



Italy

Italy Drug Report 2018

This report presents the top-level overview of the drug phenomenon in Italy, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

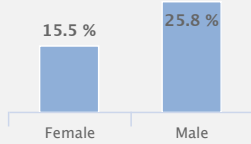
THE DRUG PROBLEM IN ITALY AT A GLANCE

Drug use

"in young adults (15-34 years)
in the last year"

Cannabis

20.7 %



Other drugs

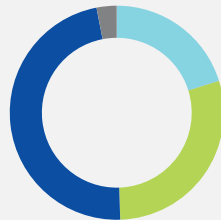
MDMA	0.9 %
Amphetamines	0.3 %
Cocaine	1.9 %

High-risk opioid users

205 200
(180 000 - 230 000)

Treatment entrants

by primary drug



- Cannabis, 20 %
- Amphetamines, 0 %
- Cocaine, 29 %
- Heroin, 47 %
- Other, 3 %

Opioid substitution treatment clients

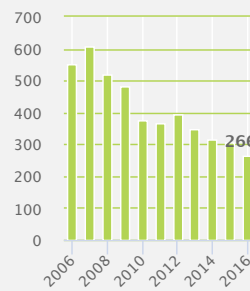
62 868

Syringes distributed

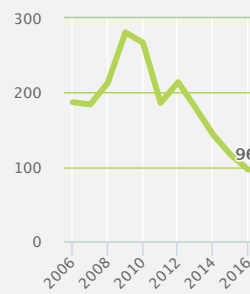
through specialised
programmes

No Data

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offenders

65 679

Top 5 drugs seized

ranked according to quantities
measured in kilograms

1. Herbal cannabis
2. Cannabis resin
3. Cocaine
4. Heroin
5. MDMA

Population

(15-64 years)

39 013 938

Source: EUROSTAT Extracted on:
18/03/2018

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

National drug strategy and coordination

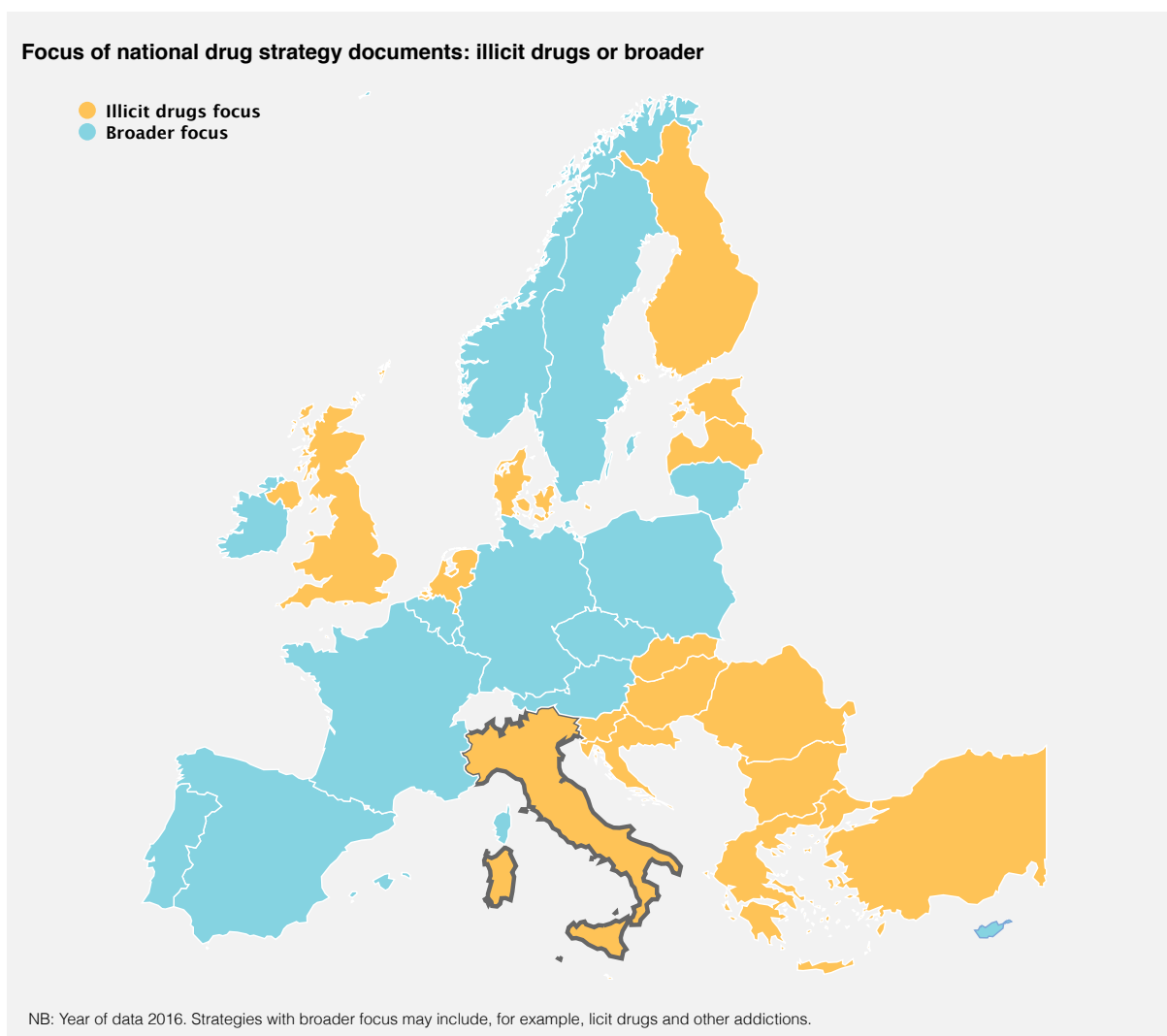
National drug strategy

Launched in 2010, the Italian National Action Plan on Drugs originally covered the period 2010-13, but remains in force pending the development of a new strategy. Eighty-nine objectives are set out in two pillars, demand and supply reduction, across five cross-cutting areas of intervention.

Demand reduction activities include prevention, treatment, rehabilitation and reintegration, while supply reduction covers evaluation and monitoring, legislation, supply reduction and juvenile justice. Primarily focused on illicit drug use, the Action Plan also covers licit substance use and addictive behaviours as elements that are addressed predominantly in the context of prevention.

The Action Plan is accompanied by four other elements that support its implementation: (i) individual regional/autonomous provinces plans; (ii) technical and scientific implementation guidelines; (iii) the Project Plan, which sets out the different national projects being carried out under the Action Plan; and (iv) the 2014 National Action Plan for the Prevention of the Distribution of New Psychoactive Substances and Demand on the Internet.

Like other European countries, Italy evaluates its drug policy and strategy using ongoing indicator monitoring and specific research projects. A final external evaluation based on the initial time frame of the National Anti-Drug Action Plan 2010-13 was completed in 2014.



National coordination mechanisms

The Department for Anti-Drug Policies is responsible for the strategic and operational coordination of Italian drug policy. It is a department of the Presidency of the Council of Ministers and its responsibilities include ensuring coordination among the different ministries and functioning as a link between central, regional and local authorities through the mechanisms of the State-Regions Committee and the State-Regions-Autonomous Provinces-Municipalities Unified Committee. The Department's work also includes policy activities at European and international levels, alongside reviewing scientific knowledge on different aspects of drug dependency. The director of the department is the national drug coordinator.

The regions/autonomous provinces have a more strategic management role, which includes planning and organisation of the health services system, and programming and evaluation functions. The local health authorities are responsible for the activities of local public drug addiction dependency service units (public services for addictions, which cover all drugs and addictions) and non-governmental organisations.

Public expenditure

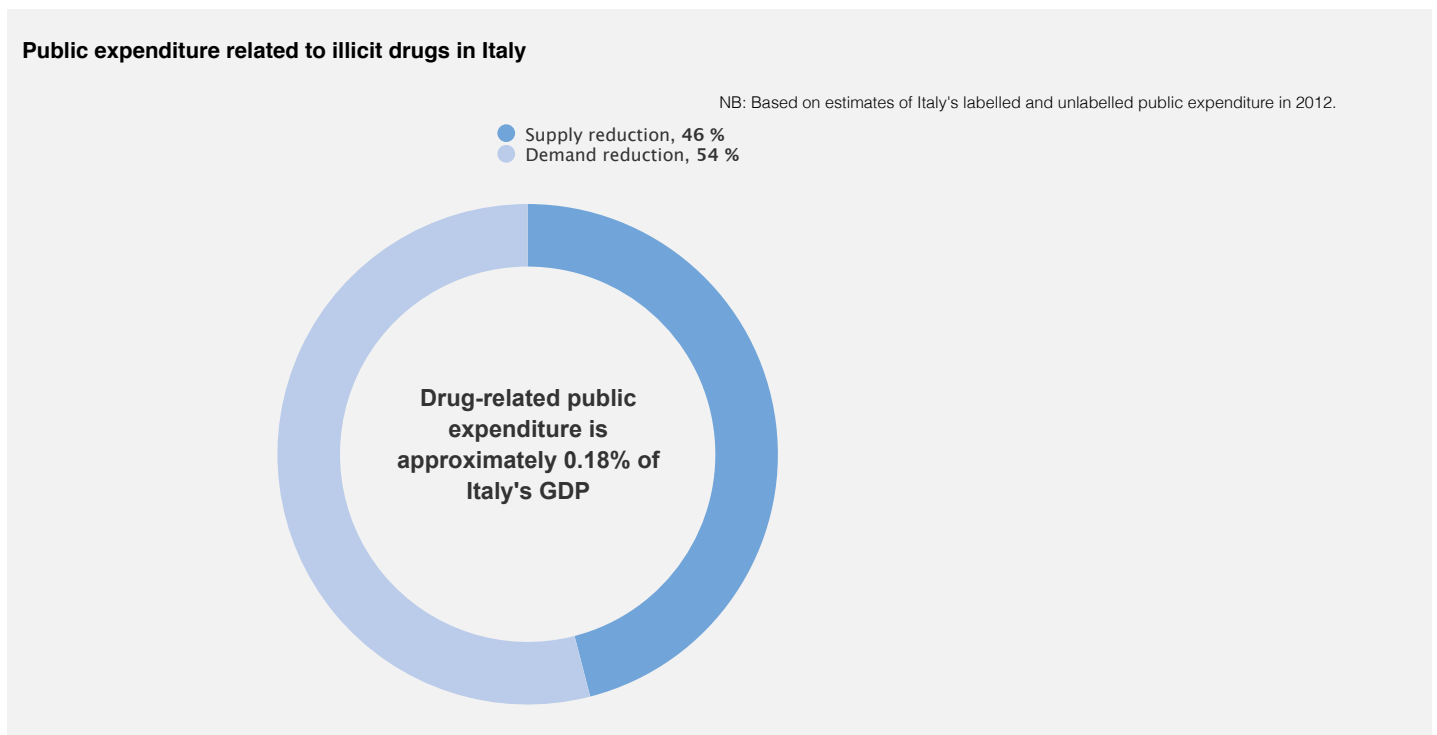
Understanding the costs of drug-related actions is an important aspect of the drug policy. Some of the funds allocated by governments for expenditure to tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

In Italy, drug action plans do not have associated budgets. However, the methodology for estimating the social costs of drug use had been defined for some years and provided an estimate of drug-related public expenditure between 2009 and 2012.

In 2012, drug-related public expenditure was estimated at approximately 0.18 % of gross domestic product (GDP), indicating a gradual decline since 2010 (0.25 % of GDP in 2010 and 0.2 % of GDP in 2011). In 2012, the majority of total drug-related spending was for social care and healthcare.

In 2012, the social costs of drug use were estimated to represent 1 % of GDP, which was less than in 2011.

Several reasons for the reduction have been suggested, such as reduced spending by drug users to purchase illicit substances and a decline in public expenditure on drug-related initiatives.



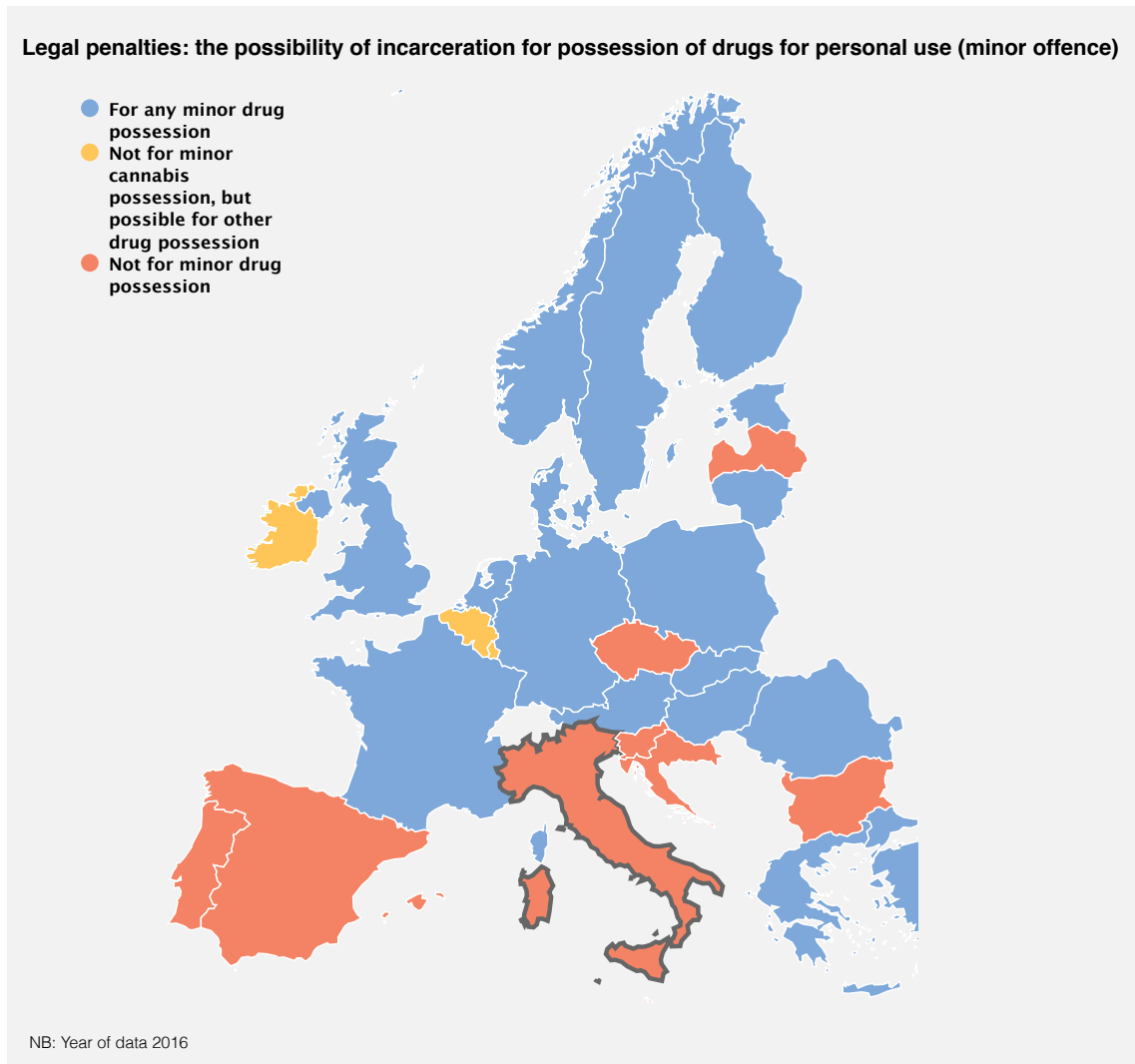
Drug laws and drug law offences

National drug laws

In Italy, the Consolidated Law, adopted by Presidential Decree No 309 on 9 October 1990 and subsequently amended, provides the legal framework for trade, treatment and prevention, and prohibition and punishment of illegal activities in the field of drugs and psychoactive substances. Drug use in itself is not mentioned as an offence. Possession for personal use is punishable by administrative sanctions (such as the suspension of a driving licence or other privileges). Since the implementation of Law 79 of 16 May 2014, a distinction is made between less dangerous drugs in Schedules II and IV and more dangerous drugs in Schedules I and III. Administrative sanctions for personal possession offences may be one to three months' loss of privilege for the former and 2-12 months for the latter. If a person is found in possession of illicit drugs for the first time, administrative sanctions are not usually applied, but, instead, the offender receives a warning from the Prefect and a formal request to refrain from use. A socio-rehabilitation and therapeutic program may be offered in addition to administrative sanctions.

The threshold between personal possession and trafficking is determined by the circumstances of the specific case (the act, possession of tools for packaging, different types of drug possessed, number of doses in excess of an average daily use, means of organisation, etc.).

The penalty for supply-related offences, such as production, sale, transport, distribution or acquisition, depends on the type of drug, as specified by the schedules described above. In the case of more dangerous drugs (cocaine, heroin, etc.), dealing is punishable by 8-22 years' imprisonment, while offences related to the supply of less dangerous drugs (cannabis, etc.) attract a penalty of 2-6 years' imprisonment. However, when the offences are considered minor because of the means, modalities or circumstances, the terms of imprisonment are six months' to four years' imprisonment (for all drug types). Evaluating whether or not the offence is minor should take into account the mode of action, possible criminal motives, the character of the offender, conduct during or subsequent to the offence, and the family and social conditions of the offender. In previous years, Italy addressed sales of new psychoactive substances using consumer safety laws, but since 2011 several generic substance groups have been added to the main drug control law.



Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

In 2016, more than 65 000 offenders were reported. The majority were involved in offences related to the use/purchase/possession of drugs for personal use. More than half of all offenders were involved in cannabis-related offences; the next most prevalent DLOs are cocaine- and heroin-related offences.

Drug use

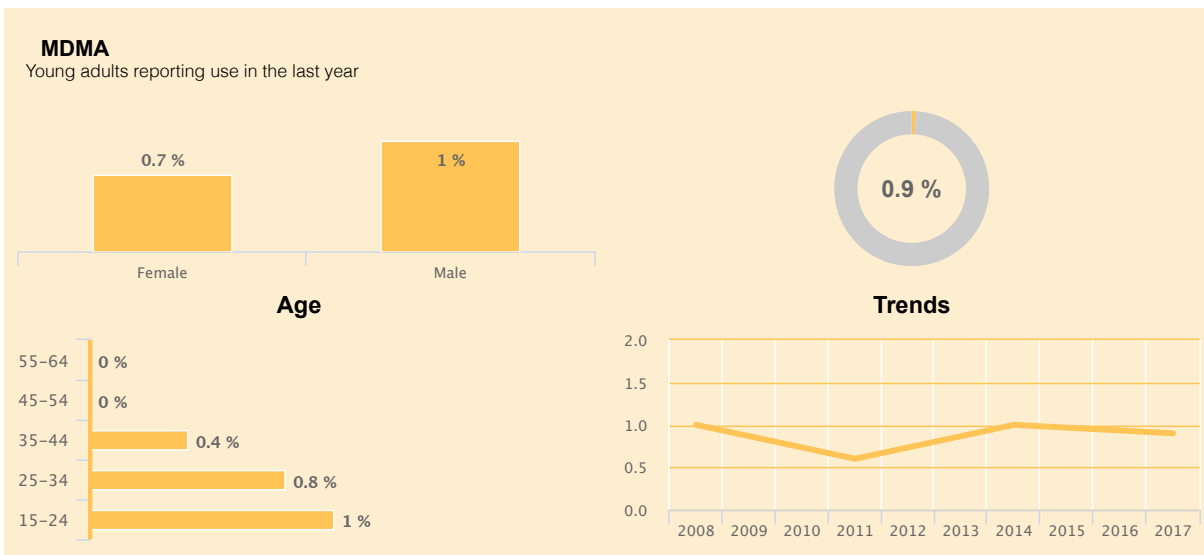
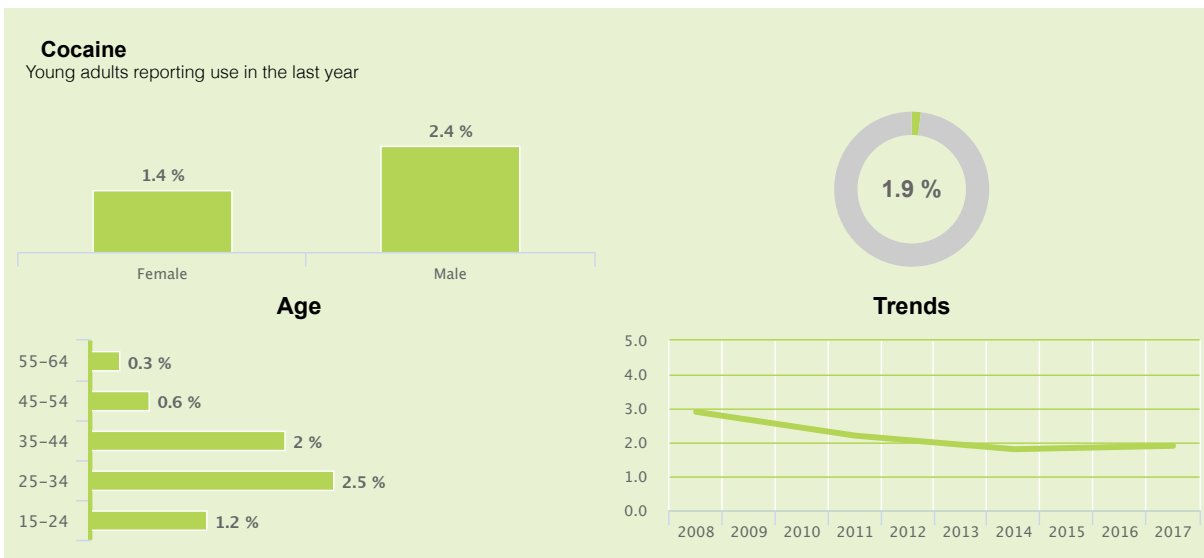
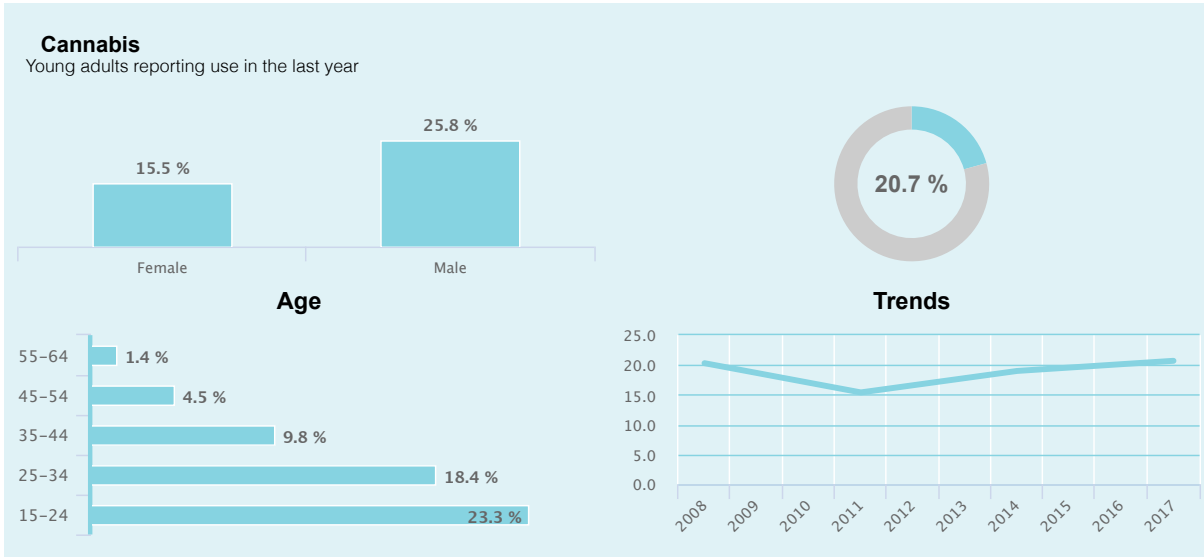
Prevalence and trends

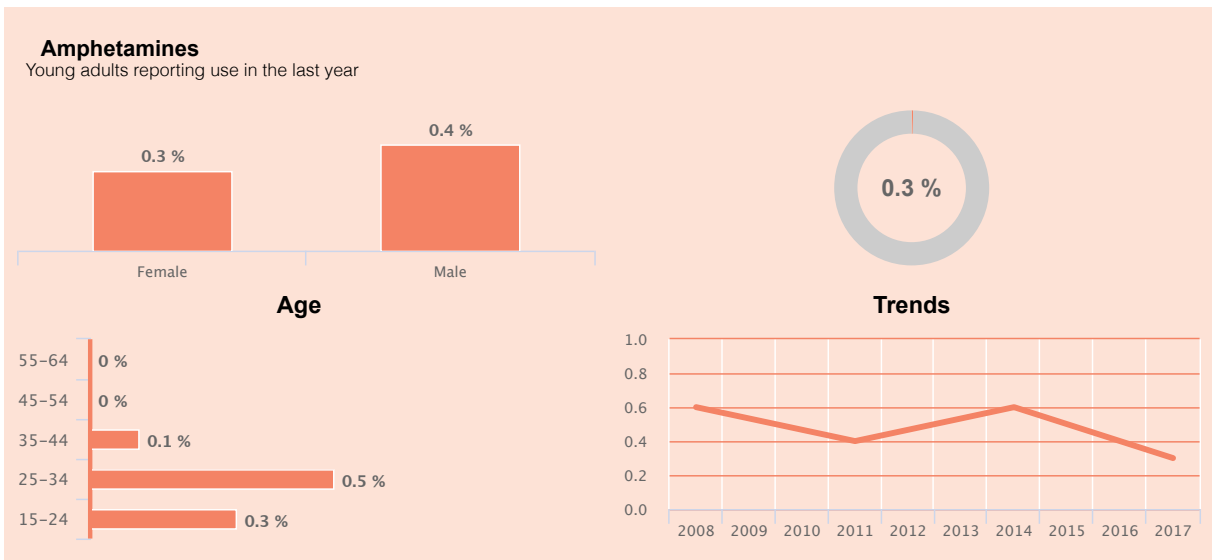
In Italy, cannabis remains the illicit drug most commonly used by the general population, followed by cocaine. The use of most illicit drugs is concentrated among young adults aged 15-34 years; however, the highest prevalence of last-year cocaine use is reported by those aged 25-34 years.

The preliminary data from the most recent study, in 2017, indicate an increase in the prevalence of cannabis and a stabilisation in synthetic stimulant use in Italy, whereas cocaine use seems to be declining,

Milan participates in the Europe-wide annual wastewater campaign undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. Concerning stimulants, the results show a considerable increase between 2015 and 2017 in cocaine metabolites detected in wastewater. The levels of MDMA/ecstasy and methamphetamine detected have remained low since 2012, indicating limited use of these substances in Milan. No amphetamine was found in wastewater in Milan in 2017. Use of all stimulants detected in wastewater in Milan was higher during weekends than during weekdays.

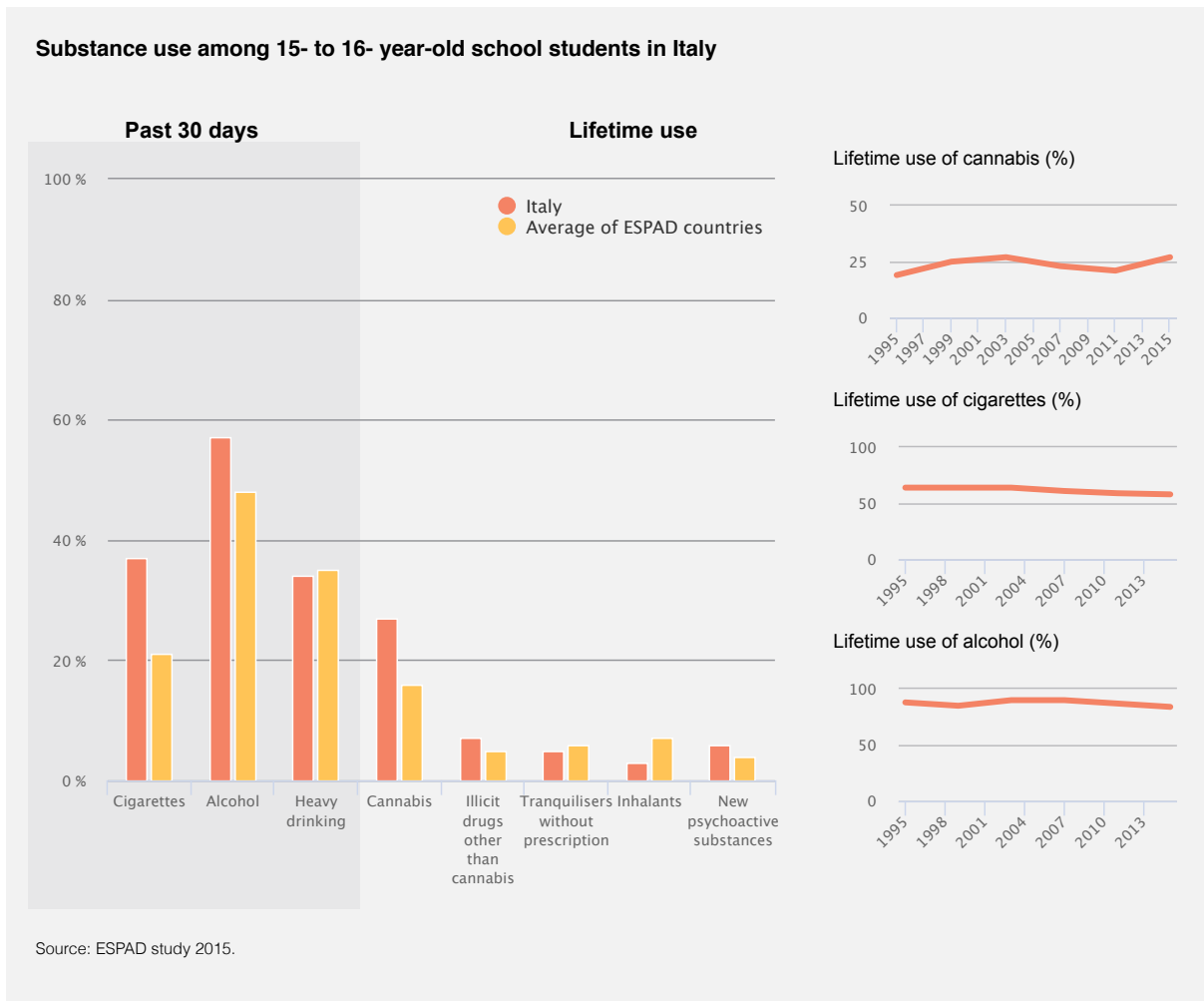
Estimates of last-year drug use among young adults (15-34 years) in Italy





NB: Estimated last-year prevalence of drug use in 2017.

Drug use among 15- to 16-year-old students is reported in the European School Survey Project on Alcohol and Other Drugs (ESPAD). In 2015, Italian students reported prevalence rates of lifetime use of cannabis above the ESPAD average (35 countries), whereas lifetime use of illicit drugs other than cannabis and of NPS was almost identical to the overall average.



High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

In Italy, high-risk drug use remains linked mainly to heroin use. The latest estimate based on a treatment multiplier suggests that there were approximately 205 200 high-risk heroin users in Italy in 2015.

Based on the 2014 general population survey, it is estimated that 0.9 % of 15- to 64-year-olds use cannabis daily or almost daily.

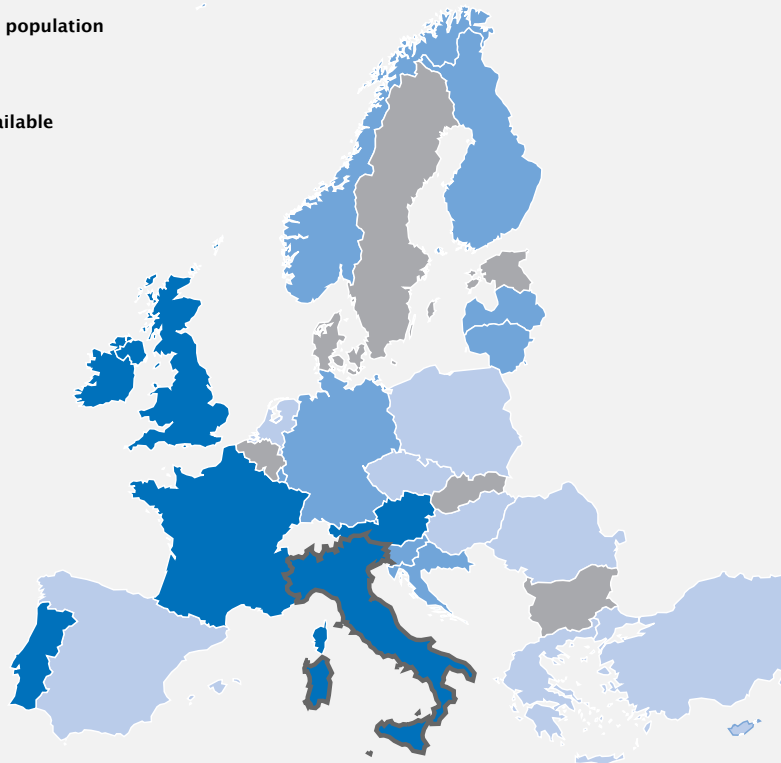
Data from the specialised treatment centres indicate that in 2016 powder cocaine was the most commonly reported primary substance among first-time clients entering treatment, followed by heroin and cannabis. The number of cocaine-using first-time entrants has been increasing since 2013 in Italy. Injecting remains common among opioid users entering treatment, in particular among those who have been treated previously. It is estimated that 4 out of 10 heroin users in Italy inject the substance.

Approximately 1 in 10 clients entering treatment is female, but the proportion varies by primary drug. The long-term trend indicates a steady increase in the age of heroin users seeking treatment. However, because of substantial changes in the national reporting system in the last years, the long-term trends for data from specialised treatment centres should be interpreted with caution.

National estimates of last year prevalence of high-risk opioid use

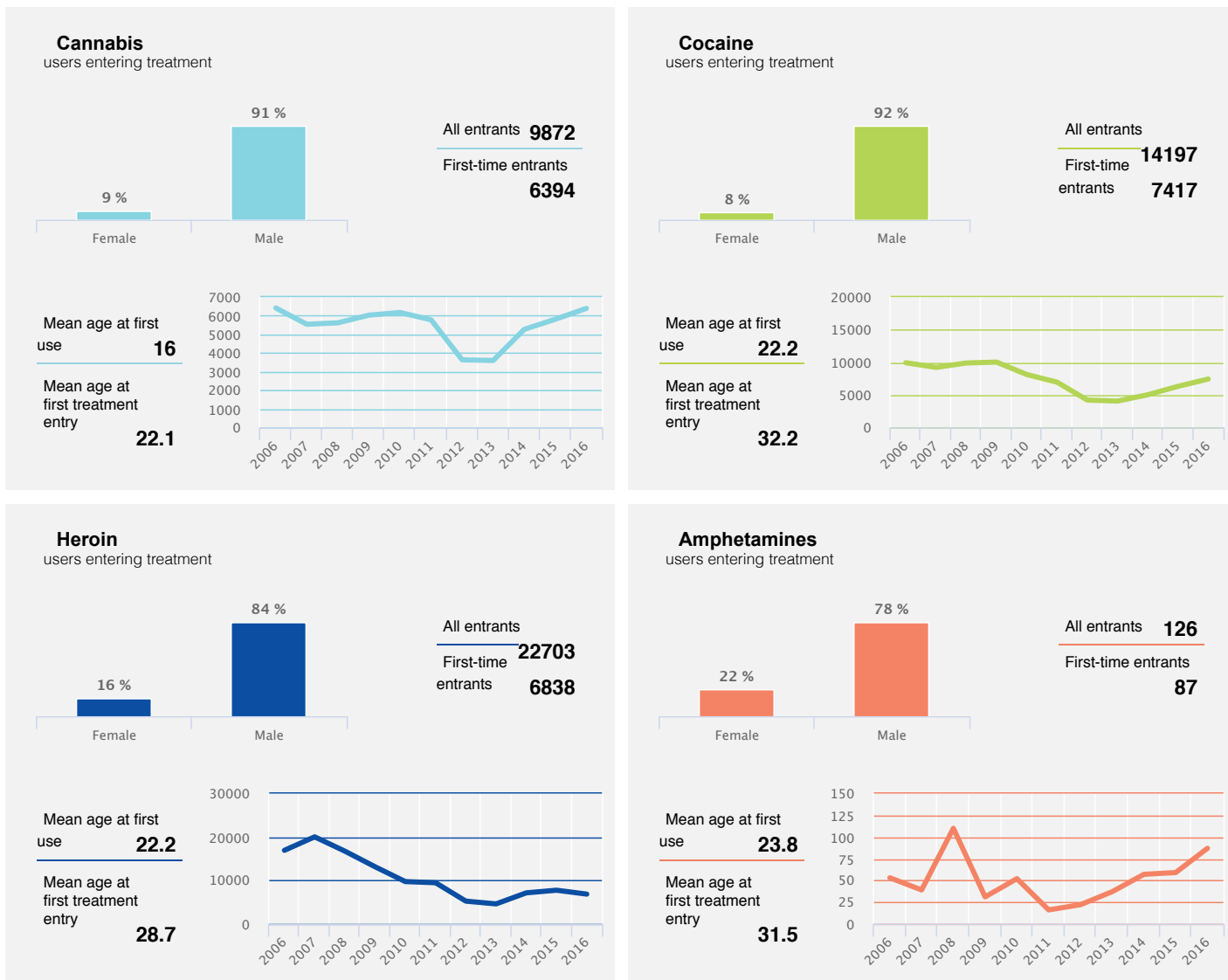
Rate per 1 000 population

- 0.0–2.5
- 2.51–5.0
- > 5.0
- No data available



NB: Year of data 2016, or latest available year

Characteristics and trends of drug users entering specialised drug treatment in Italy



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

In Italy, data on prevalence of drug-related infections are available from samples of treatment clients undergoing voluntary testing at public drug treatment services or in general hospitals. Data on acquired immune deficiency syndrome (AIDS) cases among people who inject drugs (PWID) are notified through the AIDS Operational Centre (COA), and the Integrated Epidemiological System of Acute Viral Hepatitis (SEIEVA) collects data on acute viral hepatitis among drug users.

In 2016, 96 new human immunodeficiency virus (HIV) infections among PWID were reported. The number of new HIV diagnoses among PWID decreased between 2010 and 2016; however, in recent years a trend of increasingly late HIV diagnosis has been reported.

Prevalence of HIV and HCV antibodies among people who inject drugs in Italy (%)

region	HCV	HIV
National	56.6	28.7
Sub-national	:	:

Year of data: 2016

Percentages are referred to the number of tested injecting drug clients

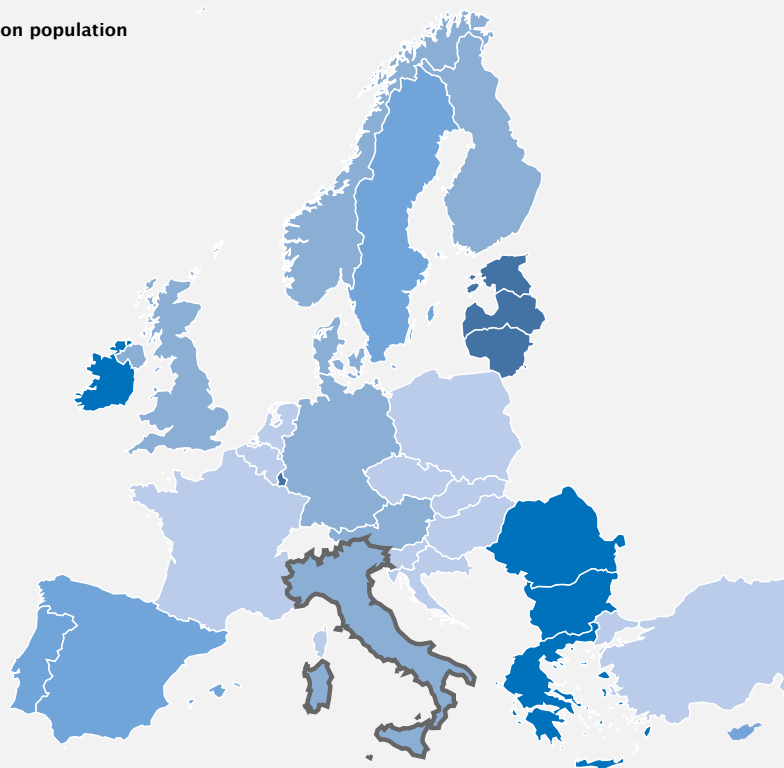
The prevalence rate of HIV infection among PWID is considered average in the European context. Almost a third of the new treatment clients in 2016 were HIV positive, but the number of clients tested was small.

In general, there are more cases of hepatitis C virus (HCV) than hepatitis B virus (HBV) infections among drug users. The number of HBV infections has decreased considerably since 1985; this is linked to the universal HBV vaccination strategy that was introduced in Italy in 1991. The available data from voluntary testing of new treatment clients indicate that HCV infection is the most prevalent drug-related infection among PWID, while around 1 in 10 drug treatment clients were positive for HBV. Similarly to HIV testing, the number of treatment clients tested is small.

Newly diagnosed HIV cases attributed to injecting drug use

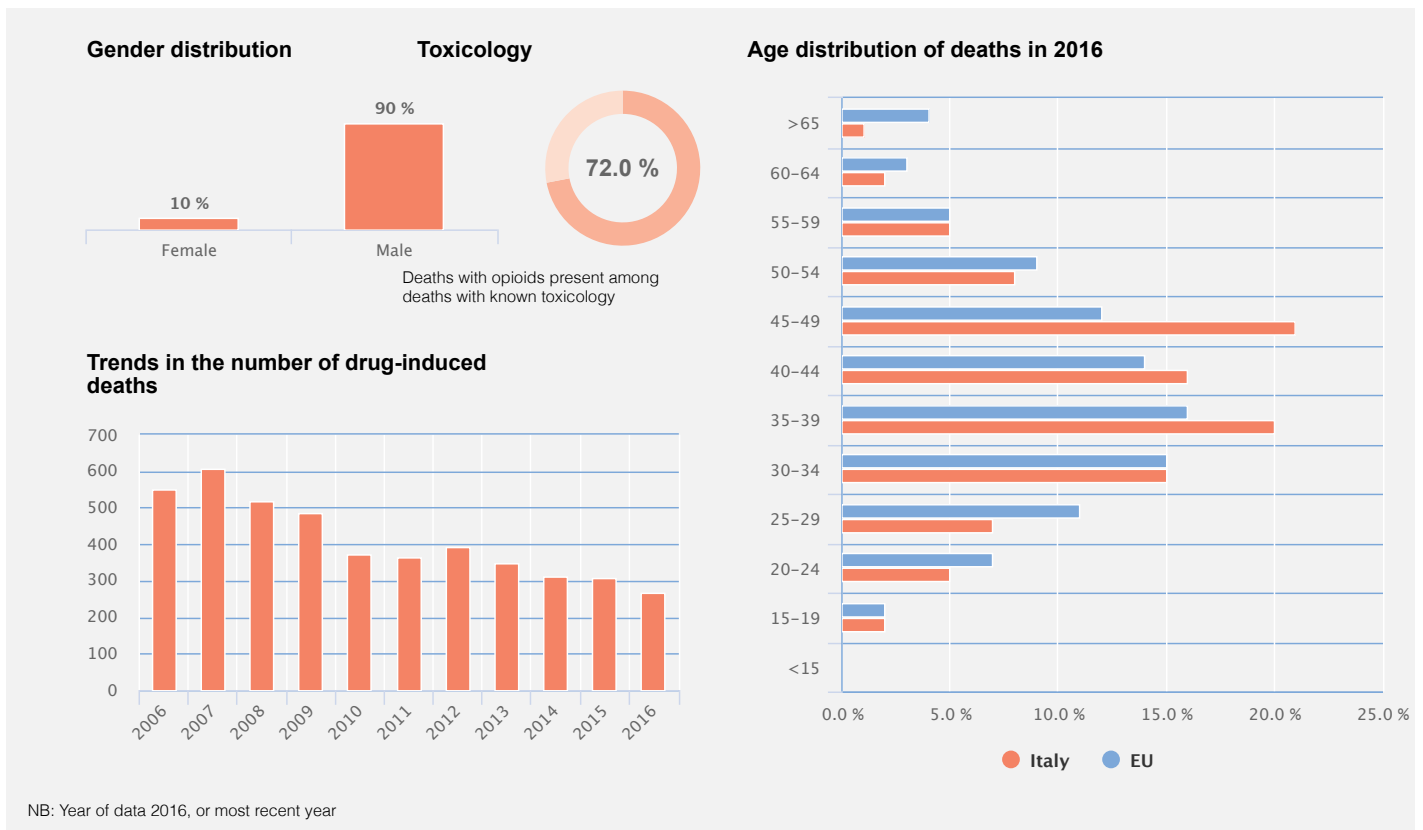
Cases per million population

- <1.0
- 1.0-2.0
- 2.1-3.0
- 3.1-8.0
- >8.0



NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in Italy



Drug-related emergencies

Drug-related emergencies in Italy are monitored and reported in the context of the national early warning system on new psychoactive substances (NPS). In 2015, a total of 1 075 people required emergency treatment because of non-fatal intoxication that was possibly a result of the use of NPS. Toxicological analysis was performed in about 15 % of these cases, and the results indicated the presence of NPS in about two thirds of them, while an established illicit drug was detected in the remaining cases.

Drug-induced deaths and mortality

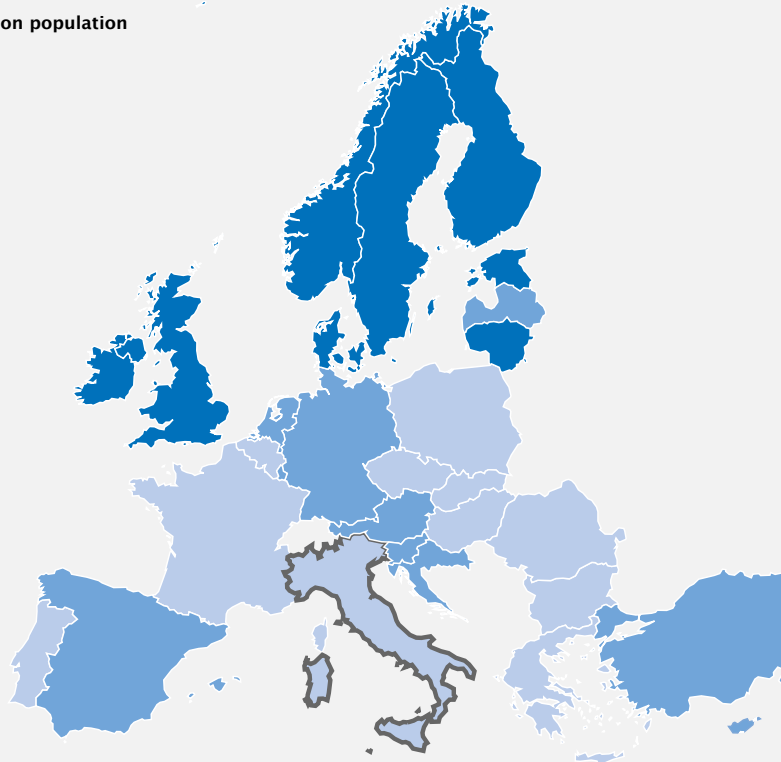
In 2016, the special register (Police Forces and Prefectures) reported a further decrease in the number of drug-induced deaths in Italy. Opioids (mainly heroin), alone or in combination with other psychoactive substances, were detected in the majority of victims in whom toxicological results were available. In recent years, the proportion of deaths attributed to cocaine use has increased; this correlates with a similar trend in persons admitted for treatment because of cocaine use. However, the principal drug was not specified in almost half of the deaths reported in 2016. In Italy, the large majority of drug-induced death victims are male. On average, male victims are slightly older than female victims (41 years and 36 years respectively).

The drug-induced mortality rate among adults (aged 15-64 years) is 6.7 deaths per million, which is lower than the most recent European average of 21.8 deaths per million.

Drug-induced mortality rates among adults (15-64 years)

Cases per million population

- <10
- 10-40
- > 40



"NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes."

Prevention

The planning and implementation of prevention activities in Italy are mainly the responsibility of the regions and autonomous provinces; however, the Department for Anti- Drug Policies at the Presidency of the Council of Ministers allocates part of its annual budget to support prevention activities. Prevention of the use of new psychoactive substances among young people is one of the current policy priorities in Italy.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

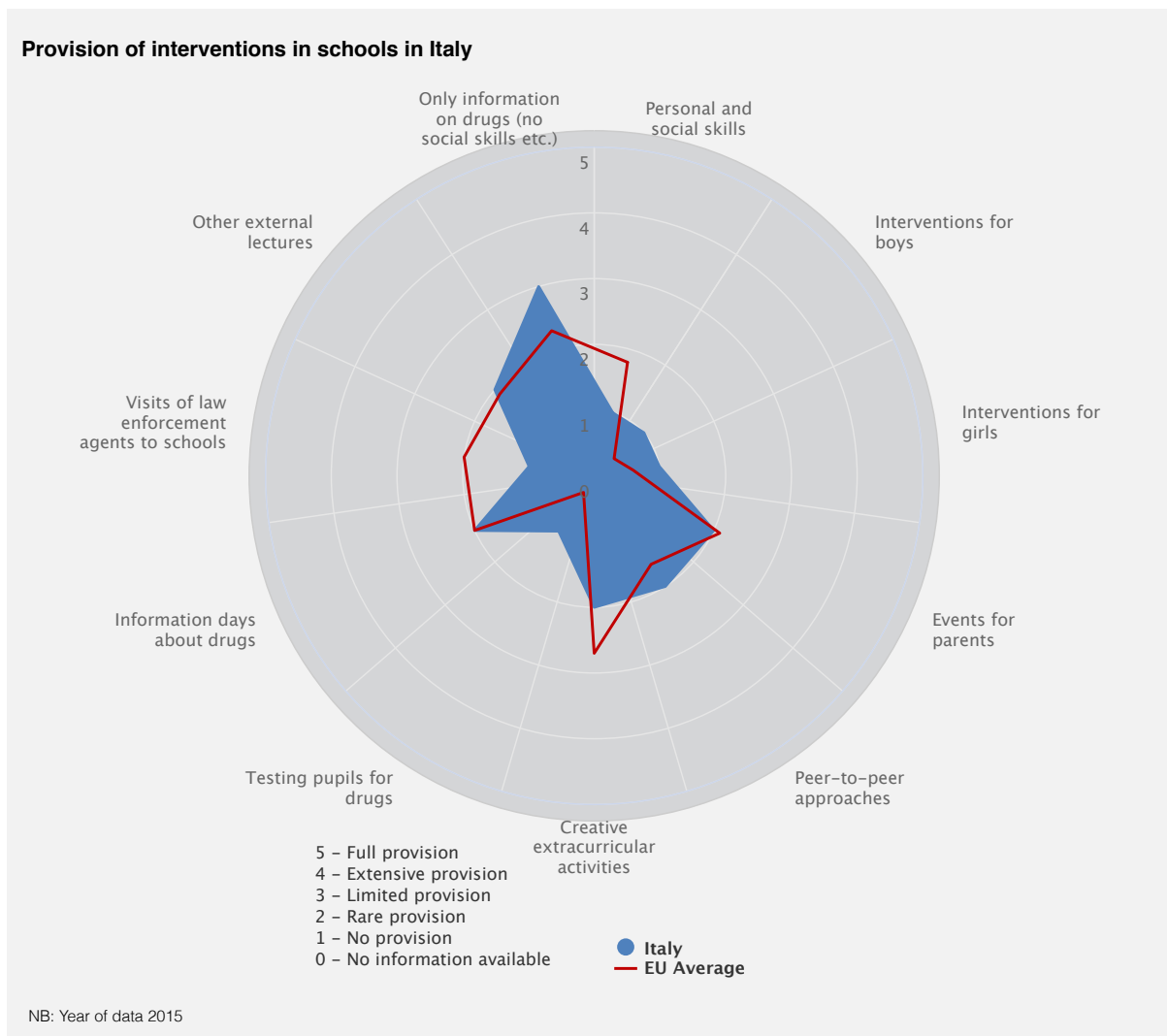
In Italy, universal prevention focuses on licit and illicit substances, but also addresses road safety, gambling and healthy lifestyles. Prevention activities are often implemented in schools by teachers, as well as local health authorities, law enforcement agencies and private social agencies. They are mainly limited to information provision and awareness raising, while more interactive methods or peer-to-peer activities remain limited. Universal prevention activities that target the community focus on young people through the use of peer groups in out-of-school settings, counselling, recreational and cultural activities and local projects delivered via the media and the internet

Mass media campaigns continue to be an essential part of the prevention strategy, particularly the use of information technology platforms, such as video conferencing or mobile applications. The Unplugged programme continues to be implemented in several regions and provinces.

According to the available information, family involvement is considered central to all prevention efforts in Italy, and almost all regions have universal prevention projects targeting families, teachers and peers. Universal prevention that targets families consists largely of three types of initiatives: mutual assistance, meetings and training.

Selective prevention activities are mainly aimed at young people at risk of substance use, such as young smokers with a desire to change, and people aged under 25 who access emergency rooms for acute alcohol intoxication. These can be implemented in recreational settings. They also target immigrants; school dropouts and young offenders; families with problem drug use and/or with mental health problems; and socially and academically marginalised young people.

Indicated prevention identifies individuals experiencing early signs of substance use and related problem behaviours, and targets them with special programmes, such as preventing and reducing risks of infectious diseases, improving awareness of infectious diseases, and reducing the impact of mental disorders in young people.



Harm reduction

In Italy, the need to contain the spread of human immunodeficiency virus (HIV) among injecting heroin users in the early 1990s involved setting up outreach programmes and low-threshold centres, and the provision of clean injecting equipment and drug treatment. This was the beginning of the shift towards 'contacting and taking into care' those who were not receiving treatment from drug treatment services. The harm reduction approach was further consolidated in the state-regional accord of 1999 and in harm reduction guidelines, which were presented at the Genoa Conference by the Ministry of Health in November 2000. By decree of the President of the Council of Ministers of 12 January 2017, harm reduction services are listed among the assistance services to be provided by the national health system to people with dependencies.

Harm reduction interventions

The range of harm reduction services and initiatives in Italy continues to be heterogeneous and diversified. Some outreach programmes and projects exist at local levels and are operated by both public and private social and health organisations, together with specific projects funded through the National Drugs Fund; these usually include needle and syringe programmes, information dissemination and counselling.

Harm reduction programmes are more extensive in the northern and central Italian regions, and are usually located in the larger cities. Harm reduction interventions are delivered through mobile units, fixed sites (drop-in centres and reception units), outreach programmes, and needle- and syringe-dispensing machines. A recent study indicates that, as well as needle and syringe exchange programmes, naloxone is also available in a number of surveyed harm reduction units. New guidelines for screening and diagnosis of infectious diseases have been prepared to increase the practice of testing in addiction treatment centres.

Availability of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

The treatment system

In Italy, the coordination of drug-related treatment is carried out at regional levels by the heads of the local drug departments or drug services. The regional government establishes the treatment delivery services, manages the accreditation of private community treatment centres and records the number of treatment centres. Both the public and private sectors provide treatment, and both are funded through the Regional Health Fund. Funds are allocated to the regions by the government on a yearly basis.

The Italian drug treatment system includes two complementary sub-systems consisting of public drug dependency service units (Ser.Ds) and social-rehabilitative facilities (mainly residential or semi-residential). Ser.Ds provide mainly outpatient treatment and are part of the national health system. Integrated treatment is provided within the Ser.Ds, and reintegration programmes are also implemented. The majority of social-rehabilitative facilities are provided by private organisations. They provide inpatient treatment, but also semi-residential and outpatient treatment. Referral to social-rehabilitative facilities is made and paid for by the Ser.Ds.


Most services are located in the northern regions of Italy, which have the highest numbers of drug users and the greatest urban densities. Interventions carried out by both public and private services include psychosocial support; psychotherapy and social service interventions; detoxification in residential settings; and vocational training in semi-residential settings. Detoxification is also carried out in general hospitals.

Treatment programmes do not usually distinguish between the different types of substances that are used by their clients; however, some programmes focus on particular groups, such as cocaine users, children and adolescents who use psychoactive substances, those with dual diagnosis, or members of ethnic minorities. Opioid substitution treatment (OST) in Italy can be initiated by general practitioners, specialised medical practitioners and treatment centres, and should be implemented in combination with psychosocial and/or rehabilitative measures. However, the provision of OST outside Ser.Ds remains rare.

Drug treatment in Italy: settings and number treated

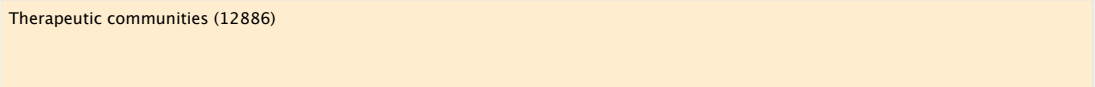
Outpatient

Specialised Drug Treatment Centres (144396)



Inpatient

Therapeutic communities (12886)



NB: Year of data 2016

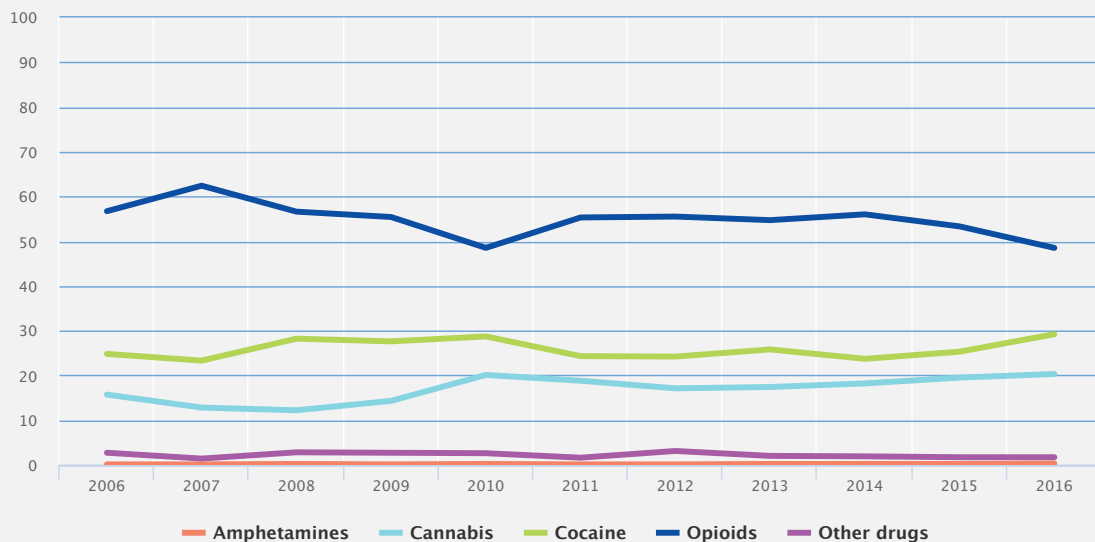
Treatment provision

Out of approximately 157 282 clients who were treated for drug dependence in Italy in 2016, one third entered treatment during that year, while the remainder were long-term clients. The majority of clients in treatment were treated for opioid dependency, many of whom received OST. Opioids, mainly heroin, were reported as the main substance used by the majority of clients entering treatment in Italy. The proportion of opioid clients entering treatment has decreased since 2014. Among those entering treatment for the first time, the increase in the numbers of opioid users that had been observed since 2014 seems to have reversed in 2016.

Methadone, which was introduced in 1975, is the most widely used substitution substance, although the use of buprenorphine has been increasing since its introduction in 1999. The latest data indicate that 62 868 people received OST in Italy in 2016.

Data quality issues should be considered when interpreting the data. A major change in the treatment reporting system occurred in 2011/2012, while the recent OST data are underestimates and, therefore, not comparable with previous years.

Trends in percentage of clients entering specialised drug treatment, by primary drug, in Italy

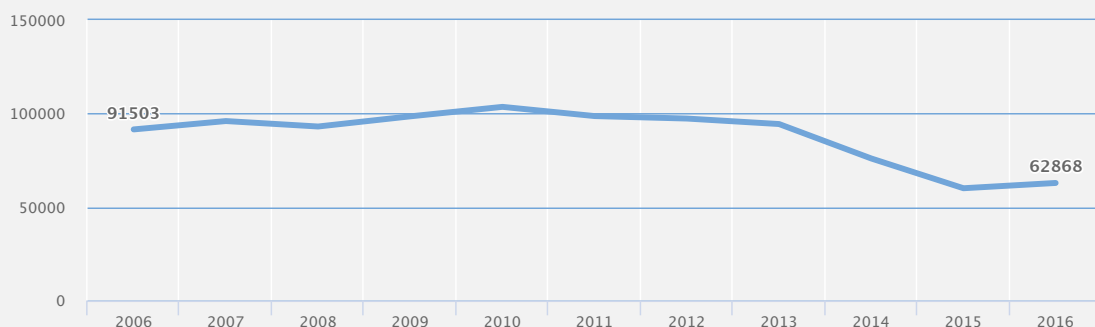


NB: Year of data 2016.

Opioid substitution treatment in Italy: proportions of clients in OST by medication and trends of the total number of clients



Trends in the number of clients in OST



NB: Year of data 2016.

Drug use and responses in prison

Since 2008 the Italian regions are responsible for provision of healthcare services in prisons, under the overall coordination of the Ministry of Health. In 2016, approximately one quarter of inmates were considered drug dependent, a proportion that has remained stable over the years.

The Guidelines for National Health Service Interventions for the Protection of the Health of Persons Incarcerated or Institutionalised within the Prison System and Minors Subject to Criminal Proceedings and Penalties identify strategies for prevention and care, as well as organisational models for the restructuring of existing prison services to meet the same essential levels of care that have been adopted for the general population. These guidelines reiterate that the public drug dependency service units should provide these services inside institutions, in collaboration with the local health authorities (ASL) and the network of health and social services engaged in demand reduction. In order to implement the guidelines, the cooperation between the Department of Prison Administration with the Regions and ASL has been enhanced.

In the case of drug-dependent prisoners, the guidelines recommend referring a person either to special sections with a less restrictive approach and a specific drug treatment programme or to special hospital units for withdrawal treatment.

Quality assurance

The Italian National Action Plan on Drugs 2010-13 reiterates that drug treatment and other interventions should be continually assessed through systematic evaluation of their safety, efficacy, acceptability, ethics, financial sustainability and the degree of customer satisfaction. In general, the monitoring and continuous evaluation of effects of interventions should be based on rigorous evaluations; however, apart from some scientific projects conducted in recent years, no systematic evaluations of the interventions that are implemented in Italy are available.

In Italy, health services are accredited through the National Health System, which is delegated to the individual regions/autonomous provinces; services for drug users are part of this system. The regions/autonomous provinces maintain their complete independence in formulating local policies and strategies, as well as planning, accrediting and organising the treatment services. The local health authorities carry out a planning and operational role: they define and implement the evidence-based operational procedures with the aim of making homogeneous and coordinated interventions in their territories. The ASL check and verify the quality of the assistance provided and the development of agreed common programmes and are responsible for the organisation and for the activities of public services for addictions. Regions and autonomous provinces increasingly assess the drug treatment quality using guidelines. A number of Italian prevention centres are supporting and implementing the European Drug Prevention Quality Standards, Phase II.

Some regions have reported the implementation of continuing education courses on substance use problems for psychologists.

Drug-related research

Drug-related research, covering a wide range of topics (including prevalence and patterns of substance use and related risk behaviours, prevention and other interventions, new psychoactive substances, law enforcement and policy evaluation) is explored in Italy by a network of researchers and institutions. Various research groups, coordinated by the Department for Anti-Drug Policies (DAP), collaborate to draft an annual report to the Italian parliament. Public organisations, such as the National Research Council, the National Statistical Office and the National Health Institute, as well as several ministries and partners from the private sector, usually implement studies for the report.

The Italian Action Plan recognises the importance of drug-related research, especially in the fields of neuroscience, neuroimaging, and behavioural, social and educational sciences. Additionally, the DAP has agreed with the Italian Ministry of Education and Research to strengthen policies to prevent substance use, particularly geared towards school-aged children.

Research priorities in Italy include (i) improving the strategies for diagnosis/early detection to reduce the gap between first drug use and first access to treatment; (ii) prioritising neuroscience and neuroimaging research to study brain damage related to drug use and the mechanisms of craving and self-control; and (iii) promoting new pharmacological treatments and vaccines and, at the same time, residential treatments and mental rehabilitation. The strategy for new psychoactive substances promotes diagnostic, clinical, toxicological and neuroscience research, as well as research on new online illegal marketing methods and prevention.

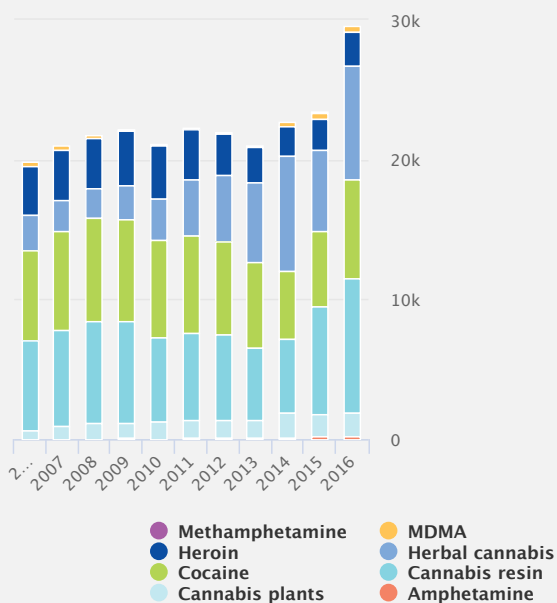
Drug markets

The Italian illicit drug market is dominated by large organised crime structures with well-established international links and operating bases in principal drug production and trafficking regions, such as South America, South-East Asia and northern and south-eastern Europe. Cocaine traffickers operating in Italy are supplied mostly by the Colombian market. Heroin from Afghanistan reaches Italy mainly via the Balkan route (the southern branch, mostly by sea (ferries), and the central branch, by land). Criminal groups organise cannabis resin (mostly of Moroccan origin) shipments from Spain to Italy either directly or via other European countries; alternative maritime routes from Libya, Egypt and Turkey have been developing in recent years. Herbal cannabis arrives along routes that start in Albania. A large proportion of illicit drugs pass through Italy en route to other European Union countries. The maritime route of illicit drug trafficking is of primary importance for all substances, although drugs are also smuggled into Italy by air and by land from neighbouring countries. Domestic cannabis cultivation is reported, predominantly in southern Italy. New psychoactive substances (NPS) are usually purchased online and are shipped to the country via postal services.

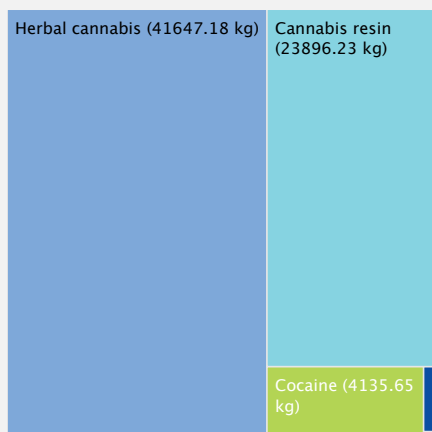
In the overall structure of illicit drug seizures, cannabis products dominate, followed by cocaine and heroin, with other substances (mainly synthetic stimulants) seized less frequently. Following seizure of a record number of cannabis plants (more than 4 million) in 2012, the numbers of plants seized annually has fallen, although there was an increase in 2016 compared with 2015 and 2014 (464 723, 138 013 and 121 659 plants, respectively). In 2016, more than 41 tonnes of herbal cannabis was seized, which is almost four times as much as reported in 2015. At the same time, a sharp reduction in the amounts of cannabis resin seized has been noted, possibly due to recent readjustments of the trafficking routes. Police operations in 2016 led to cocaine seizures that amounted to more than those reported in 2014 and 2015. In contrast, the annual quantity of heroin seized has declined steadily since 2008, indicating possible shrinking of the market. The amounts of synthetic drugs seized, such as MDMA and amphetamines, remain low.

Drug seizures in Italy: trends in number of seizures (left) and quantities seized (right)

Number of seizures



Quantities seized



NB: Year of data 2016

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	27.4	6.5	36.8
Last year prevalence of use - young adults (%)	2017	20.7	0.4	21.5
Last year prevalence of drug use - all adults (%)	2017	10.5	0.3	11.1
All treatment entrants (%)	2016	20.3	1.0	69.6
First-time treatment entrants (%)	2016	29.6	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	41647.1	12	110855
Number of herbal cannabis seizures	2016	8148	62	158810
Quantity of cannabis resin seized (kg)	2016	23896.2	0	324379
Number of cannabis resin seizures	2016	9623	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	0.8 - 31	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	0.7 - 39	0	70.00
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	6.8 - 9.6	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	10.5 - 13.45	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	3.4	0.9	4.9
Last year prevalence of use - young adults (%)	2017	1.9	0.2	4.0
Last year prevalence of drug use - all adults (%)	2017	1.3	0.1	2.3
All treatment entrants (%)	2016	29.2	0.0	36.6
First-time treatment entrants (%)	2016	34.3	0.0	35.5
Quantity of cocaine seized (kg)	2016	4135.60	1.00	30295
Number of cocaine seizures	2016	7101	19	41531
Purity (%) (minimum and maximum values registered)	2016	0.1 - 89	0	99.00
Price per gram (EUR) (minimum and maximum values registered)	2016	62.75 - 93.58	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2	0.8	6.5
Last year prevalence of use - young adults (%)	2017	0.3	0.0	3.6
Last year prevalence of drug use - all adults (%)	2017	0.1	0.0	1.7
All treatment entrants (%)	2016	0.25	0.2	69.7
First-time treatment entrants (%)	2016	0.4	0.3	75.1
Quantity of amphetamine seized (kg)	2016	12.4	0	3380
Number of amphetamine seizures	2016	185	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	9 - 22	0	100.00
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	37 - 38.4	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.5	0.5	5.2
Last year prevalence of use - young adults (%)	2017	0.9	0.1	7.4
Last year prevalence of drug use - all adults (%)	2017	0.4	0.1	3.6
All treatment entrants (%)	2016	0.2	0.0	1.8
First-time treatment entrants (%)	2016	0.2	0.0	1.8
Quantity of MDMA seized (tablets)	2016	12587	0	3783737
Number of MDMA seizures	2016	378	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	19 - 84	1.90	462.00
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	14.66 - 18.22	1.00	26.00
Opioids				
High-risk opioid use (rate/1 000)	2015	5.2	0.3	8.1
All treatment entrants (%)	2016	48.5	4.8	93.4
First-time treatment entrants (%)	2016	33.3	1.6	87.4
Quantity of heroin seized (kg)	2016	496.8	0	5585

Number of heroin seizures	2016	2436	2	10620
Purity - heroin (%) (minimum and maximum values registered)	2016	0.5 - 63	0	92.00
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	35 - 42.42	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	1.6	0.0	33.0
HIV prevalence among PWID* (%)	2016	28.7	0.0	31.5
HCV prevalence among PWID* (%)	2016	56.6	14.6	82.2
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	n.a.	n.a.	0.1	9.2
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	6.74	1.40	132.30
Health and social responses				
Syringes distributed through specialised programmes	n.a.	n.a.	22	6469441
Clients in substitution treatment	2016	62868	229	169750
Treatment demand				
All entrants	2016	48586	265	119973
First-time entrants	2016	21606	47	39059
All clients in treatment	2016	157282	1286	243000
Drug law offences				
Number of reports of offences	2016	65679	775	405348
Offences for use/possession	n.a.	n.a.	354	392900

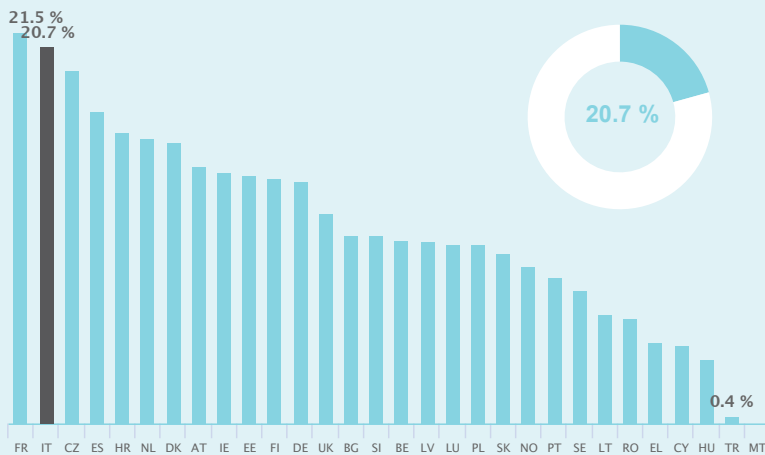
* PWID — People who inject drugs.

EU Dashboard

EU Dashboard

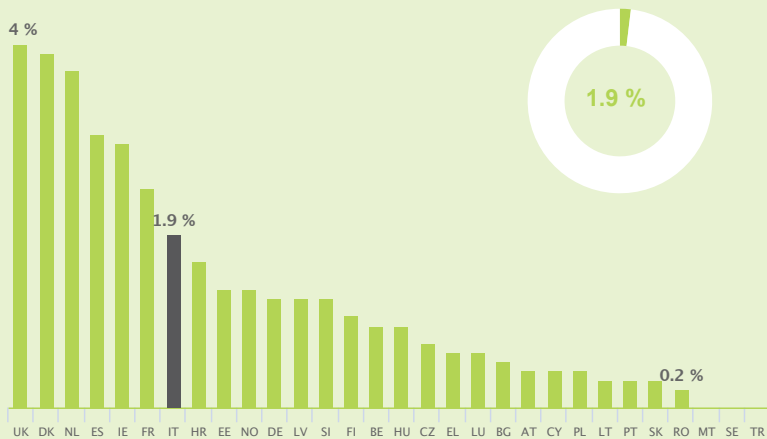
Cannabis

Last year prevalence among young adults (15-34 years)



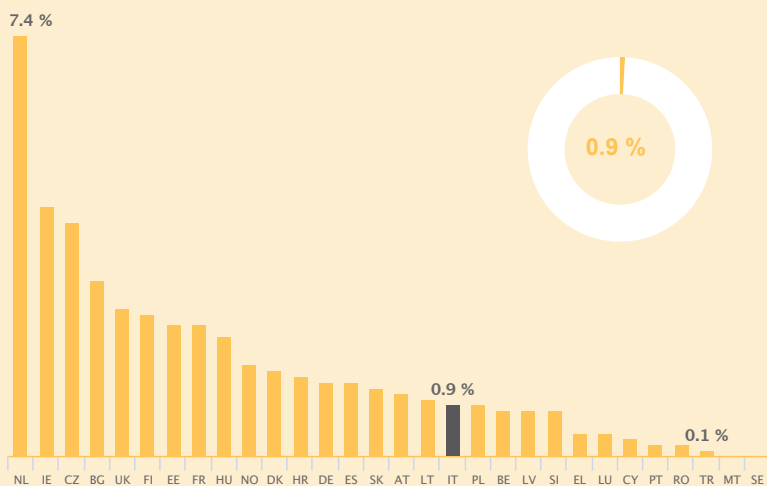
Cocaine

Last year prevalence among young adults (15-34 years)



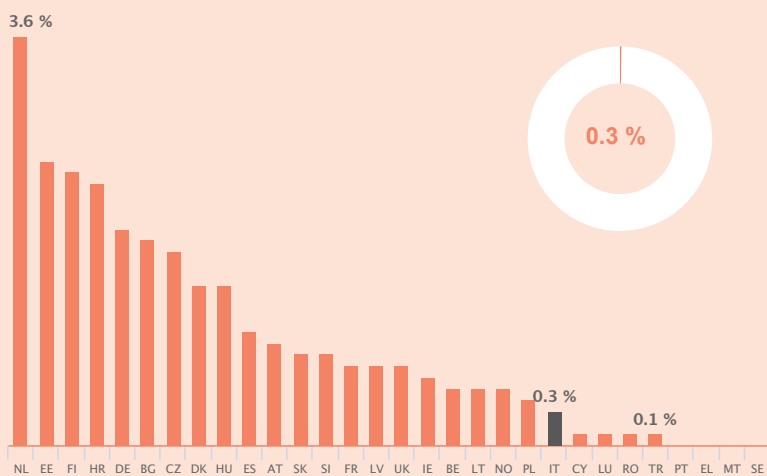
MDMA

Last year prevalence among young adults (15-34 years)



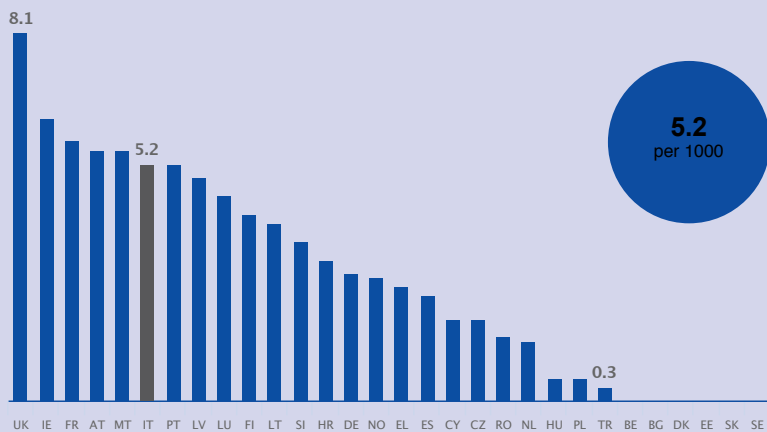
Amphetamines

Last year prevalence among young adults (15-34 years)



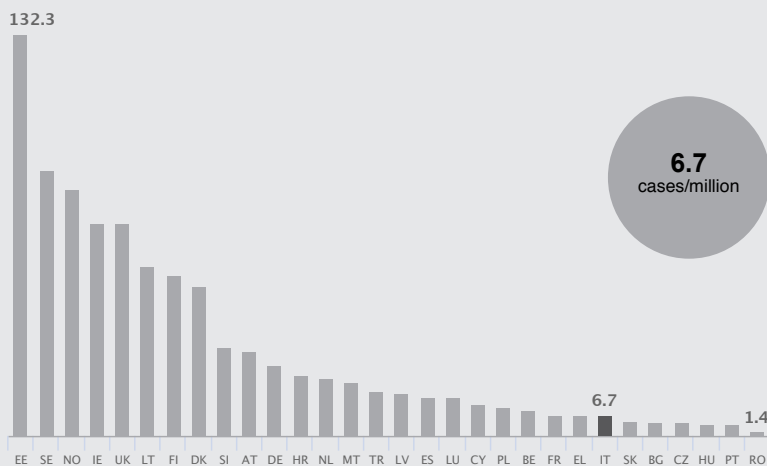
Opioids

High-risk opioid use (rate/1 000)



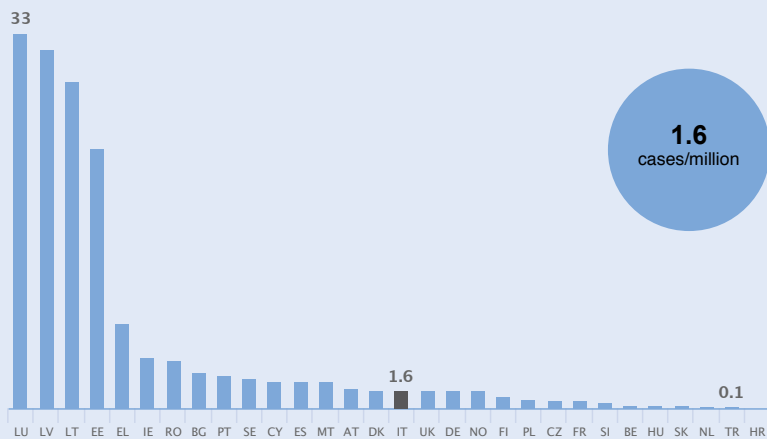
Drug-induced mortality rates

National estimates among adults (15-64 years)



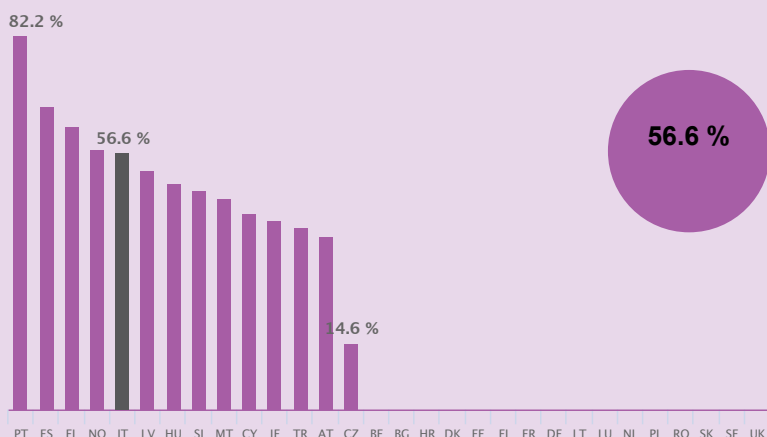
HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

About our partner in Italy

The Department for Anti-Drug Policies was set up at the Presidency of the Council of Ministers by means of the first decree of the President of the Council of Ministers of 20 June 2008, and placed under the functional responsibility of the Prime Ministerial Under-Secretary with delegated responsibility for drugs. The Department's role is to promote, guide and coordinate the Government's initiatives to combat the spread of drug and alcohol dependency and to promote cooperation with the competent public administrations in the sector, associations, therapeutic communities and other non-governmental organisations. The Italian national focal point is located in the Department, and is responsible for collecting, processing and interpreting data and information of a statistical-epidemiological, pharmacological-clinical, and psychosocial nature and for documentation on the use, abuse, dealing and trafficking of drugs and psychotropic substances. The Department is also responsible for collaboration with the European Union and international bodies operating in the sector. The national focal point is an integral part of the Department's technical and scientific division.

Presidency of the Council of Ministers, Department for Anti-Drug Policies



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