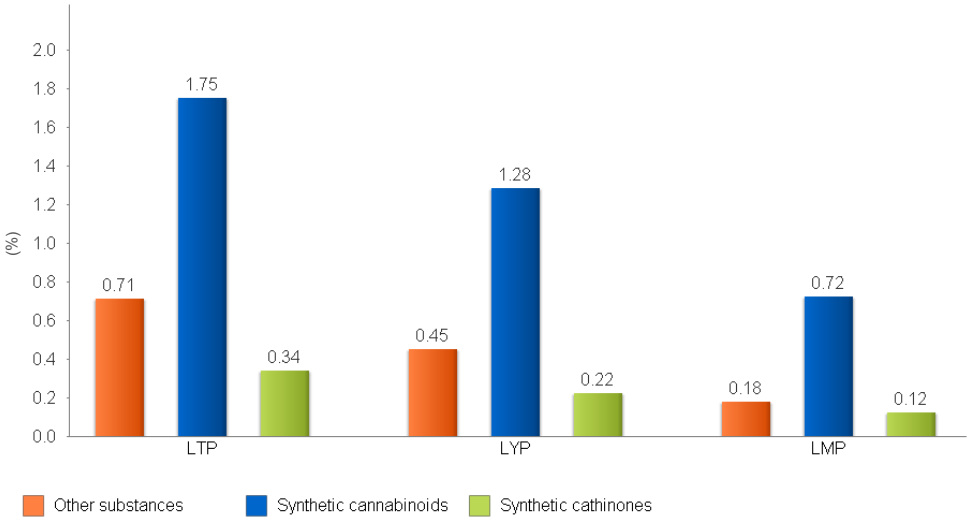
Cases of intoxication recorded in Italy

Since 2010, 5 cases (patients 16-40 years of age) of acute phenethylamine intoxication have been recorded in Italy. One of these cases was linked to the substance 6-APB and two were linked to PMA/PMMA, with symptoms including agitation, confusion, visual hallucinations, profuse perspiration, mydriasis, hyperaemia, tachycardia, and normothermia. One case of acute intoxication linked to 2C-E and another linked to 2C-B presented symptoms including mydriasis, delirium, psychomotor agitation, tachycardia, comatose state, and convulsions. The cases were recorded in Sicily, Liguria (2 cases), Umbria and Veneto.

Use of new drugs among students 15-19 years of age

In 2014, the SPS-DPA Survey conducted on a sample of students between the ages of 15 and 19 recorded the use of a number of new drugs in the LTP, LYP and LMP prevalence periods.

Figure 2.29: Users of new drugs (% prevalence) in the student population aged 15-19. The year 2014



Source: SPS-DPA Survey 2014 – Department for Anti-drug Policies

1.75% of the student population aged 15-19 reported having tried synthetic cannabinoids at least once in their lifetimes. 1.28% had used these drugs during the course of the last year, while 0.72% of students participating in the survey reported having used synthetic cannabinoids during the 30 days prior to completing the questionnaire.

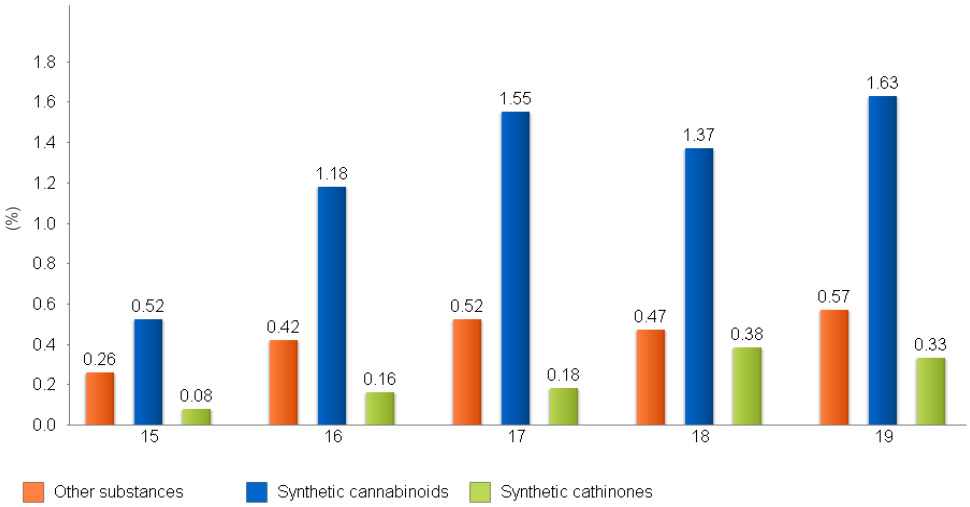
0.34% of Italian students report having used synthetic cathinones at least once in their lives and 0.22% report having used them at least once in the year prior to the survey, while only 0.12% report having used them recently (over the course of the previous 30 days).

Lastly, other new substances, including salvia divinorum, kratom, magic mint, calea zacatechichi, damiana, cola nitida, khat, ayahuasca, and kava kava were investigated. 0.71% of Italian students reported having used one of these substances at least once in their lifetimes and 0.45% reported having used one of them during the course of the last year. Only 0.18% of students participating in the survey reported having used the substances listed above recently (in the 30 days prior to completing the questionnaire).

Within the student population aged 15-19, use prevalence percentages (at least once in the last 12 months) for the new drugs currently being studied are markedly lower among 15-year-olds (particularly with regard to synthetic cannabinoid use) than among all the other age brackets, whose use levels are fairly similar.

Figure 2.30: Users of new drugs (% prevalence) in the student population aged 15-19 over the last 12 months, by age. The year 2014

Lower levels of use of new drugs among 15-year-olds

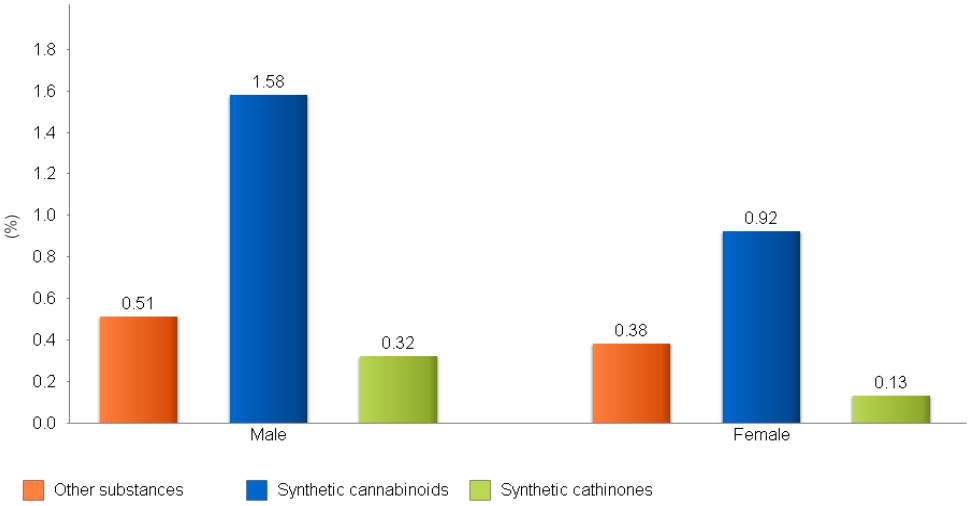


Source: SPS-DPA Surveys 2014 – The Department for Anti-drug Policies

A gender-based comparison of subjects who have used new drugs in the last twelve months yields interesting results. It appears that more male students use these substances than their female peers, in particular with regard to the use of synthetic cannabinoids (1.58% vs. 0.92%).

Figure 2.31: Users of new drugs (% prevalence) in the student population aged 15-19 over the last 12 months, by gender. The year 2014

Higher use of new drugs among the male student population



Source: SPS-DPA Survey 2014 – Department for Anti-drug Policies

2.5 Drug use among targeted groups (Drug Tests for Workers in High-risk Professions)

Preface

Over the course of 2013, the DPA continued its planned activities in the context of the DTLP (Drug Testing for Workers in High-Risk Professions Project), continuing to use its database and exchanging views with all institutional representatives in the interests of developing proposals for revision to the State-Regional Accord currently in force.

2.5.1 Preliminary results

The data available to the Department for Anti-drug Policies, gathered through the DTLR project, were provided by the RFI (Italian State Railway System) – Gruppo Ferrovie dello Stato (The Italian State Railways Group), by the Italian Association of Public Transport (ASSTRA), the A.N.M.A. (National Association of Company Doctors), the S.I.M.L.I.I. (The Italian Society for Occupational Health and Industrial Hygiene), TRENORD S.r.l. (t.n. the regional train operator servicing Lombardy), ANAV (the National Association of Passenger Road Transport) and ENAV S.p.A. (the National Agency for Flight Assistance).

Table 2.12: Provenance and number of subjects on whom data was provided. The year 2013

Data Provenance	Subjects
RFI (Italian State Railway System) – Gruppo Ferrovie dello Stato (The Italian State Railways Group) – Health Management Department	40,284
The Italian Association of Public Transport (ASSTRA)	4,089
ANAV – The National Association of Passenger Road Transport	1,017
Total number of individuals subjected to 1st level testing	**45,390**

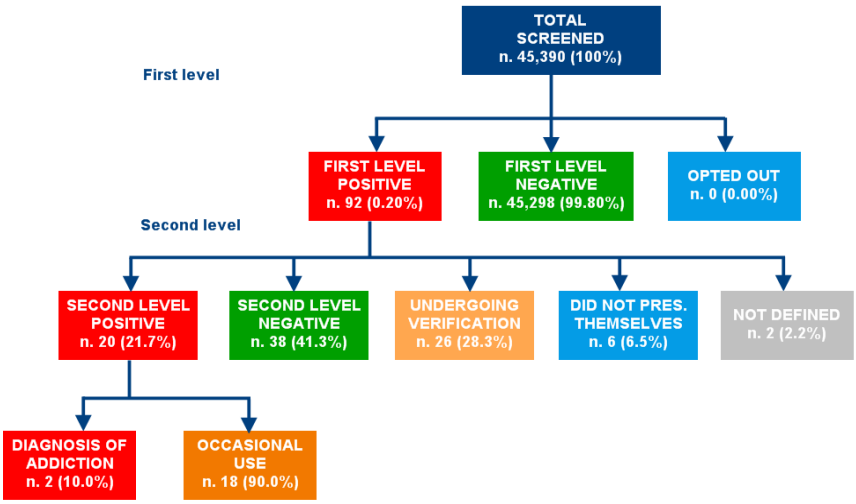
Source: DTLR project – Department for Anti-drug Policies

45,390 subjects screened: low level of participation in the project

In 2013, approximately 30 collaborative centres of the groups listed above participated in the collection of data, 70% less than in 2012, a fact that has had an impact on the number of tests recorded. In fact, in 2013, the available data contains information on 45,390 individuals subjected to 1st level testing (50.6% less than in 2012). Of these, nearly 6% were women.
An analysis of the data by geographic provenance shows the majority of the tests (47.0%) being performed in Northern Italy, followed by 31.1% in the Center and 21.9% in the South and the Islands. As a consequence of numerous companies' failure to participate, in particular in the North, as well as in the South and the Islands, the distribution is considerably different with respect to 2012.

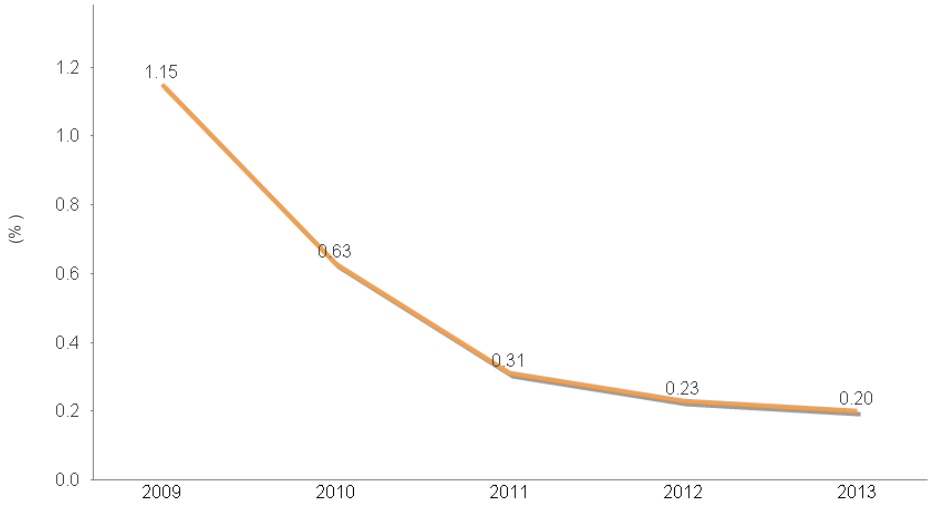
The 2013 data flow is represented in the figure below, in which the numbers of subjects participating in each level of testing are reported.

Figure 2.32: Flow of subjects subjected to testing and verification The year 2013



Source: DTLR project – Department for Anti-drug Policies

Figure 2.33: 1st-level Drug testing, positive (%) results comparison 2009 – 2013



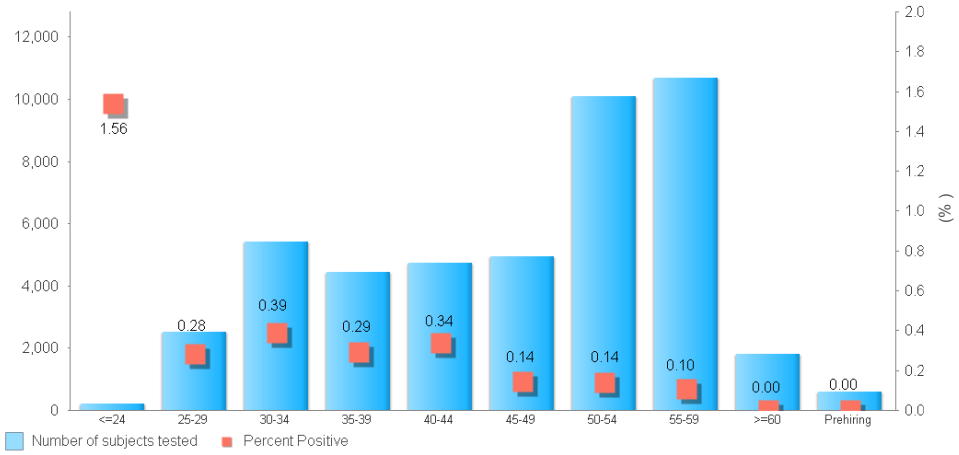
Source: DTLR project – Department for Anti-drug Policies

In 2013, 0.20% of subjects tested positive in first-level testing: 13.0% fewer than in 2012

Findings which emerged from first-level testing (confirmed by laboratory testing of the samples collected) revealed that 0.20% of subjects had tested positive, to which we have not added the group of subjects who "opted out" and who were declared to be temporarily unfit for their duties, since none were declared as such.
There was found to be a decrease of 13.0% in comparison with the year 2012, when the number of subjects testing positive was 0.23%. In comparison with the previous year, the type of subjects tested remained largely the same, and this confirms the on-going, positive trend which has seen the percentage of subjects testing positive in first-level testing fall by 80% from 2009 to 2012, from 1.15% in 2009 to the current figure of 0.23%.

An analysis by age group shows that most of the subjects in the sample assessed are between 50-59 years of age. Among age groups, it is the younger ones which present higher prevalences of positive test results, especially those under the age of 24. In comparison with 2011, an overall decrease in positive results was recorded for all age groups, with the exception of those under 24 years of age (0.83% in 2012 vs.1.54% in 2013) and those between the ages of 40-44 (0.21% in 2012 vs. 0.34% in 2013).

Figure 2.34: 1st-level Drug Testing by age group and result (%). The year 2013

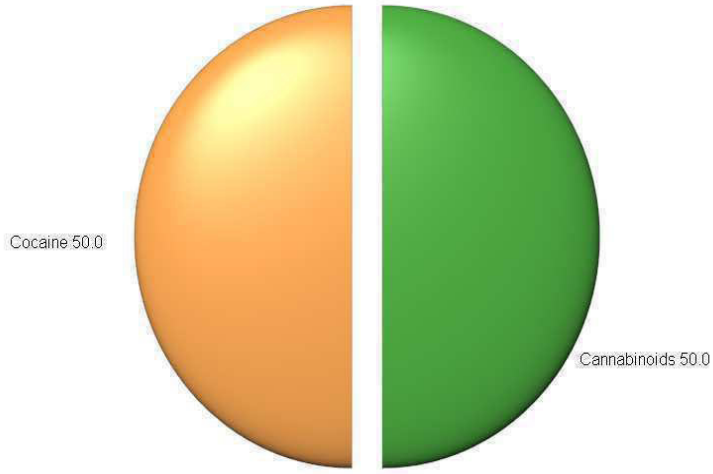


Source: DTLR project – Department for Anti-drug Policies

An analysis differentiated by type of drug detected during 1st-level testing showed that 53.3% tested positive for cannabinoids, 26.1% for cocaine, 13.0% for codeine and 2.2% for opiates.

2nd-level verification data for the year 2013 includes information on 58 subjects (63.0% of the 1st-level positive tests). The remainder of the second-level verification data is still undergoing verification for one of three reasons: firstly, as 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, secondly, r because the subjects in question did not present him or herself for verification, or, thirdly, because the 2nd-level verification had not been scheduled.
Only two subjects were diagnosed as having drug addictions, one for cannabinoids and the other for cocaine. The most common diagnosis remains that of occasional use (19.6% of 1st-level positives).

Figure 2.35: 2nd-level clinical verification – analysis by drug type. The year 2013



Source: DTLR project – Department for Anti-drug Policies

2.5.2 Testing in the Armed Forces

The General Directorate of Military Health (DIFESAN) of the Ministry of Defence oversees numerous activities, including the collection, processing and assessment of statistical data relating to drug addiction and the principal health conditions associated with it.
The data for the number of tests performed were made available by the Italian Army, the Navy and the Air Force, while the Carabinieri Corp provided the figures for the number of subjects who underwent testing.

Table 2.13: Drug tests performed on Armed Forces personnel. The years 2008 – 2013

	2008	2009	2010	2011	2012	2013
Italian Army						
Tests performed	48,306	42,417	57,034	23,376	11,680	7,293
Positive tests	54	446	204	68	35	20
% positive	0.11	1.05	0.36	0.29	0.30	0.27
Navy						
Tests performed	41,476	43,958	43,752	17,998	3,503	1,589
Positive tests	15	7	4	2	0	3
% positive	0.04	0.02	0.01	0.01	0.00	0.19
Air Force						
Tests performed	64,108	70,258	82,805	77,963	23,579	27,856
Positive tests	41	27	0	29	7	10
% positive	0.06	0.04	0.00	0.04	0.03	0.04
Total (Italian Army, Navy, Air Force)						
Tests performed	153,890	156,633	183,591	119,337	38,762	36,738
Positive tests	110	480	208	99	42	33
% positive	0.07	0.31	0.11	0.08	0.11	0.09

Source: Ministry of Defence

Italian Army: a decrease in the number of tests; the number of positive results remains stable

Testing using the urine sample drug-testing method was carried out on sample groups of active duty personnel serving abroad and on active duty personnel serving within Italy; moreover, individuals seeking to enrol voluntarily are also subjected to testing.
More detail regarding activities conducted and on the DIFESAN programme can be found in the special section located in the "Administrations Data Sheet".
A total of 7,293 tests were performed on Italian Army personnel in 2013, of which 20 tests came back positive (0.27%). After the peak recorded in 2009, positive tests results have shown a consistent and significant decrease.

Navy: a decrease in the number of tests; no positive results

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 2013, 1,589 were performed, of which 3 came back positive (0.19%); with respect to the previous year, this figure showed a further reduction of 54.6%).

Air Force: more testing than in other branches of the Armed Forces

The Air Force conducts periodic urinary catabolite drug testing of all its personnel assigned to drive automobiles, and as part of medical selection during enrolment, the latter being the phase in which most positive results are found. Occasional testing is also performed on personnel who have declared of their own free well that they have taken drugs or who have been reported to their Unit's health services for behaviour presumably attributable to drug abuse. Testing is also performed during the competitive entrance examinations for this branch of the Armed Forces.

The number of tests performed in all 3 branches of the Armed Forces remains stable

In 2013, 27,856 tests were performed, of which 10 came back positive, a figure in line with results obtained in previous years. During the two-year period 2012-2013, in all three branches of the Armed Forces, there was a certain amount of stability in the number of tests being performed, which dropped considerably in comparison with 2011. The percentage of tests returning positive results, on the other hand, has remained stable since 2010.

Nearly 3,000 subjects tested in the Carabinieri Corp

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, 2,871 Carabinieri were subjected to drug testing in 2013, of whom three tested positive (0.10%). The number of tests carried out increased significantly, following the sharp decrease recorded the previous year.

Table 2.14: Drug tests performed in the Carabinieri Corp. The years 2008 – 2013

	2008	2009	2010	2011	2012	2013
Carabinieri Corp						
Tests performed	1,632	638	810	4,113	476	2,871
Positive tests	14	6	2	5	1	3
% positive	0.86	0.94	0.25	0.12	0.21	0.10

Source: Ministry of Defence

3. PREVENTION

3.1 Introduction

At the national level, thanks to the cooperative collaboration of numerous Organizations and Central Institutions, the universal prevention of drug use, as well as prevention aimed at specific target groups in the population, are both part of a broader, multidisciplinary context that also encompasses tobacco and alcohol prevention. The prevention interventions implemented by these administrations have been bolstered by the introduction and/or the updating of new regulatory acts that place stronger emphasis on combating alcohol consumption in specific contexts and among the youngest age groups, as well as on tobacco use in public places, and especially in places where large numbers of minors tend to gather.
In the specific context of drugs, prevention plays a crucial part in the 2010-2013 National Action Plan. The document is divided into 5 principal action areas. The first of these, in order of importance, is Prevention, and it focuses on providing information, starting as early as elementary school, as well as support to families and schools. The National Action Plan on Drugs (NAPD) calls for ongoing universal prevention interventions and, moreover, that that these prevention efforts include interventions and actions targeting individuals with behavioural disorders (selective prevention). Additional actions focus on launching interventions for the early detection of drug use and alcohol abuse and on fostering an educational approach to the issue.
A multitude of specific projects intended to put into effect the various actions anticipated under the NAPD's programme document accompanied the Plan's launch at both national and regional levels. This chapter will present the universal prevention initiatives which have been launched at the national level, as well as other initiatives in support of selective and targeted prevention actions.
Furthermore, primary prevention was the subject of a survey conducted by the Department for Anti-drug Policies of the Presidency of the Council of Ministers throughout the Regions and Autonomous Provinces. The survey was conducted using Structured Questionnaires (SQ) 25 and 26, provided by the European Monitoring Centre for Drugs and Drug Addiction in Lisbon. The survey examined new or ongoing prevention projects, evaluating them based on the following prevention aspects: universal, selective for at-risk groups or targeting nuclear family groups.
This section will present a profile of the state of implementation of prevention actions, according to the three areas indicated by the Monitoring Centre in Lisbon.

Memorandum of Understanding between the Department for Anti-drug Policies and the Ministry of Education, Universities and Research on the prevention of drug use and alcohol abuse

At the beginning of 2013, the Department for Anti-drug Policies of the Presidency of the Council of Ministers signed a Memorandum of Understanding on the prevention of drug use and alcohol abuse with the Ministry of Education, Universities and Research (General Directorate of Integration, Participation and Communication for Students).
This Memorandum is an instrument by which to implement the objectives of the Department for Anti-drug Policies. These include encouraging and developing government initiatives for coordination between government ministries and for cooperation on an international level with the principal organizations working in the field of drug-use prevention.They also include

promoting education in matters of legality, including through educational courses offered in schools.
The basic principle of this agreement is to promote and create activities whose purpose is to prevent even occasional drug use, alcohol abuse and pathological gambling among students. Its purpose is to define and share the basic concepts necessary for the creation of prevention strategies and interventions aimed to prevent members of the youth population from beginning to use drugs or abuse alcohol, or else be able to delay that beginning.
Prevention actions and strategies can take different directions, aiming to prevent different levels of risk connected with drug use. Nonetheless, the Memorandum tends to focus mainly on early prevention and the pre-adolescent stage of development. If we are to share common strategies, we must consider drug use, even in absence of addiction, to be a high-risk behaviour for subjects' health and social conditions. Such behaviour should be avoided or suspended, not only for these reasons, but also because of the risks for third parties that are a consequence of the heightened risk of accidents associated with drug use.
Scientific evidence that has come to light in recent years has shown that, even for the most vulnerable of subjects, educational modalities pursued with equal diligence in both family and school environments can be very effective in reducing the risk of drug use and consequent development of addiction. The possibility of acquiring healthy behaviours and lifestyles and a good resiliency against even experimental drug use and alcohol abuse is thus increased.
It is for this reason that, over the last two years, the Department for Anti-drug Policies has used its Collaborating Centres to provide schools with videoconferencing sessions with experts in the addictions and neurosciences fields, which can be used as educational material on the topic of drug use and alcohol abuse. Informational and educational kits for teachers are also provided, so as to ensure ongoing updates and the promote the creation of interventions in schools.
For its part, the Ministry of Education, Universities and Research (MIUR) ensures that the educational projects designed in collaboration with the Department for Anti-drug Policies are promoted, supported and introduced in schools, as well as encouraging said introduction.

Collaboration agreement between the Department for Anti-drug Policies and the National Association of Italian Municipalities

Another important initiative launched by the Department for Anti-drug Policies in 2013 involved the collaboration agreement between the Department for Anti-drug Policies of the Presidency of the Council of Ministers and the National Association of Italian Municipalities (ANCI) on joining the ethics consortium for the prevention of drug use and alcohol abuse. This collaboration calls for the implementation of a network of Italian municipalities. Its purpose would be to provide young people with a plain and clear message from authorities and opinion leaders, explaining the importance of refraining from and being able to avoid any kind of drug use or alcohol abuse and so continue to engage in healthy behaviours and lifestyles, responsible and free from all drugs.
In this context, the Department for Anti-drug Policies has established an Ethics Consortium for the prevention of drug use and drug-related alcohol abuse. The Consortium is comprised of authorities and positive opinion leaders who are well-known nationally. They come from the spheres of local government, industry, trade, volunteer organizations, university, etc. It is they who choose to voluntarily sign up to join a "community against

drugs". The aim is that, by simply sharing their goals and principles, they can act as spokespeople for healthy and satisfying lifestyles free of drugs or alcohol.

The" Valore Salute" Network Project

In addition, 2013 saw the creation of the "Valore Salute" Network (t.n. "Value of Health" Network) project, on the recommendation of the Department of Sociology and Business Law of the Alma Mater Studiorum, University of Bologna. The project represents an attempt to fulfil the need for a network of social relationships based not on interests but on free choice, shared experiences, commitment and volunteer work, It also addresses the need to promote good health and healthy, law-abiding lifestyles as opposed to deviant social relations, particularly those linked to drug use, alcohol abuse and gambling. Today there are organizations, foundations and associations throughout Italy which have links to local community centres, which in turn promote associative initiatives of all kinds. Some are cultural or recreational. Others focus on constructive communication, sports, music, social solidarity or raising awareness of issues of local and general interest. These community centres offer people opportunities to play games, socialise, read and have discussions, attend or hold conferences, learn new forms of artistic expression, exhibit their own works or get to know the work of others, listen to poets and musicians, put on theatre productions, take part in solidarity initiatives, meet people from foreign countries and share their different cultures with each other. Moreover, there are trade associations and committees that offer their services to the public within the context of these community centres.
The project's goal is to create interventions for the prevention of drug use, alcohol abuse and pathological gambling, to encourage the proper use of medications, healthy diet and exercise, as well as to promote initiatives designed to foster respect for the law and combat drug-related organized crime. All these interventions are to take place within the community centres belonging to organizations, foundations and associations involved in promoting associative initiatives of various kinds. Within each local community centre there will be an Operative Group for Prevention, available to all those who use the centres. These groups will be responsible for distributing prevention materials and providing counselling and information, mostly about the risks linked to drug use, alcohol abuse and pathological gambling, but also about the proper use of medications, a healthy diet and regular exercise. The Operative Groups will also offer guidance, establish contact and facilitate integration with the network of public services. Additionally, they will also offer support to the trade associations and committees with a presence within the community centres when these are interested in developing their own prevention interventions. Finally, so as to better encourage the spread of a message of good health, each local community centre will host national initiatives focusing on prevention, on fostering respect for the law and on combating drug-related organized crime, as well as specific local initiatives designed based on the services each individual centre has to offer. The purpose is to add more value to the services that are already active and improve the effectiveness of interventions, taking advantage of the chain of communication that runs through pre-existing social networks. There will also be prevention initiatives that promote community theatre, music as a form of individual and group creativity and sport as a form of social congregation. Simultaneously, a study will be conducted to analyse the feasibility and the administrative and legislative mechanisms governing the

possibility of using a part of the funds seized from criminal organizations or received from ethics sponsors to promote programmes for the prevention of drug use and alcohol abuse.

3.2 Environmental prevention

The "Valore Salute" Network Project

The "Valore Salute" Network project proposes a flexible and multidimensional organizational model based on an assessment of individual and collective needs, such as for the prevention of material risks (environmental, in the workplace, etc.). Among the goals which have been established in the environmental prevention area, the training of subjects responsible for the verification and monitoring of actions designed to modify environments in order to make them safer is of considerable importance. In addition to training, special attention is devoted to the launching of support actions for people who are already entangled in difficult situations, as well as to actions to raise awareness regarding this topic.
Intervention in the context of recreation and large gatherings is fundamental, not only to understand the real risk reduction actions, but also in order to be able to gain a new perspective from which to interpret the behaviour of the adults and the characteristics of the services that are involved with young people. Actions target the whole of the potential population, regardless of their actual proximity to the phenomena of use and abuse. If these actions are inserted into a sufficiently well-structured larger framework of interventions, then it becomes possible to implement selective prevention practices for groups in which risk factors linked to the phenomena in question and the type of prevention recommended are prevalent. These actions are intended to target high-risk subgroups which are already in contact with the phenomenon and are experiencing the first problems linked to the adoption of this type of behaviour.
The method of intervention adopted in this project is based on setting up an information station and a Chill Out area.
This project is characterized by the fact that it takes direct action in recreational contexts, where it works to promote the provision of accurate information on the effects of drugs, to encourage actions to help safeguard heath and to offer consultations to event organizers on how to design events that minimize the risks of drug use by setting up chill-out areas, info-points and info-shops.
These activities have the goal of providing information, preventing high-risk behaviours, reducing harm in situations that have already been compromised, and promoting a culture that safeguards health through flexible, dynamic and interactive methods, especially methods linked to interpersonal and health aspects.
Furthermore, in order to effect a change in these contexts, it is important to design situations which make it possible to modify the manner in which events are structured, so as to transform them from simple opportunities for recreation and consumption into situations where the approach to consumption is critical and sustainable.
The prerequisites for promoting good health in recreational venues (a seven-point set of guidelines) have their basis in the Safer Nightlife Guidelines in the nightlife section of Democracy, Cities & Drugs (www.democitydrug.org) and consist of the following points:

- taking a community development perspective;

- safety, health and enjoyment;
- the aim of enhancing young people and revellers' enjoyment and social experience by providing information and support which helps them stay safe and make healthier choices;
- promoting positive nightlife;
- monitoring the drug-use phenomenon in its different contexts;
- early identification of emerging issues: implementation of early warning systems;
- reducing high-risk behaviours:
  - increasing the amount of available information on the risks associated with the use of legal and illicit drugs,
  - increasing the amount of available information on the risks of sexually transmitted diseases,
  - taking actions to safeguard against the risks of driving,
  - establishing info-points and chill-out rooms,
  - providing consultation for management and security staff,
  - peer education;
- developing actions that involve networks of figures in the nightlife context (venue managers, promoters, performers, security, law enforcement and emergency medical personnel, members of the local community);
- promoting networking among different social and healthcare interventions;
- encouraging the target population to access areas offering guidance and specialized help;
- launching peer education programmes for secondary school students.

Environmental Prevention Project

Continuing on the topic of environmental prevention, in 2013 the CADCA in Bologna launched a pilot "Environmental Prevention Project", the product of an agreement promoted by the Department for Anti-drug Policies, together with the Department of Sociology and Business Law of the University of Bologna and the Fondazione 2000 foundation, which owns the "Corazza" community centre in the San Donato neighbourhood; this project is based on the approach of building community anti-drug coalitions.
Scientific studies have demonstrated that the community-coalitions approach provides a very effective strategy for dealing with problems of substance abuse and related issues. Coalitions bring together numerous sectors of the community, for instance shops, parents, mass media, law enforcement, schools, religious organizations, healthcare services, social services and the Government, in order that they be able to cooperate and develop plans, policies and strategies to achieve a reduction in levels of substance abuse within the community. Community coalitions are at the centre of an approach which, as confirmed by public healthcare services, has been shown to reduce drug use, alcohol abuse and relevant problems by means of a structured planning process that encourages civic engagement and increases social capital.
Since 2005, CADCA has been working to reduce drug abuse internationally through the establishment of multi-sector community anti-drug coalitions. CADCA's international work reflects its domestic mission: to create healthy, safe and drug-free communities. CADCA offers training, technical assistance and other resources on the strategy of community coalitions to non-governmental organizations (NGOs) and community

groups in numerous countries affected by the cultivation, trafficking and use of illicit drugs. CADCA's international training offers essential competencies and necessary skills to help create a culture of legality and bring about a decrease, at the community level, in illicit drug use rates. CADCA is an NGO in consultative status with the United Nations' Economic and Social Council (ECOSOC); it receives financial support from the U.S. Department of State Bureau of International Narcotics and Law Enforcement Affairs.
The project has involved intense local outreach work. The most intense and frequent has involved the San Donato Neighbourhood Administration, the Municipality of Bologna (and the Municipal Health Council) and the Bologna Local Health Authority.
CADCA testing involved, among other things, the collection of information about the San Donato neighbourhood with regard to the following topics:

1. alcohol consumption and tobacco and drug use, as well as the associated perception of risk;
2. the presence of crime related to these substances; the presence of health problems related to these substances;
3. the existence of any "critical locations" in the neighbourhood for the sale, consumption or use of alcohol, tobacco and drugs.

The research also involved key informant interviews, observational data collection and mapping using georeferencing.
Meetings were always attended by 20-30 participants including university and secondary school students, teachers, parents, social workers, members of volunteer associations and business owners. Several of the participants expressed an intention to use what they had learned from the CADCA environmental prevention project to establish a San Donato community coalition.

3.3 Universal prevention

Universal prevention interventions

At a national level, the initiatives and actions for the universal prevention of tobacco, alcohol and drug use launched by the Higher Institute of Health and by the Department for Anti-drug Policies of the Presidency of the Council of Ministers, in collaboration with the Ministry of Health and the Ministry of Education, Universities and Research, continued in 2013.

The "sFRECCIA CONTRO IL FUMO" Initiative

Higher Institute of Health – "sFRECCIA CONTRO IL FUMO" – The network of Anti-smoking Centres on board the "Freccia Rossa" high-speed train network

On the occasion of the 2013 World No Tobacco Day, the Higher Institute of Health, in collaboration with the Ministry of Health, the Ferrovie dello Stato (Italian State Railways Group) and the Fondazione Veronesi foundation, launched the initiative "sFRECCIA CONTRO IL FUMO". It involved the distribution of awareness-raising material on board 17 trains from 27-31 May, as well as a free quit-smoking consultation on board 6 trains from 28-31 May.
This initiative was made possible thanks to the participation of more than 32 specialists from 17 National Health Service Anti-smoking Centres, who offered travellers counselling on how to quit smoking.

The "Quanto fumi?" ("How Much Do You Smoke?") app

The Higher Institute of Health – "Quanto fumi?" ("How Much Do You Smoke?") App

On the occasion of the 2013 World No Tobacco Day, the Ministry of Health and the Higher Institute of Health created an app called "Quanto fumi?" (t.n. "How Much Do You Smoke?"). It is an instrument to help smokers learn more about their addiction and motivate them to improve their health.
Using this app, smokers can see what it is like to reduce their usual daily cigarette consumption by 20 percent. If they wish to do so, they can also easily contact the Monitoring Centre for Tobacco, Alcohol and Drugs of the Higher Institute of Health at its toll-free number for quitting smoking, 800 55 40 88, the "Telefono Verde Fumo". Here callers can get help quitting or locating the Anti-smoking Centre nearest to them.
Before attempting to quit, smokers can take the Fagerstrom Test to establish whether or not they have an addiction to smoking. They can also check their results using simple charts.

DVD "Sostanze e dipendenze" ("Substances and addictions")

Higher Institute of Health – "SOSTANZE E DIPENDENZE" – DVD: Video about addictions

As part of the project financed by the Ministry of Labour, Health and Social Policies and the National Fund for the Fight Against Drugs, 2003, the Monitoring Centre for Tobacco, Alcohol and Drugs, in collaboration with RAI Teche and the Polytechnic Institute of Turin, has created a DVD entitled "Sostanze e Dipendenze" (t.n. "Substances and Addictions").
The DVD, intended for family physicians, Local Public Drug Addiction Service Unit (SerT) personnel, and people working in private non-profit and volunteer organizations, is a collection of media reports, statements and interviews broadcast on the national television network in recent years.
Its aim is to provide professionals working in this field with the opportunity to see addiction from the perspective of the television and media interpretation of the phenomenon and, as a direct consequence, to understand how it is perceived in the collective public consciousness.
These aspects are of crucial importance to those who work directly, as opposed to indirectly, with at-risk subjects, drug addicts and their families.

The "Sorveglianza Passi" Monitoring Project

Higher Institute of Health – the "Sorveglianza Passi" Monitoring Project

In 2006, the Higher Institute for Health launched the "Progress by Local Health Units towards a Healthier Italy" (PASSI: Progressi delle Aziende Sanitarie per la Salute in Italia) project. Its aim is to conduct 360-degree monitoring of the health of the Italian adult population, for which it uses sample surveys conducted on the Italian adult population 18-69 years of age.
The study is intended as a means of monitoring public health, which it does by collecting information on non-communicable chronic diseases and on the degree of awareness of and participation in programmes the State is creating for their prevention.
The study focuses on the topics of smoking, physical inactivity, the condition of being overweight, alcohol consumption and vegetable- and fruit-poor diets. It also deals with monitoring risk of cardiovascular disease, screening for tumours and adopting safety measures to help prevent traffic accidents. Other topics have to do with life in the workplace, flu-vaccine coverage, physical and psychological well-being, as well as other aspects of quality of life that are linked to health.
PASSI was born of the need to monitor the extent to which the health goals set by national and regional Health Plans were being achieved. Its

other purpose is to contribute to forming assessments of the National Prevention Plan, since it is necessary to be aware of the health profiles of the population and the risk factors affecting them in order to create specific prevention activities targeting vulnerable population groups and evaluate the effectiveness of past programmes and initiatives.

The "Operazione Naso Rosso" ("Operation Red Nose") Project

The Higher Institute of Health – The "Operazione Naso Rosso" ("Operation Red Nose") Project

The "Operation Red Nose" project is the result of a collaboration between the Department of Youth of the Presidency of the Council of Ministers and the Higher Institute of Health. Its goal is to raise awareness among young people of road safety issues linked to alcohol consumption. The Project has therefore promoted information/prevention actions targeting young people, with the aim of discouraging them from using drugs and alcohol, with a particular emphasis on raising their awareness of how alcohol consumption affects road safety.

The "Net_GAD" Project

The Higher Institute of Health – The "Net GAD" Project

The aim of this project, result of a joint effort on the part of the Ministry of Education, University and Research and the Higher Institute of Health, is to raise awareness among youth concerning road safety and alcohol and drug use.

Brochures on alcohol and drugs

The Department for Anti-drug Policies – ALCOHOL AND DRUG BROCHURES

On the Department for Anti-drug Policies website it is possible to download the alcohol and drug brochures published by NIDA, the U.S. National Institute on Drug Abuse, translated and adapted into Italian by the Addiction Department ULSS 20 Verona. The drug fact sheets present in-depth analyses intended for those who work in the field of drug addictions, but also for whosoever is interested in gaining more in-depth knowledge of topics linked to the drug use phenomenon.
Each brochure offers a description of the drug it describes, its methods of use, some data on the extent to which its use and abuse are widespread in the United States, Europe and Italy, its adverse effects on health and the therapeutic treatments used to treat addiction to it. Each also includes either a glossary explaining the scientific terminology used or a list of the most important words found within it. The fact sheets have been updated in light of the most recent research conducted by the National Institute on Drug Abuse. The following fact sheets can be found on the website: Alcohol, Hallucinogens, Cocaine, Ecstasy, Heroin, Inhalants, Marijuana, Methamphetamines, Anabolic steroids.

The "Edustrada" Project

The Department for Anti-drug Policies – The "Edustrada, la cultura della sicurezza stradale" ("Edustrada: for a culture of road safety") Project

The "Edustrada" Project for a culture of road safety is a production of RAI Educational and was created as part of a joint project by the Ministry of Public Education and RAI (Radio-Televisione Italiana). It aims to promote safe driving and teach about correct and responsible behaviour on the road.

The National Network for Drug- and Alcohol-related Accidents (NNIDAC) Framework Project

The Department for Anti-drug Policies – The National Network for Drug- and Alcohol-related Accidents (NNIDAC) Framework Project

The "*Drugs on Street* crash" protocol was created with the aim of helping to combat the phenomenon of driving under the influence of drugs and/or alcohol.

The project calls for organization of testing to be carried out jointly by medical and healthcare personnel of the Clinical Diagnosis and Toxicology Units and by Law Enforcement officers. They are to conduct toxicological tests on drivers stopped during the course of traffic checks, with the aim of verifying whether or not they are driving under the influence not only of alcohol, but also of drugs.

The Protocol underwent a first stage of experimental trial and, based on the positive results thus obtained, which demonstrated the effectiveness of the interventions in terms of identifying drivers under the influence, it was put into practice nationwide as part of a multicentric study.

Fundamental principles of the collaborations between the DPA and the MIUR and the DPA and ANCI

The Department for Anti-drug Policies (DPA) – Accords between the DPA and the Ministry of Education, Universities and Research (MIUR) and the DPA and the National Association of Italian Municipalities (ANCI)

A number of the fundamental principles contained within the Memorandums of Understanding between the Department for Anti-drug Policies (DPA) and the Ministry of Education, Universities and Research (MIUR) and the DPA and the National Association of Italian Municipalities (ANCI) have to do with universal prevention interventions and activities, especially dealing with the early identification of and intervention to help combat high-risk behaviours, not to mention universal prevention of the same.

The purpose of early identification and intervention is to encourage the early identification of vulnerability factors and at-risk behaviours, so as to be able to put into effect equally early interventions of an educational nature. These are to be carried out in an integrated and synergistic fashion in the family environment, in school and in the workplace. Educational interventions are the responsibility of the family and of the school. These two must therefore reach a harmony of common intent, with the aim of promoting and maintaining healthy life skills and behaviours.

Early prevention interventions should therefore begin in the womb, with expectant mothers being discouraged from substance use. Indeed, scientific literature on the topic has shown that drug use during pregnancy leads to the unborn child being at higher risk of drug use during adolescence. Furthermore, in order to be more effective, informational activities, such as those intended to help parents develop parenting skills involving or educational activities for children, should begin early, at between 4 and 6 years of age. They should concentrate on identification of the problem and on how to handle behavioural and attention disorders. Later activities should focus on healthy lifestyles and habits, and especially on ensuring a high degree of parental care.

Universal prevention of at-risk behaviours is based on interventions that aim to simultaneously and comprehensively address the problems of drug use (including all of the various narcotic and psychotropic substances) and alcohol abuse (alcohol, tobacco, drugs, misuse of prescription drugs, inhalants, etc.) Educational/prevention interventions should therefore be designed to deal mostly with at-risk behaviours, and not with individual substances. They should fall within a context of general health education focusing on the acquisition and maintenance of healthy lifestyles.

Structured Questionnaire 25

At the regional level, information on universal prevention projects conducted at the family and local-community levels was gathered from the data reported in Structured Questionnaire 25, received from 15 of the Italian Regions.
In 2013, based on the information received from only 6 Italian Regions, 7 million euros in funding were set aside for universal prevention projects, principally in the Regions of Lazio (37.4%) and Tuscany (34.4%). The data collected shows an enormous increase in the amounts provided in funding in the Autonomous Province of Bolzano, but a dramatic decrease in funding in the Regions of Campania and Liguria.

3.3.1 School

Universal prevention interventions in schools

At a national level, the universal prevention initiatives and actions in schools that were launched by the Higher Institute of Health and by the Department for Anti-drug Policies of the Presidency of the Council of Ministers, in collaboration with the Ministry of Health and the Ministry of Education, Universities and Research, continued in 2013 as well.

A multimedia kit for primary schools "Fumotto"

The Higher Institute of Health – The "Fumotto" Multimedia Kit for Elementary Schools:
Intended for elementary school students and their teachers, its purpose is to provide a simple and fun tool to teach children about tobacco smoke and how harmful it is to health.
The kit contains:
"*Fumotto***"** → A book containing all the information on tobacco and smoking that elementary-school children can easily absorb.
Stickers → Depicting all the illustrations from the book, they can be used to create a personalized anti-smoking campaign.

CD → Containing the whole book in an electronic format, its contents are simple to navigate. It also allows children to use their mouse and keyboard to play a series of educational games. In addition, they can print any of the pages, including the book's rich illustrations.
The "Fumotto" kit is an educational tool for teachers, who can use the materials contained therein as they deem suitable, based on their own professional experience and on their students' level of knowledge.

A multimedia kit for secondary schools "Venditori di fumo"

The Higher Institute of Health – "Venditori di Fumo" – Multimedia Kit for Schools
The "Venditori di fumo"(*) kit addresses the issue by starting with the responsibility of the tobacco industry. It places an emphasis on the dynamics that drive the tobacco market, the mechanisms used to induce the consumer to buy tobacco products and the harm to health which can result from addiction. The film "Insider", which is included on a cassette inside the kit, is meant to provide inspiration for a group research project that addresses every aspect of the smoking 'habit'. To this end, the kit provides addresses of websites where it is possible to find useful informational materials. The kit also contains a CD on which the information from the sites listed has been recorded. The kits already produced and those in production, along with the tools they contain, aim to provide support for teachers, offering a small but concrete contribution to the important work they do, which often goes unacknowledged by society

at large. (*)(t.n. the name of the kit is a play on words. "Venditori di fumo" literally means "smoke sellers". However, the idiomatic meaning of this expression is "swindlers" or "snake-oil salesmen".)

A multimedia kit for schools: "Se sai navigare sai come bere" ("If you know how to drive, know how to drink")

The Higher Institute of Health – "Se sai navigare sai come bere" "(If you know how to drive, know how to drink") – Multimedia kit for schools: an informative booklet on alcohol and its effects

The project, called "Gli stili di vita per la prevenzione delle tossicodipendenze" ("Lifestyles for the prevention of addictions"), is financed by the National Fund for the Fight Against Drugs. It falls under the umbrella of activities by the Higher Institute for Health and was created by the Monitoring Centre for Tobacco, Alcohol and Drugs. The multimedia educational programme, entitled "Se sai navigare sai come bere" ("If you know how to drive, know how to drink"), deals with the issues that arise when drinking is combined with driving any sort of vehicle. Its goal is to promote prevention among secondary school students between 15 and 19 years of age. The choice of tools and methods are the result of experience that the Monitoring Centre for Tobacco, Alcohol and Drugs has accumulated while working with young people to prevent alcoholism.

A multimedia kit for schools: "In-Dipendente"

The Department for Anti-drug Policies – "In-Dipendente" – Multimedia kit for schools on the topic of drug addiction

The project, called "Gli stili di vita per la prevenzione delle tossicodipendenze" ("Lifestyles for the prevention of addictions"), is financed by the National Fund for the Fight Against Drugs. It falls within the sphere of activities carried out by the Department for Anti-drug Policies of the Presidency of the Council of Ministers.

The kit contains:

The interactive multimedia programme called "In-Dipendente" (t.n. a play on words that recalls both "independent" and "addiction-free") → *is a*a guide for carrying out research, providing directions for a flexible programme that teachers can customize; it provides important information on the phenomena of drugs and drug addiction. The manual recommends ways of using the material contained in the box, which can be employed in whole or in part according to the needs of each teacher and his or her pupils.

The film "Radiofreccia" → The film, set in the '70s, portrays the problems of a group of young people in a small provincial city where no new ideals have yet emerged to take the place of traditional values that have become historically unacceptable. Each of the protagonists is struggling to find a way to escape this social and emotional void. Ivan thinks he has found it when he discovers heroin. The film, despite being set in a what is now a relatively distant past, has gained cult status over the years. It is thought-provoking and offers many possible topics for discussion.

The film "Storia di P." → A short film set in the '90s, it offers a completely different perspective on drug addiction than the one provided in "*Radiofreccia*". In this story, the protagonist is initially drawn to drugs for reasons of pure personal pleasure, but then quickly slips from simple drug use into addiction, a descent that is marked by the same eager frenzy and compulsion that characterizes his approach to his work. It is a contemporary portrayal of today's way of living, in which we could substitute heroin with any other drug. The DVD is accompanied by a short booklet put together by the authors, which describes how the film was made and the research that led to its production.

The CD "In-dipendente" → The CD contains copies of the teaching guide

and all the printed materials found in the box, so that they can be copied or printed. The CD also holds useful research material collected from the most important websites, along with a list of Internet addresses, so that users of the CD can visit websites dealing with the topic of drugs for themselves.
The CD "Uso e abuso delle droghe legali e illegali" ("Use and abuse of legal and illicit drugs") → The CD introduces the different drugs of abuse, providing detailed fact sheets describing their effects on health and the history of their use.

The Department for Anti-drug Policies – The EDU Project
This project, launched by the Department for Anti-drug Policies of the Presidency of the Council of Ministers, in collaboration with the Ministry of Education, Universities and Research, represents the evolution of the previous Programme Agreement between the former Ministry of Social Solidarity and the Ministry of Public Education for the creation of the "Educazione tra pari e prevenzione connessa al consumo di sostanze stupefacenti" ("Peer education and prevention related to drug use") project.
This Agreement was re-examined, additions were made to it and it was adapted to suit the new evolution of the phenomenon, including the current situations, which see the Internet as the new drug market, with its marketing clearly directed at young people.
The project's objective is to make available an interactive instrument that provides news and materials for in-depth analysis on the topic of drugs. It should provide a multidimensional approach that addresses both the individual and social spheres, so as to offer clear, coherent and reliable information.
The sources it draws upon are, in fact, distinguished, specialized research centres and universities. These provide material based on scientific research and epidemiological studies to explain the harmful effects of all kinds of drugs. The language used is simple, easy to understand and formulated for three specific target groups: students, parents and teachers.
The purpose of the project is to implement, maintain and update a number of online portals, each with themes and communicative styles designed to provide easy-to-understand, scientifically exact and useful information on the topic of the harm associated with drug use to different target audiences.

The Department for Anti-drug Policies – The "EDU Life" Project
The "EDU Life" project, supported by the Department for Anti-drug Policies, in collaboration and close cooperation with the Ministry of Education, Universities and Research, is the product of a desire to provide new interactive channels capable of satisfying the informational and educational needs of students, teachers and parents.
One of the strategies for preventing drug use, in fact, is creating prevention interventions that begin to target young people while they are still in the school environment. These interventions should simultaneously involve both teachers and families, providing specific kinds of support to parents. Indeed, schools and families play a crucial role in the growth process of young people, insofar as they represent the principal educational influences capable of providing young people with guidance as they grow up and make decisions.

The project is meant to fulfil a perceived need for action in spreading the message of prevention, as well as for the sharing of prevention activities and information through the use of innovative tools and technologies.
The informational/educational goals, which encompass the entire broad topic of drug addictions, aim to:

- disseminate information based on scientific research concerning the effects of alcohol, tobacco and other illicit drugs on physical and mental health and drug addiction;
- promote good, healthy, drug-free lifestyles;
- employ interactive prevention methods through the use of multimedia channels and the Internet;
- present information that is appropriately formulated for different target audiences, in particular teachers, parents, students and teenagers;
- provide teachers with teaching tools that can be used in school to promote prevention activity among the students in different classes;
- offer support to parents on how to approach the topic of drugs with their children;
- present young people with specially researched and designed informational materials;

During the 2011-2012 and 2012-2013 academic years, 58 schools throughout Italy hosted 22 meetings by means of video conference. The meetings' purpose was to provide information on drug use and alcohol abuse and discuss their prevention of. The speakers chairing the meetings were professionals from the Addiction Department ULSS 20 Verona.

Figure 3.1: Georeferencing of the schools that participated in the video conferences held as part of the "EDU Life" project (academic years 2011 – 2012 and 2012 – 2013)

Before and after the meetings, students were provided with questionnaires to fill out. The purpose of the questionnaires was twofold. Firstly, they were meant to help the speaker to plan his presentation based on the students' prior knowledge of drugs (pre-test). Secondly, they were intended to assess effectiveness and audience satisfaction (post-test).

Table 3.1: "EDU Life" project output indicators (academic year 2012 – 2013)

Indicator	Total
No. of students	3,554
No. of schools involved	58
No. of Regions reached	18
No. of video conferences	22
No. of speakers involved	5
No. of learning assessment questionnaires (pre- and post- video conference)	4,519
No. of satisfaction assessment questionnaires (pre- and post- video conference)	2,477

The "EDU Life" project enables students, as well as entire school communities, to connect with national and international experts in the drug addictions field, who work for different organizations based around the world. These professionals made their store of knowledge available during the course of interactions with the students, focusing on the prevention of drug use and alcohol abuse.

Figure 3.2: Overview of the videoconferencing system to promote prevention in schools (academic years 2011 – 2012 and 2012 – 2013)

This was made possible thanks to sophisticated videoconferencing technology, which puts experts into contact with multiple Italian schools simultaneously, at no expense to the participating schools. Moreover, the use of multimedia channels is very appealing to young people, making all the tools and recommendations provided easy for them to make use of, while, at the same time, giving rise to a more collaborative learning experience.

Over the last year, over 3,500 students participated, a sign of the high degree of interest within the community of schools, which was thus able to fulfil young people's informational needs. The project required the use of special smartphone and tablet applications and the dissemination of information over social networks, all of which are tools that are widely used

and preferred by young people, consequently raising their level of project involvement and awareness.

Universal prevention interventions in schools

The Department for Anti-drug Policies – The "'Indagine sul consumo di sostanze stupefacenti nella popolazione scolastica di 15-19 anni" ("Survey on drug use in the student population aged 15-19") Project

The Department for Anti-drug Policies of the Presidency of the Council of Ministers has been conducting the survey on drug use among higher secondary school students since 2010. This survey also collects information on universal prevention interventions, by means of the prevention questionnaire provided to the representatives of the schools participating in the initiative. Of a sample group of 438 schools which participated in the survey, 279 (63.7%) of these had filled out the aforementioned questionnaire, which was based on the questions contained in Structured Questionnaire 25 and 26.

72.3% of the sample of schools participating in the survey conducted awareness days

During the 2013/2014 academic year, the universal prevention interventions most commonly put into effect in higher secondary schools were awareness days (72.3%), followed by ordinary lessons devoted to the topic of prevention (69.3%) and by the distribution of informational materials (45.5%).

45.5% of schools distributed informational materials

Among schools which reported having distributed *informational material* (47.3% of such material consisted of brochures and/or leaflets), art schools at the secondary level and art institutes focused on both alcohol consumption and on drug use (92.9%), followed by technical institutes, which focused on alcohol consumption (92.9%), while vocational schools focused on drug use (91.7%).

35.6% of the schools that organized awareness days involved Law Enforcement

With regard to the organisation of *awareness days* focusing on drug-use prevention, we find that art schools at the secondary level and art institutes focused mostly on the prevention of alcohol consumption and drug use (83.3%) and tobacco use (79.2%); in 75.0% of cases, they hosted informative events taught by educators from outside the school. 35.6% of schools of all types involved *law enforcement agencies* in their prevention days.

69.3% of schools dealt with the topic of prevention in ordinary lessons

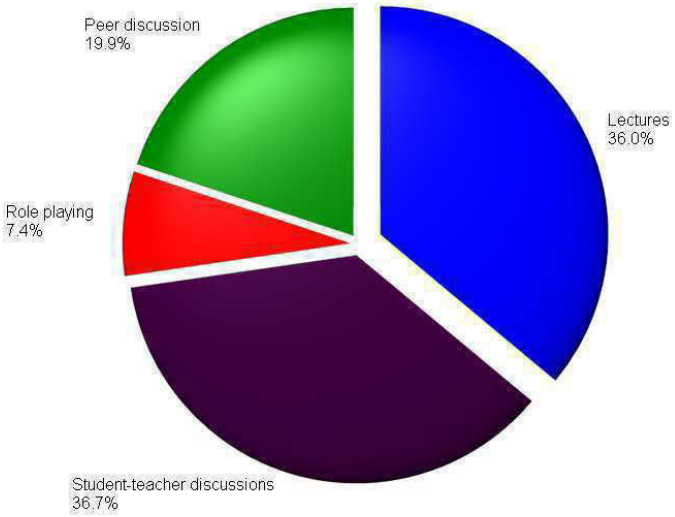
During the 2013/2014 academic year, 69.3% of schools dealt with prevention topics during the course of ordinary lessons: In every type of schools, interventions dealt principally with the prevention of drug use, alcohol consumption and tobacco use (over 80%).

Turning our attention to the teaching methodology employed in the ordinary lessons in which drug-use prevention topics were addressed, we find that most lessons took the form of *student-teacher discussions* (36.7%) and *lectures* (36.0%). Techniques involving more interaction between students were less common, although methods of this sort employed included, specifically, *peer discussions* (19.9%) and *role playing, group work* (7.4%).

13.6% of schools organized creative activities to promote prevention

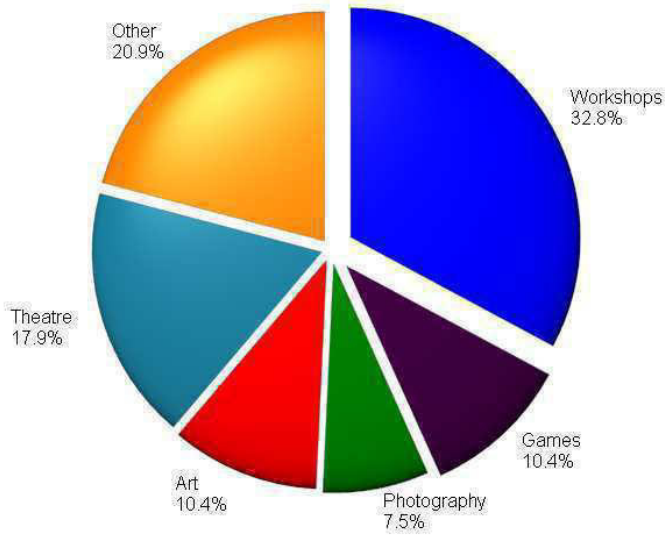
13.6% of the schools participating in the survey had organised creative activities focusing on drug-use prevention, with a fairly even distribution among the various types of schools. The types of creative activities most often offered by the different schools were *workshops* (32.8%), followed by *other types* (20.9%), *theatre* (17.9%), then *games* and *art* (10.4%).

Figure 3.3: Distribution of educational activities and didactic methodology employed in prevention interventions conducted during the course of ordinary lessons in higher secondary schools. Academic year 2013 – 2014



Source: SPS-DPA Survey 2014 – Department for Anti-drug Policies

Figure 3.4: Distribution of creative activities to promote prevention conducted in higher secondary schools. Academic year 2013 – 2014



Source: SPS-DPA Survey 2014 – Department for Anti-drug Policies

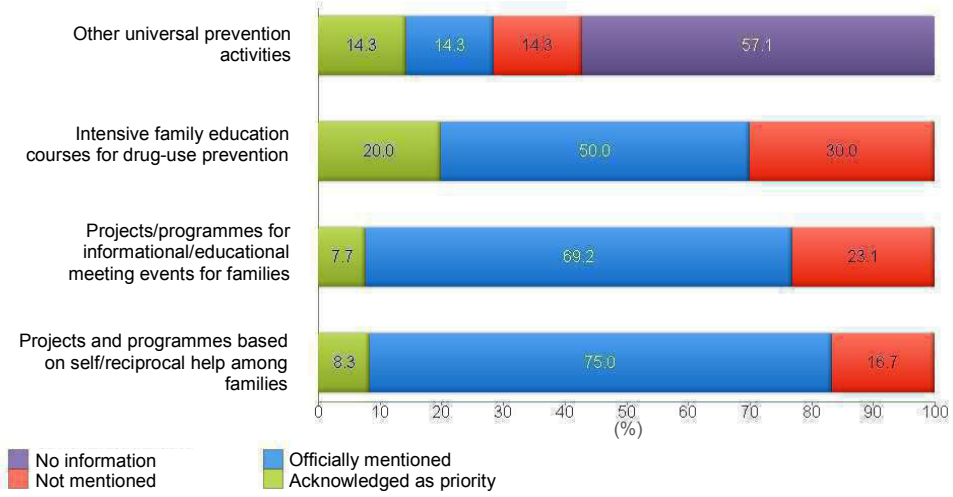
3.3.2 Family

Projects and programmes based on self/reciprocal help among families were given high priority

Plans and programmes for families and parents

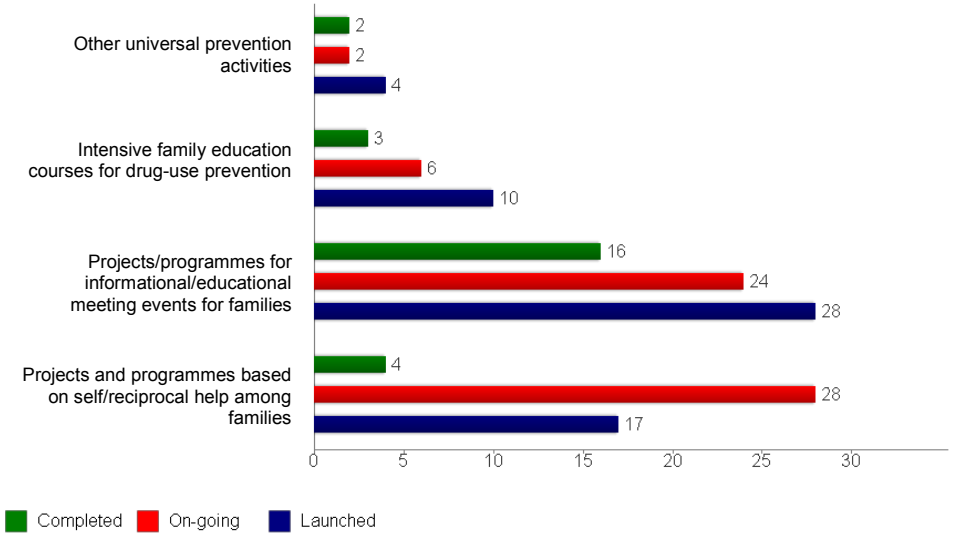
During the course of 2013, according to the data gathered from Structured Questionnaire 25, completed by 15 of the Italian Regions, prevention activities targeting the family included projects/programmes based on self/reciprocal help among families (83.3%), on informational/educational meeting events for families and/or parents (76.9%), and, lastly, intensive educational courses on drug-use prevention for families (70.0%).
Among the prevention activities reported by the Regions and Autonomous Provinces in 2013, we find a number of plans for universal prevention projects targeting nuclear families had already been launched, were ongoing or came to a conclusion during the course of the year. There was a significant amount of turnover for projects consisting of informative/educational meeting events for families and/or parents (28 launched and 16 concluded in 2013).

Figure 3.5: Percentage distribution of different programmes targeting **nuclear families** explicitly referred to in official documents on healthcare and/or social policies in 2013



Source: EMCDDA questionnaires provided to the Regions

Figure 3.6: Number of universal prevention project plans targeting **nuclear families**: launched, on-going or concluded in 2013



Source: EMCDDA questionnaires provided to the Regions

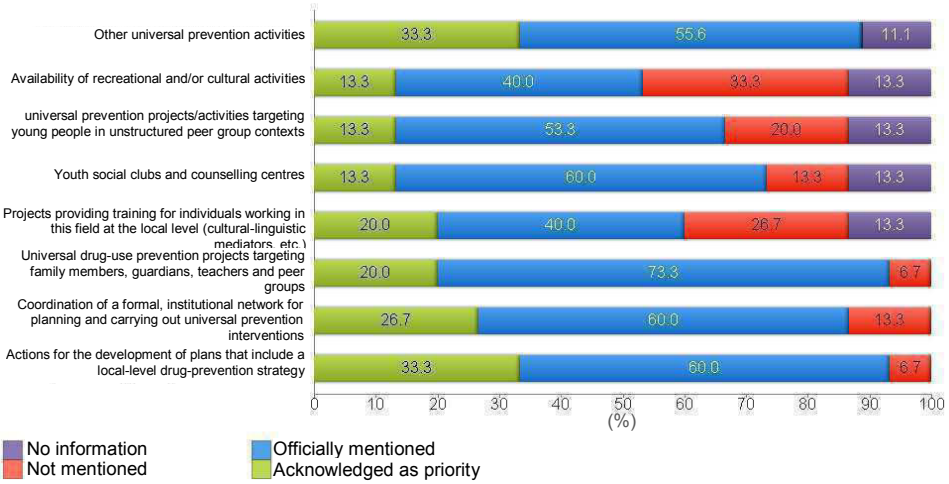
3.3.3 Community

Universal prevention strategies targeting family members, guardians, teachers and peer groups are considered a high priority

According to the data gathered from Structured Questionnaire 25, which was completed by 15 of the Italian Regions, and to official documents on healthcare and/or social policies, universal prevention activities undertaken at the local-community level during the course of 2013 have consisted of:

- the development of plans that include a universal prevention strategy targeting family members, guardians, teachers and peer groups (93.3%);
- actions for the development of plans that include a local-level drug-prevention strategy (93.3%);
- the coordination of a formal, institutional network for planning and carrying out universal prevention interventions (86.7%);
- universal prevention projects targeting young people in unstructured peer group contexts (66.6%);
- ensuring availability of recreational and/or cultural venues (53.3%);
- training for individuals working in this field at the local level (60.0%);
- starting youth social clubs and counselling centres at the local level (73.3%).

Figure 3.7: Percentage distribution of different programmes at the **local community** level explicitly referred to in official documents on healthcare and/or social policies in 2013

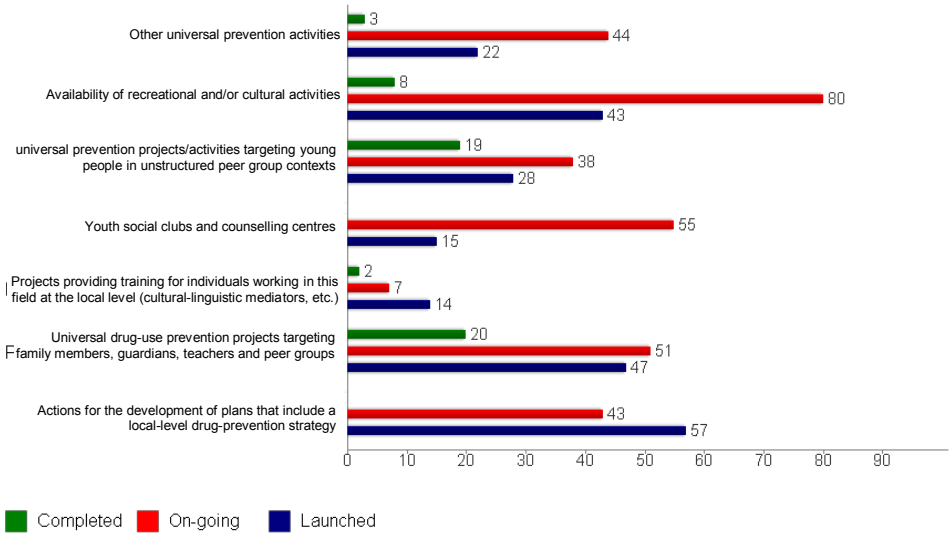


Source: EMCDDA questionnaires provided to the Regions

Strong local commitment in the prevention field on the part of the Regions and Autonomous Provinces

Among the prevention activities reported by the Regions and Autonomous Provinces in 2013, we find a number of plans for local-community level universal prevention projects that had already been launched, were ongoing or came to a conclusion during the course of the year. A full 73.3% of Regions had launched or were in the process of creating universal prevention projects targeting family members, guardians, teachers and peer groups, with a significant amount of turnover observed for projects of this sort (47 launched and 20 concluded in 2013).

Figure 3.8: Number of **local-community level** universal prevention projects: launched, on-going and/or concluded in 2013



Source: EMCDDA questionnaires provided to the Regions

Furthermore, the Regions and Autonomous Provinces focused special attention on the drafting of documents concerning actions to be undertaken in order to develop plans which include local-level drug prevention strategies (57 projects launched) and ensuring availability of recreational and/or cultural venues (43 projects launched).

3.4 Selective prevention in at-risk groups and settings

Selective prevention interventions

The selective prevention initiatives and actions launched by the Department for Anti-drug Policies of the Presidency of the Council of Ministers to combat tobacco, alcohol and drug use in at-risk groups and settings continued in 2013.

The "DAD.NET" (DAWN) Project

The Department for Anti-drug Policies – The "DAD.NET" (Drugs, Alcohol and Women Network [DAWN]") Project

The project involves the creation of micro-interventions. Some of these fall in the sphere of prevention, targeting young women who have not yet developed addictions but, as a result of their vulnerability, could be more at risk of experimenting with drugs. Some are in the spheres of addiction support and of care and reintegration (for girls and women who have already developed addiction problems and have already more or less entered the addiction services system).

Project actions will basically consist, firstly, of the creation operational guidelines, developed in cooperation with the organizations participating in the project, which will subsequently be distributed throughout the country. These will form the basis for the training activities envisioned under the project, for the reorientation of working practices within addiction services and the establishment of intervention models based on evidence-based approaches with a focus on gender differences and gender-specific risk factors, motivational factors and factors that determine the success of projects targeting the female gender.

Fundamental principals of the collaborations between the DPA and the MIUR and the DPA and ANCI

The Department for Anti-drug Policies (DPA) – Accords between the DPA and the Ministry of Education, Universities and Research (MIUR) and the DPA and the National Association of Italian Municipalities (ANCI)

The Memorandums of Understanding between the Department for Anti-drug Policies (DPA) and the Ministry of Education, Universities and Research (MIUR) and the DPA and the National Association of Italian Municipalities (ANCI) do not address only universal prevention. They also make explicit reference to other high-priority types of prevention: selective prevention and indicated prevention, especially focusing on young people at a high-risk of drug use and addiction, due to the presence of vulnerability factors. Furthermore, the principles contained in these accords establish that prevention actions must be differentiated to take into account gender, temperament, age (stage of development) and the environmental conditions in which they will be carried out.

Selective prevention interventions in schools

The Department for Anti-drug Policies – The "'Indagine sul consumo di sostanze stupefacenti nella popolazione scolastica di 15-19 anni" ("Survey on drug use in the student population aged 15-19") Project

As part of the survey on drug use conducted in upper secondary schools in 2014, information was also gathered on the selective prevention activities carried out in schools. The results reported refer to questions specifically addressing the topic of selective prevention (based on Structured Questionnaire 26), as answered by the representatives of 279 schools participating in the survey.

Structured Questionnaire 26

At the regional level, information on selective prevention projects targeting at-risk groups and at-risk families was gathered from the data reported in Structured Questionnaire 26, which was completed by 15 of the Italian Regions in 2013.

In 2013, based on the information received from only 7 Italian Regions, a little more than 8 million euros in funding were set aside for selective prevention projects, principally in the Regions of Tuscany (47.1%) and Lazio (32.1%). The available data shows an increase in the amounts provided in funding for projects in this sphere in Friuli Venezia Giulia and, to a smaller extent, in the Autonomous Province of Bolzano, but a dramatic decrease in the Regions of Apulia and Campania.

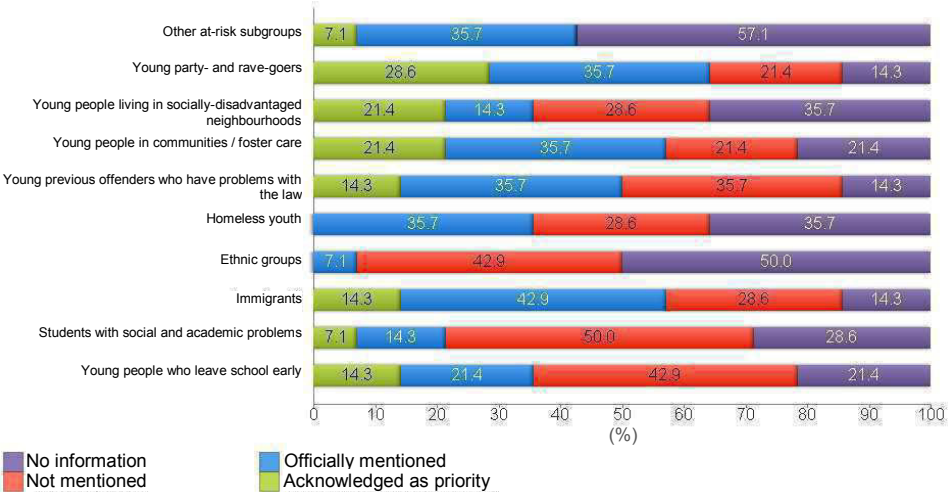
3.4.1 At-risk groups

According to the data gathered from Structured Questionnaire 26, which was completed by 15 of the Italian Regions, official documents on healthcare and/or social policies made most frequent mention of young party-goers and rave-goers (64.3%), as well as of selective prevention activities targeting immigrants (57.2%) and young previous offenders (50.0%).

There were very limited numbers of explicit references to the category of ethnic groups (7.1%).

Figure 3.9: Distribution of explicit references to prevention activities targeting **at-risk groups** in official documents on healthcare and/or social policies in 2013

Special focus reported on immigrants, as well as young party- and rave-goers and on young previous offenders who have problems with the law



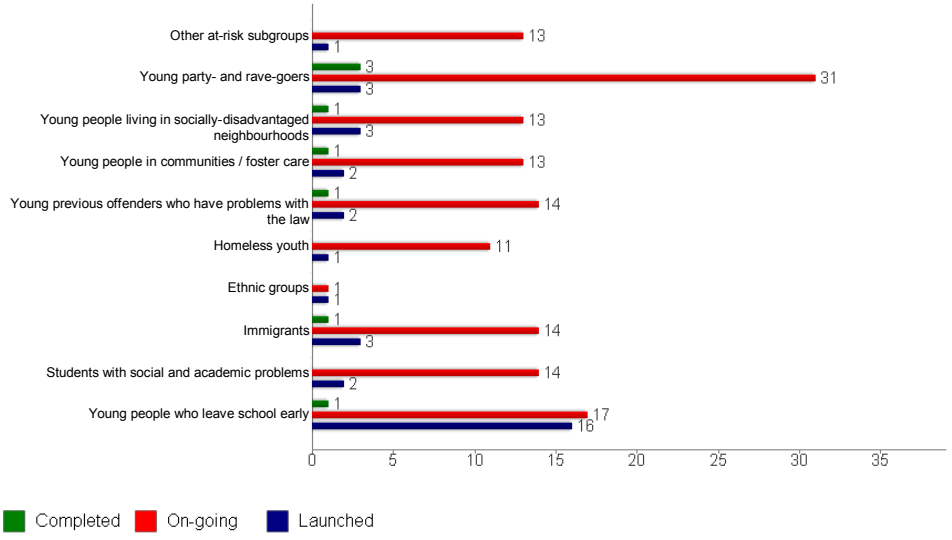
Source: EMCDDA questionnaires provided to the Regions

Less than 150 ongoing prevention projects

The total number of ongoing selective and targeted prevention projects in the Regions and Autonomous Provinces was high, standing at 141 in all, but nonetheless there were fewer than in the previous year. Prevention initiatives targeting the various at-risk groups were carried out largely in/by specialised facilities and services.

The categories for which the largest numbers of projects were launched were those targeting young people who leave school early (16),while the category with the greatest number of ongoing plans in 2013 was that of “young party-goers and rave-goers” (31 projects).

Figure 3.10: Number of plans for prevention projects targeting **at-risk groups** launched, ongoing or concluded in 2013



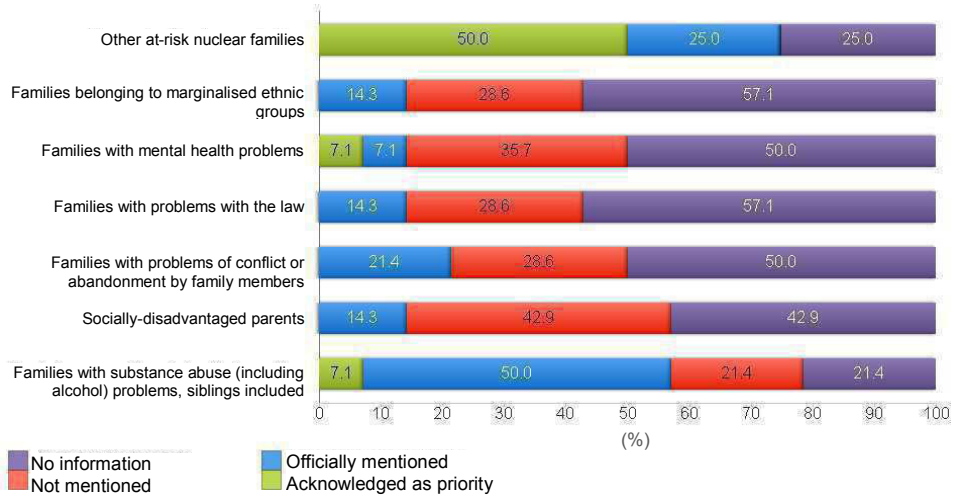
Source: EMCDDA questionnaires provided to the Regions

3.4.2 At-risk families

Turning our attention to prevention targeting at-risk families, there is a special focus on families with substance abuse (including alcohol) issues, siblings included (57.1%). For at-risk families as well, prevention initiatives were largely carried out in/by specialized facilities and services.
The Regions and Autonomous Provinces reported a rather scant number of ongoing and/or completed plans for 2013, most of which targeted "families with substance abuse (including alcohol) problems, siblings included".

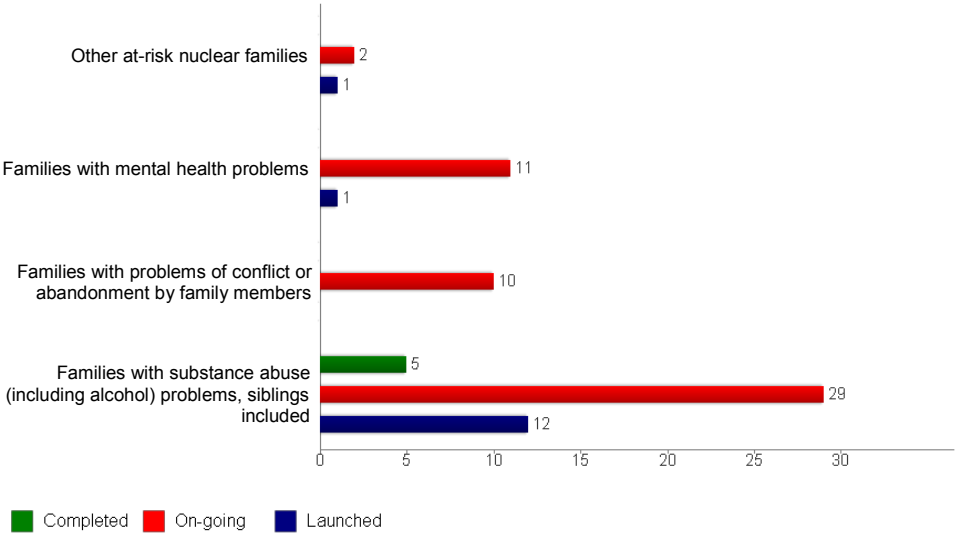
Figure 3.11: Distribution of explicit references to prevention activities targeting **at-risk families** in official documents on healthcare and/or social policies in 2013

Prevention projects and programmes targeting families with substance abuse problems are considered a high priority



Source: EMCDDA questionnaires provided to the Regions

Figure 3.12: Number of plans for prevention projects targeting **at-risk families** launched, ongoing or concluded in 2013



Source: EMCDDA questionnaires provided to the Regions

3.4.3 At-risk students

Selective prevention interventions in schools

On the topic of selective drug-use prevention during the 2013/2014 academic year, investigated by means of the survey on drug use among the population of higher secondary school students, approximately 6.1% of the sample group of schools participating in the survey reported having used standard protocols and/or criteria for the early identification of students exhibiting at-risk behaviours for drug use: 5.9% of vocational schools, 6.6% of secondary schools and of secondary schools formerly specialising in teacher training, 7.4% of technical institutes and, finally, 0% of secondary art schools or art institutes conducted selective drug-use prevention.
25.0% of the schools used *counselling centres* in their selective prevention programmes, 50.0% employed *internal measures* implemented within the schools themselves and 25.0% had initiated *protocols of understanding with external organizations.* Moreover, *health education counsellors* to deal with these issues are present in 87.5% of the schools, while another 75.0% have *psychopedagogists* available.
Other selective drug-use prevention initiatives targeting students at a high risk of leaving school early were conducted by 37 of the sample schools (14.0% of schools which responded to the prevention questionnaire), with secondary art schools and art institutes conducting the highest number of such initiatives (22.2%), followed by vocational schools (21.6%), technical institutes (13.7%) and secondary schools formerly specialising in teacher training (7.7%).
81.1% of the sample schools offered *educational psychology services which students could access directly or to which they could be referred to discuss these issues*, 24.3% provided *training courses for teachers*, and 27.0% distributed *guidelines on ways of recognizing problem students, including those who use drugs.*

3.5 National and local media campaigns

In 2012, activities for the promotion and organization of information campaigns to raise awareness about drug-use prevention among the general population were conducted by a number of Regional Administrations.

Based on data provided by only 8 of the Regions, of the initiatives launched by the Regions and Autonomous Provinces in 2013, most were universal prevention campaigns as opposed to selective (28 vs. 10). Only three Regions launched at least one campaign in both prevention areas.

Table 3.2: Number of universal and selective prevention information campaigns conducted by the Regions and Autonomous Provinces during the course of 2013

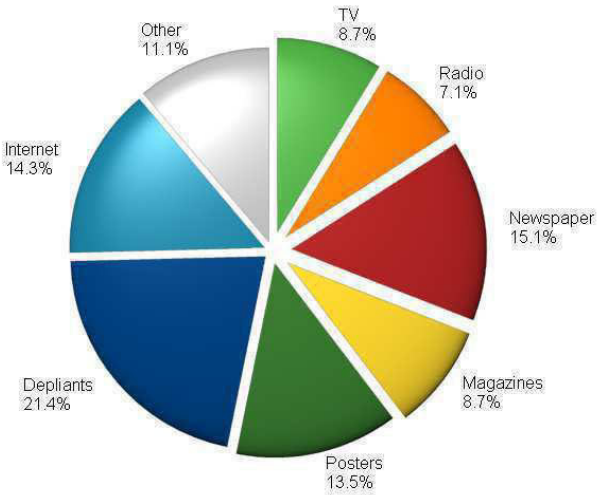
Regions	Universal Prevention	Selective Prevention	Total
Abruzzo	-	-	-
AP Bolzano	3	2	5
Calabria	3	-	3
Campania	4	-	4
Emilia-Romagna	2	-	2
Friuli Venezia Giulia	8	4	12
Liguria	-	-	-
Lombardy	-	-	-
Piedmont	-	-	-
Apulia	5	4	9
Sardinia	2	-	2
Trento	1	-	1
Umbria	-	-	-
Total	28	10	38

A large number of universal prevention campaigns in Friuli Venezia Giulia

Source: EMCDDA questionnaires provided to the Regions

The most commonly employed information tool was once again the leaflet (21.4%) followed by newspapers (15.1%); the Internet (14.3%) and posters (13.5%); the combined use of magazines and radio accounted for only 10% of all campaigns.

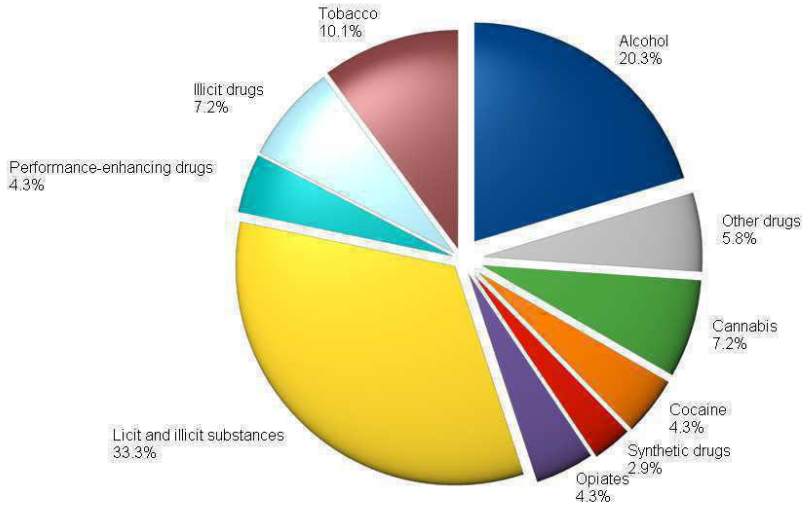
Figure 3.13: Percentage distribution of prevention campaigns conducted by the Regions and Autonomous Provinces in 2013, by type of mass media



Source: EMCDDA questionnaires provided to the Regions

The subject matter most frequently dealt with by prevention campaigns is clearly that of “licit and illicit substances in general”, which account for 33.3% of campaigns reported, followed by alcohol (20.3%) and tobacco (10.1%).

Figure 3.14: Percentage distribution of prevention campaigns conducted by the Regions and Autonomous Provinces in 2013, by subject matter



Source: EMCDDA questionnaires provided to the Regions

4. HIGH-RISK DRUG USE

Foreword

High-risk drug use is one of the five key epidemiological indicators adopted by the European Monitoring Centre to monitor the drug use phenomenon. The aim of this indicator is to estimate how great a part of the population is affected by serious, high-risk drug use patterns.

This chapter provides information on prevalence estimates for subjects in need of assistance for opiate or cocaine use, and draws on information from healthcare and other sources. One section is devoted specifically to the estimate of frequent cannabis users, an indicator which is not included in the definition of HRDU.

4.1 Introduction

Over the years, panels of experts within the European Monitoring Centre in Lisbon have come to agree upon a definition for high-risk drug use[1], and they have also established methodologies for estimating the total fraction of the population who fit the HRDU 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 high-risk 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 source alone, mathematically modelling the data generation process of available data[2].

New methods for estimating HRDU

The methods for estimating HRDU, in particular 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 suitable for calculating the use of drugs other than opiates. 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 consecutive captures[3].

Information sources

The application of these methods to national information flows is particularly well-suited to data regarding reports filed under Art. 75 of Presidential Decree (DPR) 309/90 for possession of drugs for personal use, specifically cannabis and cocaine, collected by the Ministry of the

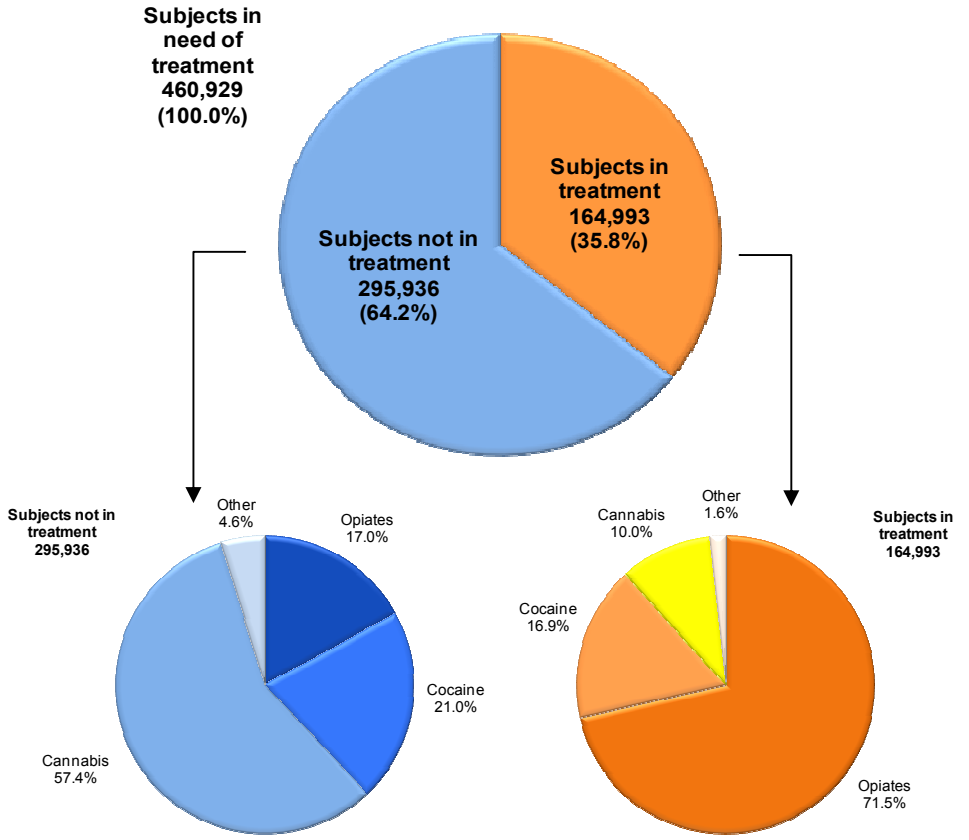
1 The classic definition of high-risk drug use, while currently undergoing revision, should be understood to mean injecting drug use or long-term/regular use of opiates, cocaine and/or amphetamines.

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

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

Interior, and specifically by the Department for Civil Administration Personnel Policies and for Instrumental and Financial Resources. The data used to calculate prevalence estimates for subjects requiring assistance for opiate use was obtained from the information flows of the Ministry of Health, as well as from Regional and Provincial Administrations which, via Regional monitoring centres, provided estimates – obtained from local-level application of the two-source information capture-recapture method – of the multiplier coefficient of clients in need of treatment for opiate use. Local sources included the flow of clients receiving treatment from Local Public Drug Addiction Service Units (t.n. abbreviated in Italian to SerT) and flows of hospital admissions for ordinary inpatient treatment or outpatient treatment (Hospital Discharge Records – HDR).

Figure 4.1: Subjects in need of treatment, divided into subjects in care of services and subjects not in care of services, and further subdivided by drug type: opiates, cocaine, cannabis and other. The year 2013



Source: Ministry of Health and Ministry of the Interior

(*) In 2013, there were 164,993 subjects in need of treatment, of whom 162,353 for opiate, cocaine and cannabis use, and 2,640 for the use of other drugs (stimulants, hallucinogens, psychotropic drugs and other drugs).

(**) The primary drug of use remains unknown for 70,611 of the subjects in treatment. The same proportions found to exist among subjects in treatment whose primary drug of use was known were therefore applied.

For each drug type, observations were made of the variations in patterns between 2012 and 2013 in charges filed for drug dealing, quantities of drugs seized, and levels of drug use in the general population, based on wastewater analyses. A weighting system was applied to these three categories of information, in order to obtain the correction coefficients to

apply to information gathered from reports filed pursuant to Art. 75 in 2012, and to calculate a projected estimate of the 2013 figures, divided by drug type (cocaine and cannabis).
Delays in reporting, which make it impossible to have complete coverage of the 2013 information flow, have made it necessary to apply correction coefficients.
Using the different methods described above, Table 4.1 provides a summary of groups of subjects in need of treatment, according to different drug types. Overall, we can see a decline in drug use within the population, reflected in the estimate of subjects in need of treatment.

Summary of subjects in need of treatment

Table 4.1: Prevalence estimates of subjects in need of treatment, by drug type. The years 2012 – 2013

Drug Type	The year 2012		The year 2013		Sources
	Subjects	Prevalence x 1,000 pop.	Subjects	Prevalence x 1,000 pop.	
Heroin	173,692	4.5	168,293	4.3	Ministry of Health
Cocaine	105,439(1)	2.7	89,953(2)	2.3	Ministry of the Interior
Cannabis	159,045(1)	4.1	186,315(2)	4.8	Ministry of the Interior
Other drugs	23,308	0.6	16,368	0.4	Ministry of Health
Total	461,484	11.9	460,929	11.9	

Source: Ministry of Health and Ministry of the Interior
(1) Ministry of the Interior information flow, 2012
(2) Estimate of 2013 figures, based on Ministry of the Interior information flow for 2012

If we compare the estimated numbers of subjects in need of treatment with the estimated number of subjects receiving treatment from services, divided by drug type, we find that over 70% of opiate users are receiving treatment from drug addiction services. For other drugs, however, the percentage of the total number of high-risk drug users receiving treatment is no higher than 30%. Cannabis is the drug for which the lowest number of users in need of treatment are actually receiving treatment (less than 10%).

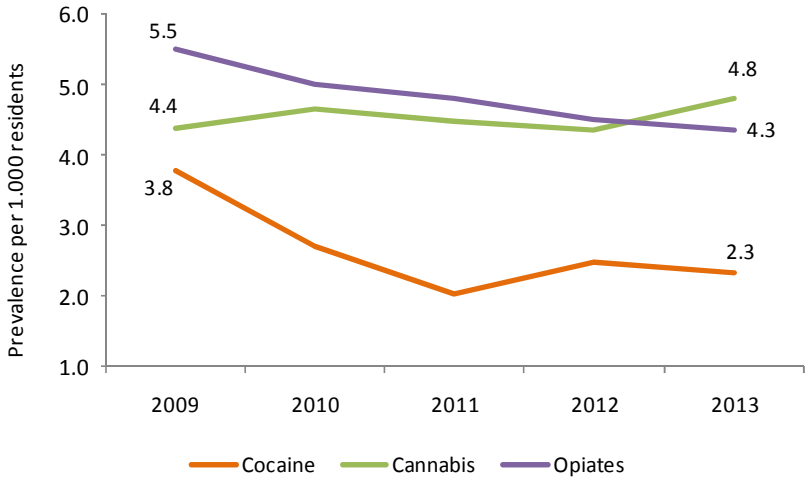
Table 4.2: Estimates of subjects in need of treatment and of subjects in care of services, by drug of use. The year 2013

Drug Type	Subjects in need of treatment	Subjects in treatment	Percent of subjects in treatment in relation to subjects in need of treatment
Opiates	168,293	117,970	70.1%
Cocaine	89,953	27,884	31.0%
Cannabis	186,315	16,499	8.9%
Other drugs	16,368	2,640	16.1%
Total	460,929	164,993	35.8%

Source: Ministry of Health and Ministry of the Interior

The trend in prevalence estimates over time for the group of subjects eligible for treatment for opiate use fell between 2009 and 2013, a decline owed in part to the greater number of subjects in need of care intercepted by National Health Service facilities, and due in part to the introduction of the new information system.

Figure 4.2: Prevalence estimates per thousand residents aged 15-64. The years 2009 – 2013



Source: Ministry of Health and Ministry of the Interior

If we examine patterns in prevalence of cocaine users per 1,000 population, we find that, in comparison with the 2009 start value, there was a significant drop in prevalence in the two-year period spanning 2010-2011, while the number remained stable in the subsequent two-year period from 2012-2013.
Turning our attention to cannabis, on the other hand, we find that numbers of users per 1,000 population remained largely stable from 2009-2013.Indeed, the figure rose only slightly from 4.4 (per thousand population) in 2009 to 4.8 in 2013.
Figures for cannabis and opiates are very similar, while prevalence figures for cocaine were found to be considerably lower in comparison to the other two drugs. In fact, in 2013, the number of cannabis users per thousand population stood at 4.8, the number for opiate users stood at 4.3, but at only 2.3 per thousand population for cocaine users.

4.2 Prevalence and trends in HRDU

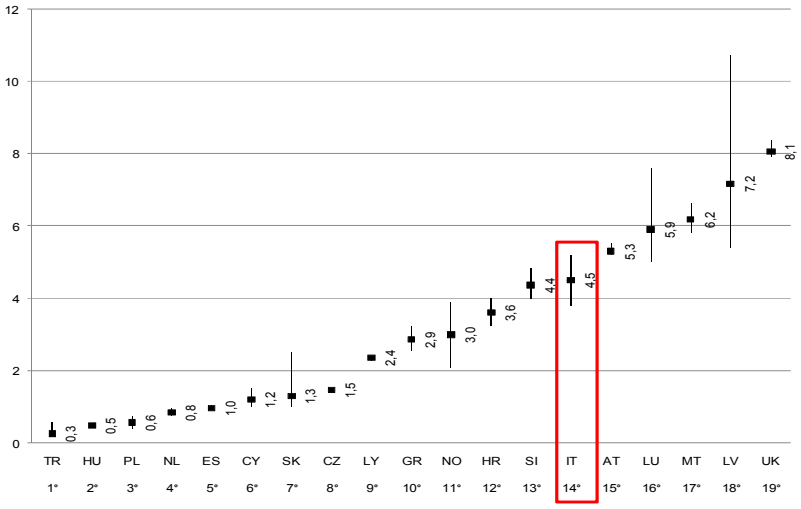
4.2.1 Estimates of the number of high-risk drug users requiring treatment for use of opiates

Methodological guidelines

In view of the greater homogeneousness of the population of possible clients in treatment for the regular, long-term or injecting use of opiates (heroin and/or other opiates) in comparison with subjects who use other types of illegal drugs, the simple multiplier method listed in the EMCDDA guidelines was used to estimate this population's size.

The multiplier value for clients in need of treatment for opiate use was obtained by combining values at local levels, as estimated in 2013, for the Regions of Abruzzo, Basilicata, Apulia, Sardinia, Sicily (ASL [Local Health Authority] of Palermo, ASL of Syracuse, ASL of Enna and ASL of Ragusa), Veneto (ASL of Verona), A.P. of Bolzano, Lombardy (ASL of Varese) and the Bologna metropolitan area; twelve local estimates are available.

Figure 4.3: Prevalence estimates of subjects in need of treatment for opiate use (per thousand residents aged 15-64). Most recent data available, from 2007

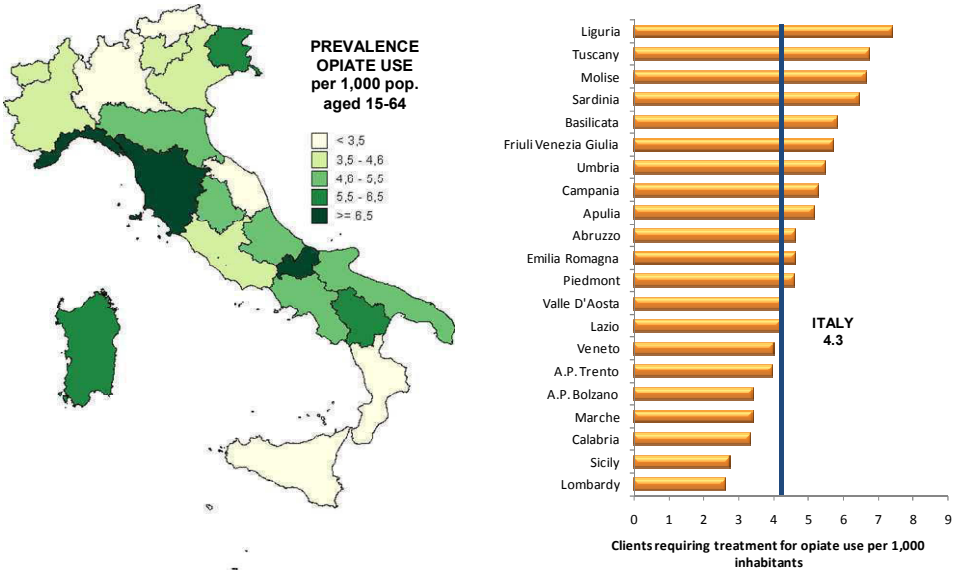


Source: EMCDDA European Drug Report 2014

If we compare Italian figures with those of other European nations, we find that Italy is at 14th place for the number of subjects in need of treatment for opiate use (per thousand population) (2012 figures). The highest figure can be found in the United Kingdom, where the number of subjects in need of treatment for opiate use stands at 8.1 per thousand population.

There are n estimated 168,000 opiate addicts in Italy; in other words, 4.3 per thousand residents (15-64 years of age)

Figure 4.4: Prevalence estimates (per thousand residents aged 15-64) of subjects requiring treatment for opiate use. The year 2013



Need of treatment for opiate use: The most affected regions: Liguria, Tuscany and Molise

The least affected regions are: Calabria, Sicily and Lombardy

Source: Ministry of Health

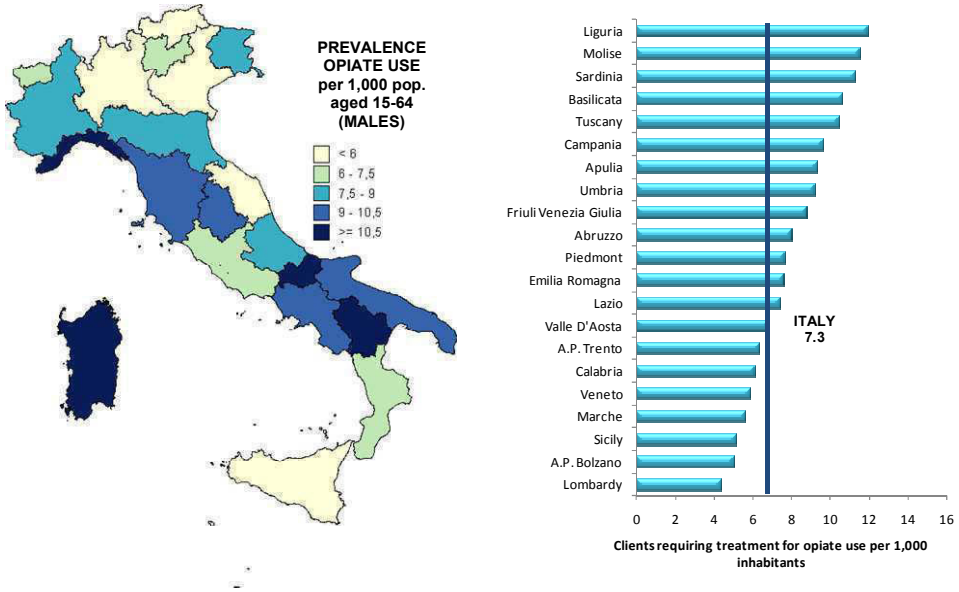
In 2013 (ST 7 opiates), it is estimated that there were over 168,000 subjects in need of treatment for primary use of opiates in Italy, equal to a prevalence of 4.3 per thousand residents between 15 and 64 years of age.

Regional prevalence estimates vary widely

An analysis of regional estimates (Figure 4.4) shows the highest prevalence levels in Liguria (7.4 cases per 1000 residents), Tuscany and Molise (6.7 cases per 1000 residents). The regions with the lowest prevalence levels were Lombardy (2.6 cases per 1000 residents between the ages of 15 and 64), Sicily (2.7 cases per 1000 residents) and Calabria (3.3 cases per 1000 residents).

If we consider estimates of high-risk 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 (7.3 vs. 1.4 subjects per 1000 residents 15-64 years of age), while regional prevalence distribution also brings to light some differences between the two gender profiles.

Figure 4.5: Prevalence estimates (per thousand residents aged 15-64) of males requiring treatment for opiate use. The year 2013



Males (aged 15-64) in need of specific treatment for opiate use: Liguria, Molise, Sardinia, Basilicata

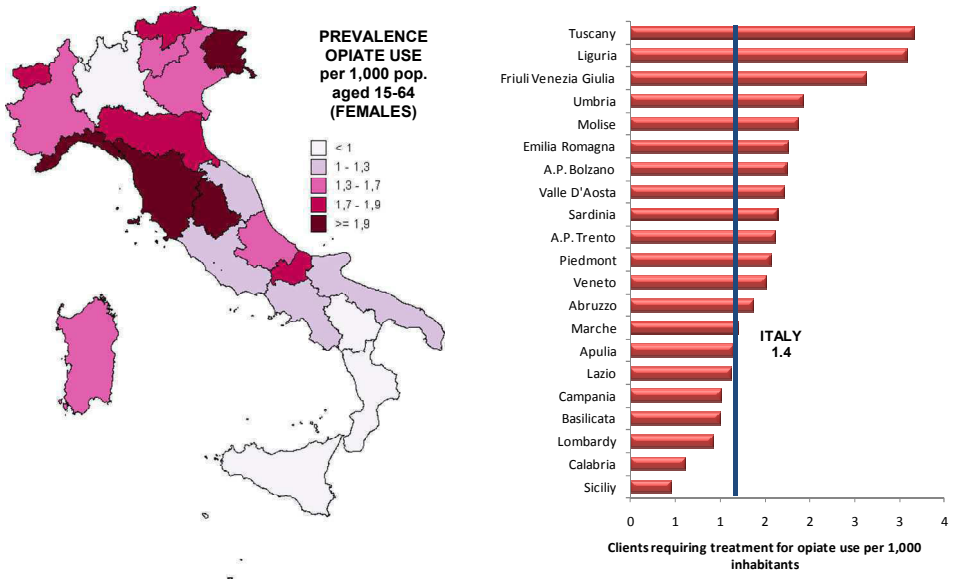
The least affected regions: Lombardy, A.P. Bolzano, Sicily

Source: Ministry of Health

The regions with the largest populations of males in need of treatment are Liguria, Molise and Sardinia, while the regions where the phenomenon is least prevalent are Lombardy, the Autonomous Province of Bolzano and Sicily.

Distribution of the female population, on the other hand, shows greater numbers in need of treatment in Tuscany, Liguria (3.0) and in Friuli Venezia Giulia, while the Southern Regions (Calabria, Sicily, Basilicata, Campania and Apulia), Lombardy and Lazio appear to be less affected by the phenomenon.

Figure 4.6: Prevalence estimates (per thousand residents aged 15-64) of females requiring treatment for opiate use. The year 2013



Females (aged 15-64) in need of treatment for opiate use:

The most affected regions: Tuscany, Liguria, Friuli Venezia Giulia, Umbria

The least affected regions were found to be: Sicily, Calabria, Lombardy, Basilicata

Source: Ministry of Health

4.3 Characteristics of high-risk drug users

4.3.1 Estimates of numbers of high-risk drug users requiring treatment for use of cocaine

Estimate of high-risk cocaine use

As was mentioned earlier, multiple-source information capture-recapture methods, which have provided excellent results when estimating numbers of heroin and opiate users in need of treatment, are not reliable for estimating numbers of cocaine and stimulant users. It is for this reason that, 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.
It is possible, however, to use this method to obtain population estimates which can be used as proxies for the one in question.

Methodological criteria for estimating HRDU

The Department for Anti-drug Policies used this latter method to estimate populations of cocaine users. It also used Ministry of the Interior records of subjects reported for drug possession for personal use, cocaine possession specifically, under Art. 75 of DPR 309/90.
Population estimates were obtained using the truncated Poisson model and by calculating Horvitz-Thompson, Chao and Zelterman estimators and their relative confidence intervals.

We must recall that the population being estimated is not the total population of users of a particular drug, but only those at risk of being reported under Art. 75.

Parameters for correcting the estimate

Regarding parameters for correcting the estimate, based on previous evaluations of locations where reports were filed[4], it can be estimated that subjects who have already been reported and who are at risk of being

[4] The presentation can be viewed at: http://www.urbandrugpolicy.com/en/catalogue/detail/6/175/-

reported again account for 38% of the total population of cannabis users and 30% of the total population of cocaine users.

Table 4.3: Zelterman estimates for cocaine user population sizes, Already Known users, and relative confidence intervals, by geographic area. The year 2013

Geographic area	Total reported	Cocaine users (Zelterman)		
		Estimate	Min (CI 95%)	Max (CI 95%)
Already reported in previous years				
North-eastern Italy	156	3,099	1,002	5,196
North-western Italy	309	7,039	3,102	10,976
Central Italy	270	3,229	1,836	4,621
Southern Italy and the Islands	443	11,434	5,691	17,178
Total	1,178	24,801	11,630	37,972
Estimate without division by geographic area	1,178	22,430	16,605	28,255

Source: Central Directorate for Documentation and Statistics (CDDS) – Ministry of the Interior

Estimate of cocaine users in need of treatment: 90,000 subjects between the ages of 15 and 64

Based on an the estimate of the population of already-known cocaine users at risk of being reported, a coefficient multiplier was applied (risk of being reported 30%, notification delay 5%), which was certainly cautious, in order to correct the estimate for the year 2013, obtained as the average of the estimates calculated using the Horvitz-Thompson, Zelterman and Chao methods. The estimate of cocaine users in need of treatment for the year 2013 was found to be approximately 90,000 subjects between the ages of 15 and 64, with variance from confidence intervals ranging from 44,000 to 136,000 subjects.

Table 4.4: Horvitz-Thompson, Zelterman and Chao estimates for the size of the population of COCAINE users, Already Known, and relative confidence intervals. The year 2013

	Cocaine Users				
	Reported	Estimate	Min (CI 95%)	Max (CI 95%)	Corrected estimate
Already reported in previous years					
Horvitz-Thompson	1,178	25,601	12,701	38,500	91,843
Zelterman	1,178	24,801	11,630	37,972	88,974
Chao	1,178	24,820	12,269	37,370	89,041

Source: Central Directorate for Documentation and Statistics (CDDS) – Ministry of the Interior

4.4 Intensive, frequent, long-term and other high-risk forms of use

4.4.1 Estimates of numbers of high-risk drug users requiring treatment for use of cannabis

Estimate of high-risk cannabis use

The same methodology employed to obtain estimates of cocaine users in need of treatment was used to obtain estimates of populations which could be taken as proxies for the population now in question, which is that of cannabis users in need of treatment.

Methodological criteria for estimating HRDU

An application of the truncated Poisson model to data from Ministry of the Interior files regarding reports filed under Art. 75 of DPR 309/90 for possession of drugs for personal use, specifically cannabis, and the use of

Horvitz-Thompson, Chao and Zelterman estimators and their relative confidence intervals, produced the desired population estimates.

Table 4.5: Horvitz-Thompson, Zelterman and Chao estimates for the size of the population of CANNABIS users, Already Known, and relative confidence intervals. The year 2013

	Cannabis Users				
	Reported	**Estimate**	**Min (CI 95%)**	**Max CI 95%)**	**Corrected estimate**
Already reported in previous years					
Horvitz-Thompson	6,004	68,338	54,921	81,755	193,549
Zelterman	6,004	64,424	50,522	78,327	182,464
Chao	6,004	64,589	51,805	77,373	182,931

Source: Central Directorate for Documentation and Statistics (CDDS) – Ministry of the Interior

If we correct the estimates of cannabis users reported in previous years (recidivist), using the information on the proportion of the population at risk of being reported (38%) and the reporting delay (5%), we obtain an estimate of projected 2013 figures for high-risk cannabis users. This estimate was calculated based on the average of the results obtained when applying the three methodologies described above. It provides us with a figure for the number of users which stands at 186,000, with a variance in estimates ranging from a minimum of 148,000 to a maximum of 224,000 users.

Estimate of number of cannabis users in need of treatment: 186,000 subjects between 15-64 years of age

5. TREATMENT DEMAND AND TREATMENT AVAILABILITY

Information about treatment demand on the part of drug users, in accordance with European standards for the data organisation system employed, provides a profile which can be used to frame policies and strategies for the treatment of drug addicted subjects. This profile can also be used to determine organisation of the social and healthcare services throughout the country and provide useful information about the epidemiological characteristics 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 designed and implemented in accordance with regulations currently in force for monitoring the activities of the Services network.

Information flows and data sources

Specifically, information useful for developing both 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). Meanwhile, Part 2 of the same questionnaire is used to gather data about the monitoring of the quality of treatments provided. These instruments were sent to all the Regions and Autonomous Provinces for completion during the course of 2014, in order to collect data regarding the 2013 situation.

Information on the organisation of the network of local services and the treatments provided by them, as well as information regarding the clients of those services, comes from the information flow of the Ministry of Health, known by the acronym SIND (the National Information System on Addictions), in accordance with D.P.R. 309/90.

5.1 General description, availability & quality assurance: Strategy/policy

The National Action Plan on Drugs 2010 - 2013

Nationwide strategies 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 these is devoted to the treatment and diagnosis of drug addictions (early outreach, reception centres, appropriate diagnoses and treatment and the concomitant prevention of drug-related diseases).

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

The National Action Plan's approach to the treatment of Drug Addiction

With regard to the treatment of drug addictions, 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 drug addiction 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 that address the prevention of drug-related diseases, which are complementary, but not alternative, to the treatment itself.

In 2013, a full ten Regions (Basilicata, Friuli Venezia Giulia, Liguria, Lombardy, Marche, A.P. of Trento, Sardinia, Umbria, Valle d'Aosta and Veneto) presented satisfactory results with regard to their degrees of actualization of the National Action Plan on Drugs (NAPD), while the Regions of Molise, Calabria and Abruzzo had the lowest average degrees of goal actualization. No data was received from Emilia-Romagna or Tuscany.

One goal achieved by all the Regions was the establishment of free choice of the means of/places of treatment of drug addicts (100% of Regions achieved the highest degree of actualization). The goal with the second-widest degree of actualization was the implementation of programmes to improve the management of patients with drug-related psychiatric conditions (84% of Regions achieved the highest degree of actualization). In third place was the goal of guaranteeing the existence of organizational conditions suitable for ensuring that care and treatment systems function properly (74% of Regions achieved the highest degree of actualization).

The highest degree of actualization for the goal of promoting the integration of public and private drug addiction and treatment services was to be found in the North (88% of Northern Regions). The same is true of the goal related to the implementation of programmes designed for patients who are polydrug users (88% of Northern Regions), the goal of increasing the speed with which drug addicts are taken into treatment (63% of Northern Regions), and that of reducing acute drug-related death (100% of Northern Regions). Moreover, routine activities whose purpose is the experimental implementation of initiatives to address new types of addictions were found to exist only in Northern Italy, in a full 6 Regions in that geographic area (Piedmont, Lombardy, Veneto, Friuli Venezia Giulia, the Autonomous Province of Trento and Valle d'Aosta).

In Central Italy, numbers were good for the goals involving research into ways to reform drug addiction services to make them better suited to the phenomenon as it exists in Italy (actualized in 67% of the Regions of Central Italy) and achieving a reduction in the potential for treatments to become chronic (67% of Central Regions). Lastly, routine activities exist in all the Regions in Central Italy for the actualization of two goals: the creation of an organization whose purpose is to guarantee suitable treatments; improving the quality and effectiveness of treatments.

In Southern Italy and the Islands, on the other hand, data was entirely lacking for some of the Action Plan goals, while there are a number of goals for which the Regions in that geographic area have not yet implemented any projects nor taken any action for the purpose of doing so.

5.2 General description, availability & quality assurance: Treatment systems

5.2.1 Organisation and quality assurance

On 31 December 2013, according to sources from the Ministry of Health and Ministry of the Interior, there was a network of 1,604 active social-healthcare facilities devoted to the treatment and rehabilitation of individuals with treatment needs associated with drug use. Of these, 645 (40.2%) were Local Public Drug Addiction Service Units (SerT), while the remaining 959 were social-rehabilitation facilities, for the most part residential (66.9%), followed by semi-residential facilities (18.6%) and outpatient service units (14.5%), percentages which are very similar to those found in 2012 (the total number of social-rehabilitation facilities is the same).

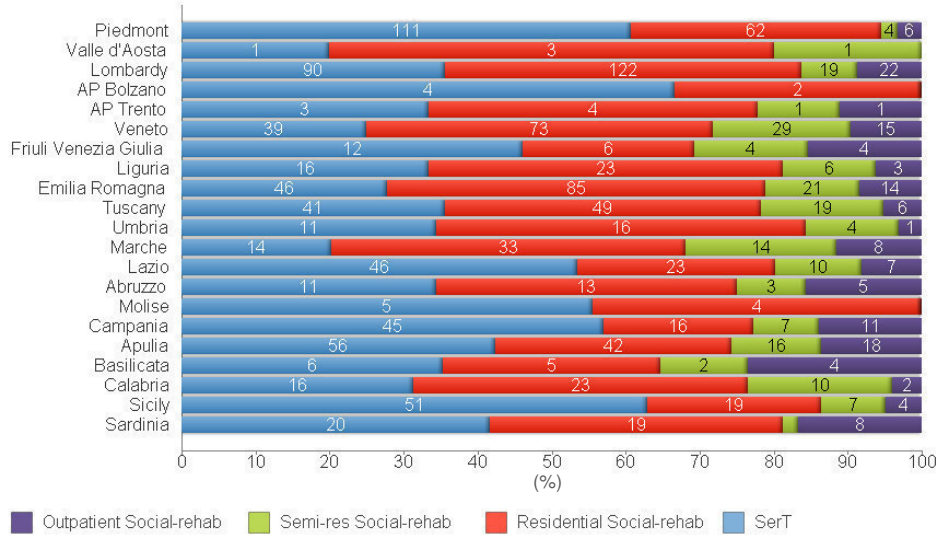
1,604 treatment facilities, of which:

645 SerTs (Local Public Drug Addiction Service Units)

959 social-rehabilitative facilities, of which 66.9% residential therapeutic communities

As far as regards the distribution of public healthcare facilities versus those belonging to private non-profits, we find that there are greater percentage distributions of Local Public Drug Addiction Service Units (SerT) in the Autonomous Province of Bolzano, in Sicily, in Piedmont and in Campania (Figure 5.1).

Figure 5.1: Distribution of health and social services facilities for drug addicts, by type and by region. The year 2013



Source: Ministry of Health; Department for Civil Administration Personnel Policies and for Instrumental and Financial Resources – Ministry of the Interior

During the first six months of 2014, the annual survey regarding the recognition of private non-profit facilities (Auxiliary Entities which have received accreditation or authorisation pursuant to Articles 115 and 166 of D.P.R. 309/90) and of public facilities (with reference to the situation as it stood in 2013) was conducted by Regional Authorities. The facilities in question are those of a diagnostic-therapeutic-rehabilitative nature, as set forth in the State-Regional Accord Act of 5 August 1999. From information gathered from all the Regions and Autonomous Provinces by means of a

The State-Regional Accord Act of 5 August 1999

specific online platform created by the Department for Anti-drug Policies, it was found that there were a total of 4 residential and semi-residential diagnostic-therapeutic-rehabilitative facilities which had not been or could not be entered into the records required by the State-Regional Accord, 35 less than in the previous year (Table 5.1).
The numbers of private residential and semi-residential facilities for collective pathological addictions also fell (respectively 92% and 86% less than in 2012). Conversely, the number of private services which fall under the category of "Reception" services in the Framework for the Accord Act rose, with residential facilities increasing from 24 in 2012 to 115 in 2013, and semi-residential facilities increasing from 11 in 2012 to 25 in 2013.

Table 5.1: Diagnostic-therapeutic-rehabilitative facilities, in accordance with the Framework for State-Regional Accord Act of 5 August 1999, by type of facility and type of treatment provided. The years 2012 – 2013

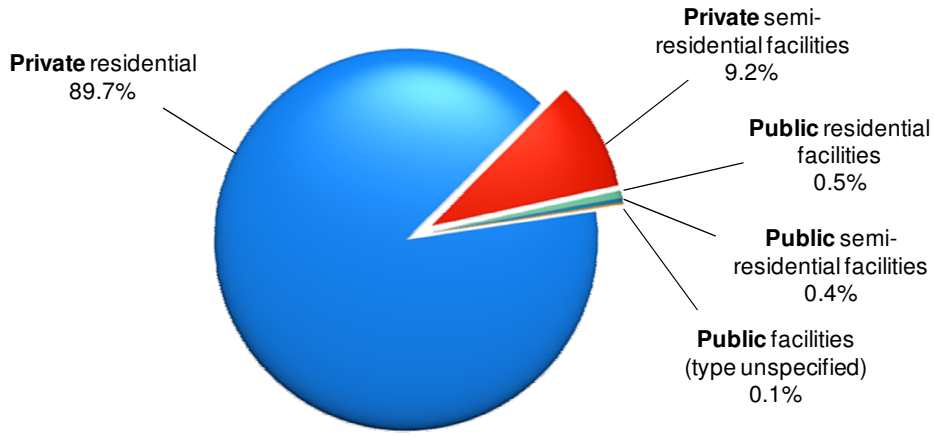
	Private diagnostic-therapeutic-rehabilitative facilities		
	2012	**2013**	**Δ %**
Collective pathological addictions (not included or impossible to include in the Framework for the Accord Act study)	39	4	-89.7
Reception services Art.11	35	140	300.0
Therapeutic-rehabilitative services Art.12	384	1,712	345.8
Specialised treatment services Art.13	158	598	278.5
13 a) Dual diagnosis	50	204	308.0
13 b) Mother with child	24	113	370.8
13 c) Alcoholics	29	243	737.9
13 d) Cocaine addicts	5	7	40.0
13 e) Pathological gamblers	2	7	250.0
13 f) Minors	6	3	-50.0
13 g) Couples	1	2	100.0
13 h) Crisis centres	14	1	-92.9
13 i) AIDS assisted-living communities	17	3	-82.4
13 l) Other	10	15	50.0
Pedagogical-rehabilitative services Art. 14	146	442	202.7
Integrated multi-disciplinary services Art. 15	12	10	-16.7
Other accredited programmes	103	2	-98.1
Total	877	2,908	231.6

Source: Regions and Autonomous Provinces

There were a total of 32 public diagnostic-therapeutic-rehabilitative facilities (residential, semi-residential and type-unspecified) in the Regions participating in the study Principally, 18.7% are therapeutic-rehabilitative facilities and 53.1% are specialised treatment facilities. Of the specialized treatment facilities, 41.2% provide treatment to dual-diagnosis patients, 23.5% to alcoholics and 17.6% provide other types of treatment.

With regard to quality control and the monitoring of treatments provided, during the first half of 2014, the Regions and Autonomous Provinces were asked to complete the SQ 27 Structured Questionnaire, Parts 1 and 2. The objective was to collect information on the existence – on a regional / individual-service-provider level – of protocols / procedures / guidelines for the assessment of the quality of treatments provided by addiction services.
The survey was divided into three parts: Firstly, Guidelines for evaluating the quality of treatment; secondly, Monitoring and assessment; and, lastly, the Development, sharing and implementation of "best practices".

Figure 5.2: Percentage distribution of diagnostic therapeutic and rehabilitative public and private facilities in accordance with the Framework for the State-Regional Accord Act of 5 August 1999. The year 2013



Source: Regions and Autonomous Provinces

Guidelines for assessing treatment quality

A wider application of guidelines

Guidelines as a tool for assessing treatment quality are slowly beginning to be more widely applied in all of the Regions and Autonomous Provinces. Guidelines exist for pharmacological treatment in 53.8% of Regions and APs, while guidelines for integrated psycho-social treatment exist in 46.2%. For psycho-social treatment and other types of treatment, guidelines exist in 30.8% of Regions and APs (Figure 5.3).
Only in 30% of cases is information regarding such guidelines unavailable.

Very low compliance with obligatory application of guidelines

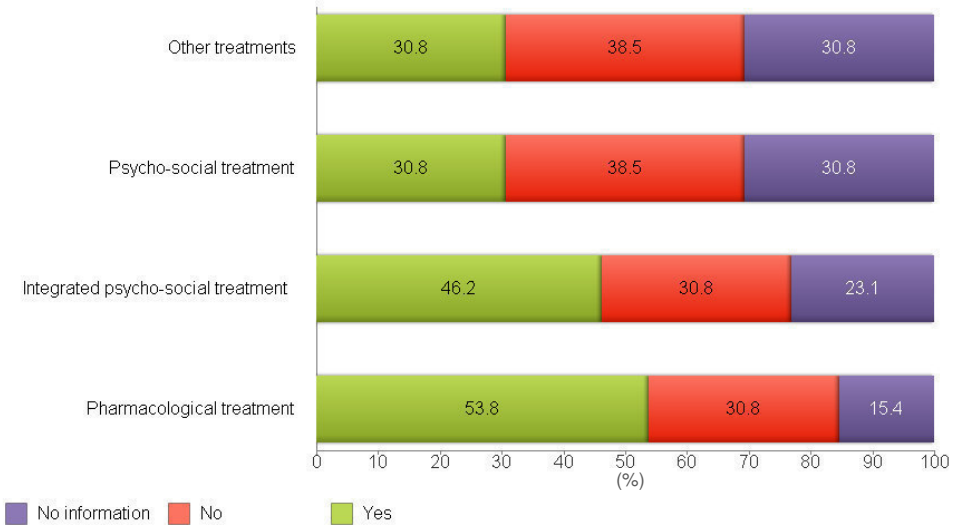
Despite the fact that the application of quality assessment guidelines is obligatory when providing treatments and is a prerequisite for obtaining funding for these services, only a very small number of Regions comply and sometimes, as in the case of funding for psycho-social treatment, none comply at all.

Very little information made available by the Regions and Autonomous Provinces

The Regions and Autonomous Provinces were asked to provide further information about guidelines, concerning specifically: "the inclusion of aspects/criteria of treatment protocols in guidelines"; "description of required documentation for the assessment of treatment quality including admission/discharge information, outcome, client and personnel satisfaction"; "the manner in which guidelines for assessing treatment quality were created"; whether or not "reference regulations" existed. With regard to these topics, the amount of information available has always

been scant and the response to requests for data has been, for the most part, nil.

Figure 5.3: The existence of official documents for the assessment of treatment quality. The year 2013



Source: EMCDDA questionnaires provided to the Regions

Monitoring and assessment

Assessments of treatment results not widely applicable

At the Regional level, there are still very few assessments of various treatment types, whether they be psycho-social, integrated psycho-social or pharmacological, which have comparable outcomes, and these are only conducted by approximately a third of Regions and Autonomous Provinces, while a full 53.8% of Regions and APs declare such assessments to be inapplicable.

The national project on pharmacological substitution treatment Outcomes

On the central level, however, the amount of attention devoted to the quality and effectiveness of the pharmacological treatments used by professionals responsible for the care of subjects who use drugs has increased significantly in recent years. With this purpose in mind, the Department for Anti-drug Policies (DPA) has launched the "Outcome" project. Through a network of operative units, this project also aims to encourage the development, monitoring and sharing of assessments of the outcomes of pharmacological treatments provided to drug-using service clients by social-healthcare facilities. What follows are the principal results based on 2012 data.

Macro-level outcome indicator: No. of days drug-free during treatment

In order to better assess the effectiveness of pharmacological treatments provided, the clients were subdivided into three categories according to the indicator of the number of "days drug-free". This is intended to mean the ratio of total number of days in treatment with negative morphinuria results to the overall total number of days in treatment. To be specific, the number of days in treatment with negative morphinuria results is calculated based on the assumption that all the days between two negative test results are negative. When one of two consecutive test results are positive, then only half of the days between those two tests are

considered to be days with negative morphinuria results.
The criterion used makes it possible to stratify clients into three categories. "Responders" are those with a percentage of drug-free days in treatment higher than 60%. "Low responders" have a percentage of between 30% and 60%. Lastly, the "No responders" have less than 30% of drug-free days in treatment (Table 5.2).

Table 5.2: Stratification of clients by degree of response to pharmacological treatment

	No Responder	Low Responder	Responder
Percentage of days drug-free	< 30%	30-60%	> 60%

Source: DPA Outcome Project

A total of 11,627 clients in the care of healthcare facilities were taken as a sample group over a period of at least thirty days, of which 8,705 in methadone treatment and 2,922 in buprenorphine treatment (Table 5.3).
An analysis of the socio-demographic characteristics of these clients reveals that the majority are male (9,724, 83.6%) and of Italian nationality (11,333, 97.5%), with significant differences if we take into account the type of pharmacological treatment being received.

Table 5.3: Subjects receiving pharmacological treatment with methadone and buprenorphine, by gender and nationality. The year 2012

	Buprenorphine		Methadone		Total	
Gender	**No.**	**%C**	**No.**	**%C**	**No.**	**%C**
Male	2,568	87.9	7,156	82.2	9,724	83.6
Female	354	12.1	1,549	17.8	1,903	16.4
Total (%R)	2,922	25.1	8,705	74.9	11,627	100.0
Nationality						
Italian	2,864	98.0	8,469	97.3	11,333	97.5
Foreign	27	0.9	158	1.8	185	1.6
Unknown	12	0.4	32	0.4	44	0.4
Not applicable*	19	0.7	46	0.5	65	0.5
Total (%R)	2,922	25.1	8,705	74.9	11,627	100.0

** Clients wished to remain anonymous and so this information was not collected.*

Source: DPA Outcome Project

If we concentrate our analysis on the pharmacological treatments, we find that the majority of subjects seem to respond to them (74.5% of subjects receiving methadone treatment and 87.4% of subjects receiving treatment with buprenorphine) (Table 5.4). Broadly speaking, there are no significant differences between male and female subjects within these two types of pharmacological treatments, with the vast majority of subjects receiving both types of treatments being male. In order to conduct an in-depth analyses on the outcome of pharmacological treatments, not only from the standpoint of the quality of the information thus obtained, but also from the point of view of statistical analyses, a record layout was created based on individual client data, intended for implementation within the information systems of the operative units.

It we compare the percentage of days with negative morphinuria results (drug-free days in treatment) by type of pharmacological treatment within the entire sample group, it appears that clients receiving buprenorphine

treatment respond better to the treatment than those receiving methadone. In fact, 88.8% of days in treatment with buprenorphine were drug-free, in comparison with 77.9% for the clients undergoing treatment with methadone (Table 5.5).

Table 5.4: Subjects receiving treatment with methadone and buprenorphine, by gender and type of response to treatment. The year 2012

	No Responder		Low Responder		Responder		Total	
Methadone	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Male	1,040	83.1	779	80.6	5,337	82.3	7,156	82.2
Female	212	16.9	187	19.4	1,150	17.7	1,549	17.8
Total (%$_R$)	**1,252**	**14.4**	**966**	**11.1**	**6,487**	**74.5**	**8,705**	**100.0**
Buprenorphine								
Male	154	84.2	164	88.6	2,250	88.1	2,568	87.9
Female	29	15.8	21	11.4	304	11.9	354	12.1
Total (%$_R$)	**183**	**6.3**	**185**	**6.3**	**2,554**	**87.4**	**2,922**	**100.0**
Total								
Male	1,194	83.2	943	81.9	7,587	83.9	9,724	83.6
Female	241	16.8	208	18.1	1,454	16.1	1,903	16.4
Total (%$_R$)	**1,435**	**12.3**	**1,151**	**9.9**	**9,041**	**77.8**	**11,627**	**100.0**

Source: DPA Outcome Project

74.5% of patients undergoing treatment with methadone respond well to treatment

87.4% of patients undergoing treatment with buprenorphine respond well to treatment

Table 5.5: Outcomes of the principal pharmacological treatments for heroin addiction. The year 2012

Treatment	Subjects	∑ days of treatment received	Average duration of treatment	Average dose/subject/day	∑ days with negative morphinuria results		∑ days with positive morphinuria results		Perc. tested %*[2]	Perc. treated %*[3]
	No.	days	days	mg	days	%*[1]	days	%	%	%
Buprenorphine	2,922	707,891	242	7.8	628,845	88.8	79,047	11.2	83.3	67.6
Methadone	8,705	2,210,311	254	50.8	1,722,077	77.9	488,235	22.1	82.1	68.7
Total	11,627	2,918,202	251	-	2,350,922	80.6	567,281	19.4	82.4	68.4

*[1] percent of total days in treatment
*[2] average urine test compliance, expressed as a percentage, calculated based on the number of urine tests actually performed in relation to the number that had been scheduled.
*[3] average treatment participation, expressed as a percentage, calculated based on the number of doses of substitution drug provided in relation to the number that had been prescribed.

Source: DPA Outcome Project

Good response to integrated pharmacological treatments: 80.6% of treatment days were drug-free

Development, sharing and implementation of "best practices"

Best practices are still in an embryonic stage. Only three regions reported implementing continuing education courses for psychologists, and this is the best case. Platforms (online portals) providing professional protocols (knowledge, insights and expertise) for professionals are even less widespread.

Very little sharing of "best practices"

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 equipped to provide out-patient treatments

Preface on the types of treatment provided

(SerTs: Local Public Drug Addiction Service Units), residential treatment (Social-Rehabilitative Facilities) or healthcare services for prison inmates. The Local Public Drug Addiction Service Units (SerTs) handle all those individuals whose social-healthcare treatment needs are linked to the use of narcotic or psychotropic drugs. Facilities differentiated by drug types for which social-healthcare treatment is required do not generally exist, although treatment programmes are 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, in accordance with international treatment protocols and the laws in force (Art. 122 of D.P.R. 309/90).

Treatments broken down according to EMCDDA categories: anti-withdrawal, pharmacologically assisted, drug-free

The European Monitoring Centre for Drugs proposes that treatment programmes be broken down into three categories, each further subdivided based on its context of application. Specifically, treatments are divided as follows: non-specific, non-substitution anti-withdrawal treatments; "pharmacologically assisted" treatments employing specific therapies; "drug-free" treatments; "abstinence-oriented" treatments.
Pharmacological treatment is further subdivided into two subcategories: treatments with substitution drugs (methadone and buprenorphine) and treatment with antagonists.
According to the EMCDDA, each of the above-mentioned types of treatments can be carried out in outpatient, inpatient or residential facilities or in the clinics of general practitioners.
Generally speaking, these classifications of treatment exist in Italy as well, although the places where they are provided differ. Pharmacological treatments are rarely provided by general practitioners and inpatient facilities generally assist clients in the event of acute episodes.
75.0% of Regions participating in the study had launched programs targeting children and adolescents and high-risk drug users with a dual diagnosis.
On the other hand, specific treatment programs targeting ethnic groups in need of treatment existed in only 37.5% of Regions and only 18.8% had launched programs for other groups of people with high-risk drug use.
The availability of services offered was given an overall positive assessment. The only treatments which also had poor assessments were those targeting immigrants with problems of high-risk drug use, those targeting children and adolescents, as well as gender-specific treatment initiatives.

Positive results regarding the accessibility of treatment services

Accessibility received a consistently positive rating from the Regions and Autonomous Provinces, with nine out of ten cases receiving a rating of excellent in at least 15% of cases. Only 17% ranked accessibility as being low (for immigrants with problems of high-risk drug use).

The introduction of the SIND (National Information System on Addictions) information flow, which substituted the previous flow of data on treatments (ANN 03), profoundly changed the way in which data on the activities of drug addiction services were collected and organized. This is in line with the new health information system's inherent objective of focusing less on the type of treatment dispensed and more on the type of services provided to patients as a means to directly measure the 'product' dispensed by the operative units. This approach is part of a new assessment profile which aims to go beyond a mere tally of services dispensed. Rather, it links those services with the duration of treatment in order to obtain some indicators of the output provided per "equivalent" patient by use of the

concept of the patient in “person years”. This makes the indicator more homogeneous, and it is thus easier to compare the activities of different operative units.
This indicator, together with others used to monitor outcomes of pharmacological treatments, makes it possible to identify those output profiles which best represent effectiveness of treatments dispensed (measurement of outcomes in terms of effectiveness). Moreover, these can be used to assess how efficiently resources have been allocated in relation to, among other factors, the treatment outcomes obtained.

The macro service categories of the SIND information flow

Based on the data collected by addiction services and recorded in the “services provided” archive of the SIND information flow, it is possible to record sixteen types of macro service categories for each client. Each of these macro categories can be further broken down into sub-categories by operative units, in order to better describe activities conducted.
Different types of services dispensed to each patient during the period of reference can be recorded under the profile with which each patient is provided. An analysis of the distribution of patients by macro-category of services provided, where a patient can be counted once for each type of service he or she received, shows that, in 2013, each patient was provided with an average of 3 to 4 different types of macro-services (specifically, 3 for patients receiving psycho-social-rehabilitative treatment and 4 for patients receiving integrated pharmacological treatments.

When we draw a distinction between clients undergoing psycho-social-rehabilitative treatment and those in integrated pharmacological treatment, we find that 50.6% of patients were receiving integrated pharmacological treatment, in comparison with 51.3% in 2012. An analysis of the distribution of clients receiving integrated pharmacological treatment by region shows that a full thirteen regions have a higher figure than the Italian national percentage (50.6%); of these, three that stand out in particular are Valle d’Aosta (82.6%), Campania (81.9%) and Umbria (77.5%).
Low percentages, much lower than the national average, can be found in Lombardy (32.2%), in the Autonomous Province of Bolzano (25.2%) and in Piedmont (3.7%); these numbers appear not to reflect the actual number of pharmacological treatments being provided but, rather, the fact that only a part of these have been recorded.
Continuing with an analysis of services provided to these two separate groups of patients (those in psycho-social-rehabilitative treatment and those receiving integrated pharmacological treatment) the average number of services received was calculated for both. Patients in the first group each received an average of 25 services during the period of reference, a figure which deviates greatly from the average in other Regions. Indeed, in the Autonomous Province of Bolzano, each patient undergoing psycho-social or rehabilitative treatment received an average of over 110 services during the period of reference, in comparison with maximum numbers recorded in the other Regions: 32.7 services in Piedmont, followed by Veneto and by Sicily (32.3 and 32.0 services received, respectively). These differences may be partially attributed to the incomplete recording of services provided on the part of some regions, and partially to different durations of treatment.

5.3 Access to treatment: Characteristics of treated clients (TDI data included)

The National Information System on Addictions (SIND)

The National Information System on Addictions (SIND) decree

On 11 June 2010 the "Institution of the National Information System on Addictions" was approved by decree of the Ministry of Health. This new information flow contains individual data on subjects receiving care from the addiction services of the Regions and Autonomous Provinces.

Data transmission on the part of the Regions and Autonomous Provinces

By 31 December 2013, not all Regions had adopted the new information flow, and a number of Regions therefore did not provide all the information they were required to produce.
Table 5.6 provides a summary of the transmission of SIND flow information on the part of the Regions and Autonomous Provinces in 2013 (from data gathered in 2012) and up until 16 June 2014 (from data gathered in 2013).

Coverage index of greater than 90%

The 2013 information received from the Ministry of Health, containing data from information flows of the Regional Drug Addiction Services and from Regional Administrations, covers 90% of the services active throughout Italy.

Table 5.6: Transmission of SIND archive data on the part of addiction services, in accordance with the Ministerial Decree of 11 June 2010. The years 2012 – 2013

	SIND flow The year 2012	SIND flow The year 2013
Abruzzo	Complete transmission	Complete transmission
Basilicata	Complete transmission	Complete transmission
Calabria	Partial transmission	Data not received
Campania	Complete transmission	Complete transmission
Emilia-Romagna	Complete transmission	Complete transmission
Friuli Venezia Giulia	Complete transmission	Complete transmission
Lazio	Partial transmission	Complete transmission
Liguria	Complete transmission	Complete transmission
Lombardy	Complete transmission	Complete transmission
Marche	Partial transmission	Complete transmission
Molise	Partial transmission	Data not received
AP Bolzano	Complete transmission	Complete transmission
AP Trento	Complete transmission	Complete transmission
Piedmont	Complete transmission	Complete transmission
Apulia	Complete transmission	Complete transmission
Sardinia	Partial transmission	Data not received
Sicily	Complete transmission	Complete transmission
Tuscany	Complete transmission	Complete transmission
Umbria	Complete transmission	Complete transmission
Valle d'Aosta	Complete transmission	Complete transmission
Veneto	Complete transmission	Complete transmission

Source: SIND flow – Ministry of Health

Focus on TDI data

The TDI tables were formulated and compiled in accordance with TDI protocol 3.0, using data provided by the Regions by means of the SIND individual-client record layout.
The data used to calculate the TDI refer to 92% of the overall total number of clients receiving care from the services which submitted the information.
The subjects taken into consideration for the TDI (based upon European guidelines) are comprised of: 25,834 new subjects and 32,122 returning subjects, meaning that the latter group is already known to services and that they began a new treatment during the course of 2013 (subjects already undergoing their treatments when the year began were not considered). Thus, the overall total sample taken into consideration was comprised of 57,956 subjects, 86% of whom were male and 45% of whom were entering the care of a Local Public Drug Addiction Service Unit (SerT) for the first time.

TDI 3.0 data: 25,834 new 32,122 returning

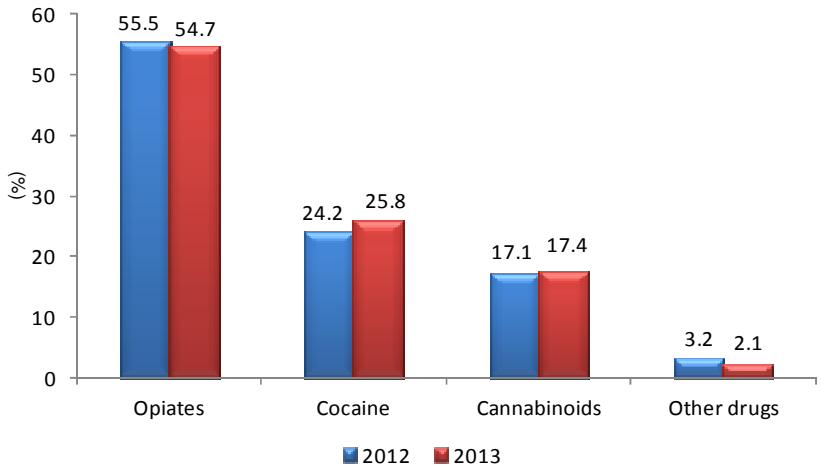
Table 5.7: Subjects in treatment with Drug Addiction Services, by gender and type of subject (new or returning). The year 2013

Subjects in treatment	New clients	%	Returning clients	%	Total
Male	21,864	84.6	27,947	87.0	49,811
Female	3,857	14.9	4,169	13.0	8,026
Unknown/missing	113	0.4	6	0.0	119
Total	25,834	100.0	32,122	100.0	57,956

Source: SIND flow – Ministry of Health

A data-quality analysis of the information received from addiction services showed that data on the primary drug of abuse was not recorded for 43% (approximately half) of clients who began a new treatment during 2013. Consequently, in order to be able to compare this data with that collected in 2012 and with the European profile of the phenomenon, the percentages are based solely upon those clients for whom the primary drug of abuse was recorded.

Figure 5.4: Percentage distribution of clients in treatment with Drug Addiction Services, by primary drug. The years 2012 – 2013

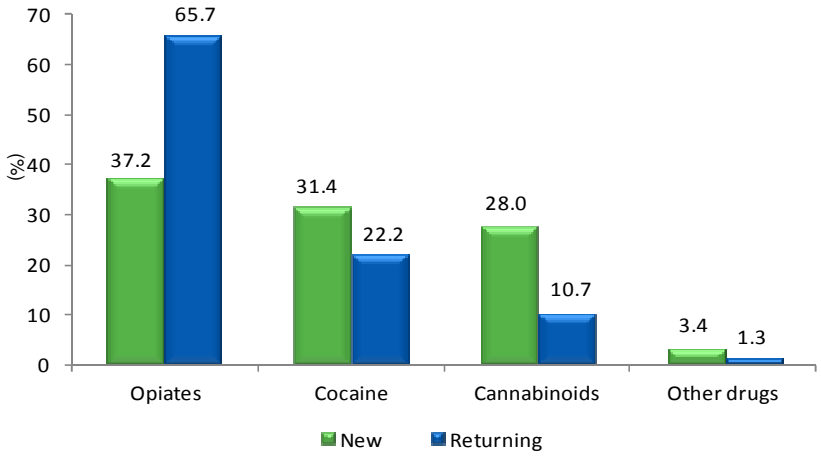


Source: SIND flow – Ministry of Health

Most commonly used primary drugs: 54.7% heroin, 25.8% cocaine, 17.4% cannabis

Of the clients who reported their primary drug of abuse, 54.7% listed an opiate as their primary drug, followed by cocaine (25.8% of clients in treatment) and cannabis (17.4% of the total in treatment) (Figure 5.4).
2013 data are in line with data collected in 2012, with a slight decrease in numbers for heroin (1 percentage point) and a small increase for cocaine (1.6 percentage points).

Figure 5.5: Percentage distribution of clients in treatment with Addiction Services, by type (new or returning) and primary drug of use. The year 2013



Source: SIND flow – Ministry of Health

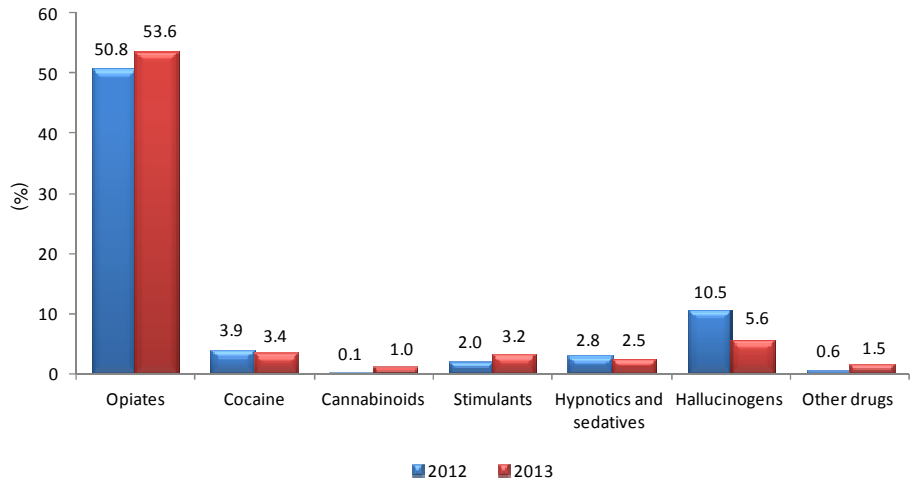
Cannabis and cocaine, while continuing to grow in appeal as primary drugs among service clients, are also the preferred secondary drugs of clients who use more than one type of drug (more than 35% of subjects for both cannabis and cocaine).

Injecting drug use rose slightly among opiate users during the course of the last year (50.8% in 2012 vs. 53.6% in 2013).

The use profile which emerged from a study of primary drugs of use according to client type provided particularly interesting findings. 65.7% of subjects who had received care from Local Public Drug Addiction Service Units (SerT) in the past and then returned in 2013 were receiving treatment for opiate use, while the numbers of users of cocaine (22.2%) and cannabis (10.7%) were much lower. The percentage of high-risk opiate users is quite high among new service clients as well (37.2%), but is markedly lower than the percentage of opiate users among returning clients. Among new clients, the percentages of subjects in treatment for cocaine and cannabis use, unlike the percentages among returning clients, is higher (9.2 and 17.3 percentage points higher, respectively) (Figure 5.5).

Figures concerning primary-drug methods of use, and especially regarding injecting drug use, also show differences between new and returning clients. We can see that primary drug use via injection is more common among returning clients (39%), with percentages of injecting users standing at 58% of opiate users and 4% of cocaine users. Among new clients, on the other hand, 16% use the injection method (specifically, 40% of opiate users and 3% of cocaine users).

Figure 5.6: Percentage distribution of clients in treatment with Drug Addiction Services, by injecting use of primary drug. The years 2012 – 2013



Source: SIND flow – Ministry of Health

As revealed by studies conducted in previous years, average age at first use changes in relation to the type of drug in question: heroin and cocaine users began at average ages of 21 and 22, respectively, while cannabis users began at 17.

Ages at first use:
heroin: age 21
cocaine: age 22
cannabis: age 17

Turning our attention to the subject of age at first treatment, the following figures emerged in 2013: age 26 for heroin users, 32 for cocaine users and, finally, 23 for subjects who reported using cannabis as their primary drug.

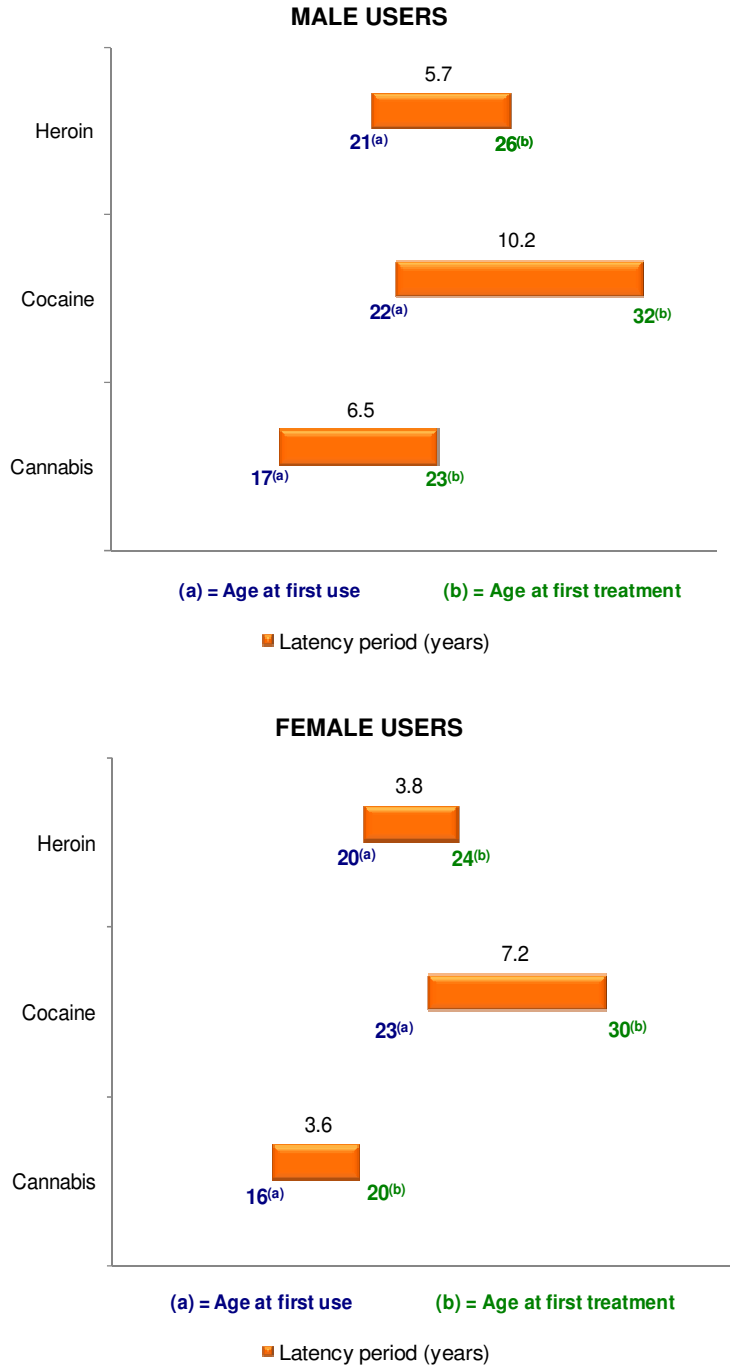
Age at first treatment:
heroin: age 26
cocaine: age 32
cannabis: age 23

Age at first use and age at time of first treatment define the latency period, calculated as the period of time that passes between first drug use and first request for drug treatment (as a result of problems deriving from the use of the drug in question).

An analysis based on primary drug type reveals longer latency periods for cocaine users in comparison with heroin and cannabis users. Specifically, the latency period for heroin users was recorded at an average of 5.4 years, while it stood at 10.0 years for cocaine users and 6.3 years for cannabis users. These figures vary slightly when findings are analysed by gender. However, overall, latency periods for female users are shorter than those for male users for all three types of drugs. This is confirmed by the fact that the age of first treatment is younger for female users, even though age at first use is the same for them as for their male counterparts (Figure 5.7).

Latency periods between first use and first contact with services:
heroin: age 5.4
cocaine: age 10.0
cannabis: age 6.3

Figure 5.7: Age at first use, age at first treatment and latency period, by gender. The year 2013



Source: SIND flow – Ministry of Health

Heroin and cocaine: most clients seek treatment voluntarily

Cannabis: most clients sent to treatment by the Prefectures

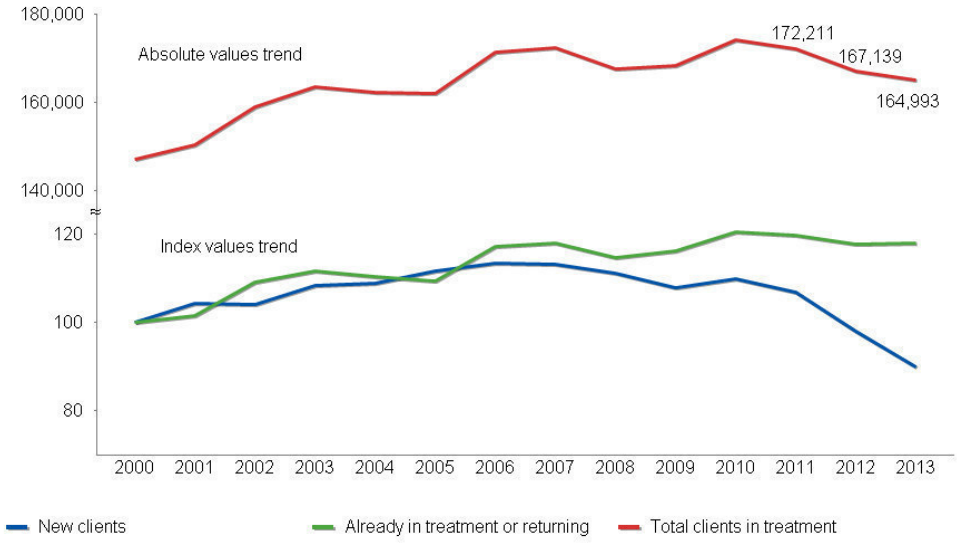
The manner in which clients enter into the care of drug addiction services differs according to drug type. Most opiate and cocaine users seek treatment voluntarily or are brought into contact with services by friends or family members (69% of opiate users and 57% of cocaine users). 22% of cannabis users, on the other hand, are sent to Public Drug Treatment Units by order of the Prefectures (under Articles 121 and 75 for drug possession for personal use), while 31% enter into treatment voluntarily. The low number of referrals for most drug types on the part of a number of important sources, such as social services and local health boards, should be noted.

A comparison between the two groups of clients, new and returning, shows that the percentage of clients who were sent to Local Public Addiction Service Units by the Prefectures is much higher among new clients than among those returning (8.7% vs. 4.3%). Conversely, the percentage of clients who entered into treatment voluntarily (or through the efforts of family/friends) is higher among returning clients (66.1% of returning vs. 46.4% of new clients).

5.4 Trends of treated population and treatment provision (incl. numbers)

Based on data obtained by means of the SIND information flow, the number of drug addicted persons who received treatment in 2013 (including new clients, returning clients and clients who were already undergoing treatment when the year began) was estimated at 164,993 subjects.

Figure 5.8: Clients undergoing treatment with Drug Addiction Services, by type of contact: Absolute values and index values (Base year 2000 = 100). The years 2000 – 2013



Source: ANN flow 2000-2011 and SIND flow 2012-2013 – Ministry of Health

Data on approximately 90% of this number were gathered from the new SIND information flow, while information on the remaining 10% was estimated based on 2011 aggregate data and the 2012 SIND information flow.
The drop observed in the number of clients undergoing treatment during the most recent two-year period (a fall which is not in line with figures observed from 2009 to 2011) is, in small part, the consequence of an actual decrease in the number of subjects receiving treatment from Services. However, the remainder of the blame can be attributed to the switch from an information system based on aggregate data to an information system that uses individual data (SIND) and thus reduces the problem of double counting.

164,993 drug-addicted persons receiving treatment from Services in Italy

Over 17% of subjects in treatment are clients who began their first-ever treatment with addiction services during the course of the year in question, while the remainder are subjects already known to Services; this latter group is divided into subjects who began a new treatment in 2013 (returning) and those who were already in treatment when the year began (already receiving treatment). The new clients are an average of 34 years of age, while the average age of those already in treatment or returning was 40. Both typologies of clients consisted of more than 84% male subjects.

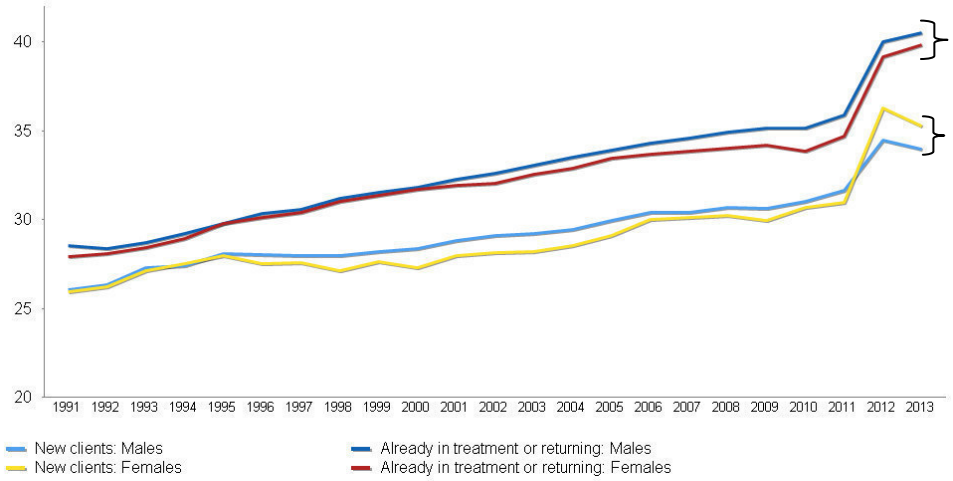
Between 2000 and 2006, there was a steady increase in the number of drug addicts requesting first-time treatment from the network of public services provided by the National Health System (new clients), which rose from 31,510 in 2000 to 35,766 in 2006; in the following three-year period (2007-2009) there was a phase of decline (35,731 in 2007 to 35,020 in 2008 and finally to 33,983 in 2009), followed by an increase in 2010, which brought the figure up to 34,625, matching levels seen in 2004 (Figure 5.9).

The number of clients already known to services or returning levelled off over the last year

From 2010 to 2013, numbers of clients already known to services or returning remained steady, while the numbers of new users in treatment decreased considerably (especially during the most recent two-year period). This trend, less prevalent among clients already known to services or returning, is a consequence, in part, of the estimate criteria employed, but it is also the result of the different information flows utilized and, lastly, of the information flow's lesser degree of coverage.

Figure 5.9: Average age of clients undergoing treatment with Drug Addiction Services, by type of contact and by gender. The years 1991 – 2013

An increase in average age at first contact with services



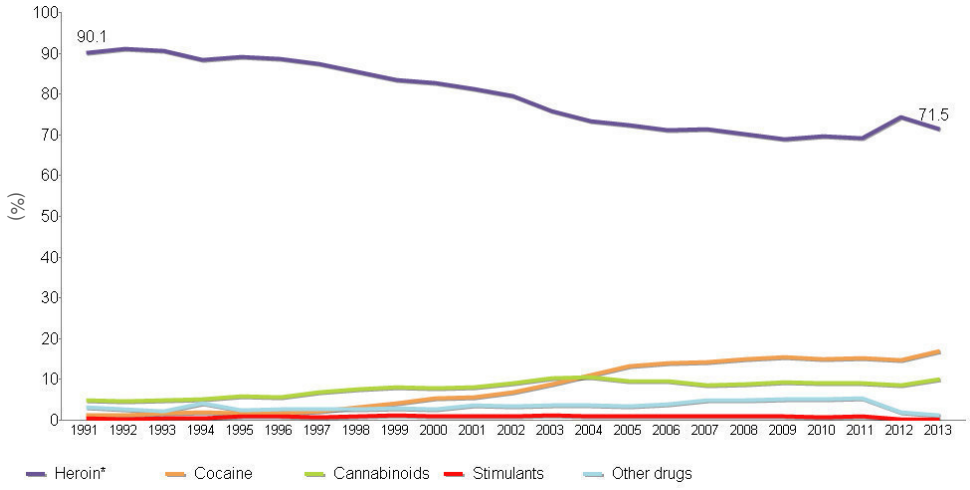
Source: ANN flow 1991-2011 and SIND flow 2012-2013 – Ministry of Health

Over the last twenty years, the average client age progressively increased among both clients already-known to services and new clients, rising from 26 years of age in the latter group to nearly 40, for both genders. Among clients already known to services, on the other hand, the average age was found to be continuously rising, albeit with a slight downturn during the most recent year in which data was recorded (an average age of approximately 34-35).

It is important to point out the sudden, steep increase in average age for all the clients in the care of services (new clients, clients already known to services, male and female) that was recorded between 2011 and 2012. This result is not to be attributed to factors inherent to the phenomenon in question, but rather to the introduction of the new information flow. In comparison with the ministry charts of aggregate data (Ministerial Decree 20 September 1997), which call for the collection of data on clients by 5-year age brackets until the age of 39, and afterwards by separate age brackets (for those above 39 years of age), the SIND information flow makes it possible to collect exact data on age. Therefore, the criteria previously used to calculate estimates suffered from a factor of incorrect overestimation, unlike the data currently available, which now make it possible to calculate a more precise estimate of the average age of clients in treatment.

Although it remains high, the percentage of clients undergoing treatment for the use of opiates as their primary drug showed a progressive decrease between 1991 and 2005 (falling from approximately 90% to 68.9%). It levelled off at around 70% during the following period (71.5% in 2013). The decrease in the number of clients undergoing treatment for the use of opiates as their primary drug is paralleled by an increase in numbers of cocaine and cannabis users.

Figure 5.10: Percentage distribution of clients undergoing treatment with Drug Addiction Services, by primary substance. The years 1991 – 2013



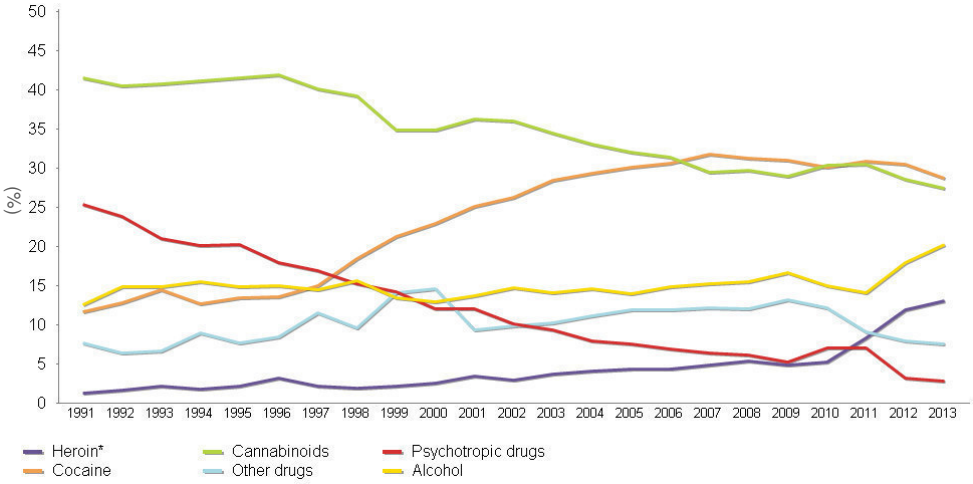
Decrease in the number of clients undergoing treatment for use of opiates

** Heroin until 2010, Opiates in 2011-2012-2013*

Source: ANN flow 1991-2011 and SIND flow 2012-2013 – Ministry of Health

Turning our attention to secondary substances, we find that, from 1997 on, there has been a visible increase in the use of cocaine as a secondary drug, which rose from 15% to 32% in 2007. The percentage remained stable until 2009, but fell slightly during the following three-year period, dropping to 28.7% in 2013 (Figure 5.11).

Figure 5.11: Percentage distribution of clients undergoing treatment with Drug Addiction Services, by secondary substance. The years 1991 – 2013



Decrease in the concomitant or consecutive use of psychotropic and other drugs in addition to the primary drug

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

** Heroin until 2010, Opiates in 2011-2012-2013*

Source: ANN flow 1991-2011 and SIND flow 2012-2013 – Ministry of Health

6. HEALTH CORRELATES AND CONSEQUENCES

Infectious diseases among drug addiction services clients

Drug- and alcohol-related traffic checks

Deaths caused by acute effects of drug use

The principal consequence directly correlated with drug use (in particular with methods of drug use and the type of lifestyle the average individual who uses drugs leads), is the high risk of contracting infectious diseases, a topic to which a large part of this chapter is devoted.
One specific section will also be devoted to traffic checks carried out by Law Enforcement Agencies for drivers under the influence of psychoactive drugs.
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 drug users who have been admitted to hospitals.

6.1 Introduction

The introduction of the Decree of 11 June 2010 established the National Information System on Addictions (*t.n. known by the acronym* SIND). Under the SIND system, as was reported in the previous edition of this Report, the amount of information on testing for HIV, hepatitis B virus and hepatitis C virus sent by the Regions to the Ministry of Health, as well as the subsequent transfer of said data to the Department for Anti-drug Policies (DPA) has dropped sharply. In 2013, as in previous years, this has led to a significant decrease in the amount of valid data available to be processed in the case of the majority of Regions and Autonomous Provinces. As a result, an updated representation of the national situation which incorporated data on this aspect of the drug phenomenon would be unreliable. For this reason, the results presented below were formulated using data from the Regions of Emilia-Romagna, Lombardy and Umbria.

Data on HIV testing present a further problem, which is that of privacy. In order to protect clients' privacy, specific records were designated to be transferred which did not contain any information which could be used to identify individual clients, even indirectly, or endanger their anonymity. This makes it impossible to identify those individuals who have been tested more than once during the year in question (and who thus appear more than once within the same set of records), leading to overcounting.
This aspect is especially important when counting the number of subjects who have been tested in comparison with the total number of subjects in the care of drug addiction services. Indeed, since a subject could be counted more than once, the end result could be that the number of subjects for whom testing information is available is higher than the total number of subjects in the care of addiction services.
For this reason, the HIV data presented below must be viewed with prudence.

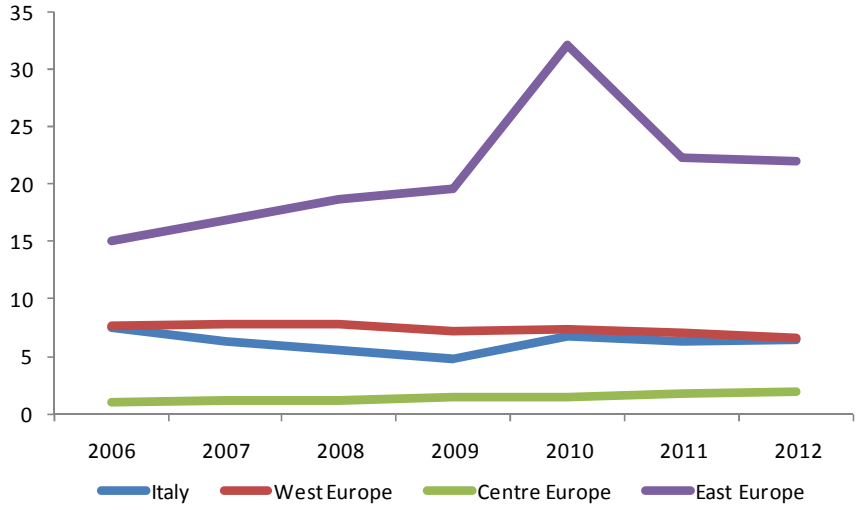
Prevalence of HIV and AIDS

The incidence of cases of HIV among Italian drug addicts is declining

The incidence of HIV infection diagnosed among injecting drug users (IDU) has declined slightly in Western Europe. Figures for Central Europe remain largely stable. However, incidence has been rising in the countries of Eastern Europe (even without taking into account the peak numbers reached in 2010). If we put aside, for now, the special case of Eastern Europe, we see that the stabilization of incidence rates is due to the greater availability of universal prevention measures and measures for the treatment and prevention of drug-related diseases, including substitution treatments and needle and syringe exchange programmes. A number of countries also cite other factors, such as the decline in injecting drug use (which has also been observed in Italy).

The Italian situation, which shows a slight decline in incidence rates, is perfectly in line with the broader Western European situation (Western Europe being the area to which Italy belongs) (Figure 6.1).

Figure 6.1: Incidence rate (cases per 100,000 pop.) of HIV diagnosis, in Italy and in the different areas of Europe. The years 2006 – 2012

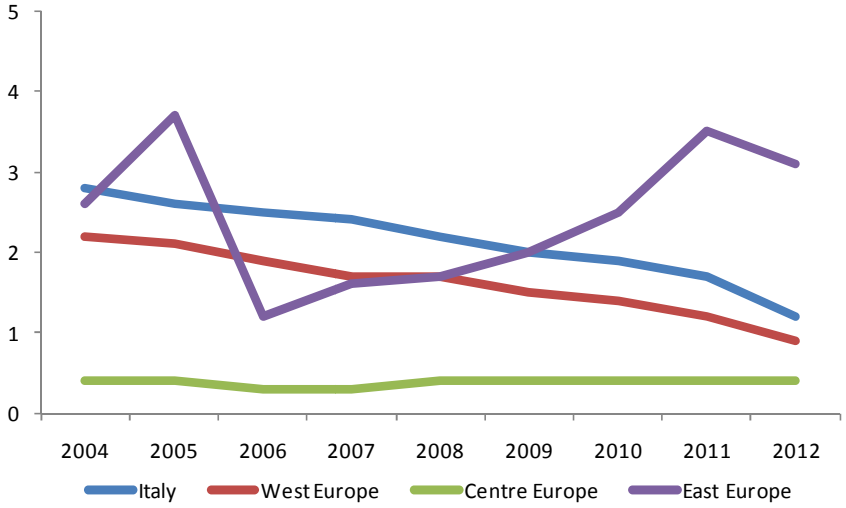


Source: HIV/AIDS surveillance in Europe 2012 – European Centre for Disease Prevention and Control

AIDS-incidence data is important for establishing new cases of symptomatic disease and for providing evidence of the spread and effectiveness of highly active antiretroviral therapy (HAART). High rates of AIDS incidence in some European countries make it appear that a large number of habitual injecting drug addicts infected with HIV may not be receiving HAART during the early stages of infection.

If we look at AIDS data, we find that the picture they delineate is similar to the situation regarding HIV, with numbers in Eastern Europe being considerably higher than those in the other two areas of the continent, especially during the last three-year period being considered.
In Italy, this trend is in sharp decline, a direction which closely follows trends observed in Western Europe, with a dramatic downturn during the two-year period of 2011-2012. (Figure 6.2).

Figure 6.2: Incidence rate (cases per 100,000 pop.) of AIDS cases, in Italy and in the different areas of Europe. The years 2006 – 2012



Source: HIV/AIDS surveillance in Europe 2012 – European Centre for Disease Prevention and Control

6.2 Drug-related infectious diseases

With the transmission of data via the new SIND information flow, only the infectious-disease data provided by the Regions of Emilia-Romagna, Lombardy and Umbria provided a satisfactory degree of coverage (over 50% of clients in the care of addiction services). What follows is a summary of the results of the processing of this data. As pointed out earlier, HIV data are affected by the privacy issue, which makes it impossible to identify subjects who have undergone testing more than once during the course of the year in question. The consequence of this problem is that one subject may have been counted more than once, leading to a situation where the number of subjects for whom there is testing data is larger than the total number of subjects receiving care.

Turning our attention to hepatitis B, we find that, of the 5,604 subjects in the Region of Emilia-Romagna who were eligible for testing during the year of reference, over half were tested for HBV (58.6%). The number is lower in Lombardy (47.9%) but stands at approximately 32% in Umbria.

Regarding hepatitis C, testing for this disease was conducted on over half of clients in care of services in the Regions of Emilia-Romagna (54.3%) and of Lombardy (50.8%), while a much lower percentage were tested in the Region of Umbria (26.2%). We thus find that numbers for hepatitis C testing reflect the situation for testing for hepatitis B.

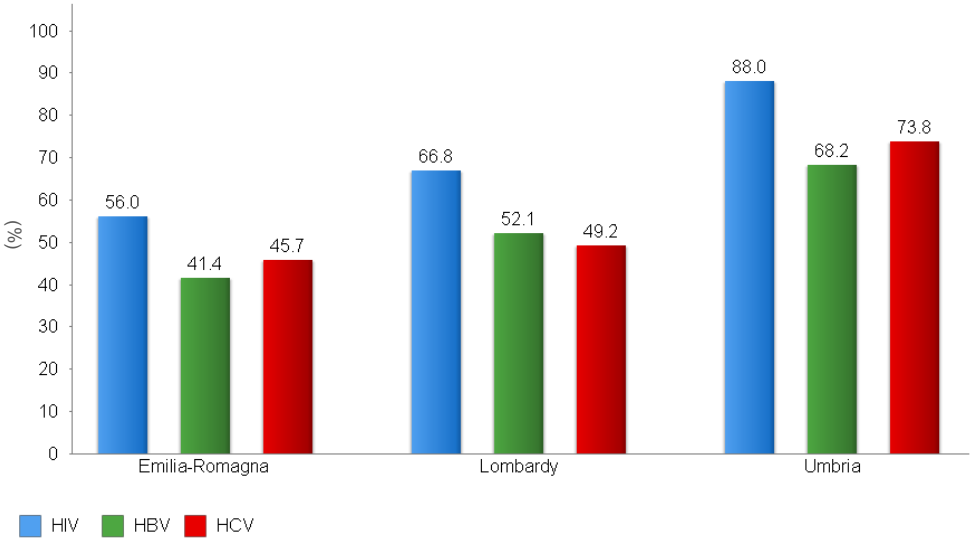
Table 6.1: Clients in the care of addiction Services: Subjects tested and subjects not tested for HBV, HCV and HIV. The year 2013

Region	Tot. C.C.	No info	% no info of total C.C.	Not eligible for testing	Clients Tested this year				Clients NOT Tested this year			
					N.C.	R.C.	Total No.	Total % of clients eligible for testing who were tested this year	N.C.	R.C.	Total No.	Total % of clients eligible for testing who were NOT tested this year
HBV												
Emilia-Romagna	13,035	4,343	33.3	3,088	509	2,777	3,286	58.6	4	2,314	2,318	41.4
Lombardy	19,819	5,742	29.0	1,401	844	5,226	6,070	47.9	1,232	5,374	6,606	52.1
Umbria	3,044	1,430	47.0	448	47	324	371	31.8	25	770	795	68.2
HCV												
Emilia-Romagna	13,035	4,319	33.1	3,207	502	2,487	2,989	54.3	3	2,517	2,520	45.7
Lombardy	19,819	6,483	32.7	2,089	724	4,992	5,716	50.8	1,188	4,343	5,531	49.2
Umbria	3,044	1,527	50.2	541	44	212	256	26.2	23	697	720	73.8
HIV												
Emilia-Romagna	13,035	-	-	444	55	3,727	3,782	44.0	29	4,789	4,818	56.0
Lombardy	19,819	-	-	1,097	2,131	5,707	7,838	33.2	3,715	12,053	15,768	66.8
Umbria	3,044	-	-	44	62	321	383	12.0	441	2,378	2,819	88.0

C.C. = Clients in Care
N.C. = New Clients
R.C. = Returning Clients
Not eligible for testing = tested positive previous to year of reference
Tested this year = tested positive this year + tested negative this year + results inconclusive this year
Not tested this year = last test before this year negative + last test before this year inconclusive + not tested this year
Eligible for testing = tested this year + not tested this year

Source: SIND flow – Ministry of Health

Figure 6.3: Percentages of Local Public Drug Addiction Service Unit (SerT) clients eligible for testing who were NOT tested for HIV, HBV and HCV. The year 2013



Source: SIND flow – Ministry of Health

The percentage of clients who received HIV testing from addiction services is smaller than percentages of clients tested for the other viruses. In fact, of subjects eligible for testing, only 44.0% were tested in Emilia-Romagna, 33.2% in Lombardy and a mere 12.0% in Umbria.

6.2.1 The Prevalence of HIV

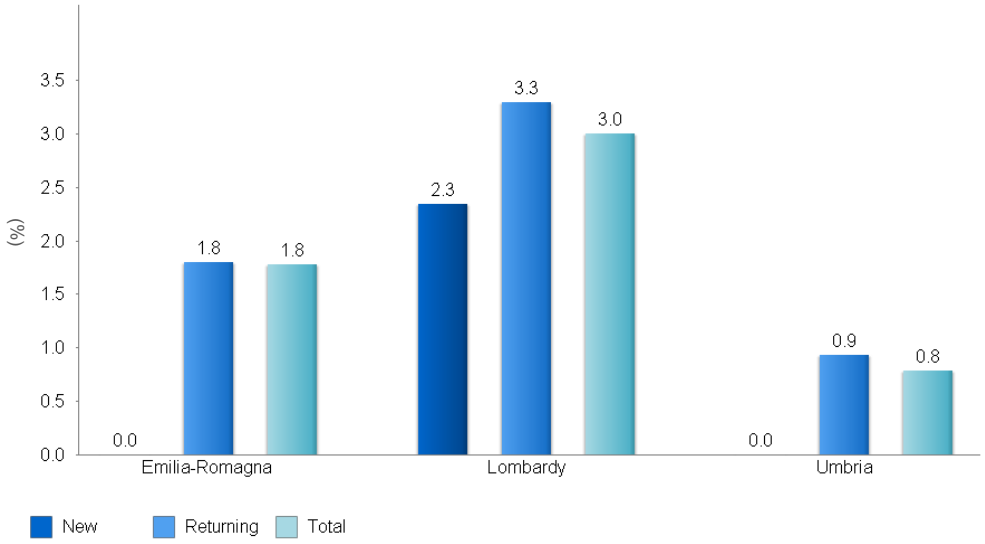
The following figures are based on data received, and take into account only those Regions for which a larger amount of testing data are available. The prevalence of HIV-positive test results among clients tested in Emilia-Romagna in 2013 was 1.8%, of whom all were returning clients. In Umbria, as well, the only positive test results were found among clients already in the care of services (0.9%). Lastly, In Lombardy there was a higher incidence of HIV-positive test results among clients already known to services (3.3%, in comparison with 2.3% of new clients).

Table 6.2: Prevalence of clients tested for HIV who were diagnosed HIV-Positive. The year 2013

Region	Clients TESTING POSITIVE this year					
	New Clients		Returning Clients		Total	
	No.	% positive this year (unequivocal test results)	No.	% positive this year (unequivocal test results)	No.	% positive this year (unequivocal test results)
Emilia-Romagna	0	0.0	66	1.8	66	1.8
Lombardy	24	2.3	75	3.3	99	3.0
Umbria	0	0.0	3	0.9	3	0.8

Source: SIND flow – Ministry of Health

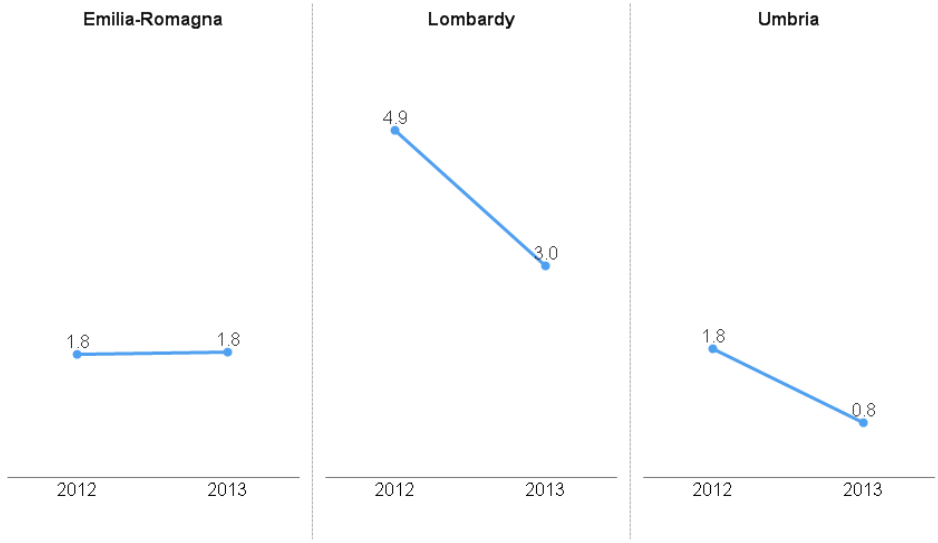
Figure 6.4: Prevalence of clients tested for HIV who were diagnosed HIV-Positive. The year 2013



Source: SIND flow – Ministry of Health

If we compare data recorded in 2013 with data recorded in 2012, we find that the incidence of HIV-positive clients has remained largely stable in Emilia-Romagna. In Lombardy and Umbria, however, the percentages of HIV-positive subjects fell, from 4.9% to 3.0% and from 1.8% to 0.8% respectively.

Figure 6.5: Prevalence (%) of clients tested for HIV who were diagnosed HIV-Positive. The years 2012 – 2013



Source: SIND flow – Ministry of Health

6.2.2 Prevalence of the Hepatitis B virus (HBV)

Among subjects tested for HBV in 2013 in Emilia-Romagna, a higher number of returning clients than of new clients tested positive (24.8% of returning; 11.4% of new). In Lombardy, the overall prevalence was 11.2%, thus divided: 7.8% of new clients were diagnosed HBV-positive and 12.5% of returning. In Umbria, the overall prevalence of HBV-positive test results was 22.3%, and 9.1% of new clients and 24.0% of returning clients were diagnosed HBV-positive.

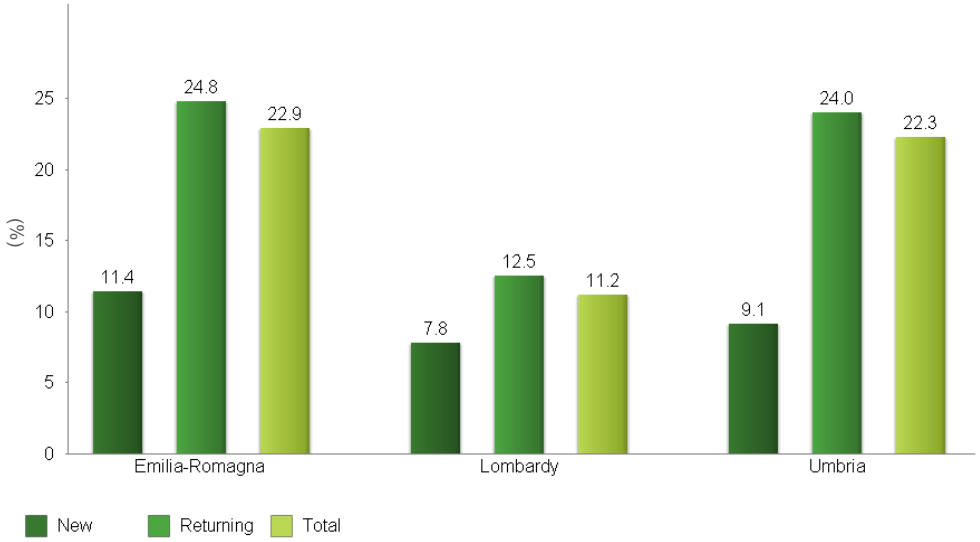
Table 6.3: Prevalence of clients tested for HBV who were diagnosed HBV-Positive. The year 2013

Region	Clients TESTING POSITIVE this year					
	New Clients		Returning Clients		Total	
	No.	% positive this year (unequivocal test results)	No.	% positive this year (unequivocal test results)	No.	% positive this year (unequivocal test results)
Emilia-Romagna	34	11.4	439	24.8	473	22.9
Lombardy	41	7.8	168	12.5	209	11.2
Umbria	3	9.1	61	24.0	64	22.3

Source: SIND flow – Ministry of Health

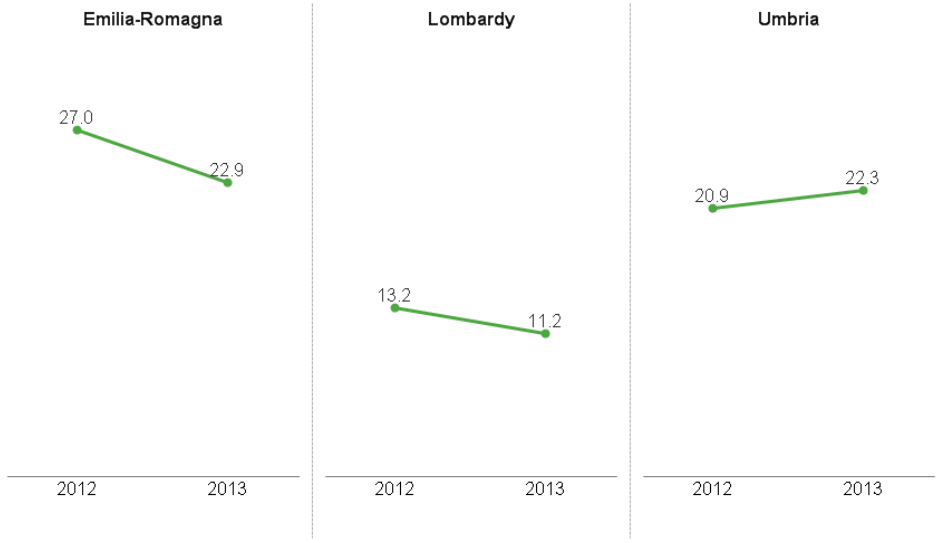
If we compare the data from 2013 with those from 2012, we find two different trends in the percentages of HBV-positive subjects. In Emilia-Romagna and Lombardy, the percentage has fallen, while in Umbria it has risen. If we take a more in-depth look, we find that the percentage of HBV-positive subjects in both Emilia-Romagna and Lombardy has shrunk by 15.2%, while in Umbria it has grown by 6.7%.

Figure 6.6: Prevalence of clients tested for HBV who were diagnosed HBV-Positive. The year 2013



Source: SIND flow – Ministry of Health

Figure 6.7: Prevalence (%) of clients tested for HBV who were diagnosed HBV-Positive. The years 2012 – 2013



Source: SIND flow – Ministry of Health

6.2.3 Prevalence of the Hepatitis C virus (HCV)

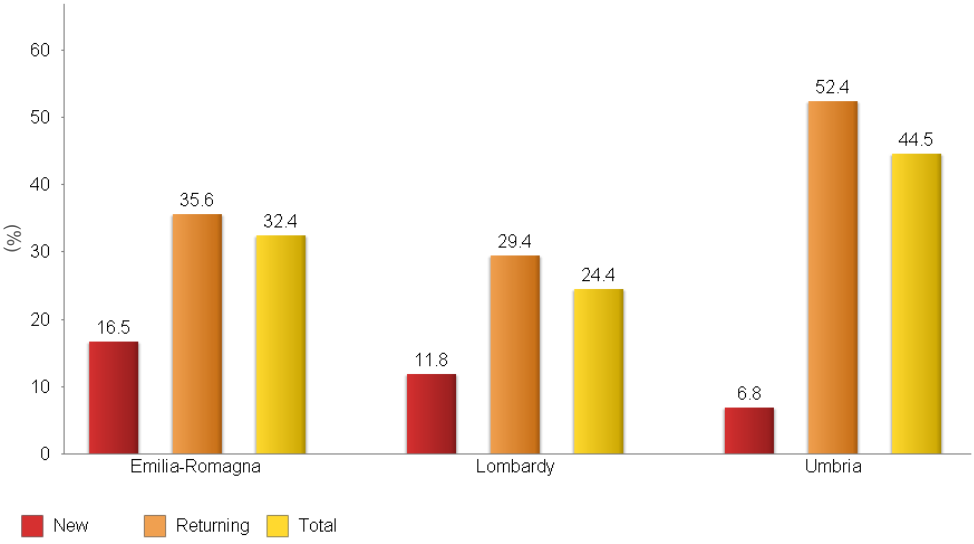
Among subjects tested for HCV in 2013 in Emilia-Romagna, there was a higher percentage of returning clients than of new clients who tested positive (35.6% of returning; 16.5% of new). In Lombardy, the overall prevalence was 24.4%, thus divided: 11.8% of new clients were diagnosed HCV-positive and 29.4% of returning. In Umbria, on the other hand, the overall prevalence of HCV-positive test results was 44.5% (6.8% of new clients and 52.4% of returning). As has already been found in studies from previous years, the Regions which conduct less testing are the same ones that have higher prevalences of positive results.

Table 6.4: Prevalence of clients tested for HCV who were diagnosed HCV-Positive. The year 2013

Region	Clients TESTING POSITIVE this year					
	New Clients		Returning Clients		Total	
	No.	% positive this year (unequivocal test results)	No.	% positive this year (unequivocal test results)	No.	% positive this year (unequivocal test results)
Emilia-Romagna	83	16.5	885	35.6	968	32.4
Lombardy	72	11.8	450	29.4	522	24.4
Umbria	3	6.8	111	52.4	114	44.5

Source: SIND flow – Ministry of Health

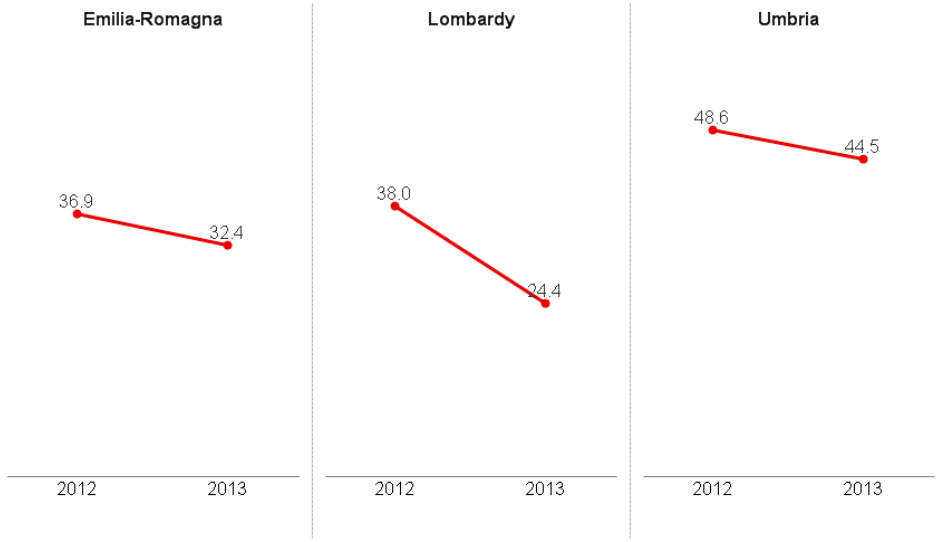
Figure 6.8: Prevalence of clients tested for HCV who were diagnosed HCV-Positive. The year 2013



Source: SIND flow – Ministry of Health

The number of HCV-positive test results fell in all three of the Regions of reference during the two-year period 2012-2013. In Emilia-Romagna, the percentage shrunk by 12.2%, while in Umbria it fell by 8.4%. The largest decrease was in Lombardy, where incidence dropped by 35.8%.

Figure 6.9: Prevalence (%) of clients tested for HCV who were diagnosed HCV-Positive. The years 2012 – 2013



Source: SIND flow – Ministry of Health

6.2.4 Focus on IDU data

With the launch of the SIND information flow, the Standard Tables ST09 were prepared and completed with information on subjects who had engaged in injecting drug use (IDU) at least once in their lives.
The data presented here is only from those three regions which had already been found to have infectious-disease information flows with an adequate amount of coverage: Emilia-Romagna, Lombardy and Umbria.

Table 6.5: Addiction service clients testing positive for HBV, HCV or HIV who have engaged in injecting drug use (IDU) at least once in their lives. The year 2012

Region	Total clients in care (IDU)	No info	% no info of total clients in care	Positive this year	Tested this year with unequivocal results	% testing positive this year, of those with unequivocal results
HBV						
Emilia-Romagna	6,997	1,422	20.3	399	1,191	33.5
Lombardy	5,444	1,432	26.3	84	411	20.4
Umbria	743	186	25.0	31	101	30.7
HCV						
Emilia-Romagna	6,997	1,405	20.1	862	1,489	57.9
Lombardy	5,444	1,483	27.2	219	405	54.1
Umbria	743	214	28.8	44	62	71.0
HIV						
Emilia-Romagna	6,997	-	-	59	2,160	2.7
Lombardy	5,444	-	-	31	755	4.1
Umbria	743	-	-	0	126	0.0

Subjects who have engaged in injecting drug use (IDU) at least once during their lives

Unequivocal test results this year = positive this year + negative this year

Source: SIND flow – Ministry of Health

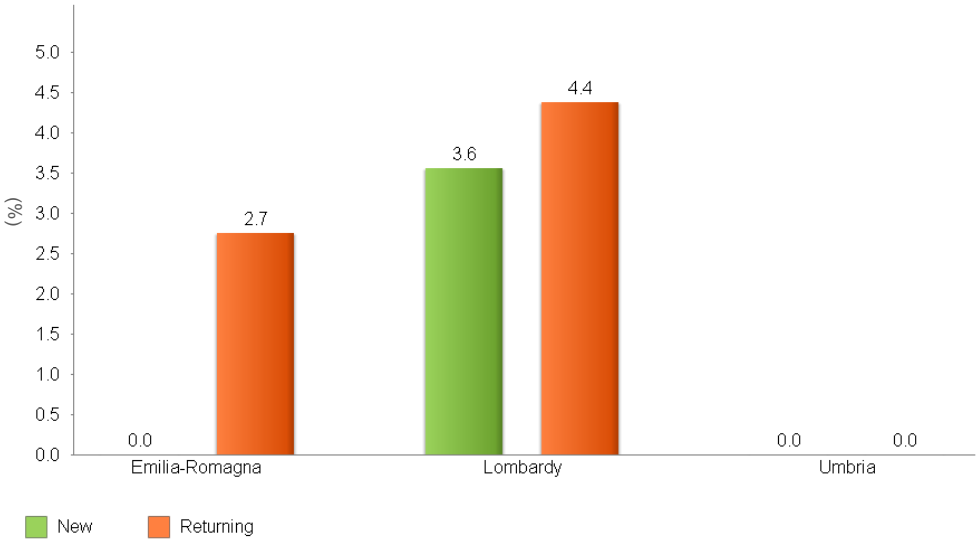
The highest percentage of unequivocally positive test results during 2012 was for HCV (all Regions showed figures of higher than 50%), while HIV tests returned the lowest amount of positive test results, not only in absolute terms, but also in terms of percentages (2.7% Emilia-Romagna, 4.1% Lombardy, and no cases at all in Umbria).

HIV

Among subjects tested for HIV in 2013 who have engaged in injecting drug use, women had a higher prevalence of positive test results than men in both Emilia-Romagna and Lombardy. Unfortunately, in Umbria there were no recorded cases of subjects who tested positive for HIV who have engaged in injecting drug use, so prevalence was shown to be nil.

If we compare the prevalence of subjects testing positive by treatment type, we find that new clients have a lower prevalence of positive results than returning clients in Lombardy (3.6% in comparison with 4.4%). It is impossible to make a comparison in either of the other regions, since in both cases one of the two prevalence figures is equal to zero.

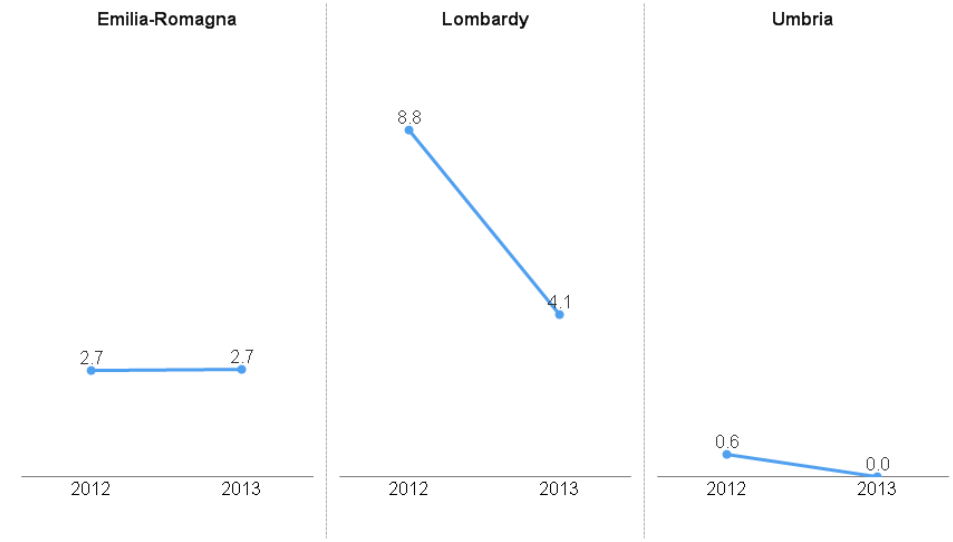
Figure 6.10: Prevalence of injecting drug users tested for HIV who tested Positive, by treatment type. The year 2013



Source: SIND flow – Ministry of Health

Data show that the percentage of HIV-positive subjects who have engaged in injecting drug use in Emilia-Romagna remained stable during the two-year period of 2012-2013, while in Lombardy this figure shrank dramatically (-53.4%)

Figure 6.11: Prevalence (%) of IDUs tested for HIV who were diagnosed HIV-Positive. The years 2012 – 2013

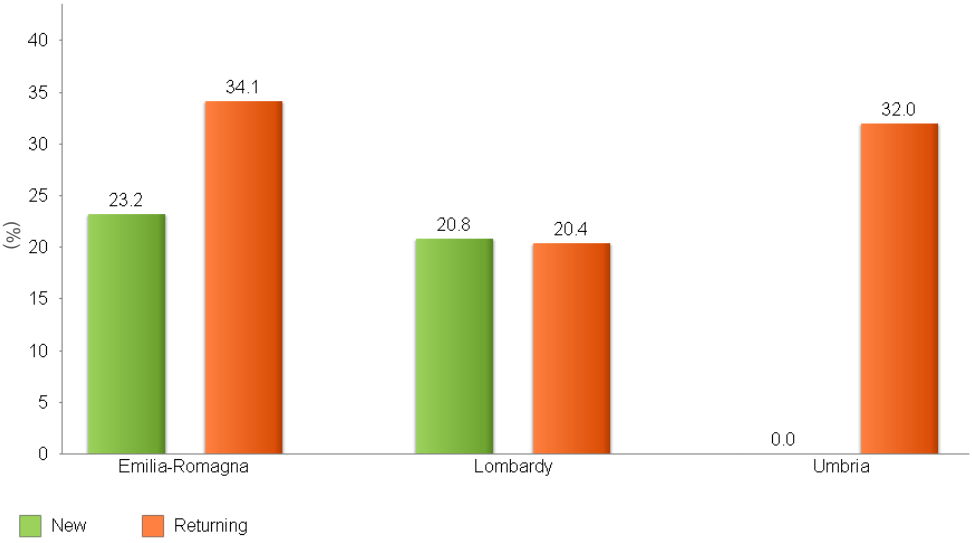


Source: SIND flow – Ministry of Health

Hepatitis B Virus (HBV)

Data regarding testing for the hepatitis B virus (HBV) shows a higher prevalence of subjects with positive test results among males in comparison with females in all of the Regions whose data was being analysed. The difference between the genders is greatest in Lombardy, where 11.8 percentage points separate male from female (in comparison with 0.6 in Emilia-Romagna and 4.3 in Umbria).

Figure 6.12: Prevalence of injecting drug users tested for HBV who tested Positive, by treatment type. The year 2013

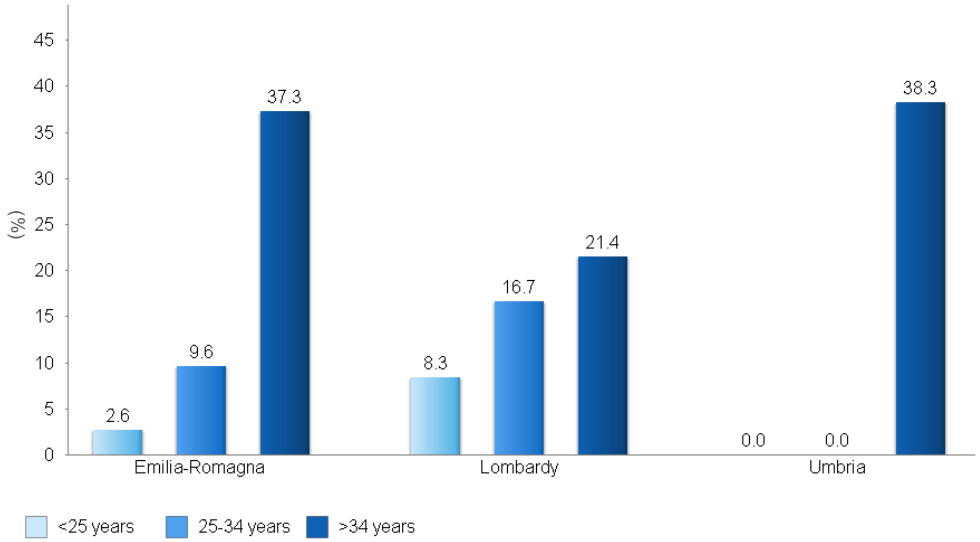


Source: SIND flow – Ministry of Health

The prevalence of subjects tested for HBV who tested positive for the virus is different in each of the regions being analysed.
In Emilia-Romagna, the percentages stand at 34.1% of returning clients versus 23.2% of new. In Lombardy, on the other hand, the percentage

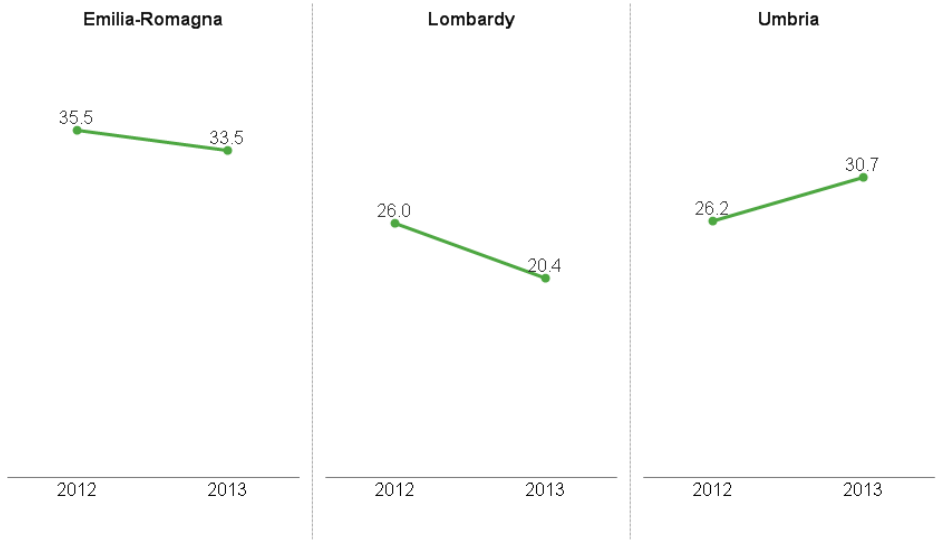
positive among new clients is 20.8%, while it stands at 20.4% for returning. Lastly, in Umbria there are no cases of positive HBV test results among new subjects, while the percentage among clients already known to services is 32.0%.
In addition to gender and type of treatment, we were also able to analyse prevalences by age group among clients in treatment tested for HBV. Data shows the highest prevalence of positive test results among subjects older than 34 years of age: 37.3% in Emilia-Romagna, 21.4% in Lombardy, 38.3% in Umbria (Figure 06.13).
The situation in Umbria is slightly different than that in the other two Regions, as there are no subjects in the first two age groups.

Figure 6.13: Prevalence of injecting drug users tested for HBV who tested Positive, by age group. The year 2013



Source: SIND flow – Ministry of Health

Figure 6.14: Prevalence (%) of IDUs tested for HBV who were diagnosed HBV-Positive. The years 2012 – 2013



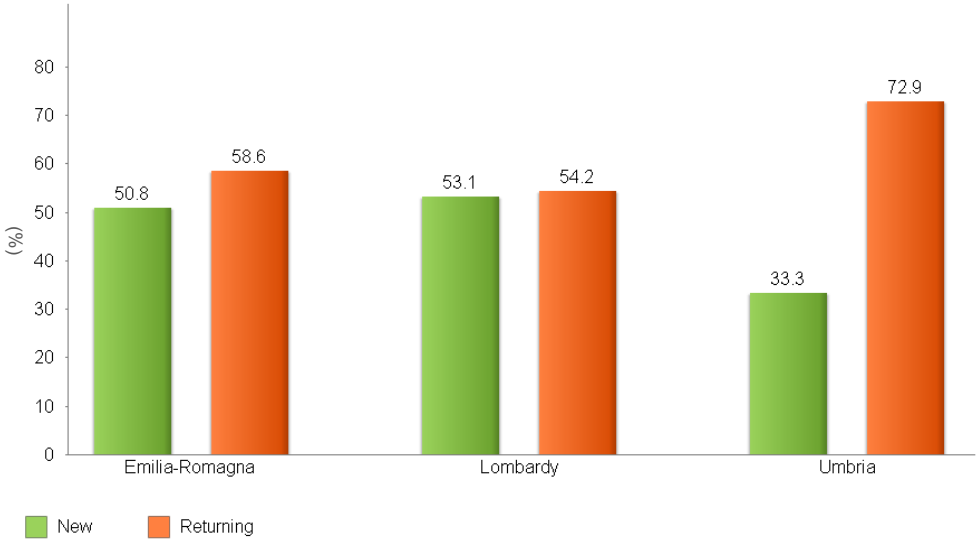
Source: SIND flow – Ministry of Health

If we compare the 2013 data with the data from 2012, we find that there were decreases in percentages of positive test results in Emilia-Romagna (-5.6%) and in Lombardy (-21.5%). Conversely, in Umbria, the percentage increased (+17.2%).

Hepatitis C Virus (HCV)

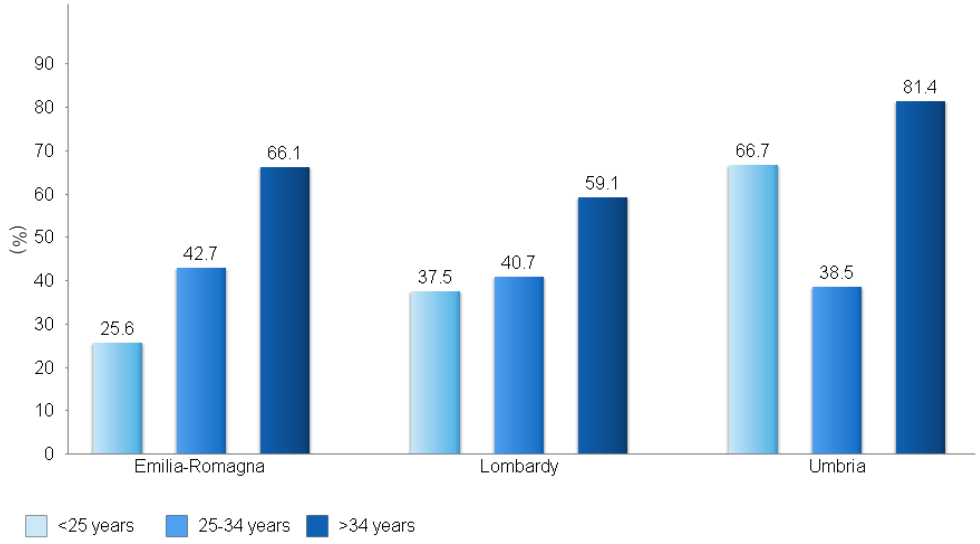
Among subjects tested for the hepatitis C virus, a higher number of women tested positive for the disease than men in all three regions of reference.

Figure 6.15: Prevalence of injecting drug users tested for HCV who tested Positive, by treatment type. The year 2013



Source: SIND flow – Ministry of Health

Figure 6.16: Prevalence of injecting drug users tested for HCV who tested Positive, by age group. The year 2013



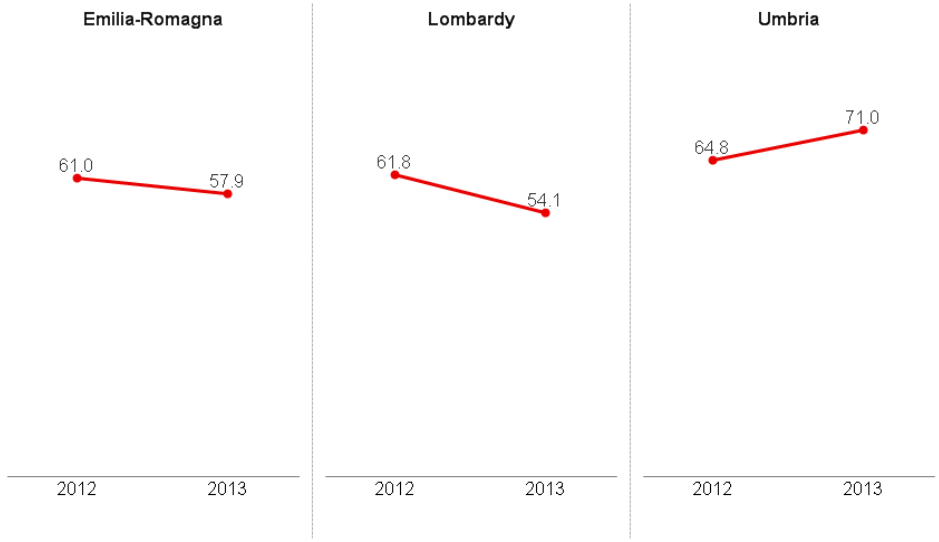
Source: SIND flow – Ministry of Health

Turning our attention to the prevalence of positive test results differentiated by treatment type, we find that there was a higher prevalence of HCV-positive test results among returning clients tested

(58.6% in Emilia-Romagna, 54.2% in Lombardy, 72.9% in Umbria), than among new (50.8% in Emilia-Romagna, 53.1% in Lombardy, 33.3% in Umbria) with the greatest difference (approximately 40 percentage points) being observed in Umbria (Figure 6.15).

If we compare prevalences for different age groups across regions, we find that trends in Emilia-Romagna and Lombardy are similar, with both Regions showing prevalence increasing proportionately in relation to age. In Umbria, on the other hand, we find a higher prevalence of positive test results among subjects under the age of 25 (66.7%) than among subjects between the ages of 25-34 (38.5%).

Figure 6.17: Prevalence (%) of IDUs tested for HCV who were diagnosed HCV-Positive. The years 2012 – 2013



Source: SIND flow – Ministry of Health

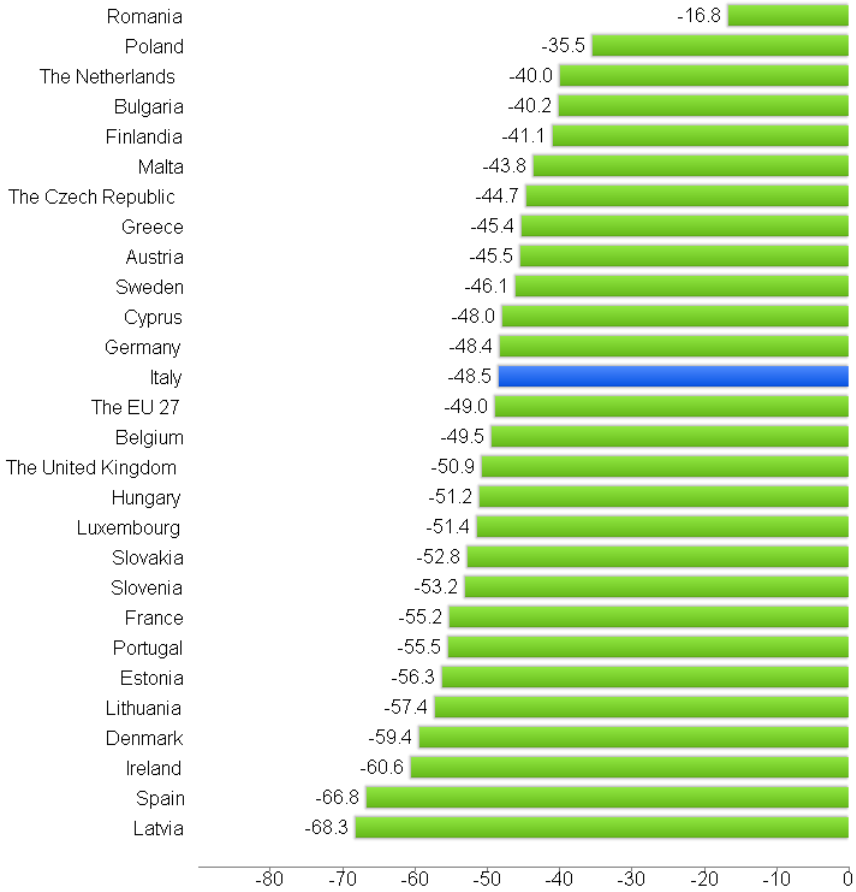
As was also the case with respect to HBV, a comparison of prevalence percentages for HCV shows decreases in prevalence figures in Emilia-Romagna and Lombardy, but an increase in Umbria. In Emilia-Romagna, the figure fell from 61.0% to 57.9% (-5.1%) and in Lombardy from 61.8% to 54.1% (-12.5%). In Umbria, meanwhile, the percentage rose from 64.8% to 71.0% (+9.6%).

6.3 Other drug-related health correlates and consequences: drug-related traffic accidents

According to the World Health Organisation, traffic accidents are the ninth most-common cause of death among adults worldwide, the first most-common among young people 15-19 years of age and the second most-common both among children ages 10 to 14 and among young adults age 20 to 24. Furthermore, it is estimated that, unless appropriate measures are taken to counter this phenomenon, traffic accidents will represent the third-greatest cause of death and disability worldwide by the year 2020.
There are a number of different factors which can contribute to this phenomenon: the behaviour and physical-psychological state of the driver; vehicle condition and vehicle safety; traffic circulation patterns; the

dangers linked to the transportation of hazardous materials.

Figure 6.18: Deaths in traffic accidents in Member countries of the European Union (the EU27), percentage variations. The years 2001 – 2012



Percentage variations in the numbers of deaths in traffic accidents

Source: Automobile Club of Italy (ACI) and National Institute of Statistics (ISTAT) Report 2013

The EU goal for the reduction of mortality linked to drug-related traffic accidents

The European Union's White Paper of 13 September 2001 set a goal that mortality caused by traffic accidents would have fallen by 50% by 2010. The 27 EU nations have pursued this goal. In 2012, Italy had not yet achieved the goal, even if the recorded decrease of -48.5% is very close to the objective (the European average stands at 49%). During the most recent two-year period for which data are available (2011-2012), the number of deaths fell from 3,860 to 3,653, a decrease of 5.4%.
In comparison with other large European nations, Italy is behind Spain (-66.8%), Portugal (-55.5%), France (-55.2%),and the United Kingdom (-50.9%), but is on a par with Germany (-48.4%) (Figure 06.18).

Among the causes of traffic accidents which are connected to the driver's state, both alcohol and drugs play important roles, the former having greater weight in the case of serious or fatal traffic accidents and the latter becoming especially dangerous when in combination with the former.

If we look at absolute numbers for alcohol- and drug-related accidents, we find that a comparison of 2011 and 2012 data shows an increase in both those indicators linked to alcohol and those linked to drug use, especially with regard to fatalities (Table 6.6).

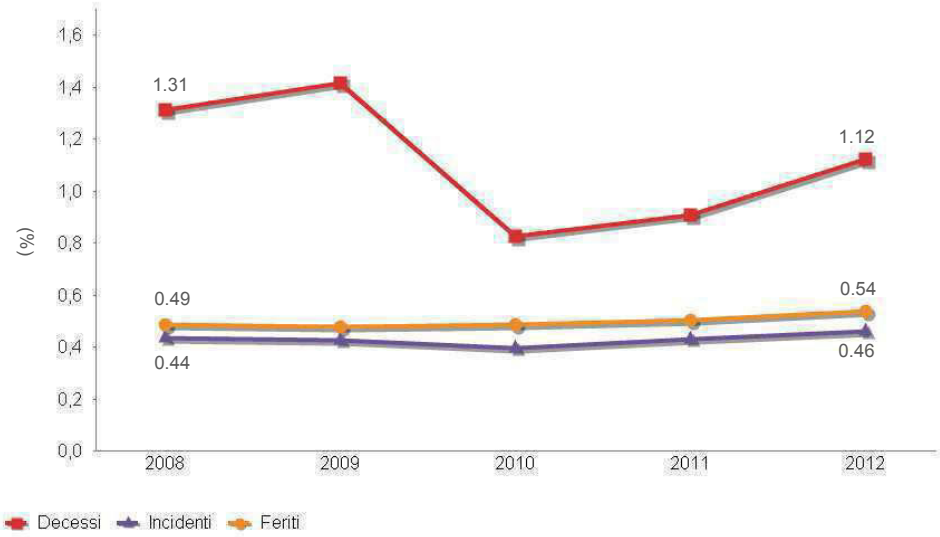
Table 6.6: Traffic accidents (fatalities and injuries) and their causes; absolute values and percentages. The years 2011 – 2012

	2011			2012		
	Accident	**Fatalitie**	**Injuries**	**Accident**	**Fatalitie**	**Injuries**
Alcohol	5,211	122	8,095	5,441	161	8,601
Drugs	886	35	1,472	860	41	1,425
Total	**6,097**	**157**	**9,567**	**6,301**	**202**	**10,026**
No	199,541	3,703	282,452	180,425	3,451	254,690
Grand	**205,638**	**3,860**	**292,019**	**186,726**	**3,653**	**264,716**
Alcohol	2.53%	3.16%	2.77%	2.91%	4.41%	3.25%
Drugs	0.43%	0.91%	0.50%	0.46%	1.12%	0.54%
Total	**2.96%**	**4.07%**	**3.27%**	**3.37%**	**5.53%**	**3.79%**

Source: National Institute of Statistics (ISTAT)

Over 4% of fatalities in 2011 and over 5% of fatalities in 2012 were officially caused by alcohol or drugs

Figure 6.19: Trends in fatalities and injuries caused by drug-related traffic accidents in Italy, percentage values. The years 2008 – 2012



Source: National Institute of Statistics (ISTAT)

An increase in fatalities in drug-related traffic accidents

Focusing our attention on drug-related traffic accidents, we find that the number of fatalities caused by them in 2012 rose much more steeply than the number of injuries resulting from these types of accidents. This indicates that, in addition to having increased in number, the drug-related accidents have also become more frequently fatal to those involved in them, in comparison with previous years.

6.4 Drug-related deaths and mortality of drug users

6.4.1 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 be divided into deaths by acute intoxication, or overdose, and deaths among drug addicts due to other causes. This section will address the former, while the following section will examine the deaths of

patients hospitalised for drug-related diseases.
In Italy, incidences of overdose are recorded in the Special Death Register of the Central Directorate for Anti-Drug Services 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 drug-induced intoxication).

Table 6.7: Deaths by overdose, by gender and year of death. The years 1999 – 2013

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
M	897	931	737	478	454	602	602	492	546	462	440	332	317	346	308
F	105	85	88	42	63	51	51	59	60	55	44	42	48	47	36
Tot.	**1,002**	**1,016**	**825**	**520**	**517**	**653**	**653**	**551**	**606**	**517**	**484**	**374**	**365**	**393**	**344**
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	6.6	7.4	8.6

ST 06 2014

Source: Central Directorate for Anti-drug Services – Ministry of the Interior

Data provided by the Central Directorate for Anti-drug Services show that, after 1999, a year in which 1,002 deaths by overdose were recorded, there was a decline in the phenomenon which lasted until 2003, when the number of deaths was 517. Numbers remained largely stable from 2004 to 2007, albeit with some limited variability, at between 551 and 653 deaths. The following years saw a new decline, with numbers reaching their lowest point in 2013, when the number of deaths stood at 344 (Figure 6.1). The direction of the trend has been largely similar for men and women, although the ratio of male to female deaths is approximately 9 men per every one woman (9.1); this ratio fluctuates between a minimum of 6.6 in 2011 (when 13.2% of the deaths were among women) and a maximum of 11.8 in 2004-2005 (when women accounted for 7.8% of these deaths) (Table 6.7).

An on-going decrease over recent years, with figures falling to their lowest in 2013 (344 deaths)

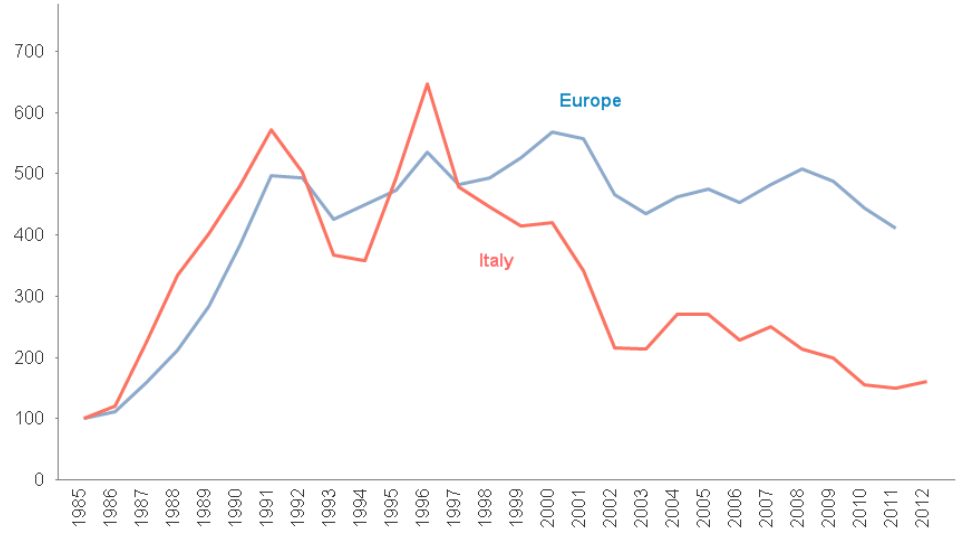
Figure 6.20: Deaths by overdose, by gender and year of death. The years 1999 – 2013

Source: Central Directorate for Anti-drug Services – Ministry of the Interior

The number of deaths by acute drug-induced intoxication (overdose) in Europe and Italy shot up during the Nineteen-eighties and early Nineteen-nineties. In Italy, these deaths were mostly linked to heroin use and injecting drug use. Beginning in 1997, this mortality rate in Italy began a progressive decline which continued until 2002, probably due to the increase, during those years, in the number of facilities offering treatment services and to diversification in choice of drug type on the part of users.

During the following period, spanning the years from 2003 to 2009, the trend levelled off at slightly greater numbers, unlike the European average trend, which also levelled off, but at levels which were higher. During the most recent three-year period of 2010-2012, the trend in index values for Italy was found to be more stable (Figure 6.21).

Figure 6.21: Trends in index values for deaths by acute drug-induced intoxication (overdose) in Europe and in Italy (base year 1985=100). The years 1985 – 2012



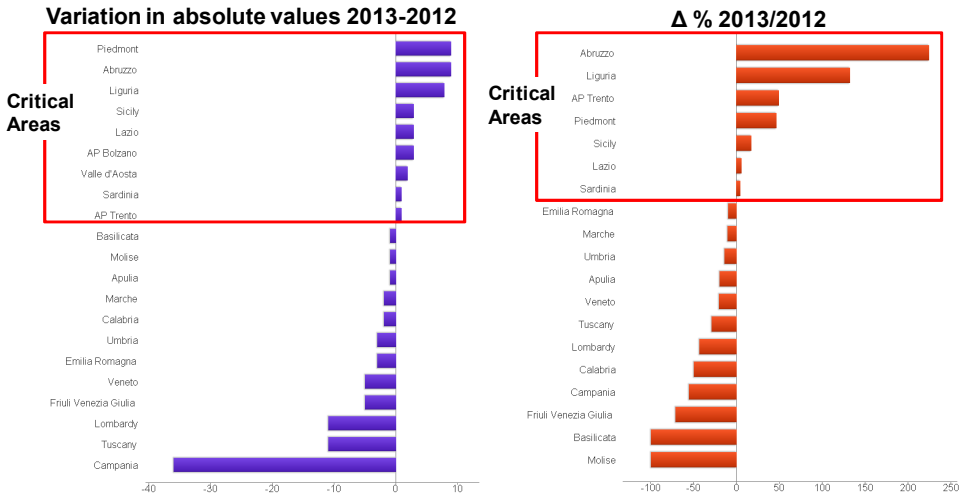
Greater decrease in deaths in Italy than in Europe overall

Source: Central Directorate for Anti-drug Services – Ministry of the Interior; EMCDDA Statistical Bulletin 2013

The trend in deaths by acute drug-induced intoxication (overdose) nationwide (by area where the fatality was discovered) over the last ten years shows the majority of overdose deaths occurring in the country's centre and south, with only slight variability throughout the period of reference. 2013 saw an increase in deaths in North-western Italy and a decrease in deaths in Southern Italy and the Islands. Meanwhile, the figures in Central and North-eastern Italy remained largely stable.

If we analyse the differences in absolute values and percentage variation values in comparison with the previous year by Region, we find that the most "critical" regions are Piedmont, Abruzzo and Liguria. On the other hand, the situation with regard to drug-related deaths improved in the regions of Tuscany, Campania and Emilia-Romagna (Figure 6.22).

Figure 6.22: A comparison of drug-related deaths. The years 2012 – 2013



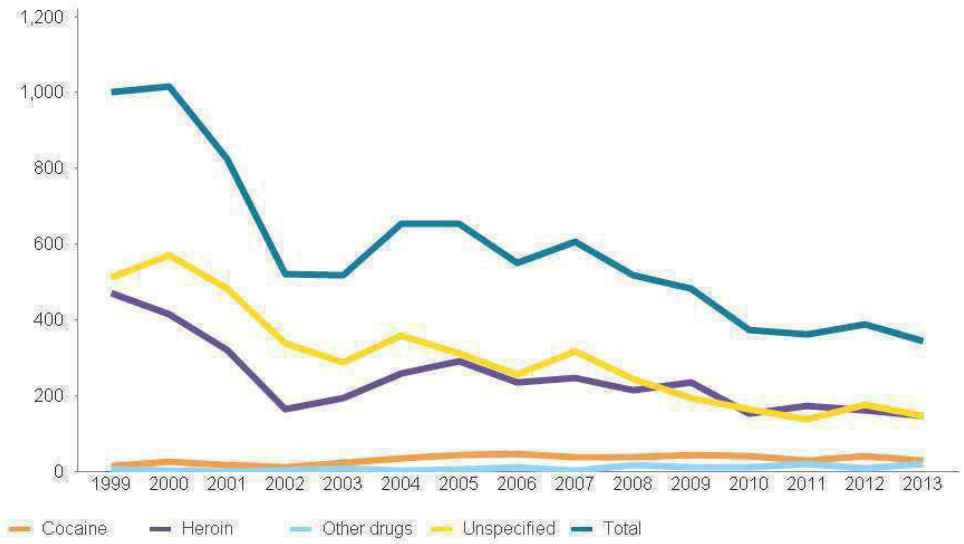
The following Regions saw an increase in the number of deaths in 2014: Piedmont, Abruzzo, Liguria, Sicily, Lazio, A.P. Bolzano, Valle d'Aosta, Sardinia and A.P. Trento

Source: Central Directorate for Anti-drug Services – Ministry of the Interior

In approximately 43% of deaths recorded in 2013 it was not possible to detect the drug which had presumably caused the death. In 42.4% of cases, the cause of death could, with reasonable certainty, be traced back to heroin, while in 8.4% of cases it could be traced back to cocaine, to methadone in 3.8% of cases, and to other substances in the remaining 2.4%. Heroin therefore reaffirms its place as the drug which causes the greatest number of deaths and drug addictions. In 2013, the average age at time of death for subjects dying of heroin overdose was 40, while it stood at 38 for cocaine overdose victims.

Of all the drugs, heroin is the number one cause of deaths

Figure 6.23: Deaths attributed to acute drug-induced intoxication (overdose), by drug type. The years 1999 – 2013



Source: Central Directorate for Anti-drug Services – Ministry of the Interior

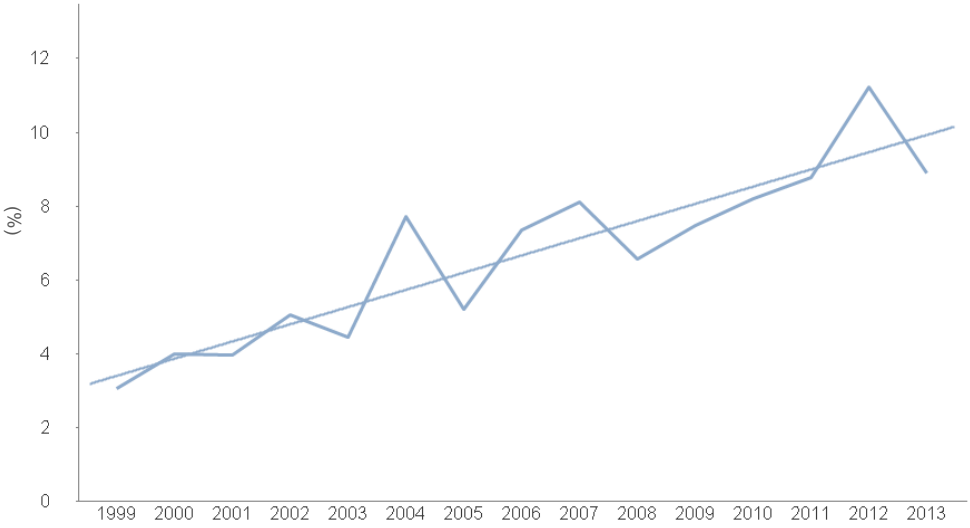
After 1999, when 470 deaths attributed to heroin were recorded, there was a decline in the phenomenon. This decline lasted until 2002, when the number of deaths fell to 165. Between 2004 and 2009, with the exception of a peak in 2005, numbers remained largely stable at between 200 and 250 cases per year. During the last 4 years of the period of reference,

Decline in number of heroin overdoses

figures were lower (154 in 2010, 174 in 2011 and 163 in 2012) and in 2013 there was a 10.4% decrease over the previous year's number. The number of deaths caused by cocaine overdose grew slowly but steadily until 2010. Over the last three years, the trend has been in fluctuation: after a sharp decrease in 2011, it rose steeply in 2012 (from 29 to 41 deaths), only to decline dramatically once more during 2013, falling to 29 (Figure 6.23).

The number of deaths among foreigners in our country (Figure 6.24) has risen, albeit unsteadily, over the last ten years, with high variability during the period from 2003 to 2008 and again during the two-year period of 2011-2013. The number of foreigners who died of overdoses stood at 3% at the beginning of the first decade of the 21st century, but had reached 9% in 2013.

Figure 6.24: Percentage distribution of deaths by overdose among the foreign population. The years 1999 – 2013



A decrease in the percentage of foreigners among overdose cases in 2013

Source: Central Directorate for Anti-drug Services – Ministry of the Interior

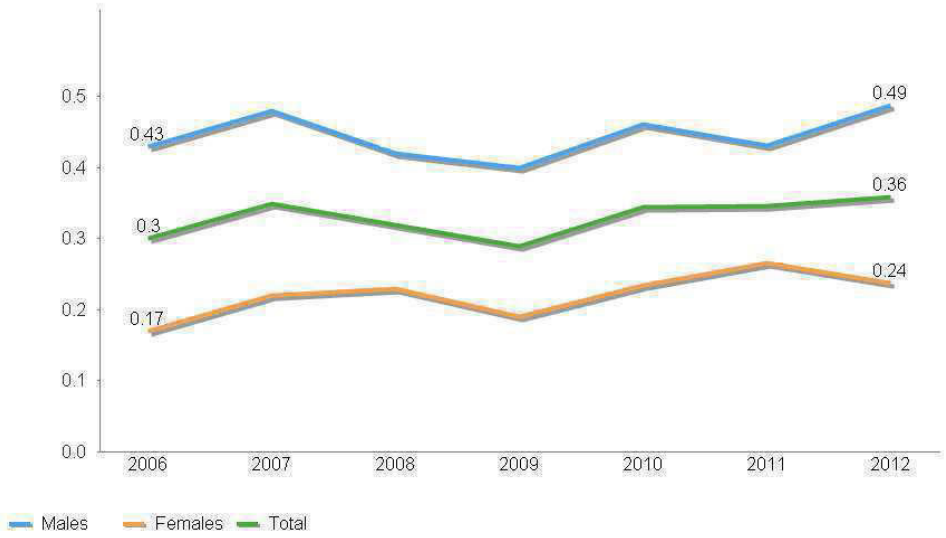
6.4.2 Mortality and causes of deaths among drug users

Acute intoxication from one or more psychoactive drugs is the most common cause of death among drug users, but the phenomenon of mortality extends to other causes as well, some 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 intoxication [overdose]).

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

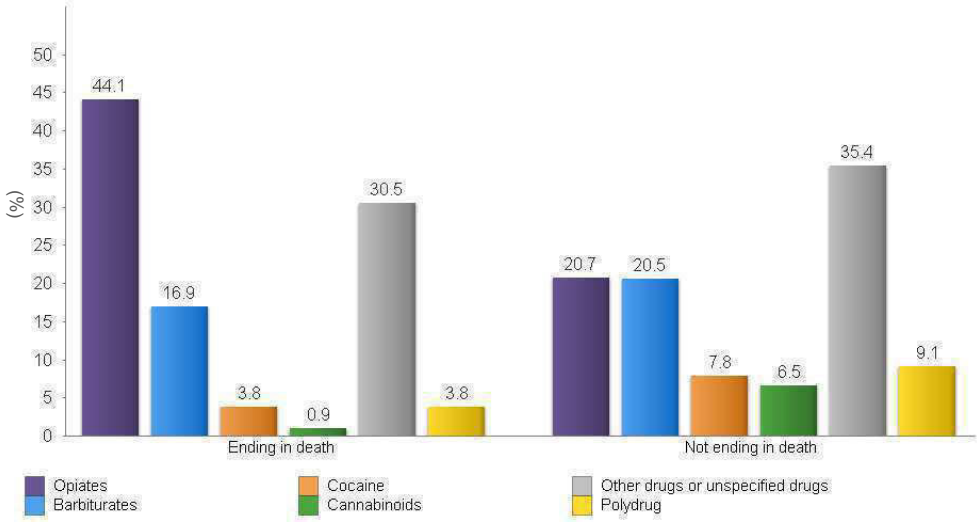
Attribution of cause of death is based upon the first diagnosis of cause of death made by the doctor certifying death or by the doctor conducting the post-mortem examination, and not upon specific clinical documentation. There is therefore an issue of proper and complete clinical verification of the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

Figure 6.25: Rates of drug-related hospital admissions ending in death (hospitalisations per 100,000 population), by gender. The years 2006 – 2012



Source: Hospital Discharge Records flow – Ministry of Health

Figure 6.26: Percentage distribution of drug-related hospital admissions ending in death and not ending in death, by drug type. The year 2012



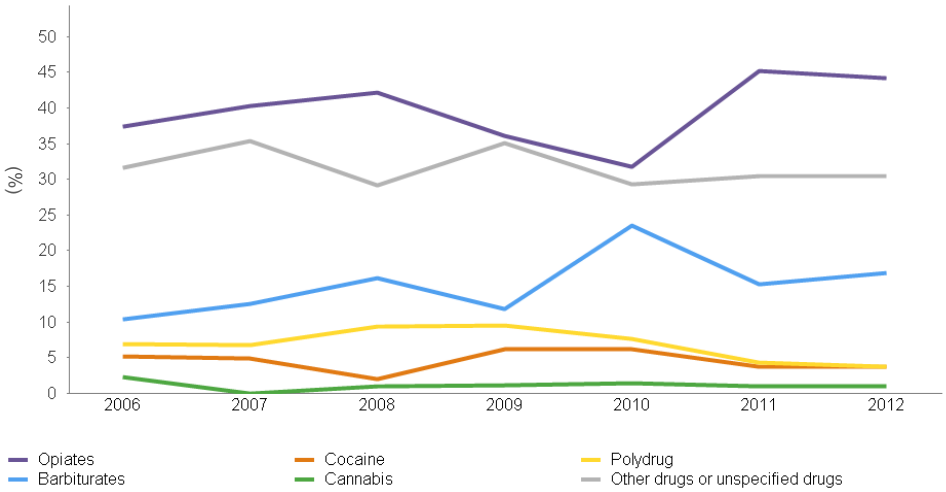
Source: Hospital Discharge Records flow – Ministry of Health

Premature death, which may occur in the cases of very young people as well as people who are not necessarily addicted or in chronic situations, can be the result of either natural causes (above all infections and cardiovascular problems/complications) or non-natural causes (overdose, suicide, homicide, traffic and workplace accidents). These elements, however, are rarely recorded as being linked to the effects of 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.

In 2012, as in previous years, hospital admissions ending in death accounted for less than 1% of total drug-related hospital admissions. A comparison of the numbers of deaths where the deceased had been

admitted to hospital over the last seven years reveal that figures have remained largely stable, with a total rate of approximately 0.3%. If we differentiate by gender, we find a decrease in the number of female deaths in 2012 in comparison with 2011, while the number of male deaths increased.

Figure 6.27: Percentage of drug-related hospital admissions ending in death, by drug type. The years 2006 – 2012



Source: Hospital Discharge Records flow – Ministry of Health

Between 2006 and 2012, the drugs which caused the greatest numbers of deaths were opiates, although these types of deaths fell markedly in 2009 and 2010 (36.2% in 2009 and 31.7% in 2010). This downturn reversed during the two-year period of 2011-2012, when percentages rose. Numbers of deaths caused by barbiturates also rose during the most recent two-year period (15.2% in 2011 and 16.9% in 2012). Cocaine and cannabis, on the other hand, were found to cause the lowest percentages of deaths. Neither of these account for more than 5% of drug-related hospital admissions ending in death.

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

First approaches to harm reduction in Italy

Italy had its first experiences in preventing drug-related diseases in the early 1990s. These largely involved the need to deal with the emergency that was the spread of HIV among drug addicts. These initial experiences were extremely important, from both epidemiological and epistemological standpoints. 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 beginning of the shift towards contacting and "taking into care" those who, because at that time in their lives they did not wish to stop using drugs, were not receiving treatment from addiction services.
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, despite the fact that the anti-drug strategy of the Council of Europe still places particular emphasis on the importance of reducing harm in social and health spheres.

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

Goals of the National Action Plan on Drugs

The 2010 – 2013 National Action Plan on Drugs devotes a large section to the treatment and prevention of drug-related diseases, with a specific action area covering the following goals:

1. To further integrate drug-related disease prevention as a part of treatment programmes.
2. To establish new national operational guidelines for the launch, maintenance and/or refocusing of drug-related disease prevention activities throughout the country.
3. To prevent and reduce the risk of death by overdose.
4. To prevent and reduce the risk of acquiring and transmitting drug-related infectious diseases including HIV, the viral hepatitides, TBC and sexually transmitted diseases.
5. To launch gender-oriented programmes.
6. 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.
7. To prevent and reduce the problems and negative consequences for the families of drug addicts and alcoholics.

Monitoring actions in drug-related disease prevention

During the course of 2013, the Department for Anti-drug Policies conducted a study to monitor actions at a Regional level in the sphere of drug-related disease prevention. These were divided according to objectives within the action area and evaluated in relation to the National Action Plan on Drugs 2010-2013. No data were received from Emilia-Romagna or Tuscany.

No new guidelines for the prevention of drug-related diseases were established at a regional level in 2013 by any of the Regions or

Autonomous Provinces, with the exception of Umbria.
Actions and initiatives to reduce transmission of HIV, viral hepatitis and other infectious diseases are carried out as part of routine activities in the majority of Regions and Autonomous Provinces (79%). This is particularly true in the Northern Regions (Piedmont, Lombardy, Veneto, Friuli Venezia Giulia, Liguria and A.P. Trento).
A high percentage of Regions also have established routine activities to increase integration of prevention with treatment initiatives (68%) and to reduce risk of death by overdose (68%).
Turning our attention to the reduction of social risks and of problems for the families of drug addicts and alcoholics, we find that Northern Italy once again had the most outstanding performance. Gender-oriented programs have still not seen widespread implementation among the Regions and Autonomous Provinces (4 out of 21 Regions).

The new National Action Plan on Drugs addressing new psychoactive substances was presented in September 2013. Its purpose is to make additions to the list of drugs that traditional types of testing are able to detect, thus encouraging more effective monitoring of drug use and, in particular, of the use of these new drugs.
In order to remedy this issue, standards of reference for the new psychoactive substances were distributed to testing centres, thus making it possible to improve laboratories' analytical capabilities and possibly increase the number of reports which could be sent to the National Early Warning System.

Goals of the new National Action Plan

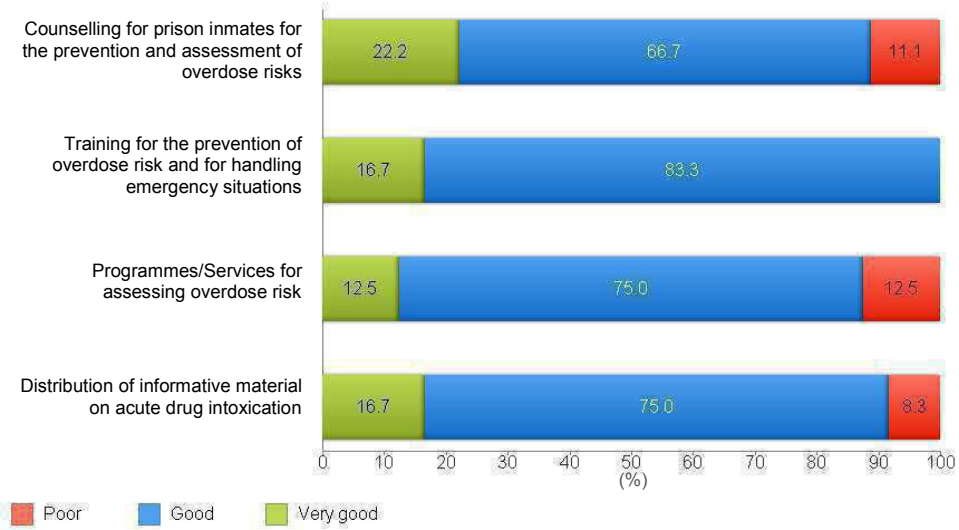
The new National Action Plan contains a series of goals that aim to improve the reporting of new drugs. These are as follows:

1. Monitoring admissions to emergency/urgent care units for acute intoxication related to the use of NPS (New Psychoactive Substances).
2. Enhancing the National Early Warning System (N.E.W.S.) and strengthening collaborations between the affected Regions and Autonomous Provinces participating in the project and the national network of NPS collaborative centres.
3. Encouraging an increase in the capabilities of local and regional laboratories (forensic toxicology, university laboratories, Law Enforcement laboratories, laboratories run by the Customs Agency, etc.) to identify NPS in seized substances, in biological samples from patients and users, in substances purchased online or from other sources.
4. Increasing the capability of medical centres to identify cases of acute intoxication linked to the use of NPS (poison control centres, emergency/urgent care units, psychiatric services, etc.).
5. Providing support for the implementation of technical-scientific training and refresher courses on NPS, targeting Law Enforcement laboratory personnel and personnel working in the field.
6. Developing and employing new on-site rapid devices to carry out toxicological testing on NPS.
7. Launching research projects into actual numbers of deaths linked to NPS.

In addition, the information collected at a local level by the Regional Administrations through the use of the SQ 23 Structured Questionnaire, "Prevention and reduction of drug-related diseases and of acute drug

intoxication mortality", was useful for putting together a descriptive profile of this situation. An nationwide overview of the situation in 2013, a year in which 15 of the 21 Regions and Autonomous Provinces responded to the Questionnaire, reveals a high level of attention being devoted to this topic. 80% of participating Regions and APs reported having distributed informative material on acute drug intoxication. 60% had conducted counselling for prison inmates for the prevention and assessment of overdose risk. 53% had put into action programmes/services for assessing overdose risk. Lastly, 40% had launched training programmes for the prevention of overdose risk and for handling emergency situations. The assessment of the availability of these initiatives (Figure 7.1) is good overall (with a percentage of positive assessments in excess of 80%), although this information was received from only 9 of the 21 Regions and APs.

Figure 7.1: Assessment of the availability of priority programmes for the prevention of death by acute drug intoxication. The year 2013



Source: EMCDDA questionnaires provided to the Regions

There were positive findings regarding prevention programmes in recreational venues (discotheques and other places) such as, for instance, the distribution of drug-use prevention information, carried out in discotheques in 60% of participating Regions as well as in other recreational venues in 53% of participating Regions. Findings regarding the placement of bins and containers for the deposit of illicit drugs, on the other hand, were negative, with none being present in the discotheques or other recreational venues in any of the Regions.

The availability of prevention programmes for discotheques and other recreational venues (distribution of information for the prevention and reduction of harm associated with drug use; the presence of personnel trained in emergency medical response; chill-out rooms) was generally good, while programmes for the training of emergency personnel were assessed as being very good.

3 million euros less than in 2012

Nonetheless, in comparison with 2012, there was a decrease of approximately three million euros (-34.8%) in the amount of funds allocated for the prevention of acute drug-related deaths; the most dramatic decrease was in Lazio, where no funds were allocated at all for the year 2013. This notwithstanding, the Regions launched targeted,

structured services in support of policies and strategies encouraging the prevention of drug-related diseases and risk limitation.

44 street units for the prevention of drug-associated health risks

In 2013, there were 105 structured services in existence in the Regions and Autonomous Provinces (a reduction in comparison with 2012 numbers) serving over eighty-five thousand individual clients.
Specifically, there are 44 street units for the prevention of drug-related health risks, 23 street units (LRD) dealing with alcohol and other risks associated with night-life, 17 street units handling problems associated with prostitution, 11 daytime drop-in services, 3 24-hour low-threshold reception centres, 3 dormitories specialized in pathological addictions and 4 services providing for basic needs.

7.2 Prevention and treatment of drug-related infectious diseases

As described in previous chapters, the National Information System on Addictions (SIND), established under the SIND Decree of 11 June 2010, has taken the place of the previous aggregate data flow which existed under the Ministerial Decree of 20/09/1997. Under the new system, there have been a series of problems and technical difficulties with the flow of information on 2013 client test results for HIV, the hepatitis B virus and the hepatitis C virus from the Regions to the Ministry of Health, as well as with the subsequent transfer of data to the Department for Anti-drug Policies (DPA). This has led to a significant decrease in the amount of data which can be used to create an updated representation of the national situation that incorporates the 2013 data on drug-related infectious disease test results.

Scale of the phenomenon in Italy

An analysis of data received from the Regions of Emilia-Romagna, Lombardy and Umbria reveals a high variability between results for HIV tests conducted on new addiction services clients (results ranging from 0% to 2% HIV-positive among new clients tested) and returning clients (results ranging from 1% to 3% HIV-positive among returning clients tested).
There was also a certain amount of variability in results for new and returning clients tested for the hepatitis C virus. Among new clients tested during the year, the prevalence of HCV-positive results ranged between 7% and 17%, while the figure ranged from 30% to 50% among returning clients.
Results from hepatitis B virus testing spanned narrower percentage ranges than those from hepatitis C. Among new addiction services clients, results ranged from 8% to 11% HBV-positive. Among returning clients, the number of HBV-positive results were lower than for HCV-test results in that population, ranging from 12% to 25%.
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 2013 there were 343, a further decrease with respect to the 2012 figure (-11.8%). There has also been an increase in the average age of death in these cases, which rose from an average of approximately 32 in 1999 to 38 in 2013.
Figures regarding death by acute intoxication in Italy over the last ten years show that the highest numbers of these deaths occur in the central-southern area of the country, despite some variation over the course of the time period in consideration.

Of all drugs, heroin is the primary cause of death by overdose, responsible for 42% of deaths, a figure which is in line with 2012 numbers. It is followed by cocaine, which is responsible for 8% of drug-overdose deaths, a decrease with respect to the 2012 figure (10%).
In the face of the significant decline over recent years in HIV, hepatitis B and hepatitis C testing being offered by drug addiction services, a decrease which continued in all of the Regions from which data was received in the two-year period spanning 2012-2013 , the Department for Anti-drug Policies, following the publication of the "Screening and early diagnosis of the principal drug-related infectious diseases" guidelines, has strongly supported the expansion of testing for these important infectious diseases among the drug-addicted population.

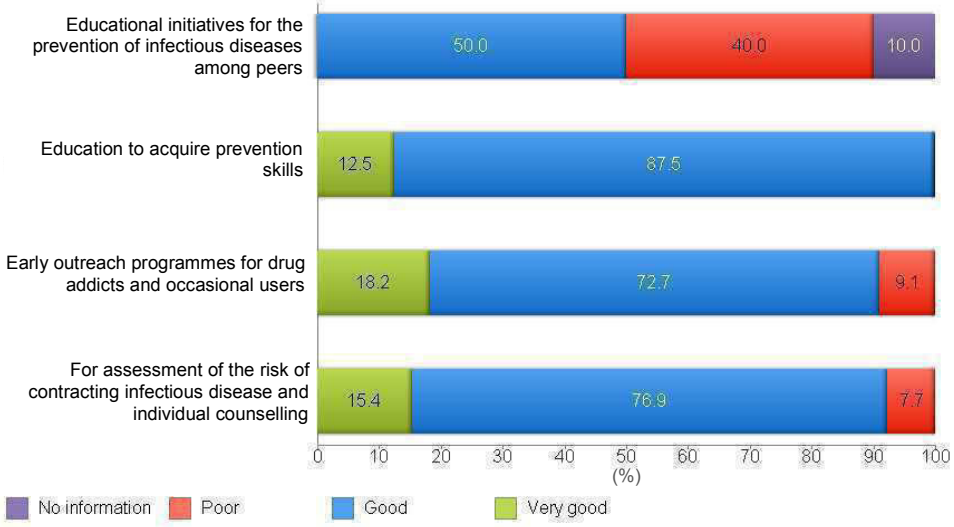
Launch of the Early Diagnosis and Treatment of Drug-related Diseases (DTPI) Project

In 2011, in order to encourage the adoption and application of these guidelines, the DPA launched a targeted project, Early Diagnosis and Treatment of Drug-related Diseases (known as DTPI), which has been entrusted to the AIDS Operations Centre of the Higher Institute of Health. The 70 centres for drug addiction care that were operationally involved in this initiative in 2012 continued their project activities during the course of 2013 as well.

Initiatives for the prevention of drug-related infectious diseases in therapeutic communities and in prisons, by Region

Information regarding drug-related infectious disease prevention initiatives in prisons and in social-rehabilitation facilities was collected from Regional Administrations through the use of the EMCDDA Structured Questionnaire (15 out of 21 Regions and APs participated). These Questionnaires showed that the most common prevention initiatives were those concerning infectious disease risk assessment and individual counselling, with over 80% of the Regions and Autonomous Provinces (who responded to the Questionnaire) reporting that such actions had been carried out both in therapeutic communities and in prisons. Assessment of the implementation of early outreach programmes for drug addicts and occasional users was also good, at over 60%. The number of educational initiatives for the prevention of infectious diseases among peers within the prison environment, however, was found to be lower, standing at only 47%.

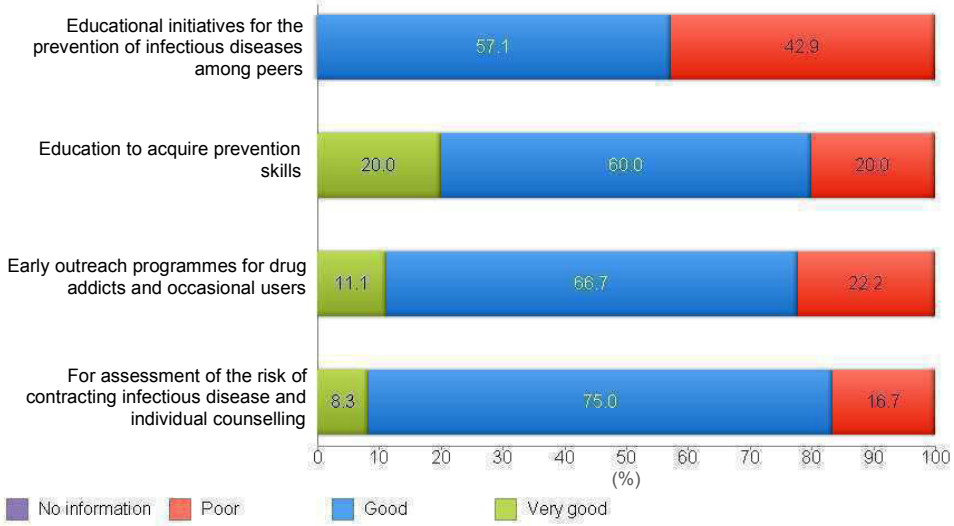
Figure 7.2: Assessment of availability of drug-related infectious disease prevention services in therapeutic communities. The year 2013



Source: EMCDDA questionnaires provided to the Regions

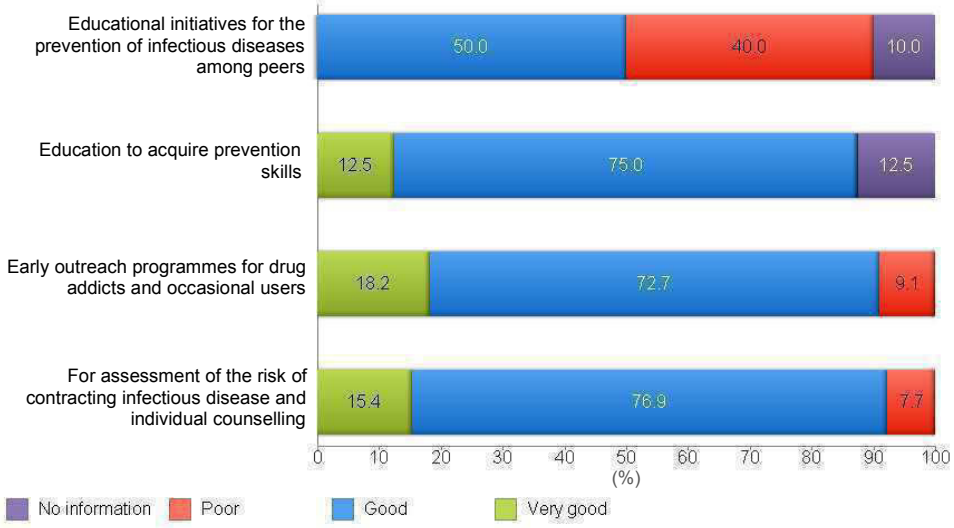
The assessment of the availability of drug-related infectious disease prevention services in therapeutic communities (Figure 7.2) and in prisons (Figure 7.3) remained positive, particularly with regard to services for infectious disease risk assessment and individual counselling, this despite the fact that a high percentage of Regions provided no answer for these questions (especially the section regarding prisons, for which the percentage of Regions that provided no response was, on average, above 40% of the total).

Figure 7.3: Assessment of availability of drug-related infectious disease prevention services in prisons. The year 2013



Source: EMCDDA questionnaires provided to the Regions

Figure 7.4: Assessment of accessibility of drug-related infectious disease prevention services in therapeutic communities. The year 2013

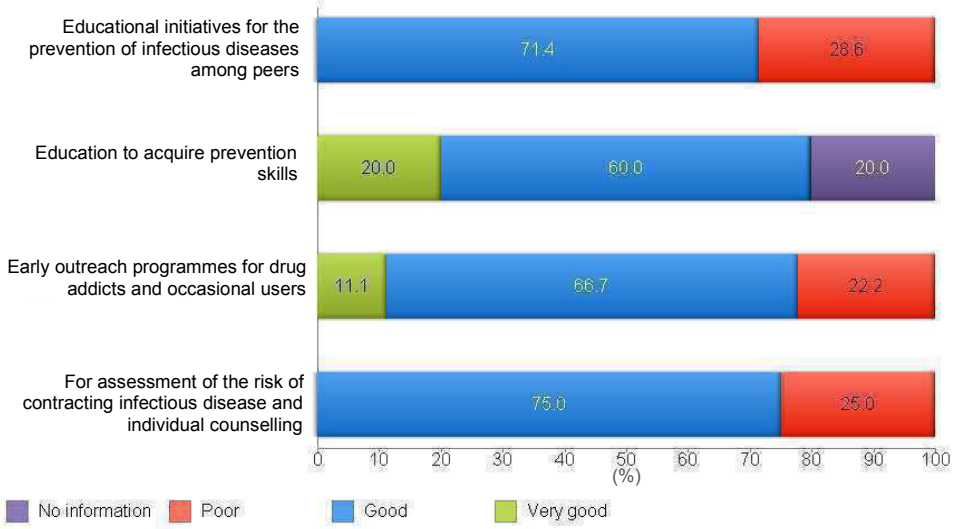


Source: EMCDDA questionnaires provided to the Regions

The accessibility of these services (Figures 7.4 and 7.5) was given the same overall positive assessment as their availability received. Specifically, the accessibility of services for the assessment of the risk of contracting infectious diseases and individual counselling was rated as good in both therapeutic communities (92%) and in prisons (75%). For

these questions, as for the others, the percentage of Regions and Autonomous Provinces which responded stood at an approximate average of 60% of the national total.

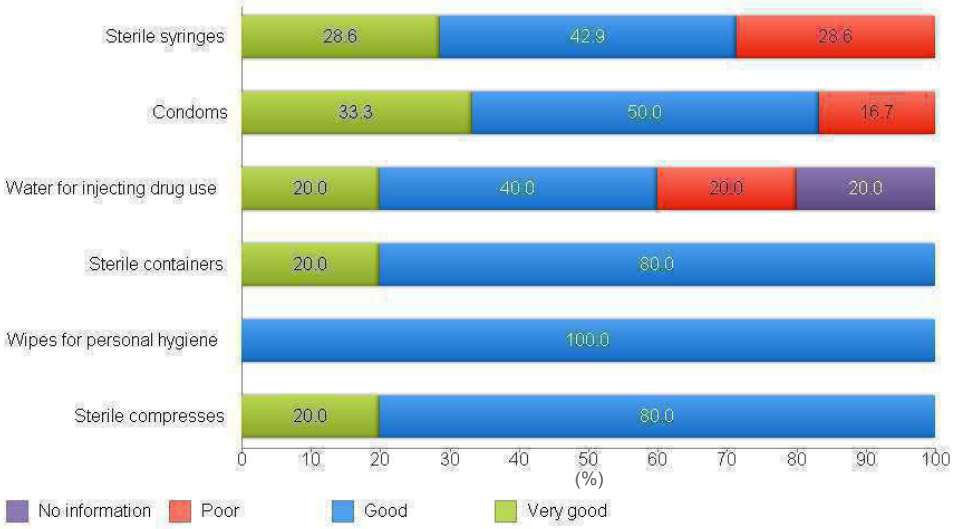
Figure 7.5: Assessment of accessibility of drug-related infectious disease prevention services in prisons. The year 2013



Source: EMCDDA questionnaires provided to the Regions

Few Regions and Autonomous Provinces have launched training initiatives to acquire prevention skills that target specific groups. To be precise, 66.7% have launched such initiatives for professionals in the drug addiction services field, 60.0% for those who work in prisons and 13.3% for other groups; no such initiatives targeting pharmacists were launched in 2013. However, where they do exist, training initiatives were found to have a very good availability assessment (over 80% on average) as well as an overall positive assessment of their accessibility.

Figure 7.6: Assessment of availability of paraphernalia (where it exists) to be employed in training to acquire prevention skills. The year 2013



Source: EMCDDA questionnaires provided to the Regions

Local Public Drug Addiction Service Units (SerT) had distributed training paraphernalia in the context of training programmes to acquire prevention

skills in less than half of the Regions that responded to the Questionnaire. In particular, no data was recorded regarding the distribution of tin foil for inhaling drug use.

Where paraphernalia was distributed, however, which was in less than half of the Regions that responded to the Questionnaire, the assessments of availability were nonetheless good, especially with regard to the availability of wipes for personal hygiene, of sterile compresses and of sterile containers (Figure 7.6).

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

Foreword

This chapter is devoted to the social consequences for particularly vulnerable subjects who regularly use illicit drugs. Specifically, the profiles of marginalised subjects were analysed using the data on clients in care of local drug addiction services, collected by means of the National Information System on Addictions (*t.n. known by the acronym SIND*) information flow.

Data sources

TDI data

The data presented in this chapter regard a group of 57,956 individuals in the care of addiction services in 2013 and was used for the purpose of completing the TDI tables. As has already been explained in Chapter 5, these data refer to 92% of the overall total number of clients receiving care from the addiction service units from which information was received.

The information flows employed as part of the Treatment Demand key indicator, which exist 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 make up the individual information flow for each client undergoing treatment (the National Information System on Addictions [SIND] information flow).

SQ 28 data

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

8.1 Social exclusion and drug use

8.1.1 Employment situations

47.8% of addiction services clients are employed; 35.4% are unemployed

An analysis of the characteristics of the individuals comprising the sample group of subjects makes it possible to sketch a profile of the employment situation of subjects undergoing treatment for drug use with drug addiction services.

In the sample group in question, it was found that 35.4% of all clients were unemployed, while 47.8% were employed in some capacity and in various ways (occasionally or continuously).

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 2013

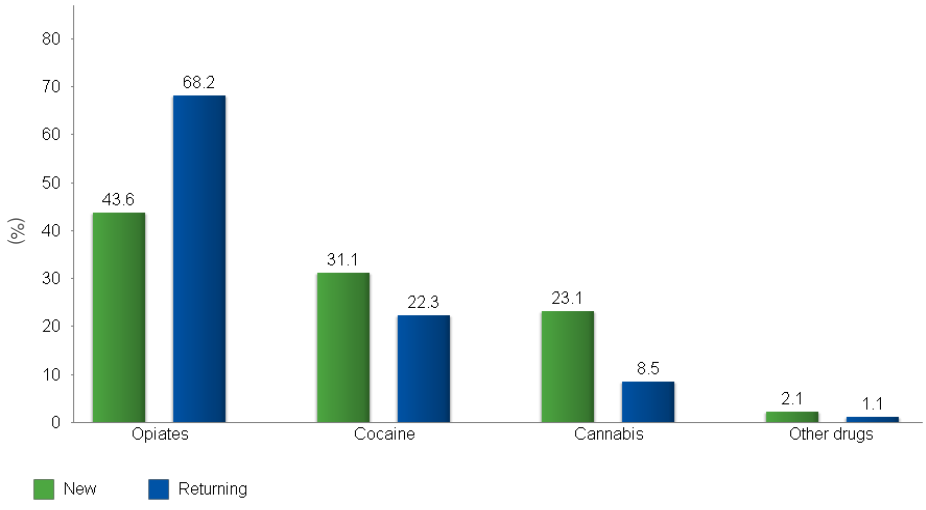
	New clients			Returning clients			Total		
Type of employment	**M**	**F**	**Tot**	**M**	**F**	**Tot**	**M**	**F**	**Tot**
Stable employment	36.8	27.5	35.3	43.1	30.0	41.3	40.4	28.9	38.8
Occasional employment	9.6	8.4	9.4	8.7	10.8	8.9	9.0	9.7	9.1
Unemployed	34.7	34.7	34.7	35.3	39.4	35.9	35.0	37.3	35.4
Student	11.0	16.6	11.9	3.2	6.8	3.7	6.5	11.2	7.2
Financially inactive	3.1	10.1	4.2	3.5	8.1	4.2	3.3	9.0	4.2
Other	4.9	2.8	4.6	6.2	4.9	6.1	5.7	4.0	5.4

Source: SIND flow – Ministry of Health

Higher level of unemployment among returning clients (35.9%)

The employment situation appears to be more problematic among returning clients, of whom 35.9% are unemployed, compared to 34.7% of new clients. Of returning clients, 39.4% are unemployed women while 35.4% are unemployed men.
When comparing these two groups based on employment rate, we find a higher figure among returning clients in comparison with new clients (50.2% vs. 44.7%). Meanwhile, individuals who are still students are more numerous among the new clients (11.9%) than among the returning clients (3.7%).
If we turn our attention to primary drug of use data and compare the percentage of opiate users among the unemployed with the percentage of opiate users in the client population as a whole, we can see that there is a higher percentage of opiate users among the unemployed than there is in the total sample group (59.4% of the unemployed vs. 54.7% of the total sample). On the other hand, there is a lower percentage of cocaine users among the unemployed than in the sample group as a whole (25.4% vs. 25.8%). The same situation can be observed among cannabis users (13.7% vs. 17.4%).
Among unemployed clients, we observe significant differences in numbers between new clients who use opiates and returning clients who use opiates (43.6% of new vs. 68.2% of returning). We find the opposite situation is true for cocaine and cannabis users. The percentage of unemployed cocaine and cannabis users who are returning clients is significantly lower than the percentage of unemployed cocaine and cannabis users who are new clients (8.8 and 14.6 percentage points less, respectively) (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 2013



Source: SIND flow – Ministry of Health

8.1.2 Homelessness

A small percentage of addiction services clients are homeless (5.6%)

An analysis of the information flow makes it possible to identify specific characteristics of subjects undergoing treatment with drug addiction services which concern their housing situations (whether they have a permanent residence, live in some type of facility or are homeless).
82.9% of the subjects of the analysis reported having a permanent

residence, while 5.6%, on the other hand, were found to be homeless.

An in-depth analysis based on gender and type of client (new or returning) shows that 80.4% of new clients and 85.2% of returning clients have a permanent residence, with more women having a permanent residence than men, regardless of whether they are new or returning clients. The percentage of subjects who reported living in various types of facilities was, on the other hand, higher among new clients than among returning ones (13.5% vs. 9.7%). This reflects the situation among homeless clients (6.1% homeless among new clients and 5.1% among returning) (Table 8.2).

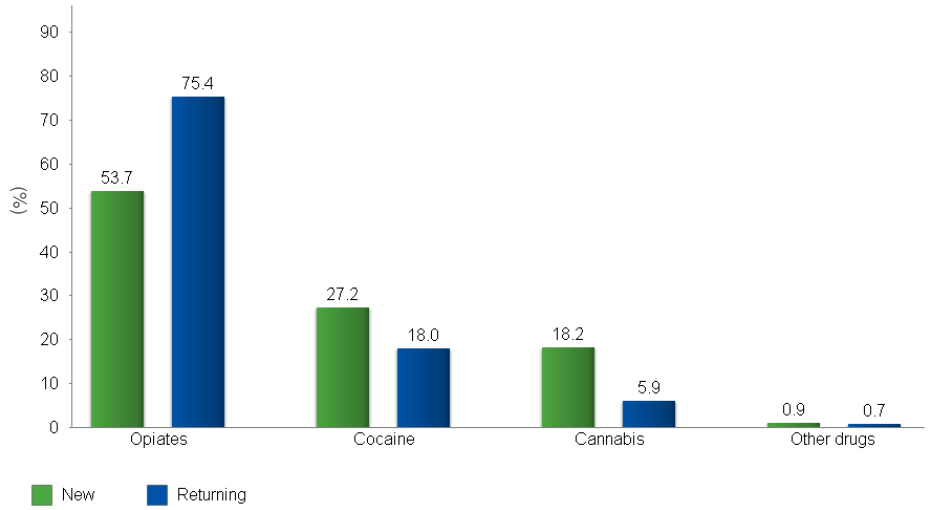
Table 8.2: Percentage distribution of drug addiction service clients according to housing situation, by gender and type of client (new or returning). The year 2013

	New clients			Returning clients			Total		
Housing situation	**M**	**F**	**Tot**	**M**	**F**	**Tot**	**M**	**F**	**Tot**
Permanent residence	79.1	88.3	80.4	84.6	89.5	85.2	81.9	88.9	82.9
In a facility	14.5	7.4	13.5	10.3	5.7	9.7	12.3	6.5	11.5
Homeless	6.4	4.3	6.1	5.1	4.7	5.1	5.7	4.5	5.6

Source: SIND flow – Ministry of Health

In comparison with the population of drug addiction service clients as a whole, among homeless clients there is a higher percentage of opiate users (64.9% vs. 54.7%) and a lower percentage of cocaine users (22.4% vs. 25.8%) and cannabis users (11.9% vs. 17.4%).

Figure 8.2: Percentage distribution of homeless drug addiction services clients according to type of drug used and type of client (new or returning). The year 2013



Source: SIND flow – Ministry of Health

Disaggregating this information according to the type of user, we can see that the percentage of homeless opiate users in care of Local Public Drug Addiction Service Units (*t.n. known by the acronym* SerT) is lower for new clients in comparison with returning ones (53.7% vs. 75.4%), while the opposite is true for cocaine users (27.2% vs. 18.0%) (Figure 8.2).

8.2 Social reintegration projects

The 2010-2013 National Action Plan on Drugs

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 also 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.

2010-2013 National Action Plan Goals

National Action Plan goals focusing on this area, 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:

1. Ensure organisational conditions and availability of human, technological, logistical and financial resources suitable for reintegration work
2. Reduce drug addicts' tendency to resort to criminal and illegal activities, as well as prostitution, by promoting targeted social and work reintegration programmes
3. Standardise, on a national level, the principles and principal methods of rehabilitation and reintegration
4. 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
5. Improve the education and professional skills of drug addicts undergoing treatment
6. Encourage the development of operative units specialised in reintegration activities within Addiction Departments
7. Integrate and coordinate reintegration activities among the various local agencies (Local Public Addiction Service Units [SerTs], therapeutic communities, local and provincial administrations, Local Health Authorities and associations of business owners)
8. Directly involve public companies and administrations (local governments, provincial governments, Local Health Authorities [ASL]) in social and work reintegration activities for drug addicts through the allocation of contracts to social cooperatives operating in this sector.
9. Encourage the reintegration of drug addicts into the employment structure of ordinary businesses.
10. Orient organisations that deal with social and work reintegration towards developing corporate social responsibility programmes, in order to encourage the creation of organisations for reintegration that are capable of generating their own income, and thus self-financing their activities
11. Promote a nationwide targeted project for social and work rehabilitation and reintegration, in order to support the process of innovation in this sphere throughout the country.

Implementation of the National Action Plan goals by the Regions and Autonomous Provinces, 2010-2013.

The status of implementation of the National Action Plan goals was largely homogeneous across the Regions and Autonomous Provinces in 2013. In 2013, the only Regions which had routinely implemented at least seven of the eleven National Action Plan goals were Friuli Venezia Giulia, A.P. Trento and Sardinia.
The Regions of Molise, Calabria and Campania, on the other hand, had not implemented any of the goals as part of their routine activities. In addition, these same three regions have the lowest level of implementation of all of the goals. On the other hand, no data at all were received from Emilia Romagna or Tuscany.

Implementation of Goal 1

If we analyse the outcomes for each individual goal, we find that the activity most implemented by the Regions was that of ensuring organizational conditions and the availability of financial resources suitable for reintegration work (Goal 1). Indeed, this goal is considered to be a routine activity by nearly 70% of the Regions which provided data.

Implementation of Goal 5

Goal 5, involving the improvement of the education and professional skills of drug users in treatment, was given an equal amount of importance, with 50% of the Regions which provided data stating that they considered this goal to be a part of their routine activities.

Implementation of Goals 2, 3 and 4 in the Northern Regions

If we consider the other Action Plan goals, we can see that there has been a better performance in terms of projects implemented to achieve them in the Northern regions than in the Southern ones.
In fact, most of the Northern Regions have implemented projects to encourage the reduction of criminal and illegal activities (Goal 2), doing so by means of social reintegration programs, the promotion of reintegration activities within Local Drug Addiction Services (Ser.T.) and Therapeutic Communities (goal 4) and encouraging the standardisation of rehabilitation and reintegration methods (Goal 3).

Implementation of Goal 10

47% of the Regions report that they have established (routine) activities intended to encourage the development of corporate social responsibility programmes, useful for promoting social and workplace reintegration and helping subjects in care of services and organizations operating in the social sphere to achieve financial self-sufficiency (Goal 10). The Regions carrying out these types of activities are: Lombardy, the Autonomous Province of Bolzano, the Autonomous Province of Trento, Friuli Venezia Giulia, Lazio, Umbria, Basilicata, Apulia and Sardinia.

Implementation of Goal 9

Only 7 Regions have implemented activities to encourage the reintegration of drug addicts into the employment structure of ordinary businesses (Goal 9) as part of their routine activities: The Autonomous Province of Bolzano, the Autonomous Province of Trento, Friuli Venezia Giulia, Lazio, Marche, Umbria and Sardinia. The other Regions do, however, list this goal among their projects, while no data regarding this goal was provided by Sicily or Valle d'Aosta.

Implementation of Goals 7 and 8

The results regarding activities aimed to integrate and coordinate reintegration activities among the various local agencies (Goal 7) were less positive. Three regions provided no data about this goal and only 6 regions (a little fewer than 30%) reported having routine activities with these objectives.
The same can be said of the goal of directly involving local governments, provincial governments and Local Health Authorities (ASL) in reintegration activities (Goal 8). 20% of data on this goal is lacking.

Another goal to which the Regions devoted little attention was that of encouraging the development of operative units specialised in reintegration activities within Addiction Departments (Goal 6). While Friuli Venezia Giulia, the Autonomous Province of Trento, Marche, Umbria and Sardinia reported excellent figures for this goal, a full 5 regions (Molise, Basilicata, Liguria, Apulia and Sicily) did not provide any data regarding its achievement.

Implementation of Goal 6

Lastly, the worst situation is the one regarding the promotion of a nationwide targeted project for the social and work rehabilitation and reintegration of drug addicts (Goal 11). Over 60% of the Regions that provided data failed to provide information regarding this goal.

Implementation of Goal 11

On the questionnaires provided by the European Monitoring Centre in 2013, nearly 73% of Regions and Autonomous Provinces (A.P.) reported having targeted and established strategies for the social reintegration of current and former problem drug users; most of these (82%) had made the relevant official documents available online.

73% of Regions and Autonomous Provinces reported that they had targeted reintegration strategies

Table 8.3: Total amount dedicated by Regions and Autonomous Provinces to finance social reintegration projects over the course of 2013

Regions and APs	Amount	%
Abruzzo	0.00	0.0
Basilicata	0.00	0.0
Calabria	306,884.00	5.0
Campania	986,000.00	15.9
Emilia Romagna	0.00	0.0
Friuli Venezia Giulia	1,136,500.00	18.4
Lazio	0.00	0.0
Liguria	0.00	0.0
Lombardy	1,773,218.00	28.6
Marche	0.00	0.0
Molise	0.00	0.0
Piedmont	0.00	0.0
A.P. Bolzano	1,589,479.00	25.7
A.P. Trento	0.00	0.0
Apulia	0.00	0.0
Sardinia	0.00	0.0
Sicily	0.00	0.0
Tuscany	400,264.00	6.5
Umbria	0.00	0.0
Valle d'Aosta	0.00	0.0
Veneto	0.00	0.0
Total	**6,192,345.00**	**100.0**

Source: EMCDDA questionnaires provided to the Regions

Over 6 million euros for social reintegration programmes

Table 8.3 shows all of the Regions and Autonomous Provinces which, on the EMCDDA questionnaire, reported having social reintegration projects funded from Regional Social Funds and/or through other special public funding channels for the year 2013. In Italy, only 15 to 21 are the Regions and APs that responded to the questionnaire.

21.4% less funding for social reintegration programmes; that means over €2 million less than in 2012

In comparison with 2012, there has been a dramatic overall decrease in funding (-16.2%), largely attributable to the discontinuance of funding in Piedmont, the Autonomous Province of Trento, Apulia and Umbria. Lombardy alone accounts for more than a quarter (28.6%) of total funding nationwide.

8.2.1 Housing

30% of Regions reported having implemented housing programmes for drug addicts

In 2013, an average of 30% of Regions and Autonomous Provinces had created housing programmes specifically targeting individuals undergoing social and healthcare treatment for drug use.

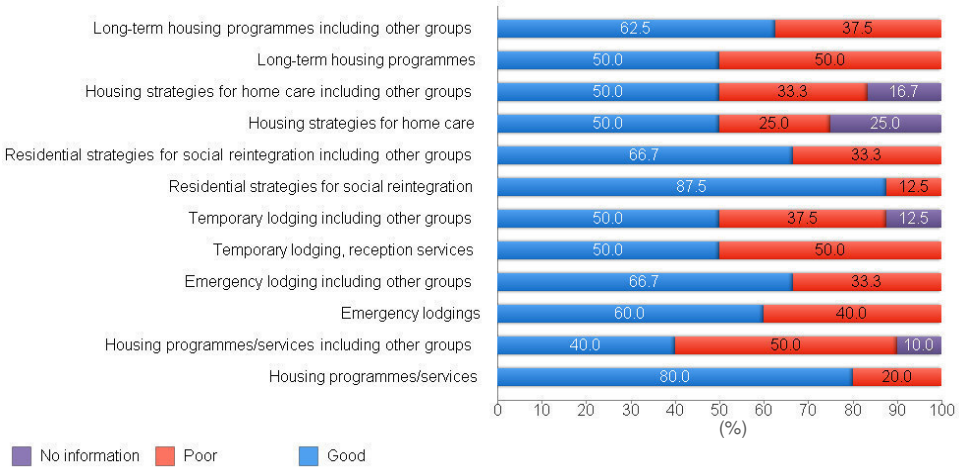
53.3% of Regions and APs report that they provide residential facilities for the social reintegration of drug addicts

In most cases, these subjects are able to take advantage of temporary housing (shelters) or reception centres providing temporary lodgings, created to provide assistance to socially excluded groups (66.7%). 53.3% of Regions and Autonomous Provinces, in the interests of more effective social reintegration, provide residential facilities for persons undergoing treatment for drug use that are devoted specifically to the reintegration of current and former drug users.
The number of long-term housing initiatives fell dramatically, with 13.3% of Regions; the number of long-term programmes which target other socially disadvantaged groups also fell (to 53.3%).

Availability of residential facilities for social reintegration is very good

The availability of these different types of services (Figure 8.3) was assessed as being, on average, at least “good” by 59.5% of Regional representatives (in comparison with 54.7% in 2012), and a high percentage (87.5%) assessed the availability of residential facilities for social reintegration as being “good”; these percentages were obtained by excluding the Regions for which there was no response indicated (on average more than 50% for each service).

Figure 8.3: Assessment of the availability of housing services specifically targeting current and former drug users. The year 2013



Source: EMCDDA questionnaires provided to the Regions

Accessibility of housing services was reported as being good

The Regions and Autonomous Provinces judged the level of accessibility to these kinds of services to be quite good (although with more than half of the questionnaires with missing response for each service). The ability to access housing services devoted specifically to current and former drug

users was judged to be, on average, "good" across the board. Assessments of residential facilities for social reintegration and of emergency lodgings stand out for the positive marks these two categories received from all respondents.

8.2.2 Employment

In 2013, workplace reintegration was reported as being a high priority goal by the Regions and the Autonomous Provinces.
Employment and job training programmes created exclusively for current and former drug users were put into effect in 42% of the Regions and Autonomous Provinces. If we include in this figure programmes which are open to other socially disadvantaged groups as well, the percentage rises to 47%.

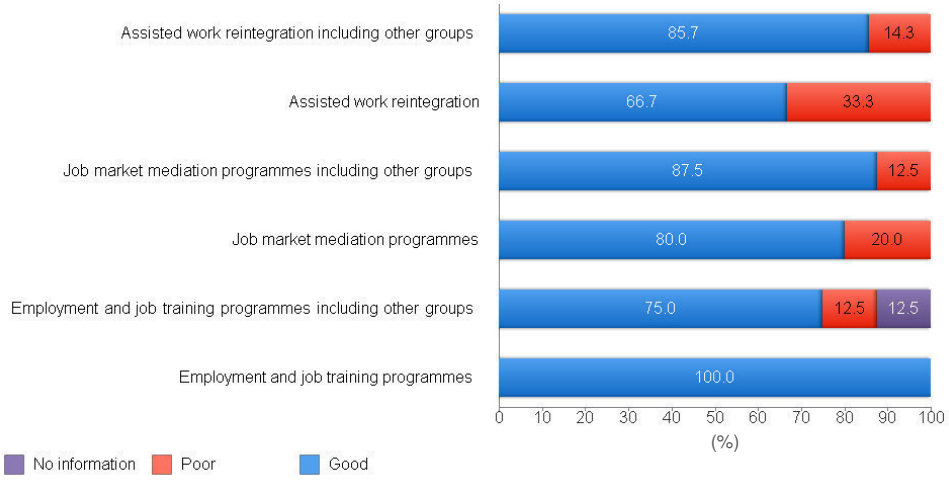
Good availability of employment services reported

The level of availability of employment services designed exclusively for current and former drug users was given, on the average, a positive evaluation (over 80% positive assessments [82.5%]). Job training programmes were given especially positive availability assessments.

A high level of accessibility reported for employment services

Equally high assessments were given regarding the accessibility of employment services. Assessments were positive across the board and ranged from a minimum of 67% for assisted workforce integration programmes to a maximum of 100% for job training programmes specifically targeting current or former drug users.

Figure 8.4: Assessment of the availability of employment services specifically targeting current and former drug users. The year 2013



Source: EMCDDA questionnaires provided to the Regions

As for the opinions of accessibility and availability of services for housing, even the judgments made about employment services are affected by a high proportion of Regions not answering, among those who have sent the questionnaire. For both characteristics which are deemed (availability and accessibility) more than 50% of the Regions and Public Administrations respondents did not indicate the answer.

8.2.3 Completion of education

Programmes to assist in the completion of education at below 40%

By “education”, what is meant is the attainment of a secondary level of education or a specialization, but not special training for a specific type of job.
In 2013, 46.7% of Regions and Autonomous Provinces created educational programmes/services targeting more than one type of socially disadvantaged group, as well as programmes aimed to help individuals complete their basic education, also targeting more than one socially disadvantaged group. A smaller number (30%) launched programmes for the completion of secondary education and 7% for the completion of university studies and doctoral work.

8.2.4 Other social reintegration programmes

A high number of psychological assistance programmes

Once again in 2013, among the social reintegration activities of note planned for current and former drug users, we find psychological assistance focusing on social and family relationships in effect in 73% of Regions and Autonomous Provinces.
Legal counselling and programmes to limit social exclusion targeting more than one socially disadvantaged group also had a strong presence, having been implemented in 50% of Regions and Autonomous Provinces.

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

9.1 Introduction

Foreword

Firstly, Law Enforcement Agencies plan and conduct actions in the sphere of drug prevention and to prevent the spread of illicit drugs. These include actions to fight the production, illicit trafficking and possession of illegal drugs, to prevent drug use on the level of the individual subject and to combat the problem of subjects who drive under the psychological and physical influence of alcohol or drugs. Secondly, Judiciary entities contribute to the process through the application of specific criminal penalties under drug law (DPR 309/90).

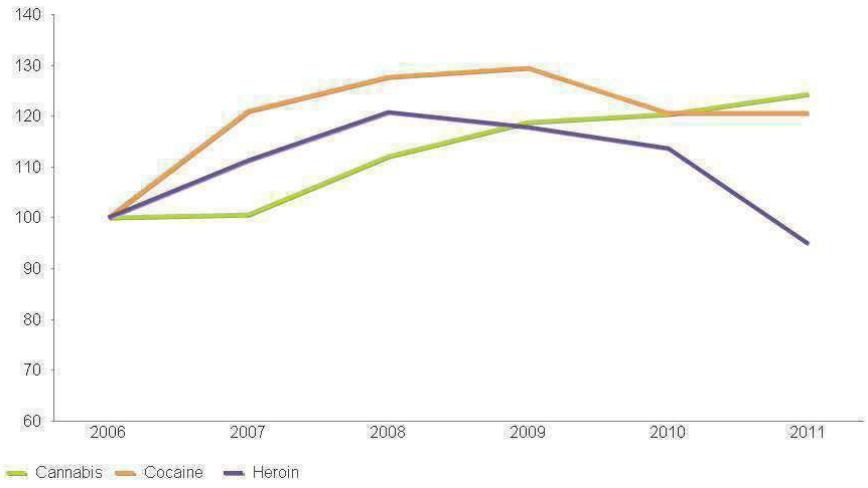
Information sources

Reports of actions undertaken by Law Enforcement are collected and filed (respectively) by the Department for Civil Administration Personnel Policies and for Instrumental and Financial Resources of the Ministry of the Interior (when dealing with violations for possession and use of illicit drugs [Art. 75 of DPR 309/90] [ST 11 – IT 02]) and by the Central Directorate for Anti-drug Services (DCSA) of the Ministry of the Interior (when dealing with information on operations to fight the production and illicit trafficking of drugs [Art. 73 and Art. 74 of DPR 309/90] [ST 11 – IT 01]).

Once charges have been filed by Law Enforcement for offences committed in violation of drug law (DPR 309/90) or other offences committed by drug-addicted subjects, criminal proceedings are opened and penalties applied, which are then recorded and filed in the archives at the Department of Judicial Affairs, Office 3 (Criminal Records). The entrance of adults and minors into the correctional system as a result of criminal penalties applied is the responsibility of the Department of Prison Administration for adults and of the Department of Juvenile Justice for minors (ST 12 – IT 01).

9.2 Drug-related crime

Figure 9.1: Trends in index values (*) for reported offences (criminal and non) in violation of drug law within EU Member States, by drug type. The years 2006 – 2011



Europe: Rising trend in offences linked to cocaine and cannabis

A decrease in offences linked to heroin

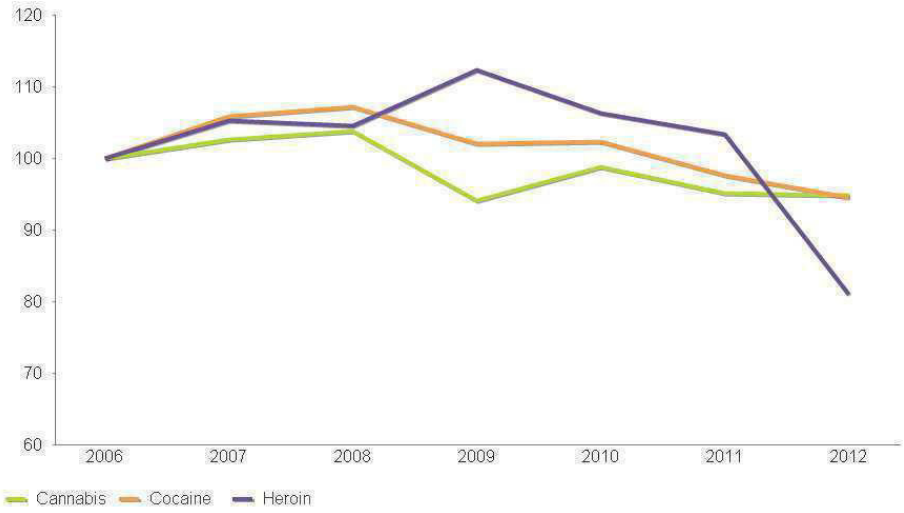
(*) Index values: percentage variation in comparison with base-year (= 2006) value

Source: European Monitoring Centre for Drugs and Drug Addictions – Annual Report 2012 (Table DLO - 3 of the 2013 Statistical Bulletin)

Overall trends in the number of reports of illicit activities in violation of drug law (criminal and non) in Europe in the period from 2006 to 2011 show a progressive increase in offences linked to cocaine and cannabis (in most European countries, cannabis-related offences represent a percentage ranging between 50% and 70% of drug offences reported in 2011), but a decrease in offences linked to heroin beginning in 2008.

We can see that there was a sharp drop in the number of reports of offences in violation of drug law (Art. 73, Art. 74 and Art. 75) linked to heroin in Italy during 2012. The number of reports for offences linked to cannabis and cocaine during the three-year period spanning 2009-2012, however, remained largely stable.

Figure 9.2: Trends in index values (*) for reports of illicit activities in violation of drug law (Art. 74, Art. 74 and Art. 75) in Italy. The years 2006 – 2012



Italy: since 2009 there has been a decrease in the number of heroin-related offences (Articles 73, 74 and 75) reported

(*) Index values: percentage variation in comparison with base-year (= 2006) value

Source: Department for Civil Administration Personnel Policies and for Instrumental and Financial Resources and the Central Directorate for Anti-drug Services – Ministry of the Interior

9.3 Drug law offences

9.3.1 Subjects reported under the requirements of Art. 75 of DPR 309/90

According to the information collected by the Department for Civil Administration Personnel Policies and for Instrumental and Financial Resources of the Ministry of the Interior (formerly the Central Directorate for Documentation and Statistics), a total of 32,163 subjects (data most recently updated on 15 March 2014) were reported for drug possession for personal use (Art. 75[1] DPR 309/90, ST 11 – IT 2) in 2013. Of these, 29,931 were male (accounting for 93.1% of the total) and 2,232 were female (6.9% of the total).

[1] A report is filed under the requirements of Art. 75 of DPR 309/90 every time Law Enforcement conducts a seizure of drugs being held for personal use. Once the report has been filed, the subject is summoned to the competent Prefecture for an interview and for application of the appropriate measures. Ever since Law 49/2006 came into force, the Prefecture responsible for administrative proceedings is no longer that where the violation was proven to have occurred, but rather, the Prefecture of the place of residence of the subject reported for the violation.

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

The number of subjects reported under the requirements of Art. 75 of DPR 309/90 and the amendments thereof, 38,146, decreased during the time period of reference with respect to the number reported during the same period of the year 2012, although the data for the most recent three-year period should still be considered provisional[2].

Table 9.1: Characteristics of persons reported to the Prefectures by Law Enforcement Agencies pursuant to Art. 75. The years 2012 – 2013

Characteristics	2012		2013		Δ%
	No.	%c	No.	%c	
Subjects reported					
Reported for the first time	23,786	72.8	23,817	74.1	0.1
Already reported in previous years	8,908	27.2	8,346	25.9	-6.3
Total	**32,694**	**100.0**	**32,163**	**100.0**	**-1.6**
Frequency					
Once during the year	31,347	95.9	30,936	96.2	-1.3
At least twice during the year	1,347	4.1	1,227	3.8	-8.9
Male	30,628	93.7	29,931	93.1	-2.3
Female	2,066	6.3	2,232	6.9	-8.0
Average age					
Male	26.4		25.9		
Female	26.7		26.5		
Reports filed, by drug type					
Opiates (heroin, methadone, morphine)	2,494	7.6	2,128	6.6	-14.7
Cocaine/Crack	4,578	14.0	3,617	11.2	-21.0
Cannabinoids	25,210	77.1	26,071	81.1	3.4
Stimulants	178	0.5	190	0.6	6.7
Other drugs	234	0.7	157	0.5	-32.9
Total	**32,694**	**100.0**	**32,163**	**100.0**	**-1.6**

Source: Department for Civil Administration Personnel Policies and for Instrumental and Financial Resources – Ministry of the Interior

Rising trend in the number of persons over the age of 30

3,190 (equal to 10%) of the total number of subjects reported in 2013 were under 18 years of age. Of this subgroup, 2,957 were male and 233 were female. The average age of subjects reported was approximately 26, with the highest prevalence figures among the age group 18-22 (36%).
Trends in age-group percentage distribution among subjects reported under the requirements of Art. 75 between 1990 and 2012 show that, over the course of the years, the greatest percentage of subjects was between

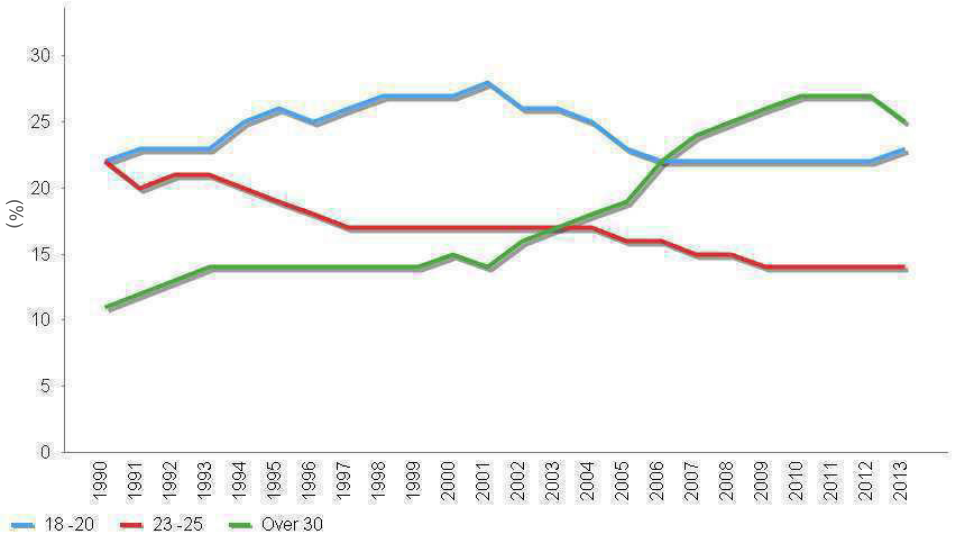
[2] Based on data for the year 2012 (most recently updated on 15 March 2014), a total of 38,146 subjects were reported pursuant to Art. 75 in that year (the number of subjects for that year based on the data flow collected on 15 March 2013 was 32,694). Data is continuously updated by the personnel of the Drug Addiction Operating Units of the Territorial Government Offices (known as UTGs) of the Prefectures and is considered to be consolidated after a minimum of approximately two years.

18 and 25 years of age. The percentage of subjects reported who are over the age of 30 began to increase more substantially beginning in 2002, only to fall in 2013 (27% in 2012 vs 25% in 2013) (Figure 9.3).

Percentages for the two youngest age groups (14 or younger and 15-16 years of age) have shown no significant variation. Nonetheless, Drug Addiction Operating Units personnel confirm that, based on information acquired during interviews at the Prefectures, the age at first use of narcotic and/or psychotropic drugs has become lower while, during recent years, there has also been a higher incidence of polydrug users, who often combine alcohol consumption with drug use, among the subjects reported.

Drug Addiction Operating Units of the Prefectures report a lowering of age at first use and a rise in polydrug users who combine alcohol consumption with drug use

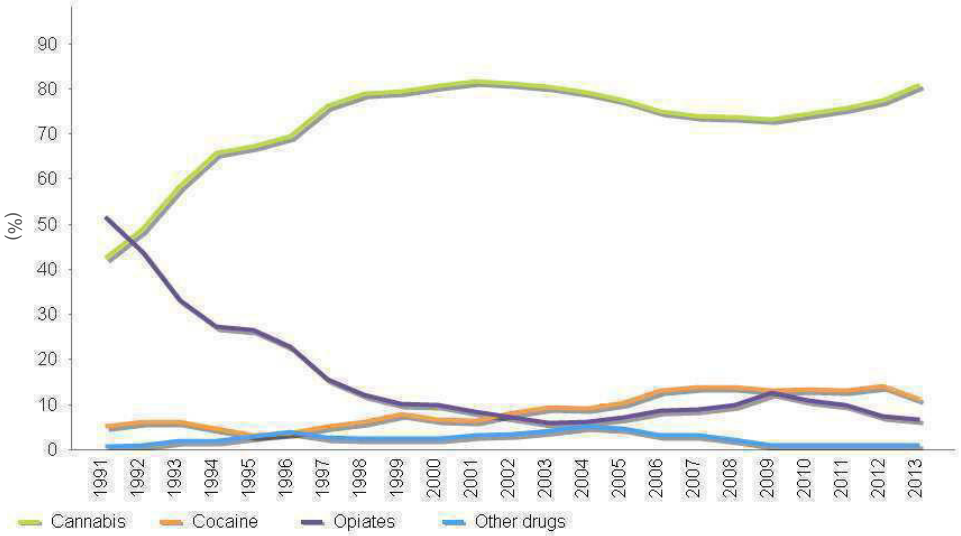
Figure 9.3: Percentage distribution of persons reported pursuant to Art. 75, by principal age groups. The years 1990 – 2013



Beginning in 2002, the number of subjects reported who are over 30 years of age increased, only to fall in 2013

Source: Department for Civil Administration Personnel Policies and for Instrumental and Financial Resources – Ministry of the Interior

Figure 9.4: Percentage distribution of persons reported pursuant to Art. 75, by drug type. The years 1991 – 2013



Source: Department for Civil Administration Personnel Policies and for Instrumental and Financial Resources – Ministry of the Interior

As far as types of drugs are concerned, most of the persons reported in the year 2012, meaning 81% of subjects (reported for the first time and recidivists) were found to be in possession of cannabinoids, followed by cocaine (11.2%) and heroin, who accounted for 6% of the total of persons reported for the year of reference. If we add to those reported for heroin use the numbers for those reported for methadone, morphine and other opiates, we obtain a percentage equal to 6.6%.

Reports filed by drug type: 81% of reports filed were for cannabis

In comparison with the past, there has been a slight decrease over the last four years in the number of persons found in possession of heroin for personal use. Meanwhile, the number of cannabinoid users, which had declined progressively until 2009 (from 81% in 2002 to 73% in 2009), began rising again in 2010 (75%), and saw a further increase during the most recent two-year period (77% in 2012 and 81% in 2013). Users of hashish or marijuana clearly account for the largest percentage of persons reported for possession for personal use pursuant to Art. 75 (Figure 9.4).

Decrease in the number of heroin users reported

Increase in the number of cannabinoid users reported in 2009

The number of persons in possession of cocaine for personal use (which rose from 10% in 2005 to 13% in 2006 and 14% in 2007 and 2008) fell slightly in 2009 (13%); numbers remained more or less stable until 2012 (14%). A slight decrease was recorded in 2013, with the percentage of reports falling to approximately 11%. Cocaine nevertheless remains the second-most commonly-reported drug, a figure which is particularly alarming when we consider that a large proportion of the subjects reported are between 18 and 25 years of age.

Trends in numbers of cocaine users reported remained stable until 2012, only to fall slightly in 2013

Trends in drug use among the subjects reported to the Prefectures are in line with figures and estimates gathered on international and European levels, and demand particular attention due to the fact that most subjects reported consider themselves to be “occasional users”, and thus represent an important source of information for estimates of use among the general population.

9.3.2 Subjects brought before the Judicial Authorities for offences in violation of D.P.R. 309/90

Turning our attention to actions to combat drug-law violations, Law Enforcement Agencies conducted 21,864 anti-drug operations in Italy in 2013, resulting in 33,676 charges brought 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 DPR 309/90 (Articles 73, 74 and other Articles, ST 11 - IT 01), registering a 3.7% decrease with respect to 2012 figures.

Over 21,800 anti-drug operations: high level of prevention and anti-drug activity. 33,676 charges brought (a 3.7% decrease over 2012 numbers)

65.4% of subjects reported to the Judicial Authorities in 2013 were Italians and approximately 8% were women. The average age of persons reported was approximately thirty-two, with some variation based on nationality (32 years of age for Italians and about 30 years of age for foreigners), and even greater variation based on the type of offence committed (32 years of age for Art. 73 and 36 years of age for Art. 74).

Characteristics of subjects reported: 65.4% Italians 34.6% foreigners Low number of women (approximately 8%)

Table 9.2: Characteristics of charges brought before the Judicial Authorities by Law Enforcement Agencies for violations of DPR 309/90. The years 2012 – 2013

Characteristics	2012[3] No.	2012[3] %c	2013 No.	2013 % c	Δ%
Gender					
Male	31,993	91.5	31,028	92.1	-3.0
Female	2,978	8.5	2,648	7.9	-11.1
Total	**34,971**	**100.0**	**33,676**	**100.0**	**-3.7**
Italians	22,745	65.0	22,032	65.4	-3.1
Foreigners	12,226	35.0	11,644	34.6	-4.8
Art. 73 – Italians	22,739	65.0	22,022	65.4	-3.2
Art. 73 – foreigners	12,226	35.0	11,642	34.6	-4.8
Of whom for Art. 74 – Italians	2,282	67.7	2,520	73.5	10.4
Of whom for Art. 74 – foreigners	1,090	32.3	908	26.5	-16.7
Average age					
Italians for Art. 73 offences	32.0		32.1		
Foreigners for Art. 73 offences	30.3		30.4		
Of whom Italians for Art. 74 offences	37.1		37.1		
Of whom foreigners for Art. 74 offences	33.6		34.6		
Measures taken					
Arrested	27,300	78.1	24,735	73.4	-9.4
At liberty	7,267	20.8	8,493	25.2	16.9
Untraceable	404	1.2	448	1.3	10.9

Source: Central Directorate for Anti-drug Services – Ministry of the Interior

A 9.4% decrease in arrests

Following 2003, the year in which the fewest subjects were charged (approximately 29,500), the number of reports filed with the Judicial Authorities increased progressively until 2010, when the highest value in seventeen years was recorded; however, numbers have decreased over the last three years (Figure 9.5).

Trends in charges brought before the Judicial Authorities

The percentage of foreigners apprehended and brought before the Judicial Authorities (34.6% of the total number of persons charged during the course of anti-drug operations) also fell in 2013. In addition, the number of women reported to the Judicial Authorities in 2013 stood at 2,648, a 11.1% decrease over the 2012 number. In terms of absolute values over the past 12 years, the number of charges brought against women peaked in 2010, but if we consider the percentage of women reported in relation to the total number of charges brought, the highest figure was reported in 2003 (9.7%) and the lowest (approximately 8%) in the years 2001 and 2010. Turning our attention to charges brought against minors, there were a total of 1,261 in 2013 (3.7% of the total number of persons reported on a national level), a number which remains stable with respect to the 2012 figure.

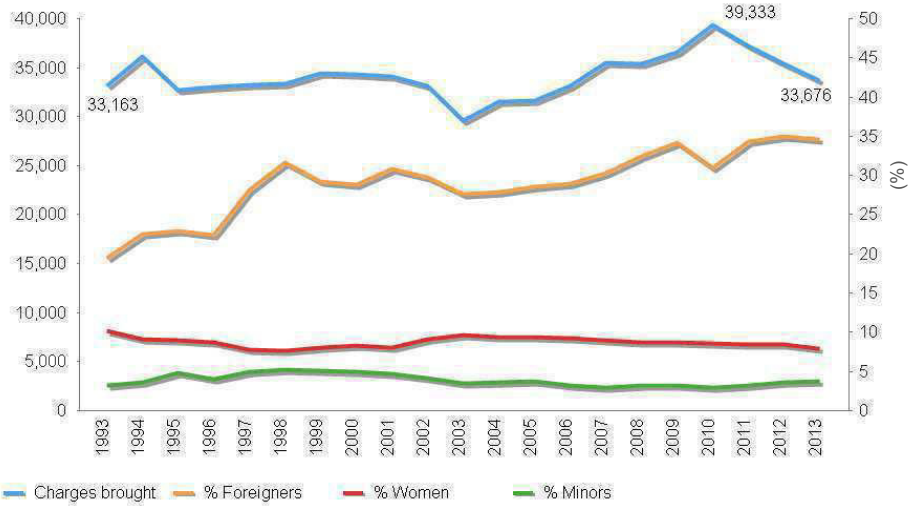
Increase in the % of foreigners charged

11.1% decrease in the number of women reported

The percentage of minors reported remains stable

[3] The data regarding 2012, which are featured in the tables and figures, are based on the record layouts sent by the Central Directorate for Anti-drug Services on 18 April 2013. These data are continuously updated as a result of verifications of anti-drug operations and the charges brought as a consequence. Said verifications are conducted by the Ministry of the Interior.

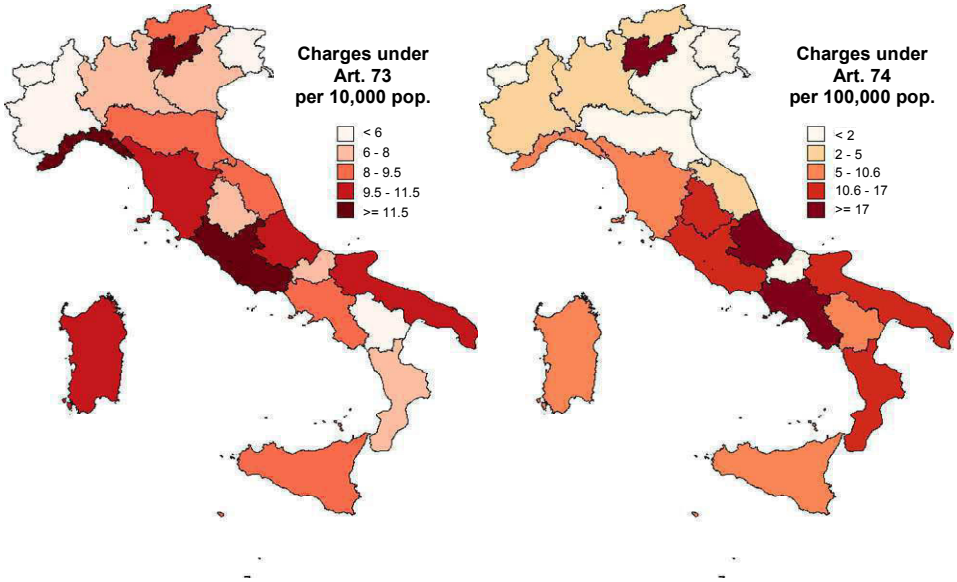
Figure 9.5: Persons charged with crimes during the course of anti-drug operations conducted by Law Enforcement Agencies; percentages of foreigners, women and minors charged. The years 1993 – 2013(*)



(*) Update of aggregate data provided by the Central Directorate for Anti-drug Services on the total number of charges brought and the percentages brought against foreigners and minors during the years 2009-2013.

Source: Central Directorate for Anti-drug Services – Ministry of the Interior

Figure 9.6: Charges filed for offences pursuant to Art. 73 of DPR 309/90 by region where operations were conducted, per 10,000 population. The year 2013



Source: Central Directorate for Anti-drug Services – Ministry of the Interior

Reports filed by type of offence

Anti-drug actions conducted by Law Enforcement Agencies in 2013 differed based upon the type of crime they targeted (t.n. crimes under Art. 73 or under Art. 74). The majority of charges for crimes in connection with the production, trafficking and sale of illegal drugs were brought in Lombardy (14.3% of total charges), followed by Lazio (13.5%), Campania (10.9%) and Sicily (8.1%), with no substantial differences with respect to distribution in the previous year. The distribution of quantities of charges by Region shows that the highest number of charges were filed in Liguria (12.6 charges per 10,000 population) and in A.P. Trento (11.8 charges per 10,000 population) (Figure 9.6).

The largest number of charges for more serious offences were filed in the central-southern part of the country (26.4% of the total number of charges were filed in Campania, 11.6% in Lazio, 11.2% in Apulia and 10.1% in Sicily). The distribution of quantities of charges by Region shows that the highest number of charges were filed in A.P. Trento (25.1 charges per 100,000 population) in Campania (23.6 charges per 100,000 population) and in Abruzzo (20.2 charges per 100,000 population (Figure 9.6).

Principal reports filed, by drug type: 41.5% cannabis 34.6% cocaine 14% heroin

41.5% of reports filed with the Judicial Authorities for violations of drug laws had to do with the trafficking of cannabis, a slight decrease over the 2012 percentage (-0.8%). Cannabis was followed by cocaine (34.6%) and, on a smaller scale, heroin (14%). These latter two figures both showed a decrease in comparison with 2012 (-6.0% and -15.3%, respectively). 91% of Italians against whom charges were brought were male, with the exception of charges for heroin trafficking, for which the percentage falls to approximately 83%. There are higher percentages recorded for the foreign male population, on the other hand, especially with regard to heroin and cannabis (96% and 97%, respectively).

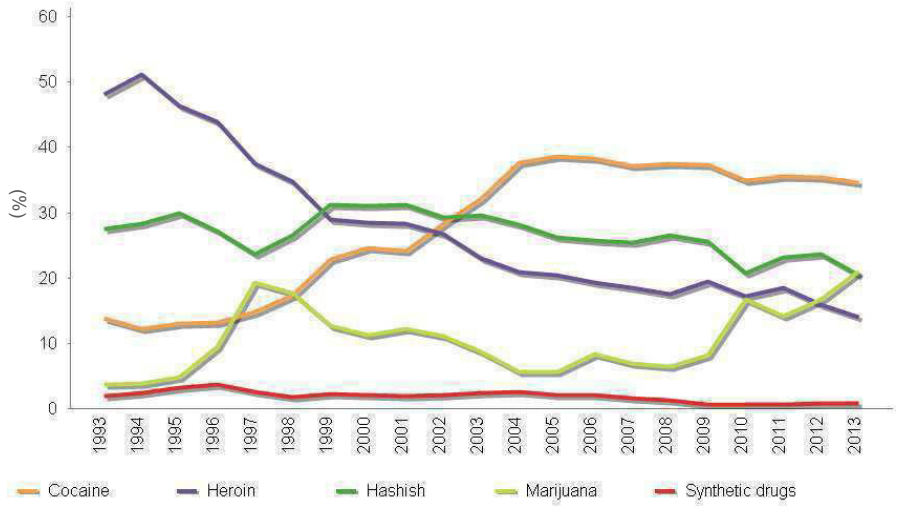
Subjects charged for the trafficking of synthetic drugs and cannabis tend to be younger

Persons charged with the trafficking of synthetic drugs and cannabis were generally younger (approximately 29 years of age) than those whose cases were submitted to the courts for other drugs. The average age for women was found to be, on the whole, higher than for men (34 and 32 years of age, respectively, in the Italian population and 32 and 30 among the foreign population).

Trends in charges brought, by drug type: larger % of charges for marijuana

Over the last seventeen years, the profile of illicit drug trafficking has evolved considerably. The percentage of charges for the sale of heroin fell from 48% in 1993 to 14% in 2013, in contrast with a dramatic increase, until 2004, in the percentage of reports filled for cocaine dealing, which has levelled off in recent years. Over the last two years of reference, we can see a significant increase in the percentage of charges brought for the sale of marijuana (from 14.1% in 2011 to 16.7% in 2012 and 21% in 2013). Figures regarding synthetic drugs remained stable, while there was a decrease in numbers for hashish (24% in 2012 vs. 20% in 2013) (Figure 9.7).

Figure 9.7: Subjects charged with crimes during the course of anti-drug operations conducted by Law Enforcement Agencies, by type of illegal drug seized. The years 1993 – 2013



Source: Central Directorate for Anti-drug Services – Ministry of the Interior

9.4 Other drug related crime

The transfer of responsibility for prison health care services to the National Health Service

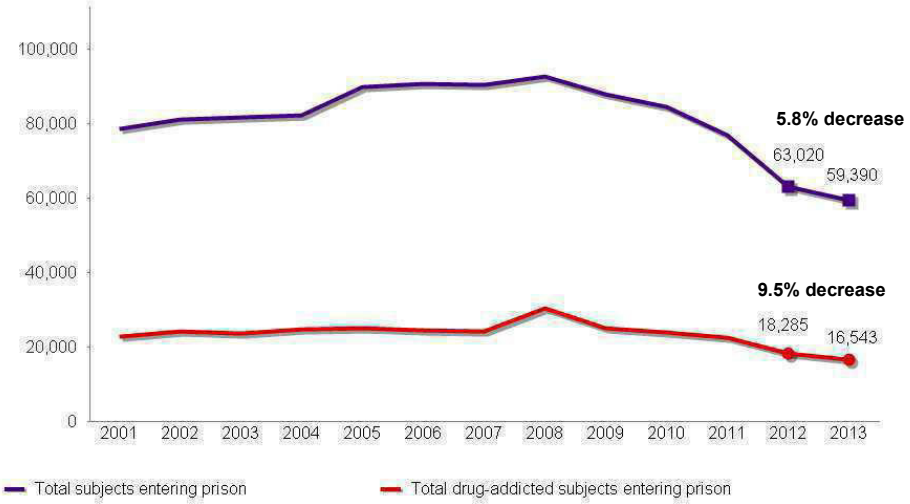
In accordance with the agreement signed at the Unified Conference on 18 May 2011, the monitoring of inmates with drug-related problems, which had been the responsibility of the Ministry of Justice – Department of Prison Administration, passed to the Regions in 2010. Under this agreement, the Operative Units of Local Public Drug Addiction Services working in prisons are required to collect data, by means of special forms, on inmates with alcohol or drug addiction problems. For adults, this data is collected every six months (on 30 June and 31 December) and the information collected refers to the situation as it stands on the data-collection day. For minors, on the other hand, data is gathered once for the entire year.

Although the information collection system specified in the Unified Conference of 18 May 2011 has been launched, the Department of Prison Administration (DPA) has maintained its own data collection system for adults with drug-related social and healthcare problems as well.
It is from this source that records of the numbers of subjects entering prison from outside the prison system in 2013 and those already in prison during that year, both total numbers and numbers for subjects with drug-related problems alone, are obtained.

Decrease in numbers entering prison in 2013

In comparison with 2012, 2013 saw a drop in the overall number of subjects entering prisons, which fell from 63,020 to 59,390, a 5.8% decline. The number of subjects with drug-related social and healthcare problems also fell (by 9.5%), dropping from 18,285 to 16,543, but still accounting for 28% of the total number of subjects entering prison.

Figure 9.8: Trends in total number of subjects and subjects with drug-related problems **entering prison each year**. The years 2001 – 2013 (December 2013 flow)

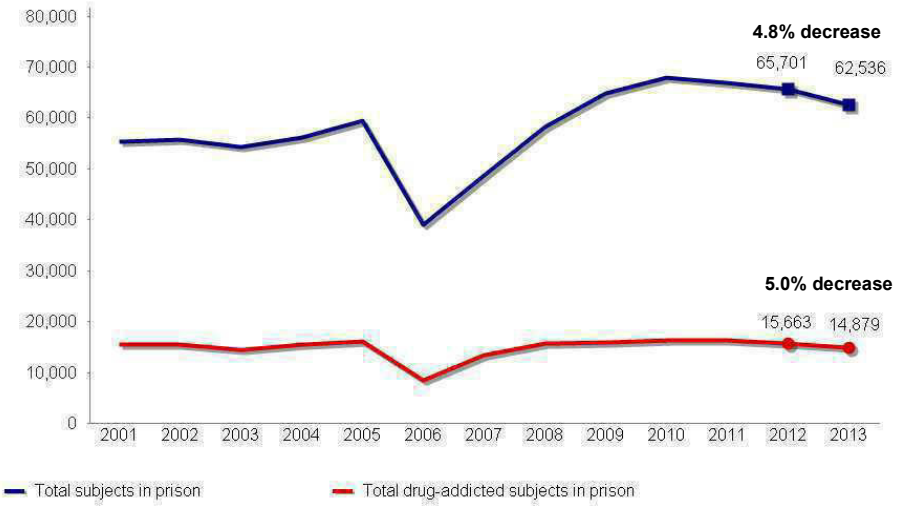


Source: Department of Prison Administration – Ministry of Justice

This trend is also confirmed by an analysis of data on the prison population and the sub-population of these who have drug-related problems, collected on 31 December. In this instance, in comparison with 2012, 2013 saw a drop in the overall number of subjects in prisons, which fell from 65,701 to 62,536, a 4.8% decline. The number of subjects in prisons with drug-related problems also fell (-5.0%), dropping from 15,663 to 14,879, but still

account for 24% of the total number of subjects in prison on 31 December 2013.

Figure 9.9: Trends in total number of subjects and subjects with drug-related problems **in prison on 31 December**. The years 2001 – 2013 (December 2013 flow)



Source: Department of Prison Administration – Ministry of Justice

9.5 Prevention of drug-related crime

A report is filed under the requirements of Art. 75 of DPR 309/90 every time Law Enforcement effects a seizure of drugs being held for personal use. Once the report has been filed, the subject is summoned to the competent Prefecture for an interview and for application of the appropriate measures.

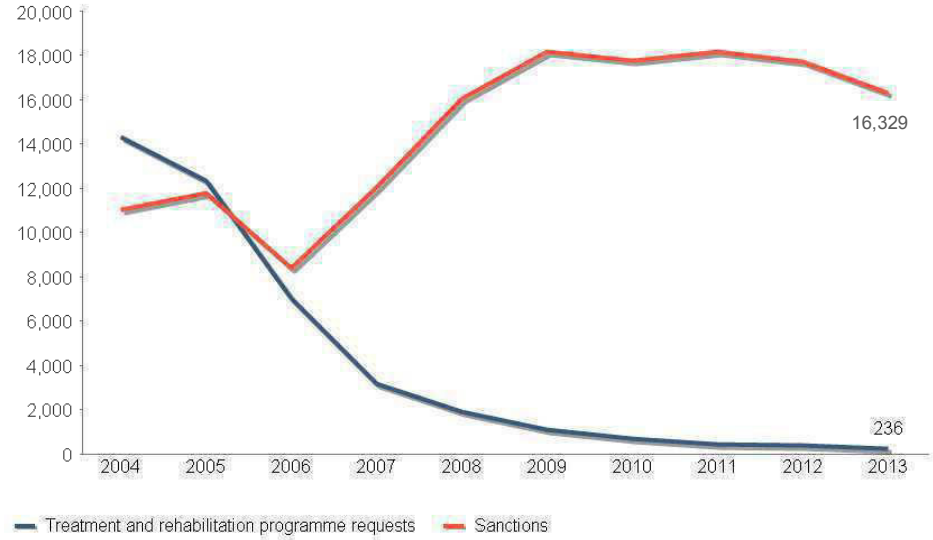
Prevention action conducted by the Drug Addiction Operating Units of the Prefectures

Before Law 49/2006 entered into force, if the subject, even one who had previously committed an offence of the same nature, showed willingness to begin a rehabilitation programme, then administrative proceedings would be halted while the subject was sent to a Local Public Drug Addiction Services Unit in order to complete such a programme. Upon successful programme completion, the proceeding would be filed. Under the new law, with the exception of cases that fall under Paragraph 14 of Art. 75 dealing with formal invitations, sanctions are issued against the subject who was reported for drug possession. Only following those sanctions would the subject be invited to present himself or herself at a Local Public Drug Addiction Services Unit for a rehabilitation programme. The new law thus jeopardizes the rehabilitation efforts carried out by the Drug Addiction Operating Units (t.n. known as NOT) of the Prefectures over the years, since subjects who have been reported do not see the benefit in signing up for a treatment programme which is going to last from three months to a year. The data presented below was processed based upon the law in force.

Ever since Consolidated Law 309/90 entered into force, the Drug Addiction Operating Units of the Prefectures (NOT) have been working effectively to dissuade offenders, especially among the young, from drug use. Without the prevention assistance that they can only receive by attending interviews with officials and social workers, these drug users would be deprived of the support network which the Operating Units have been able, with the help of other local organizations (such as Local Public Drug Addiction Services Units [SerT] and Therapeutic Communities) to create.

It is crucial that the role of the Drug Addiction Operating Units of the Prefectures (NOT) be re-evaluated and redeveloped

Figure 9.10: Administrative sanctions and requests to undergo treatment and rehabilitation programmes following the filing of a report pursuant to Art. 75. The years 2004 – 2013



Source: Department for Civil Administration Personnel Policies and for Instrumental and Financial Resources – Ministry of the Interior

Since 2006, there has been a steep decline in the number of subjects sent into treatment and rehabilitation programmes

Measures taken

In 2013, 12,143 subjects were interviewed by the Drug Addiction Operating Units (NOT) of the Prefectures. Following these interviews, 8,635 subjects were invited to refrain from drug use in the future (formal invitation).

A decrease in administrative sanctions

In 2013, 16,329 administrative sanctions were imposed by the Prefectures under the requirements of Paragraph 1 of the afore-mentioned Art. 75. Of these, 10,899 (66.7%) were imposed following interviews held at the Drug Addiction Operating Units of the Prefecture Territorial Government Offices (UTGs) and 5,430 (equal to 33.3%) were imposed as a result of the failure of the subjects to present themselves for their interviews.
In comparison with the previous year, when 17,703 sanctions were imposed, the 2013 figure therefore shows a decrease, taking into consideration the fact that the figure is more provisional.

A decrease in the number of subjects invited to enter programmes

In the year of reference, 236 subjects were invited to enter treatment and rehabilitation programmes with Drug Addiction Services or at social-rehabilitation facilities. During the same period, administrative proceedings against 1,344 subjects were filed as a result of them having completed their prescribed treatment programmes. The number of subjects sent into treatment and rehabilitation programmes has fallen drastically, not only in comparison with the previous year, when the number of subjects invited to enter programmes after having been reported was 393, but also in

comparison with the 2011 figure (455) and figures from previous years (Figure 9.10).

As discussed above, under Law 49/2006, currently in force, sanctions are no longer suspended if subjects complete a programme, as they were under previous laws, but are imposed regardless. Only afterwards is the subject who has been reported invited to undergo a treatment and rehabilitation programme. It is for this reason that the subjects reported are no longer motivated to accept the invitation to enter rehabilitation programmes. This explains the steep decline in the number of individuals entering these programmes. When invited to begin treatment, many do not accept to do so, since the sanctions against them would not be suspended in any case.

The failure to suspend sanctions in cases where subjects accept the invitation to undergo treatment and rehabilitation continues to be an issue (Law 49/2006)

9.6 Interventions in the criminal justice system

9.6.1 Alternatives to prison

Table 9.3: Drug addicts in the care of social services who are on probation or have been released on parole. The years 2012 – 2013

Characteristics	2012[1]		2013		Diff. %	Δ% 2013/2012
	No.	% c	No.	% c		
Gender						
Male	2,378	94.0	2,370	94.8	+0.8	-0.3
Female	152	6.0	129	5.2	-0.8	-15.2
Total	2,530		2,499			-1.2
Nationality						
Italians	2,318	91.6	2,292	91.7	+0.1	-1.1
Foreigners	191	7.5	186	7.4	-0.1	-2.6
Unknown	21	0.8	21	0.8	0.0	0.0
Average age						
Male	38.0		38.5			+0.5
Female	36.9		37.5			+0.6
Total	37.9		38.4			+0.5
Age groups						
18-24	135	5.3	130	5.2	-0.1	-3.7
25-34	801	31.7	773	30.9	-0.7	-3.5
35-44	1,022	40.4	978	39.1	-1.3	-4.3
45-54	473	18.7	514	20.6	+1.9	+8.7
> 54	99	3.9	104	4.2	+0.2	+5.1

[1] 2012 data updated in 2014

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

Decrease (-1.2%) in the number of drug-addicted subjects who were granted parole

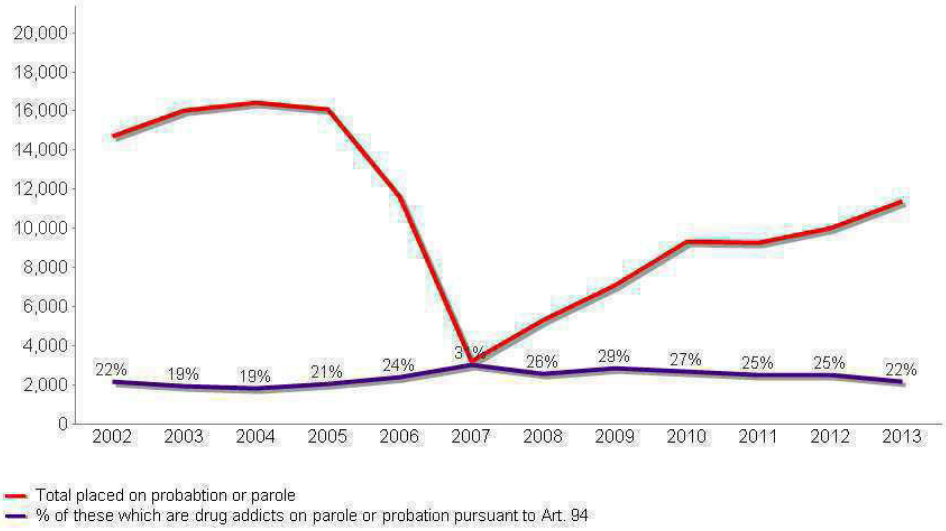
Special cases concerning probation or release on parole into the care of social services are governed by Art. 94 of DPR 309/90 and can involve, in accordance with the Law, both alcoholics and drug addicts, although, in actuality, nearly all of the cases involve drug addicts.

In 2013, a total of 11,383 new persons were placed in the care of social services. Of these, 2,499 were drug addicts granted probation or parole under Art. 94 of DPR 309/90, accounting for a total of 22% of the total

number of persons placed in the care of social services.
Apart from a slight fluctuation in 2011, the number of subjects who have benefited from alternatives to imprisonment increased steadily from 2007 to the present (+13.6% in 2013 in comparison with the previous year). It should be noted that the significant decrease in the numbers of subjects placed on parole or probation with social services during the three-year period spanning the years 2005 to 2007, when numbers fell from over 16,000 subjects placed on parole or probation to fewer more than 3,200, can be attributed to the effect of the implementation of Law 241 of 31 July 2006, the Collective Clemency Bill. The application of this law, in addition to bringing about the dismissal of measures for those cases carried forward from previous years for which there were on-going proceedings involving offences committed on or before 2 May 2006 carrying custodial sentences of no more than three years, strongly affected the number of cases taken on by services during the course of the year.
The percentage distribution of drug addicts who have benefited from alternatives to imprisonment has fallen since 2009. This trend continued into 2013, when numbers were found to be lower than in the previous year.

In 2013, 22% of persons placed on probation or parole into the care of social services were drug addicts

Figure 9.11: Total subjects on probation or parole, and percentage of that total who are drug addicts placed on probation or parole pursuant to Art. 94. The years 2002 – 2013



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

In line with figures from previous years, 95% of subjects placed on parole or probation pursuant to Art. 94 were men. The average age was 38.5, a slight increase over the previous year (38 vs. 38.5), while the age group most highly represented remains that of persons between the ages of 35 and 44 (39.1%). Foreigners, whose numbers are never very high among subjects placed on parole or probation with the Office for the Execution of External Sentencing, comprised 7.4% of the total in 2013.

The number of subjects placed on parole with the Office of External Sentencing (known as UEPE) has grown in recent years, from 52.2% in 2007 to 64.7% in 2013. This figure should be viewed in light of the reduction of sentences established by Law 241/06 which, with the

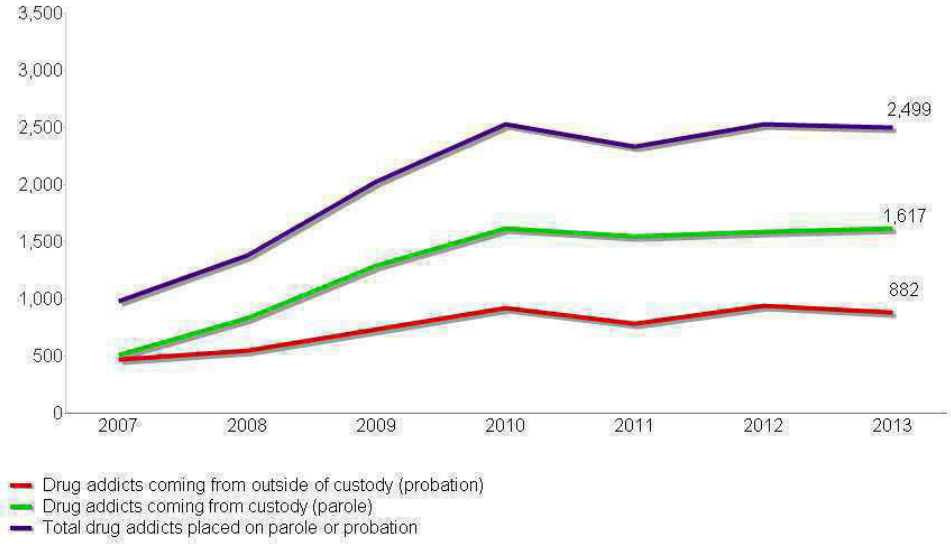
exception of a few types of crime, accelerated the possibility of benefiting from alternative measures for subjects given custodial sentences longer than six years. However, at the same time, it has brought about a steep decline in the number of subjects with sentences of no more than six years, who would formerly have been granted the possibility of benefiting from these measures without first serving time in prison, who now access these measures.

More revocations among subjects on parole than among subjects on probation

As a percentage of the total number of subjects who benefited from parole or probation in accordance with Art. 94 of DPR 309/90 during the course of the most recent year of reference, 7.4% of persons sentenced using alternative measures had their alternative sentencing revoked, most often as a result of the improper serving of their sentences. Another 16.4% of those serving alternative sentences saw their probation or parole end due to their proceedings being filed. In general, if we compare subjects' data based upon whether they had served prison time, we find that most revocations were for cases involving subjects on parole after having served custodial sentences (36.8% of revocations from parole as opposed to 20.8% from probation). The opposite is true for proceedings filed; most of those subjects who had their proceedings filed were on probation (63.2% of proceedings filed for subjects on parole vs. 78.2% for subjects on probation).

Figure 9.12: Number of drug addicts placed in care of social services coming from custody (parole) or from outside of custody (probation). The years 2007 – 2013

Increase in the number of subjects on parole and probation with the Office of External Sentencing (UEPE)



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

9.7 Drug use and problem drug use in prisons

Under the requirements of the information flow created by the Unified Conference agreement, the Regions are required to collect data on inmates with alcohol- or drug-related problems by means of special forms, completed by the prison Operative Units of Local Public Drug Addiction Services (SerT).

These forms contain the following information:

- 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 subjects requesting parole
- The number of subjects released on parole

This process is needed to monitor:

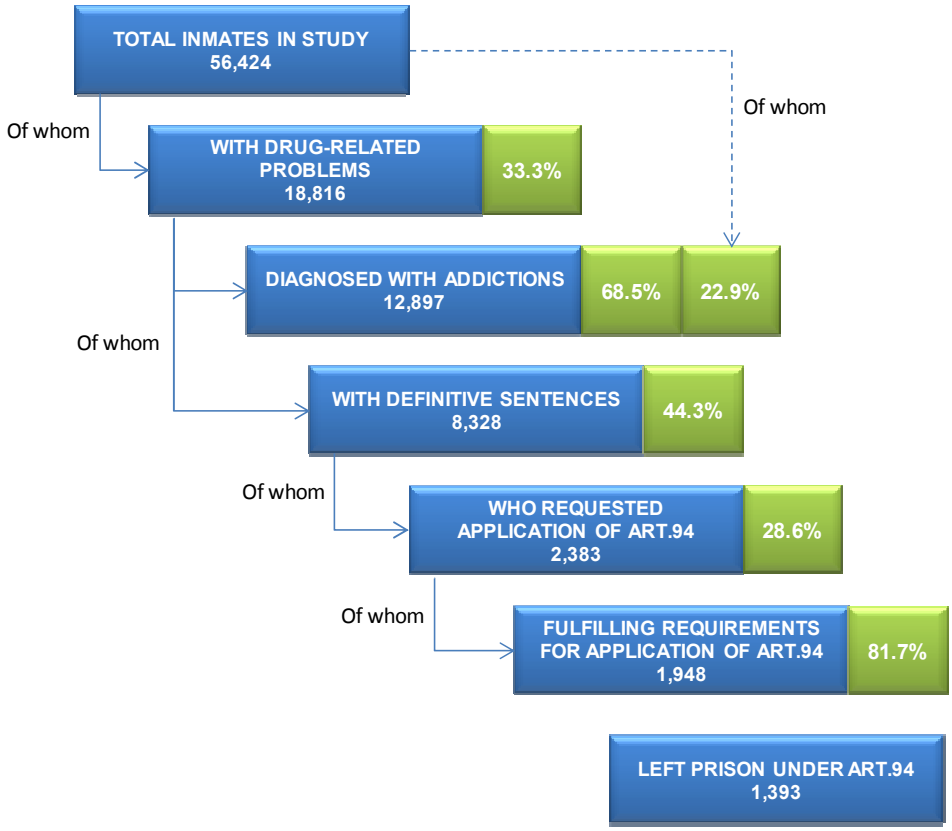
- The characteristics of inmates with regard to drug use
- Their treatment needs
- The willingness, availability and accessibility of probation or parole as alternatives to imprisonment

Using this new means of monitoring the prison population with alcohol- or drug-related problems, substance addiction is established based on clinical diagnosis (ICD-IX CM), and is not only based on medical history or self-reported.

9.7.1 Incarcerated adult drug addicts

Figure 9.13 shows the data collected during the course of the Department for Anti-drug Policies' monitoring of drug addicts in prisons, carried out in 2014 based on 2013 data. The results of this survey reveal that 22.9% of inmates (12,897 subjects) were diagnosed with a clinical substance addiction, while a total of 33.3% of inmates (18,816 subjects) were users, although not all of these were addicts.

Figure 9.13: Inmate population flow on 31 December 2013 (the percentages refer to the levels above them)



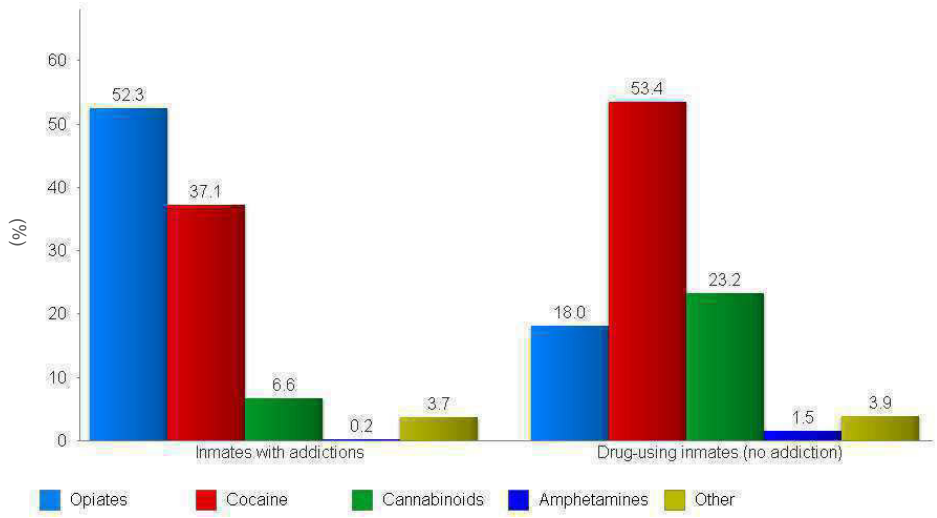
There are 18,816 prison inmates with drug-use problems (with or without addiction), equal to 33.3% of the prison population. Of these, 12,897 were diagnosed with an addiction (ICD IX CM), while the remaining 5,919 were diagnosed as substance users or abusers who were not suffering from addictions (ST 12 – IT 2)

Source: Department for Anti-drug Policies Study on Drug Addicts in Prison – Forms 1 and 2

Turning our attention to the demographic characteristics of inmates with drug-related problems (either addiction or use), we find that, similarly to last year, 97% of these are men. Additionally, within this population, 70.6% of men and 67.7% of women are between 25 and 44 years of age. Distribution by age group reveals no great differences between the two genders, with the exception of the 18-24 age group, where 9.1% are men and 12.4% are women.

Figure 9.14: Subjects with drug-related problems by type of addiction and first drug used. Data in the form of percentages. The year 2013

Distribution of inmates with drug-related problems, according to types of drugs used ST 12 – IT 2



Source: Department for Anti-drug Policies Study on Drug Addicts in Prison – Form 1

Turning our attention to the citizenship of these subjects, we find that, in 31% of cases, their nationality is unknown. 52.6% are Italian citizens (9,813 subjects) and 17.3% (3,257 subjects) are foreigners (of whom 81% come from outside of the EU).

Inmates with drug-related problems exhibit different choices in drug type based upon whether they have addictions (ICD–IX CM diagnosis) or simply use drugs: Among inmates diagnosed as having addictions (who account for 68.5% of inmates with drug-related problems), although opiates remain the drug of choice (52.3% are opiate addicts, a decline with respect to the 2012 figure of 53.5%), the number of cocaine addicts rose (from 35.9% to 37.1), while the number of cannabinoid addicts fell (6.6% vs. 7.0% in 2012). Among inmates who use drugs but are not addicted, cocaine remained the drug of choice (53.4%, a slight decline in comparison with the 2012 figure of 56.3%). The number of opiate users fell (18.0% vs. 18.2% in 2012), but the number of cannabinoid users rose from 19.0% in 2012 to 23.2% in 2013.

Choice of drug type differs between addicts and users

It should also be mentioned that, regardless of whether inmates were diagnosed as addicts or users, 39.5% (41.9% in 2011) of the subjects with drug-related problems (a total of over 7,400 cases) were polydrug users at the time they entered prison.

39.5% of inmates with drug problems are polydrug users

9.8 Responses to drug-related health issues in prisons

9.8.1 Drug treatment

Few tests for HIV, HCV and HBV

Observing data on inmates in the care of drug-addiction services collected through application of the new information flow it was found that, although the number of drug addicts in prison who had been tested for infectious diseases was higher than in the previous year, still only 30.2% of drug-addicted inmates had been tested for HIV upon entering prison (34.7% in 2012), 32.5% (38.6% in 2012) had been tested for HCV and a further 30.3% (29.4 in 2012) for HBV. Prevalences of positive results among those tested stood at 5.4% for HIV, 38.8% for HCV and 13.7% for HBV.

Table 9.4: Subjects with drug-related problems undergoing treatment. The year 2013

	Absolute values	%
Inmates undergoing treatment	12,113	93.9
who receive:		
Only pharmacological treatment	*2,178*	*18.0*
Psycho-social treatment	*4,449*	*36.7*
Integrated pharmacological and psychosocial treatment	*5,486*	*45.3*
Inmates not provided with treatment	784	6.1
Total	**12,897**	**100.0**

93.9% of drug-addicted inmates receive addiction and prevention treatment

Source: Department for Anti-drug Policies Study on Drug Addicts in Prison – Form 1

Regarding drug-addiction treatment, it was found that 93,9% of inmates with drug-related problems undergo treatment in prison. The most commonly-used treatment type appears to be integrated psycho-social and pharmacological, which is provided to over 5,400 inmates.

10. DRUG MARKETS

10.1 Introduction

Preface

This section describes the characteristics of illicit drug supply on the national market. This information is necessary if we are to be able to form hypotheses regarding possible future developments in drug demand. This is provided in full knowledge of the increasing complexity of this constant evolving scenario, which sees the continual appearance and introduction onto the market of new drugs or mixtures of already known drugs whose effects are either partly or totally unknown.

The Central Directorate for Anti-drug Services (DCSA) is the principal source of information

The situation 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 which can be referenced for further details and more in-depth analyses.

10.2 Availability and supply to and within the country: drug production, supply and trafficking[1]

Italy is one of the principal areas for the trafficking and transit of illicit drugs

Using complex, constantly evolving and well-structured trafficking routes, the internationally well-established multinationals of the drug-industry move their illicit drugs from production areas to consumption areas, motivated by the substantial profits this traffic can generate. Italy, home to some of the most vicious of these criminal organizations, both Italian and foreign, is one of Europe's principal nexuses for drug transit and consumption.In the case of cannabis, it is also a major centre for drug production, although this latter activity of a more limited nature. An analysis of data, principally regarding anti-drug operations, reports filed with the Courts and seizures of drugs, collected by the Central Directorate for Anti-drug Services in 2013,highlights the fact that drug supply and demand both remain high, despite vigorous efforts to combat drug trafficking on the part of Police Forces.

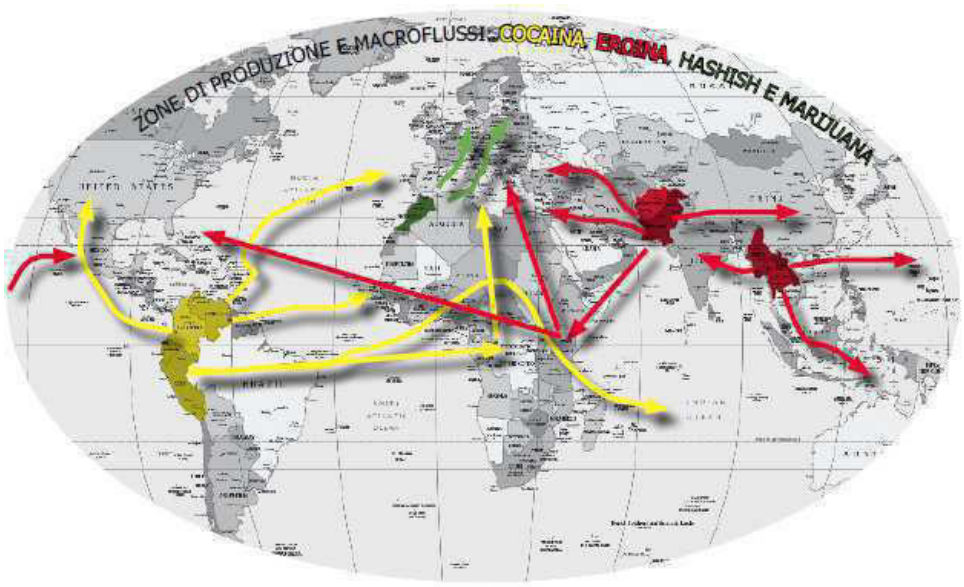
Criminal organizations involved in international drug trafficking exploit of the opportunities offered by the dramatic increase in movement of this merchandise at a global level to conceal cargoes of drugs, which are transported from their production areas to storage areas or to various markets for distribution and consumption. In addition to using commercial trade to mask their trafficking, criminal organizations also make use of normal passenger air or shipping traffic, both recreational and commercial. The situation briefly described above is extremely dynamic, interactive and hard to monitor. In fact, criminal organizations are proving themselves to be ever more versatile, always ready to foster or reach understandings, to make pacts and agreements that go beyond their national borders. Their aim in doing so is to fully meet the needs that arise from the structural singularities inherent to the drug-trafficking industry.

Traditional large-scale criminal organizations were once tied to their territory and intent on maintaining stable, balanced relationships. Within

[1] Based on the 2013 annual report on drug trafficking prepared by the Central Directorate for Anti-drug Services – Part Two – The state of drug-trafficking in Italy.

this evolving framework, however, they have developed in the direction of more open and dynamic models, capable of developing ever more complex and fast-moving relationships.

Figure 10.1: Production areas and primary drug flows: cocaine, heroin, hashish and marijuana



Source: Annual Report of the Italian Central Directorate for Anti-drug Services (DCSA) 2013

Organized crime, whether it be generic or Mafia-style, is operating in the context of a serious economic crisis, a situation which certainly makes it easier to penetrate the fabric of the business world so as to launder the profits of illicit trafficking. The enormous cash assets these organizations can draw upon also play an important role in making this possible. Analyses of the anti-drug operations coordinated by the Central Directorate for Anti-drug Services, a statistical analysis of the data concerning the drug phenomenon and an analysis of related intelligence have all highlighted the continued danger posed by national and foreign criminal organizations as a result of their ability to work across borders. In order to effectively fight this phenomenon on all fronts and without giving any quarter to criminal organizations, especially those which are active in the sphere of drugs, it is essential that we use all the instruments at our disposal. The aim must be to encourage and enhance political cooperation and operational collaboration between the law enforcement structures of the countries where drugs are produced, transited and consumed.

10.3 Drug Operations and Seizures

Law Enforcement activities targeting the illicit drugs market are concentrated on three main fronts: illicit drug production, trafficking and sales. The following section provides a summary of the activities carried out by Law Enforcement Agencies in 2013 to combat this phenomenon and their results.

Types of operations

In 2013, Law Enforcement Agencies conducted a total of 21,864 anti-drug operations, a 3.9% decrease with respect to the previous year.
In 82.2% of cases, these anti-drug operations led to the seizure of illicit

drugs, 8.7% led to crime detection and a further 8.8% led to the discovery of quantities of drugs (Table 10.1). In 2013, as in 2012 and 2011, no drug-processing laboratories were discovered.

Table 10.1: Anti-drug operations and seizures of illicit drugs. The years 2012 – 2013

	2012[2]		2013		Δ %
	No.	%	No.	%	
Anti-drug operations					
Seizure	18,969	83.4	17,980	82.2	-5.2
Crime detection	1,915	8.4	1,912	8.7	-0.2
Discovery	1,764	7.8	1,924	8.8	9.1
Other	100	0.4	48	0.2	-52.0
Total	22,748	100.0	21,864	100.0	-3.9
Cocaine (kg)	5,324	10.6	4,972	6.9	-6.6
Heroin (kg)	951	1.9	882	1.2	-7.3
Hashish (kg)	21,893	43.6	36,347	50.4	66.0
Marijuana (kg)	21,496	42.9	28,821	40.0	34.1
Cannabis plants (no. of plants)	4,122,617	-	894,874	-	-78.3
Synthetic drugs (units/doses)	22,711	-	7,411	-	-67.4

Source: Central Directorate for Anti-drug Services – Ministry of the Interior

Decrease in seizure operations

If we examine the details, we find that the "balance sheet" of the fight against drug trafficking in Italy in 2013 shows the seizure of approximately 71,000 kg of drugs and over 890,000 cannabis plants. Going into specifics, we see that quantities of drugs seized have increased mainly for hashish and for marijuana. Of the total amount of drugs seized in 2013 by Law Enforcement Agencies, over 37,000 kg of drugs were seized in customs zones (sea, air and land borders) as a result of reports and thanks to the international coordination activities conducted by the Central Directorate for Anti-drug Services.

Large amounts of drugs seized

Table 10.2: Amounts of Cocaine and Marijuana seized in large-scale "maxi-seizure" operations. The years 2012 – 2013

	Cocaine > 20 Kg			Marijuana > 100 Kg		
Geographic area	**2012**	**2013**	**Diff. Kg**	**2012**	**2013**	**Diff. Kg**
Centre	490.9	308.4	-182.5	2,688.3	3,892.7	1,204.4
Northeast	73.0	644.2	571.2	539.4	749.7	210.3
Northwest	836.4	658.8	-177.6	642.1	1,543.3	901.2
South and the Islands	2,375.6	1,946.8	-428.8	13,436.6	15,417.1	1,980.5
Total	**3,775.9**	**3,558.3**	**-217.7**	**17,306.4**	**21,602.7**	**4,296.3**

Source: Central Directorate for Anti-drug Services – Ministry of the Interior

[2] The data regarding 2012, which are featured in the tables, are based on the record layouts sent by the Central Directorate for Anti-drug Services on 18 April 2013. These data are continuously updated as a result of verifications of anti-drug operations (numbers of operations and quantities of drugs seized). Said verifications are conducted by the Ministry of the Interior

Dramatic increases for hashish and marijuana

Data regarding drug seizures are reported in Standard Table number 13 (ST 13 2014). In 2013, there was a significant increase in hashish seizures, which rose by 66%. There was also a +34.1% rise in marijuana seizures. The largest quantities of cannabis derivatives were seized for the most part in Sicily (46.9% of the total), in Apulia (16.4%) and in Lazio (9.8%).

A decrease in cocaine seizures

Turning to the topic of cocaine, we find a 6.6% decrease in the amount of cocaine seized in 2013 (4.9 tons) and there was also a drop in the number of operations conducted, which fell from 6,671 to 6,031, a -9.6% decline. The largest drug seizures occurred in the provinces of Reggio Calabria, Trento and Genoa.

If we turn our attention to the cocaine seized in maxi-seizure operations[3] conducted in 2012 and 2013 (maxi-seizure meaning amounts larger than 20 kg for cocaine) and of marijuana seized in t maxi-seizures (meaning amounts larger than 100 kg for marijuana) during the same time period , we find that these operations occurred largely in provinces located along the coast or near border crossings. These large quantities seized were therefore not meant solely for the national market; Italy is also acting as a transit zone for Europe (Table 10.2). Moreover, from the table, we can see that the amount of marijuana seized increased in all the provinces taken into consideration in the year 2013. Regarding marijuana specifically, large quantities were discovered in the provinces of Lecce, Catania, Bari, Syracuse and Latina.

Investigative activities carried out over recent years reveal a new trend in strategies being employed by the principal criminal organizations, which have put down abundant roots in Lombardy and Lazio as well in past years. These new methods involve introducing very large quantities of cocaine directly into Italian territory by means of maritime trade routes, which are being exploited for the purpose of international drug trafficking. This regards mainly seizures of hashish and marijuana, but also of cocaine (79% of the total number of seizures in 2012 and a approximately 80% in 2013).

Cannabis plant seizures by geographic area: Lazio and Apulia

Turning our attention to seizures of cannabis plants, the Central Directorate for Anti-drug Services issued a warning about the spread of local illicit drug production by criminal organizations. Seizures of cannabis plants rose dramatically last year, from 1,008,215 in 2011 to 4,122,617 in 2012. Most of these seizures occurred in Apulia (97.1%) followed , on a smaller scale, by Calabria (1.3%). In 2013, meanwhile, 894,874 plants were seized. Most of these (88.6% of the overall total) were seized in Lazio, followed by Apulia, which accounted for 4% of seizures.

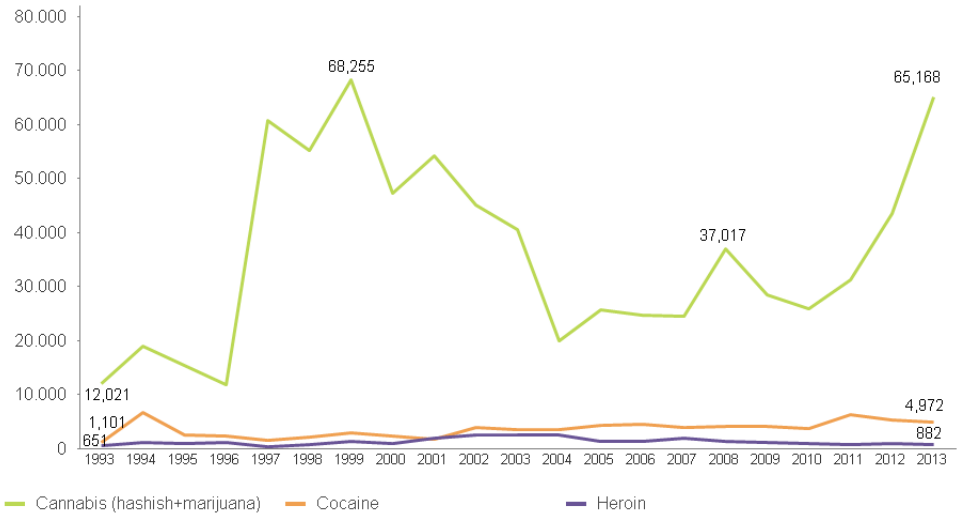
Trends in the quantities of illicit drugs seized

Trends in the quantities of drugs seized over the last fifteen years place cannabis derivatives at the top of the ranking, with particularly high quantities being seized in the period spanning 1997 – 2003. From 2004 on there were two increases. One was in 2008, when Law Enforcement intercepted a quantity in excess of 37 tons, and another in 2013, when the

[3] Large-scale seizures ("maxi-seizures") are determined based on individual operations. They include all the operation codes with quantities above the limit amounts of 20 kg for cocaine and 100 kg for marijuana established by the Central Directorate for Anti-drug Services.

amount was greater than 65 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, but stood at a little less than 5 tons in 2013. This was a decrease with respect to 2012, when 5.3 tons were seized. Heroin seizures, on the other hand, which had been fluctuating between 1.0 and 2.5 tons, fell to a ten-year low of 0.8 tons in 2011. In 2012, the amount of heroin seized increased slightly, to nearly one ton, followed by a 7.3% decrease (0.9 tons) in 2013 (Figure 10.2).

Figure 10.2: Quantities of illicit drugs seized by Law Enforcement Agencies during the course of anti-drug operations. The years 1993 – 2013(*)



Sharp increase in cannabis derivatives

(*)2009-2013 aggregate data, updated to September 2014.

Source: Central Directorate for Anti-drug Services – Ministry of the Interior

10.4 Price and purity

10.4.1 Price

Trends in retail and wholesale prices of drugs represent one of the variables which determine 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. Furthermore, price trends, when their variability is significant, can be an indirect indicator of use trends. As a matter of fact, a drop in price usually corresponds to a reduction in demand, the appearance on the market of a competitor drug or the rise of other alternative distribution networks.
The total value of the drugs seized by Police Forces during the course of 2013, calculated using their average market value, is over 1 billion euros (this total does not include the estimated value of synthetic drugs seized). This figure was calculated based upon the average “street” price per gram of each drug, multiplied by the amount seized.
Collection of retail-price information is currently the responsibility of the Central Directorate for Anti-drug Services, which processes information coming from the local police forces of 12 sample cities (Palermo, Reggio Calabria, Naples, Bologna, Venice, Florence, Trieste, Turin, Rome, Genoa, Milan and Verona).

Analyses, based entirely on Standard Table Number 16 (ST 16 2014), show that the prices of heroin, ecstasy and LSD remained stable in 2013. The minimum and maximum prices of amphetamines (15.5 and 16.6 euros, respectively) have fallen, as have hashish prices (8.3 and 12.4 euros, respectively) while the minimum price for cocaine and the maximum price for marijuana have risen (59.2 and 10.1 euros, respectively) (Table 10.3).

Table 10.3: The minimum and maximum prices per unit (gram/dose/pill) of drugs The years 2012 – 2013

	Minimum price			Maximum price		
Drug type	**2012**	**2013**	**Δ%**	**2012**	**2013**	**Δ%**
Hashish (g)	9.2	8.3	-9.3	12.6	12.4	-1.7
Marijuana (g)	7.3	6.9	-5.2	9.4	10.1	6.9
Brown heroin (g)	35.5	35.5	0.0	47.4	46.9	-1.1
White heroin (g)	55.0	54.0	-1.8	69.0	69.0	0.0
Cocaine (g)	57.1	59.2	3.6	82.8	83.6	1.0
Amphetamines (g)	16.0	15.5	-3.1	17.6	16.6	-5.7
Ecstasy (dose)	14.8	14.6	-0.9	18.8	18.6	-0.7
LSD (dose)	23.3	23.3	0.0	27.0	27.0	0.0

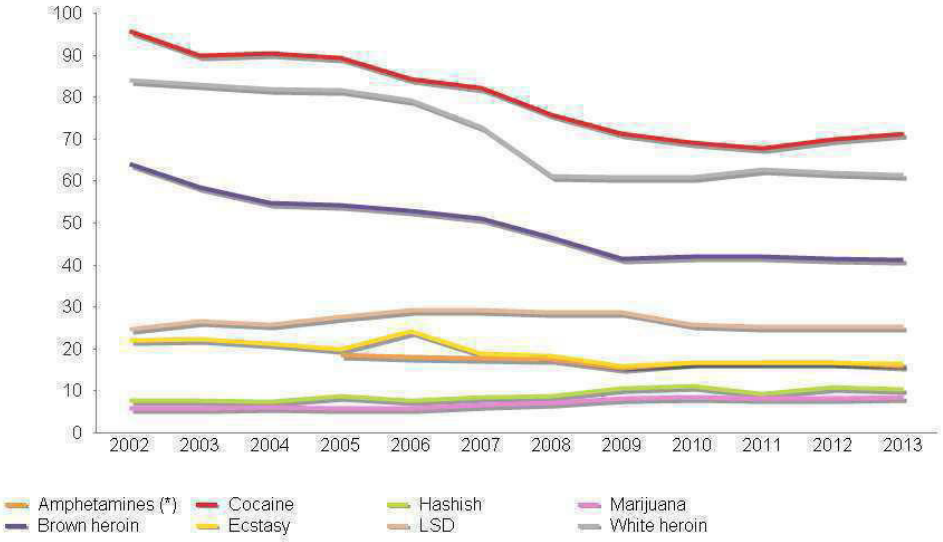
Source: Central Directorate for Anti-drug Services – Ministry of the Interior

Different price variations

From 2002 to 2013, average prices fell from €96 to little more than €71 per gram for cocaine and from approximately €29 to little more than €25 for a dose of LSD. The average prices of amphetamines, hashish and white heroin fell slightly in comparison with the 2012 figures, while the average prices of marijuana, brown heroin and synthetic drugs remained largely unchanged. Overall, price trends were found to be continuing to decline (Figure 10.3).

Overall trend in average prices between 2002 and 2013 shows a downturn

Figure 10.3: Average prices per drug dose. The years 2002 – 2013



Standard Table number 16: average prices in euros

(*) Data for amphetamine prices are only available beginning in 2005

Source: Central Directorate for Anti-drug Services – Ministry of the Interior

10.4.2 Purity

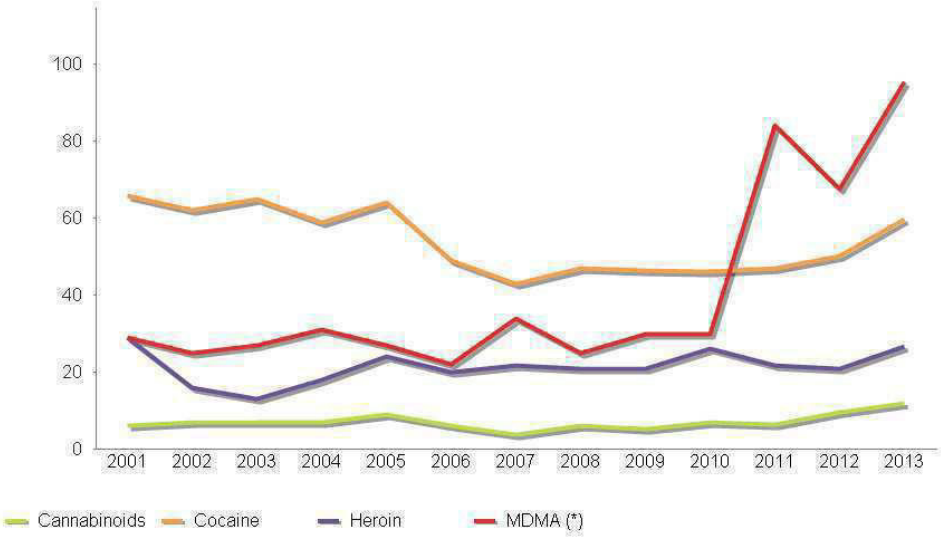
Data on the purity of drugs come from analyses conducted by the Drug Investigation Section of the Police Scientific Service of the Central Anti-crime Directorate of the State Police (Standard Tables 14 and 15), as set forth in the specifications established by the European Monitoring Centre for Drugs and Drugs Addictions. The data refer to both high-quantity seizures and street seizures.

Increase in the % of active principle in drugs

In 2013, the average percentage of active principle found in the samples analysed increased for all drugs across the board. Specifically, in the case of cannabinoids (THC), it rose from approximately 10% to 12%, while it rose from 50% to 60% for cocaine, and from 21% to 27% for heroin. Meanwhile, the number of mg of MDMA contained in each pill/unit rose from 67 mg in 2012 to approximately 96 mg in 2013. These figures, however, are the result of analyses carried out on a small sample of drugs, and are therefore subject to high variability, both within the sample itself, as well as in comparison with samples of drugs collected at different times (Figure 10.4).

Figure 10.4: Average percentages of pure drug in drugs discovered by Law Enforcement Agencies. The years 2001 – 2013

ST 14 2013: Average percentages of drug purity



(*) MDMA figures refer to the average weight in mg per pill/unit.

Source: Central Anti-crime Directorate of the State Police – Ministry of the Interior

Table 10.4: Minimum, average, median and maximum active-principle values found in illicit drugs. The year 2013

	Cannabinoids	Cocaine	Heroin	MDMA(*)
Minimum	1	20	2	50
Average	12	60	27	96
Median	11	64	23	92
Maximum	26	87	62	127

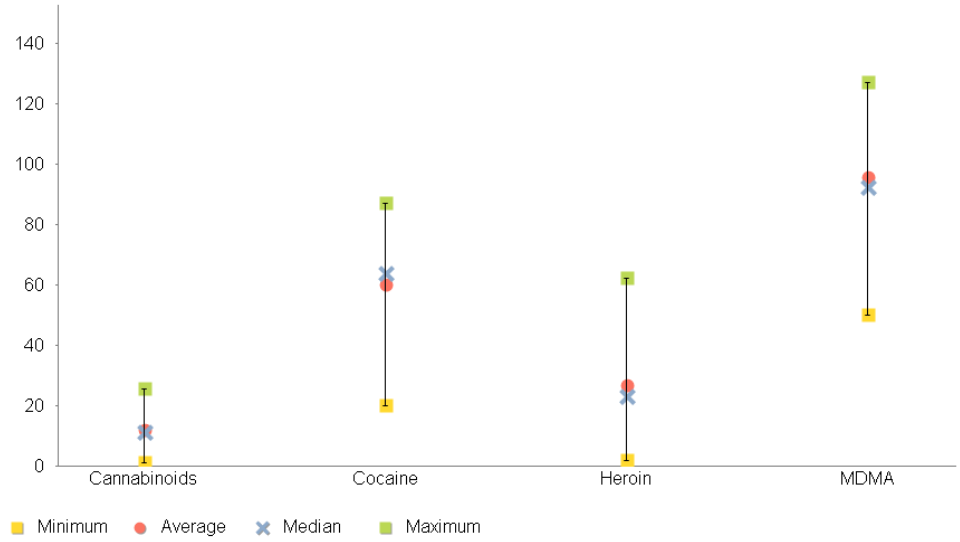
(*) MDMA figures refer to the average weight in mg per pill/unit.

Source: Central Anti-crime Directorate of the State Police – Ministry of the Interior

High variability in quantities of active principles (ST 15 2013)

Table 10.4 contains the maximum, minimum, average and median values of active principle found in illicit drugs in 2013. Variability is very high, ranging from 1% to 26% for cannabinoids, from 20% to 87% for cocaine, and from 2% to 62% for heroin, while the weight in mg of MDMA per pill/unit ranged from a minimum of 50 mg to a maximum of 127 mg. All recorded variability may also be the result of having combined the types of seizures (large shipments and retail), since drugs seized in these two different situations can differ greatly in terms of the percentage of active principle they contain.

Figure 10.5: Variability in the quantity of active principle in illicit drugs discovered by Law Enforcement Agencies. The year 2013



(*) MDMA figures refer to the average weight in mg per pill/unit.

Source: Central Anti-crime Directorate of the State Police – Ministry of the Interior

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