



PRESIDENZA DEL CONSIGLIO DEI MINISTRI

Dipartimento Politiche Antidroga



European Monitoring Centre
for Drugs and Drug Addiction



**2009 NATIONAL REPORT (2008 data)
TO THE EMCDDA**

by the ReitoX Italian Focal Point

ITALY

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

REITOX

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SUMMARY

(major developments and highlights)

1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS

The Italian Drug Action Plan 2008 is organised line with the Action Plans required of member States of the European Union. It consists of a list of 66 objectives and actions whose realisation and implementation at a regional level must be monitored by comparing what has been launched and completed with what was formulated.

A self-assessment system has been developed for the implementation of Action Plan 2008, which has been supplied to the Regions and autonomous Provinces, with the aim of providing a reassessment of the Italian Action Plan 2008 and, thus, of drawing up a better technical formulation for the four year plan for 2009-2012. The questionnaire, which was emailed to all Regions and autonomous Provinces, envisaged the recording of the following information for each objective and action:

- the status of implementation of the actions proposed;
- the assessment of the influence of the action plan on the initiatives implemented;
- some specific basic indicators (e.g. the number of meetings held, name of reference document, etc.)

From the information taken from the completed questionnaires there emerged a largely positive judgment of the actions formulated in the Action Plan, above all regarding the criteria of “significance” and “appropriacy”. These two aspects highlight the importance of an Action Plan which is the result of cooperation and shared work and which, therefore, meets the requirements and is understandable in its formulation for those administrations that will have to implement it.

The monitoring which accompanied the assessment of the Action Plan 2008 enabled the collection of several useful indications for the subsequent plan for 2009 – 2012, thus providing the added value of being a national plan and enjoying reciprocity between it and the regional socio-healthcare plans.

From a comparison with the judgments expressed by the European Commission on the European Action Plan for 2005-2008, we can make a series of observations on the basis of which to draw up the Action Plan for 2009-2012. In general, the Action Plan 2008 highlighted the following difficulties:

- Number of objectives too high and related actions not clearly indicated.
- Connection between EU objectives and indications on health is lacking or unclear.
- Inadequate indicators, not well related and hard to measure.
- Hard to reconcile and match national plan and regional plans.
- Plan insufficient as policy tool.
- Absence of reliable data to be able to undertake planning.

Besides these observations, it is also worth considering the objectives set by the European Union regarding national action plans. They must aim to:

- reduce drug use;

**Italian Drug Action
Plan (DAP) 2008**

*Self-assessment
of DAP*

*Guidelines for
definition of Action
plan 2009-2012*

- reduce social damage;
- reduce negative health consequences.

By means of the Prime Ministerial Decree of 20 June 2008 and the subsequent Prime Ministerial Decree of 18 December 2008, the mission structure was set up and called the “Drug Policy Department (DPD)”.

The Department, as a prime ministerial office, promotes, directs and coordinates the government’s actions to combat the spread of drug addiction and related alcoholism, as well as promoting cooperation with public administrations which are competent in the specific sector, associations, therapeutic communities and welcome centres operating in the field of prevention, care, rehabilitation and reinsertion into society of drug addicts, arranging the collection of documentation on drug addiction, and the definition and updating of the methods for the recording, processing, assessment and disclosure of information on drug addiction.

**Drug Policy
Department**

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

The percentages of people in the general population (aged 15-64) who stated that they have used drugs at least once in their lifetime were respectively 1.6% for heroin, 7% for cocaine, and 32% for cannabis. These percentages vary in the student population aged 15-19 and become respectively: heroin 2.1%, cocaine 5.9% and cannabis 31.5%.

**Drug use in the
general and student
population**

Regarding the age trend in the use of the most important drugs, we may note a fall in the trend in heroin and cocaine use among young people under 19, albeit with an increase in the use of cannabis. On the other hand, a phenomenon which should be noted is that found in the population aged over 20 which showed an opposite trend to that of younger people by increasing its use of heroin, cocaine and cannabis.

It is necessary to highlight two more aspects. The first is the strong tendency recorded in multidrug use with the simultaneous use of several drugs, almost always accompanied by alcohol. In this regard, it is necessary to stress that cannabis use is practically no longer a “single-use” drug but is associated also with cocaine and heroin. This association in cocaine users is as high as 91.9% and among heroin users 82.3%.

The second aspect to highlight is the long lag period which people experience before turning to drug addiction services following their first drug use. For some drugs, this period has been calculated to be as much as 12-14 years.

From the investigation of the general population aged 15-64, it emerged that regular heroin users represent 0.1% of the population under examination.

**Drug use in the
general population**

By examining the age trend, we can see a rising trend in drug use, and so we also note an increase in occasional drug use. As for sex, women in the younger generations use heroin more than in the older generations.

Heroin use

0.72% of the population under examination used cocaine in the last 30 days. This represents a higher use in the general population compared to the European average. Cocaine use among women was higher than that of heroin.

Cocaine use

The assessment of the age trend showed a rising trend in drug use from 2001 on and the highest percentage among cocaine users was found in the 15-34 age range. Occasional use is the norm.

The investigation also showed that 32% of the population have used cannabis at least once in their lifetime; 6.9% had used cannabis in the last

Cannabis use

30 days and 1.34% use it frequently. For cannabis too, use in the general population was higher than the European average.

The assessment of the age trend also shows a rising trend for cannabis. The highest percentage among cannabis users was found in the 15-24 age range, which is younger than that for cocaine and heroin. We should also note the significant presence of women. We can see that occasional use prevails, but, at the same time, there is also a significant level of regular use.

0.24% had used stimulants in the last 30 days, while 0.04% of the population use them regularly.

The use of stimulants is lower in Italy than the European average, mainly in the 15-24 age range. Occasional use is the norm.

0.18% of the population had used hallucinogenic drugs in the last 30 days and 0.04% use them regularly.

A strong tendency was recorded for multidrug use, with a high association between alcohol and tobacco with all drugs. In particular, in 12.7% of cases cannabis users also use cocaine, and in 3.1% of cases heroin. In 84.8% of cases cocaine users also use cannabis and in 14.6% of cases heroin. In 76.8% of cases heroin users also take cannabis and in 51.8% of cases cocaine.

In 2008, a second survey was undertaken in secondary schools aimed at the school population aged 15-19.

The survey aimed to record the use of various drugs in a much younger population than the previous one.

2.1% of this population declared use of heroin at least once in their lifetime; 0.3% stated that they use it regularly. Women were more represented in the younger age ranges compared to the older age ranges, indicating, indirectly, that the phenomenon is affecting women at an increasingly young age against a previous trend which showed a fall in heroin use above all in women. Occasional use is the norm.

Subsequent analysis of the means of drug taking, as deduced from young patients in treatment, showed a variation in the means of drug taking, moving from injections to inhaling through the practice of vaporising heroin.

5.8% of those interviewed had used cocaine at least once in their lifetime; 0.5% use it regularly. The highest prevalence was among men.

Analysis of the age trend showed a fall in cocaine use in 2008 to values similar to those of 2000. In this case too, we find a significant presence of occasional use.

31.5% of students aged 15-19 stated that they had used cannabis at least once in their lifetime and 2.7% use it every day. The highest use was recorded among 19-year old students (40.1%). Very early use in particular was found in 20% of males aged 16. We may note a slight increase in cannabis use in 2008, above all among women.

4.7% of students aged 15-19 had used stimulants at least once in their lifetime; 0.9% use them regularly and the highest level of use was seen among 19-year old men (6%). After three years of increase, the age trend saw a fall in the use of stimulants in 2008.

4.7% of students aged 15-19 stated that they had used hallucinogenic drugs at least once in their lifetime and 0.5% that they use them regularly. The highest level of use was seen among 19-year old male students, with a percentage of 5.8%. We may note the constant increase in hallucinogenic drug use since 2005, which was also confirmed in 2008.

Multidrug use was investigated in the 15-19 age range, and saw a sharply rising trend. In particular, a strong association was found with alcohol and

Stimulant use

Hallucinogenic use

Multidrug use

Drug use in student population (ESPAD study)

Heroin use

Cocaine use

Cannabis use

Stimulant use

Hallucinogenic use

Multi-drug use in the 15-19 age range

tobacco for all drugs. Cannabis users also use cocaine in 14.1% of cases, and heroin in 4.4%. In 91.9% of cases cocaine users use cannabis too and in 23.6% heroin. Heroin users also use cannabis in 82.3% of cases and in 66.7% cocaine. This observation shows that cannabis is a “crosscutting” drug which is very often associated with cocaine, heroin and alcohol.

Heroin use in the general population aged 15-64 and in the student population aged 15-19 saw differing trends in the period 2007-2008. From a detailed analysis by age groups and in particular of the young 15-24 age group in the IPSAD data, we can see an increase in drug use compared to the falling trend recorded by the ESPAD survey. A reason for this difference, which is also confirmed by comparing other information sources, might be attributed to the main use of the drug aged over 20, and, in cases of young drug users, the people who take the drug have in all likelihood already left education through choice or to join the labour force.

A similar result to heroin use is seen also among cocaine users. The increase found in the general population differs from the trend in the student population; moreover, an in-depth analysis of the 15-24 age group reinforces the ESPAD data which shows a falling trend between 2007-2008.

Recently the working group of the Istituto Mario Negri of Milan developed and proposed to the scientific community an alternative method to estimate drug use in the population, which was no longer based on subjective factors but founded on objective findings. The method uses a typical feature of these drugs: a drug, after being taken, is partly excreted as such or metabolised in the user's urine. Urine, together with waste water, goes to urban purification plants where the water can be sampled and the residues of the drugs can be measured. The concentrations obtained enable the cumulative use of drugs by the population served by the purification plant to be calculated. The method therefore enables the collective testing of urine of the inhabitants of a city. The method preserves confidentiality since it is not possible to identify the drug user, but only to measure how much drug is collectively used by the population.

3. PREVENTION

In reference to the results which emerged from the project to monitor the activation of the Drug Action Plan and from the use of the OEDT structured questionnaires, it was possible to develop a profile on the state of activation of primary prevention initiatives throughout the country.

Regarding primary prevention initiatives, we may note the lack of national coordination and limited local coordination. Communication has a certain level of incoherence and difficulty and initiatives have a low involvement level by adults and schools owing to the lack of an agreed and structured intervention model. A certain difficulty is seen also in coordinating and aligning regional strategies with the National Plan.

During 2008, the presence of a significant local commitment to young people emerged through training, counselling and peer groups, the presence of active plans aimed at offering leisure and cultural space, and plans and programmes for families and parents. Overall, at least 15 million euro was invested by Regions for prevention and one Region in three launched information campaigns.

During 2008, in official documents on healthcare and/or social policies, there was more reference to selective prevention initiatives aimed at

**IPSAD/ESPAD
comparison**

Heroin use

Cocaine use

**Concentration of
drugs in waste
water**

**Universal
prevention**

**Selective prevention
for at-risk groups**

immigrants (90.5% of Regions and public administrations), young homeless people (61.9%), and young people in communities/out-patient treatment programmes (61.9%).

Despite the fact that 18 Regions and public administrations have launched selective prevention projects aimed at immigrants, the number of plans launched, ongoing and completed is not very high. The highest number of launched plans and ongoing plans in 2008 was found in relation to the at-risk group of students with problems of marginalisation at school and/or social marginalisation. Particular attention was also stated for immigrants and young homeless people.

As for selective prevention at the level of a nuclear family, programmes aimed at families with problem drug use and/or with mental health problems were mentioned in 76.2% of official documents.

Workplace prevention seems to be the weak link in prevention policies. In addition, in places of entertainment we can see the launch of initiatives which concern above all Regions with high tourism flows.

In numerous Regions and autonomous Provinces targeted prevention projects have been launched and/or completed for young people who go to football matches, concerts, rave parties, pubs, and other places of leisure and young people looking for excitement who have problems with their social conduct.

Prevention targeted at specific groups

4. PROBLEM DRUG USE

The technical report shows that during 2008 people treated at drug addiction services were 45% less than all users who need treatment. In particular, people eligible for treatment for opiate or cocaine use numbered around 385,000. Specifically, opiate users who need treatment are estimated at approximately 210,000 people compared to approximately 123,800 in treatment, corresponding to approximately 59% of all people who need treatment. Problem use of cocaine is estimated at approximately 172,000 people, compared to approximately 27,900 people in treatment, or 16.2%.

Estimate of number of people needing treatment

New treatment requests for heroin use have been falling slightly from 1996 to the current day. This is also in relation to the fact that the data on therapy for primary use of heroin are continually falling. For 2008 it is estimated that new users could be approximately 18,600.

Rate of heroin users who will seek treatment

From the analysis of the hospital discharge forms we can see admittances for drug-related TBC (0.26%) Drug-related admittances were stable at a rate of 2 per thousand of all admittances. Medical emergency is the main reason for admittance. The percentage of voluntary discharges is high (12.6%)

Drug-related hospital admittances

One aspect to note is the recording of admittances for the use of barbiturates, which was seen particularly in older people, aged over 65. Admittances for cannabis were also recorded, with particular importance in terms of admittances for psychoactive drugs in women. The most frequent age groups in admittances for different drugs were: cannabis 20-24, cocaine 30-39, opiates 35-44, and psychoactive drugs 40-44.

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

The constitutional reform in 2001, in reference to drug policies, profoundly changed the distribution of responsibilities between the State and the Regions.

It should be noted that all the Regions have their own drug policy programme, which is established by regional law over a three year timespan. In some Regions there are separate healthcare and social plans, while in others the plan is integrated (socio-healthcare). The number of administrative bodies (Provinces, Town councils and Health authority districts) is also reflected in plans. In this complex breakdown of the regional bodies, models which are focussed on socio-healthcare integration coexist with models which separate, or sometimes isolate, the social side from healthcare, with limited means of participation.

Regional plans

Compared to 2007, we can see a 3.3% reduction in social-rehabilitation structures (38 structures), and a more marked fall for semi-residential and clinical structures (respectively 5.8% and 5.1%). The distribution of socio-healthcare structures throughout Italy is more concentrated in the northern Regions. A higher presence of these structures is seen in the autonomous Province of Trento, Liguria, Marche, Veneto, Emilia Romagna and Lombardy. The trend in the number of socio-healthcare structures in almost twenty years shows a limited increase in active drug addiction services, which went from 518 in 1991 to 555 in 2008, a rise of 7%.

Socio-healthcare treatment structures

The trend in socio-rehabilitation structures seems much more variable.

From a study carried out during the first four months of 2009 at regional departments regarding the recognition of non-profit structures for diagnoses, therapy and rehabilitation, we can see that the residential and semi-residential diagnostic, therapeutic and rehabilitation structures which are not part of or cannot be included in the cases envisaged by the agreement between the States and the Regions number 194 in total, 2 fewer than in the previous year. We can also see a partial conversion of the type of structure, from residential (-7.1% compared to 2007) to semi-residential (+78.6%). There were clearly more structures for therapy and rehabilitation (332), down compared to 2007 (-10%) and a reduction of over 40% was also seen for pedagogical and rehabilitation structures.

From 1997 to 2008, staff levels in drug addiction services rose by 8.3% compared to an increase in users in the same period of 26.2%.

In relation to the treatments supplied by drug addiction services, over 150,000 people were treated in 2008. From the profile of the percentage distribution of treatments provided in the period 2007-2008, we can see a reduction of over 35% in the supply of pharmacological treatments using Clonidine and Naltrexone and a related gradual increase in replacement pharmacological treatments based on methadone. For psychosocial treatments, we can see a significant presence of social initiatives backed up by psychological support and an increase in psychological programmes for new users in treatment for heroin.

Treatments supplied by drug addiction services

The growth trend continued in users in treatment, with an increase in particular among new users and a higher percentage of male users. There was a lower presence of women, above all in southern Regions. In a comparison with European data, we can see that new European cases are younger than the Italian ones. We also see a lowering in the age of starting drug taking, a simultaneous rise in the average age for the first time of accessing services, and an increase in the time out of treatment.

The drugs most commonly used by people in treatment were heroin, cocaine, and cannabis. We see a feature shared among Mediterranean countries, that is higher use of heroin, and less use of cannabis and amphetamines. Note should be taken of the important secondary use of cocaine, also by means of injection, which since 2007 has been the most used secondary drug. Regarding the use of heroin, we have seen a tendency to stabilise over the last 3 years and a simultaneous rise in

Drug-taking

cocaine use.

We have also seen a rising trend in the use of cocaine as a secondary drug and a falling trend in the use of benzodiazepine. In this case too, we should also note the fall in the use of heroin by injection.

Some important analyses were carried out on a very numerous group of drug addicts in treatment regarding their socio-demographic and clinical features.

The use of primary drugs was documented as follows: 71% heroin, 20% cocaine, and 7% cannabis. There was also an increase in “new” users with use of cocaine and cannabis and a fall in the drug taking by injection among new users, which fell from 74% to 54%, with an increase in drug taking via inhalation through the use of vaporisation.

Different ages have been recorded for the start of drug use depending on the drug used and cannabis is the drug which is used at the earliest age. Also observation of the lag period between 1st use of the drug and 1st treatment showed a range of periods which were very long: heroin 14 years, cocaine 12 years, and cannabis 8 years. There was also confirmation in this case that among users who use heroin as their primary drug there was a strong association with cocaine-cannabis.

In the same way, among those who use cocaine as their primary drug there was a strong association with cannabis and alcohol. On the other hand, among those who use cannabis as their primary drug, the main association was with cocaine and alcohol.

From an analysis of the employment status of people in treatment at drug addiction services, it emerged that 60-64% had a job. Moreover, opiate users have a lower level of schooling compared to other users, a higher rate of unemployment and of homelessness.

6. HEALTH CORRELATES AND CONSEQUENCES

The study of correlated infectious pathologies highlighted a now multi-year trend of not testing patients in treatment for the main infectious diseases such as HIV, HCV and HBV (Human Autoimmune, Hepatitis C and Hepatitis B Viruses, respectively).

It was possible, in fact, to observe a low number of individuals examined in trend with a constant decrease in the use of the HIV test (among individuals involved in the Services, only 30% are tested). The prevalence of HIV-positive individuals is 14% in subjects already in treatment, and 2.9% among new patients. The greatest prevalence of HIV is among female patients. There was a negative association between the infrequent use of the test and the percentage of HIV-positive individuals, underscoring that in the Regions with the highest rate of HIV infection, it is less likely that new patients entering treatment be tested.

The rate of HBV-positive persons is 36.1% for individuals already admitted into treatment, 13.7% of the new patients. The infrequent use of the test is notable for Hepatitis B as well, for which one can in any case observe a reduction of persons admitted for this infectious disease.

The rate of HCV-positive individuals is 65.4% among the individuals already in treatment, 25.6% of the new users. There is likewise an infrequent use of the Hepatitis C test, especially for the new drug-dependent individuals taking part in the Services.

Drug-related traffic accidents represent a significant problem, not only for drug users, but also for third parties involved in these incidents.

Males tend to be more frequently involved in these situations than females. The critical ages are in a bimodal pattern for women ages 14-24

*Multicentric study by
Drug Policy
Department on a
sample of 28,298
users of drug
addiction services in
centre-north Italy*

*Drug-related
infectious diseases*

*Spread of HIV and
AIDS in patients in
treatment at the
Ser.T.*

*Spread of Viral
Hepatitis B in
patients in treatment
at Ser.T.*

*Spread of Viral
Hepatitis C in
patients in treatment
at Ser.T.*

*Drug-related traffic
accidents*

and 40-49, and for men ages 19-24.

For some time now, there has been a decreasing trend in drug-related deaths, with a higher propensity for the pattern in Italy with respect to the overall European trend. In 1999, deaths related to acute drug-intoxication totaled 1002, while in 2008 there were 502. The average age of the deceased is higher, a statistic linked to an increase in female deaths, especially in the under-19 age range.

It is interesting to observe the different trend in the percentage of overdoses in 1999 with regards to the geographic area, which is increasing in the South-Central part of Italy, and decreasing in the North.

Heroin turns out to be the primary substance responsible for deaths from overdose; the second is cocaine. The average age of the deceased varies: for heroin, it is 35 years of age, for cocaine, 32 years. Also to note is the increasing trend of cocaine overdoses.

Drug-related acute mortality

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

More than 4 million Euro has been spent by the Regions and by the Autonomous Provinces for the prevention of drug-related emergencies and deaths. In support of the policies and strategies in favor of the prevention of drug-related pathologies and the reduction of damage and risk-control, the Regions have also initiated specific, structured services: about ten street units have been set up to handle problems relating to prostitution, 25 daytime “Drop-In” services have been put into place, and two shelters specialized in pathological drug-dependence.

Prevention of drug-related emergencies and a reduction of drug-related deaths

In line with what was established in the Council Decision 2005/387/JHA, the Department of Anti-Drug Policies of the Office of the Prime Minister has activated, the National Early Warning System (N.E.W.S.) for Italy as well.

National Early Warning and Rapid Response System for Drugs

The management of the notifications and alerts is undertaken by the Department of Drug-Dependence, Verona Health Department (Azienda ULSS 20), and is supported with the innovative Web 2.0 software known as “Geo Drugs Alert” (www.allertadroga.it). It is a cutting-edge technology that allows for the geo-referentiality of the input messages, allowing for a region-wide activation of the alerts (output), selected and based on a mapping based on drug-transit and drug-dealing routes.

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

The employment rate (whether permanent or occasional work) reported by patients at the Ser.T. Oscillates between the 60-64%. The higher unemployment rate was registered among the foreigners. Furthermore, the unemployment rate of was higher among heroin users with respect to the cocaine and cannabis users. 8.1% of Ser.T. users was without a permanent home.

Social exclusion

In accordance with the 2008 Action Plan, in regards to the goal of work and home re-integration, both for drug-dependent persons in maintenance treatment as well as those benefitting from a pardon, the rate of the following-through on the program is quite low.

Programs for social re-integration

Almost all the Regions and the Autonomous Provinces (PPAA) (95.4%) stated that they had launched social re-integration programs for current and former drug-users, and to have invested over 25 million Euro for the social re-integration programs.

Approximately 50% of the Regions stated having initiated programs for assisting drug-dependent persons in their home life, and to have a good

Home life

availability and access for services related to users' home life.

Re-integration into the workplace was stated as a high priority: 71% of the Regions has launched specific programs in this regards, expressing a high availability and accessibility for employment services.

Approximately 42.9% of the Regions and the Autonomous Provinces (PPAA) executed operations aimed at the completion of a basic education exclusively for current and former drug users.

Among program types cited and planned for the social re-integration of current and former drug-users were economic assistance (61.9%), psychological-assistance interventions for social and family relationships (85.7%), legal counseling (57.1%) and projects for use of leisure time (52.4%).

Employment

Completing one's education

Other social re-integration programs

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

The overall trend of the reports for illicit conduct in violation of drug laws (criminal and non) on a European level in the period 2001 – 2005 indicated a progressive increase of activities to combat the spread of drugs. The result of these activities highlight an increase in the offenses related to the cannabis, cocaine and amphetamines, faced with a slight drop in the drug offenses related to heroin, in particular for the 2002-2003 biennial, and a substantial stability, with slight oscillations in the period under consideration, in terms of the average number of Ecstasy-related offenses

Trend of reports on illicit behaviors in violation of drug laws in Italy and in Europe

The comparison with the Italian situation highlights a general counter-trend, with the exception of the drug offenses relating to cocaine, apparently in continual evolution. There are decreasing trends both for reports related to the use or the traffic of cannabis and even more evident for synthetic drugs, while from more than one source renewed use of heroin, also in light of the new methods of intake, besides intravenously.

With reference to operations to combat crimes related to manufacture, traffic and sale of illicit substances, there were over 22,000 anti-drug operations, over 35,000 reports, and over 28,000 arrests for violations of Presidential Decree (DPR) 309/90. 67.5% of the reports handed over to the Courts in 2008 were for Italians, and 9% involved female perpetrators. The average age of reported individuals was just over 30 years of ages.

Turned over to the Courts for crimes in violation of DPR 309/90

Crime reports for crimes in violation of drug regulations were concentrated in North-Central Italy, as opposed to the profile of more serious crimes, which were concentrated in the insular and Southern parts of the peninsula.

38% of the reports turned over to the Courts for violations of drug laws involved cocaine traffic, followed by cannabis (37%), and a smaller percentage of heroin (18%). The percentage of reports for heroin traffic dropped from 51% in 1993 to 20% in 2008, while there was a significant rise in cocaine dealing.

The percentage of persons under arrest was higher than 75% of those reported, with a certain variability in terms of nationality, gender and type of crime. Particularly high was the percentage of foreigners reported for more serious crimes from outside of prison or while at large (33% for women and 31% for men).

In 2008, individuals reported by the Prefects to the Ser.T. with proper jurisdiction according to Art. 121 totaled 10,515. The overall statistic showed, therefore, a slight downturn with respect to the 2007 number (10,610), and on the rise with respect to the statistic from 2006 (9,734).

Law-Enforcement Intervention

This information will have to be verified later on, because of the delay of statistics reporting and notification. In 2008, the persons reported relating to Art. 75 were a total of 35,632, of which 33,271 were male (equal to 93.4%) and 2,361 were female (equal to 6.6 %), demonstrating a decrease in the reports with respect to the statistics related to 2007.

From 1990 to 2008, there was an increase in the trend of persons older than 30 years old reported, especially since 2002, with a higher incidence of poly-users, who often take drugs with alcohol. In terms of the substance abused, 71% of reports involve cannabis; a lower percentage of reports, on the other hand, was for amphetamine-based substances.

Since 2006, there has been a drastic reduction in the number of individuals sent to Ser.T. to begin a treatment program, and an increase in applied sanctions. The phenomenon is supported by fact that even where the program is implemented, sanctions are nevertheless enforced (Law 49/2006).

Minors represent 8.5% of the total, and over 60% of the persons reported is between the ages of 18 and 25. In that regard, the role of the Drug-Dependence Task Forces has been fundamental, in terms of their work in dissuading drug users.

The Anti-Drug Policies Department of the Prime Minister's Office, with the intent of reducing and combating the phenomenon of driving under the influence of drugs, has launched a trial project with a collaboration between the Police Forces manning sobriety checkpoints and a team of doctors and nurses charged with carrying out the clinical and toxicological exams necessary to ascertain the crimes of driving in a drug-altered psycho-physical state. The modus operandi of the "Drugs on Street" Protocol is characterized by a dual-location of the facilities outfitted for the assessments, according to the season: on the street during the summer, or at a specially equipped health-care facility during the winter.

During the period from August 2007 to April 2008, 25 operations in the Veronese-Province, during which they underwent clinical and toxicological assessments including 900 drivers. The drivers examined were, for the most part, male (approximately 88%); 47% were between the ages of 21 and 30. With regards to the entire driver-sample surveyed, there was a positive test result for alcohol, drugs, or the combination thereof equal to 47%.

The positive result obtained thanks to the sobriety checkpoints prompted the Anti-Drug Policies Department to promote the DOS Protocol to Presidents of Italian Regions, to the Prefectures, to ANCI, and by way of this, to all Italian municipalities.

The persons convicted by the Courts held to be in violation of DPR 309/90 for crimes related to the trafficking of drugs were approximately 18,000. Roughly 22% of convicts displayed a recidivist conduct, with an increasing trend of recidivism compared beginning in 2004. Foreigners tended to be more likely to be recidivist and to be involved in more serious crimes.

The entrances of adults into the correctional system in 2008, for crimes committed in violation of DPR 309/90 associated with drug trafficking, add up to 28,795 persons, a portion of which have been incarcerated or jailed more than once over the course of the year in question. With regards to the increase in admittances into correctional facilities observed during the period from 2001 to 2008, the percentage of individuals entering the system has been modified slightly over the past four years, presenting a slight variation, increasing from 29% in 2005 to 31% in 2008. After a decreasing trend in the percentage of foreign individuals up until 2006, thereafter followed an increasing for the following two years, with values

Reportings

"Drugs on Street" protocol

Outlook

Court Intervention

Entrances into the correctional system for adults violating DPR 309/90

which, in any case, were lower than the number of Italian-national inmates. 43.2% of individuals entering corrections in 2008 for crimes in violation of drug laws were released from prison during the course of the year.

Since 2007 there has been an 38% increase of minors entering prison for crimes linked to Presidential Decree 309/90. The incarceration of minors violating drug laws has involved almost exclusively male individuals (96%), with slightly higher numbers of Italians (54.2%), 17 years of age on average, without appreciable differences in terms of nationality.

In 2008, 5,343 have been placed on probation, with an increase equal to 66% with regards to the previous year. 1380 drug-dependent individuals have benefited from the probation system, but in 25.5% probation has been revoked for a negative progress. Over the past two years, the number of those released on parole or to the Offices of External Sentence Fulfillment (EPE) has been on the rise, increasing from 37% in 2006 to 51% in 2007, to 60% in 2008. Alternative measures to prison are honed in Goal #35 of the 2008 Action Plan, and are formulated in terms of an improvement of external sentencing fulfillment for drug-dependent persons. Regions that have reached the Goal in accordance with the Plan directions total 5.9%, demonstrating a low percentage of commitment to the goal of alternative-sentencing measures.

In 2008 the total number of admissions into prison for various crimes totaled 92,800 with an increase from 2004 equal to 12.8%. In 2008, the percentage of prison entrances of those declaring themselves drug-dependent compared to the overall number of entrances into the correctional system, with regards to 2007, rose from 27% to 33%. In that same year, admissions from outside of prison of persons declaring themselves drug-dependent totaled 30,528, of which there were 1,864 drug-dependent persons who had committed a crime defined by Art. 73 (dealing/possession with intent to sell) of the Presidential Decree 309/90, equal to 6% of the total number of declared drug-dependent person; 26,931 person contributed to forming the overall prison population in relation to violations of the DPR 309/90, without being drug-dependent themselves.

The drug-dependent prison population is almost exclusively male, with higher rate of Italians compared to foreigners, and an average age of 34. Among these, the level of infectious disease-testing is low, with a higher rate of HIV and Hepatitis testing among Italians. In any case, the rate of drug-dependent HIV-positive persons in jail is progressively decreasing (28.8% in 1991 – 5.6% in 2008). Most drug-dependent adults in prison use more than one substance (poly-users).

Facilities admitting minors who have committed a crime are of varying types. According to the Department of Juvenile Justice, in 2008 there were approximately one-thousand (1,081) minor drug users entering corrections, an increase from 8% in 2007. Over 95% of these are male, 80% Italian, just under 17 years of age. Cocaine is used more frequently than heroin by this population. Among the Italian minors there is a higher cannabis use compared to that of foreigners, who have a higher rate of cocaine and opiate use.

The most common reported crimes are trafficking and dealing. In particular, over the last 8 years crimes committed in violation of DPR 309/90 have been on the rise. On the other hand, there has been a decrease in theft and robbery. Drug trafficking remains the most common crime among minors in the system, making up over 60% of the admissions into the front-line centers.

Entrances into correctional facilities for minors violating DPR 309/90

Alternatives to prison: probation and parole

Adult drug-users entering corrections

Minor drug users enters the juvenile-justice system

Among the treatments provided in the correctional facilities, there is a decrease in the short-term methadone treatments and an increase in medium-term treatments of the same.

*Treatment provided
in correctional
facilities*

10. DRUG MARKETS

Over the course of 2008, there have been major investments on the part of organized-crime organizations in the drug market. These investments were accompanied by an increase in the drug supply both in Italy and abroad. Especially in the Regions in Southern Italy, there is a strong involvement of organized-crime associations. In the North-Central Regions, on the other hand, there has been a rising trend in foreign crime organization involvement. In 2008 there has been a sharp increase in the supply and in seizures, and from the indigenous cultivation in Southern Italy, a new phenomenon has come to light in the form of Italian-produced “super-skunk.”

*Drug manufacture,
supply and traffic*

The “ndrangheta” crime organization has, over the past 20 year, made Italy the strategic center of the global cocaine market; the “camorra” crime organization carries out a large part of its own activity in Campania, and in terms of the European market, it continues to establish itself in Spain and in Eastern Europe; “Cosa nostra” is extending its operations through the re-instatement of the agreements with other “coscas” (Mafia gangs). The organized-crime associations, in general, are increasingly taking on a trans-national character, allowing for the creation of criminal “consortia” in order to handle major purchases.

The foreign organizations present in the North are mostly involved in the trafficking and dealing of cocaine and heroin. The main ethnic groups involved are African, South-American and Northern-European. In terms of the traffic routes, cannabis comes from Spain and Albania; cocaine, for which there has been a rise in traffic, has its entry points mostly in Southern Italy; heroin, for which there has been a downturn in the spread within Europe but an increase in the Balkans, comes in from Afghanistan, and in fact by way of the Balkans. In general, the presence of well-established mafia associations with solid “branches” overseas, combined with Italy's geographic position and shape, make Italy a crucial juncture and one of the main market destinations for drug traffic and use in all of Europe.

In terms of drug seizures, 2008 proved to be a year of increased campaigns against drug operations along three lines: manufacture, traffic and sale. The anti-drug operations in 2008 totaled 22,470, with drug seizures making up 84% of these cases, the finding of a crime in 9% of the operations, and the discovery of drug quantities in another 7% of anti-drug operations.

Drug seizures

The quantities of cocaine seized have shown an increase of 4% compared to 2007, while there has been a 30% decrease for heroin in this period.

The spread of private production of illicit substances on the part of organized-crime associations is on the rise, especially in the areas of Southern Italy. The quantitative trend of drugs seized over the past 15 years places cannabis derivatives at the top of the list.

Regarding the sale price of the drugs, there is a decrease in the price of cocaine (66-90 Euro) and of heroin (40-53 Euro); LSD pricing remains the same (28-29 Euro), whereas cannabinoids' price rose (6-8 Euro). Heroin purity (ranging from 17-21%) was higher with regards to years prior to 2008, with cocaine purity (47%) remained the same. In general the quantity of active ingredient found in illegal psycho-active substances

Price and purity



shows a high degree of variation.

Part A

New Developments and Trends

1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS

The effect of the constitutional reform of 2001 on antidrug policies was to bring about profound changes in the division of responsibilities between the State and Regional governments.

One of the important changes ushered in by the reform was the new text of Art. 117 of the Constitution, which divided antidrug policies between the State and Regional Legislative Powers into exclusive, concurrent or residual fields of competence in what was a complete reversal of the pre-reform arrangement.

The ordinary laws of the State, which now fall under the exclusive legislative power of the State, are exercised in accordance with the constitution and within the limits set by European Union law and international obligations. The legislation aims to conform Italian internal law to generally accepted international legislation recognised by the international community. Art. 10 of the constitution states, in fact, that *“The legal system of Italy conforms to the generally recognised principles of international law.”* In accordance with Art. 10, ordinary law-makers may not, therefore, issue laws that conflict with international law; if they should, those laws would then be impugnable before the Constitutional Court.

The constitutional grounds for Italy’s accession to the European Union lie in Art. 11 of the Constitutional Charter, in which Italy *“agrees to limitations of sovereignty where they are necessary to allow for a legal system of peace and justice between nations, provided the principle of reciprocity is guaranteed.”* Ever since its first decision, the Constitutional Court itself has invoked Article 11 as the means of ingress through which EU Community law is integrated into the Italian legal system.

These limitations concern not only the legislative activities of the State, but the administrative and jurisdictional activities as well. Therefore, as a consequence of having stipulated original or derived “binding” laws, the national authorities find themselves subject to the supremacy of hierchically superior public powers.

Legislative power wielded by the State in matters of antidrug policy

Article 117, Paragraph 2, includes a list of matters which fall under the exclusive authority of the State. These include:

- letter a) international relations and relations with the European Union.
- letter h) security.
- letter m) determination of the basic standards of welfare related to those civil and social rights that must be guaranteed in the entire national territory.

1.1. Legal framework

The legal framework applicable in cases related to illegal psychotropic substances essentially consists of a consolidated law, concentrating in a single text of law the regulations in the field of drugs and psychotropic substances, the prevention and treatment of drug addiction and the rehabilitation of drug addicts, approved with Presidential Decree (D.P.R.) No. 309 on October 9, 1990. When this Decree entered into force, 2 prior phases of legislation were superseded.

The first of these two phases is that which was in force up until the 1975 legal reform.

The second phase began with the adoption of Law No. 685, which entered into force on December 22, 1975, and encompassed the fifteen-year period between 1975 and 1990.

The third phase began with the approval, on 26 June, 1990 of Law No. 162, "Jervolino – Vassalli", which, integrated into Law No. 685 of 22 December, 1975, provided the basis for D.P.R. No. 309 of 9 October, 1990.

The new legal framework institutionally strengthened cooperation with the UN and with EU bodies in accordance with precise regulations for international cooperation.

This phase ended with the institution of the popular referendum of 18 April, 1993.

The fourth phase, which began with the 1993 referendum, abrogated important laws which had provided for sanctions in cases of possession of illegal drugs for personal use, curbing the positive effects that the new legislation had had on demand, reduction of supply and the rehabilitation of drug addicts.

Law No. 49, dated 21 February, 2006, amending Decree-Law No. 272 of 30 December 2005 and published in the Official Gazette No. 62 on March 16, 2006, initiated the fifth and final phase of drug legislation, introducing crucial modifications to the Consolidated Law on narcotic and psychotropic substances with the aim of strengthening repressive measures.

The legislative intervention introduced by Law 49 of 2006 had the strongest overall impact on the imposition of criminal and administrative sanctions relating to drugs, amending Articles 73 and 75 which can now be compared with, on the one hand, the new Article 73 and, on the other hand, with the new Articles 75 and 75 bis.

The new legal framework, in accordance with the constitutional principle of protecting individual health, and out of respect for human dignity, provides for the introduction of care services for drug addicts. Under the new legal framework, even those addicts deprived of their liberty, either because they are being held in preventative custody or because they are serving prison time, whether their crimes were committed while suffering from drug addiction or not, are able to receive drug addiction assistance and treatment, promoting the rehabilitated drug addicts' definitive reintegration into society.

Amendments to the Consolidated law also moved in the following directions:

- suppressing the distribution of drugs through:
 - a. the promotion of appropriate antidrug policies in EU and international assemblies, also from the standpoint of seeking to align legislation;
 - b. the strengthening of intelligence gathering and antidrug efforts abroad,

with the cooperation of the nations concerned;
 c. equipping the police forces with the necessary juridical and technical tools to meet their needs.

1.1.1 National legislation approved in 2008

Table 1.1: National legislation approved in 2008.

Legislative acts	Field of application
State-Regional Agreement of 24 January 2008	Approval procedures for the Italian Action Plan against Drugs for the year 2008.
Ministerial Decree of 19 February 2008	Update of the tables containing descriptions of narcotic drugs and psychotropic substances and the composition thereof in accordance with the requirements of Presidential Decree No. 309 of 9 October, 1990 and its subsequent amendments and additions, containing the Consolidated text of the laws on narcotic drugs and psychotropic substances and the prevention and treatment of drug addiction and rehabilitation of drug addicts: Oripavine added to Table I.
Prime Ministerial Decree of 1 April 2008	Procedures and criteria for the transfer of responsibilities for health care services, relative labour relations and financial resources, related instrumental resources and equipment for prison health care services to the National Health Service .
Legislative Decree of 16 May 2008	Urgent provisions to adapt Government structures for the transfer of competence for antidrug policy.
Prime Ministerial Decree of 20 June 2008	The establishment of a structure of the Prime Minister's Office called the "Department for Antidrug Policies".
State-Regional Conference, Agreement of 18 September 2008	Agreement, in accordance with Art. 8, Paragraph 2 on the Accord on establishing the absence of physical dependence on drugs finalised at the 30 October 2007 session of the United Conference, concerning the "Procedures for medical testing to establish the absence of physical dependence on drugs or the absence of narcotic drug or psychotropic substance use in workers holding positions which involve a threat to security and the physical safety and health of third parties".
Procedures for medical testing for workers holding positions which involve a threat to safety, 17 September 2008	Procedures for medical testing to establish the absence of drug addiction and the absence of narcotic drug or psychotropic substance use in workers holding positions which involve a threat to security and the physical health and safety of third parties, implementing provision No. 99/United Conference of October 30, 2007 (Official Gazette No. 266, November 15, 2007).
Decree of 20 December 2008	Establishment of the scientific committee.
Decree of 11 December 2008	Establishment of the council for drug addictions

Source: Prime Minister's Office – Department for Antidrug Policies

1.2. National action plan, strategy, evaluation and coordination

1.2.1 National action plan and/or strategy

The Italian Action Plan on drugs is synchronised with the priorities and fields of the Action Plans that the European Union asked the other Member States to prepare.

The Italian Action Plan consists of a list of 66 different goals and actions to be actualised and implemented, divided into five areas (Coordination, Demand Reduction, etc.). Within the Action Plan, a time frame (year 2008)

[The Action Plan evaluation system](#)

is established for each goal and for each action, and responsibility for each is delegated to specific parties; and the information (indicators) to be considered in order to successfully implement each action are established.

1.2.2 Implementation and evaluation of national action plan and/or strategy

1.2.2.1 Evaluation of the Action Plan

The evaluation system for the Action Plan, as defined by the ITC-ILO and discussed by the Steering Committee, concentrates on weighing the actions begun and executed against the actions that had been planned.

The 2008 Italian Action Plan on drugs was evaluated in two phases: at the inception and at the conclusion of the actions relating to the 66 Goals set forth in the Plan.

The following institutions were involved in the initial phase (inception) of the Plan evaluation:

- a) The Ministry of Foreign Affairs;
- b) The Ministry of the Interior;
- c) The Ministry of Justice;
- d) The Ministry of Public Education;
- e) The Ministry of Health;
- f) *The Regions and Autonomous Provinces*;
- g) The Ministry of Social Solidarity.

In the inception phase, the responsibility of gathering information for the evaluation fell to seven administrations; for each of the above-listed institutions, only one Administration was chosen from among the others to be the Steering Institution.

In the first phase of the evaluation, each “steering” institution provided information on the state of progress being made toward the predetermined goals by administering a specially designed questionnaire sent out by electronic post.

The second phase of the evaluation – the final phase – aimed to determine the state of progress of the plan within the individual Regions and Autonomous Provinces. Through the administration of specially designed questionnaires and through in-depth interviews, it was possible to gather the relevant data from the Administrations of all of the Regions and Autonomous Provinces.

The questionnaire, administered “remotely” by electronic post, was designed taking into account all the plan’s goals and actions that required the direct involvement of the Regions and the Autonomous Provinces. For each goal and action, the following information was requested:

- the state of progress of the proposed actions;
- an assessment of the influence the action plan had had on the actions that had been implemented;
- certain indicators of a basic character (e.g. number of meetings held, name of reference document, etc.).

The in-depth interviews, conducted on-site, focused on difficulties encountered understanding and implementing the 2008 Italian Action Plan on drugs.

In order to properly interpret all of the indications and information gathered during the evaluation, it is important to keep in mind that the data was gathered in its entirety from self-declarations completed by individuals

The Action Plan
evaluation system

The Action Plan
evaluation system,
inception phase

Action Plan
evaluation, final
phase

appointed as spokespersons to represent the institutions responsible for the goals set forth in the 2008 Action Plan.

1.2.2.2. State of Progress of the Implementation of the Action Plan

The 2008 Italian Action Plan on drugs consists of 66 goals subdivided into five larger areas. Responsibility for each goal is assigned to different entities which can be central institutions and/or administrations of the Regions and Autonomous Provinces. In order to assess whether a goal has been reached, information is gathered by the subjects involved in implementing the actions associated with that goal. The states of progress of the actualisation of each goal therefore vary by Region or Autonomous Province as well as for other reasons. In other words, for the same goal, very different indications have been provided:

- according to some administrations, the objective has been actualised according to the indications set forth in the plan;
- according to other administrations, the goal has not been actualised precisely according to indications;
- according to still other administrations, the goal has not yet been actualised.

For the moment, it is therefore impossible to provide a concise indication of the state of progress of the implementation of the plan as a whole; in order to have an idea of the state of progress of the implementation of the plan, it is necessary to consider each goal and each action separately.

The difficulty of providing a summary of the information gathered is due, in part, to the structure of the 2008 Action Plan itself, which lists a series of goals without prioritising them, assigning each one the same level of importance.

The chart below (Chart 1.1) shows the current state of progress of the implementation of the objectives in the area of *Coordination*, according to the information gathered by the Regions and the Autonomous Provinces in the final phase of evaluation.

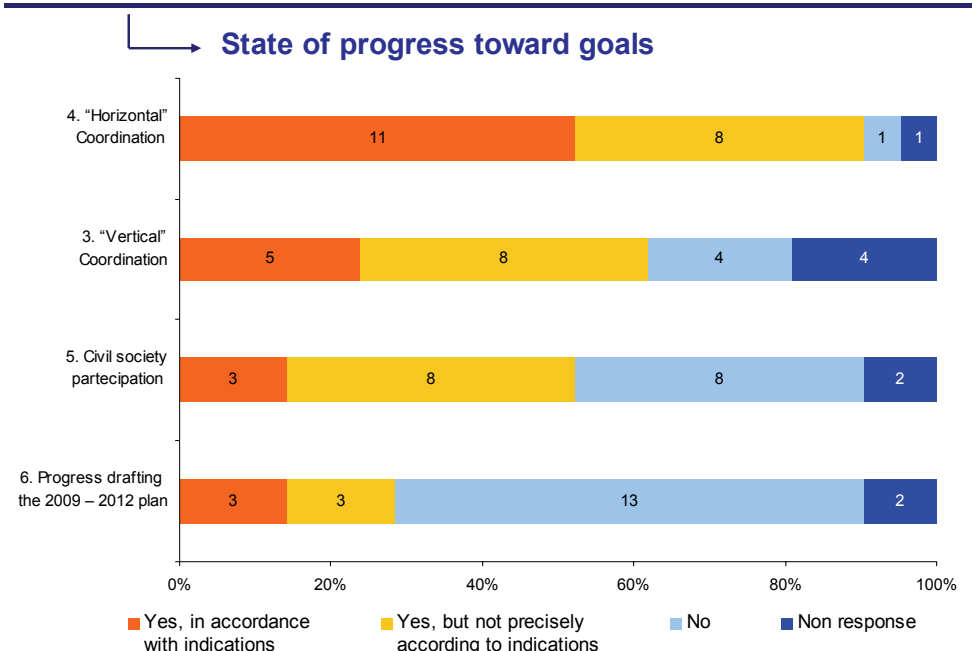
The chart does not show all of the goals set forth in the Action Plan, but only those that call for the direct involvement of peripheral Administrations. The information shown in the chart was gathered from the self-declarations collected by the Regions and the Autonomous Provinces through the administration of structured questionnaires.

Coordination between the Regional Administrations (goal 4) is the goal that is shown to have been actualised in almost all of the Regions (despite the fact that, in 8 Regions, it was actualised in a manner that was not precisely according to the Action Plan's indications).

It can be hypothesised that goals 5 and 6, on the other hand, were the two that, above all others, required more stable political conditions and a greater length of time to be achieved.

Chart 1.1: Goals within the Coordination Area of the 2008 Action Plan. Number of Regions and Autonomous Provinces by states of progress of implementation declared

AREA: COORDINATION



Source: Chart prepared by ITC-ILO

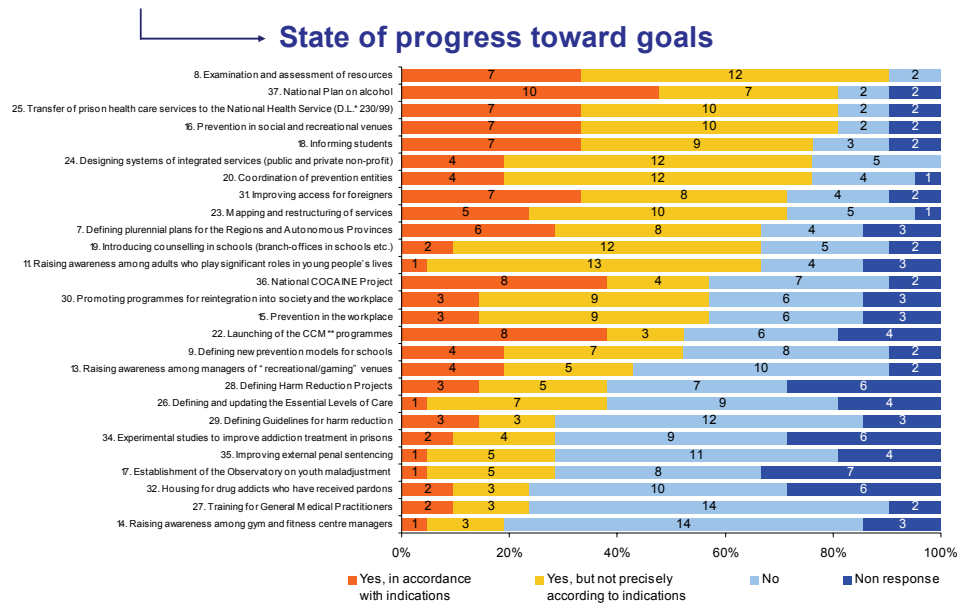
The chart below (Chart 1.2) shows the state of progress of the implementation of the goals in the area of *Demand reduction*, according to the information gathered by the Regions and the Autonomous Provinces in the final phase of evaluation.

In this area, the states of progress toward the individual goals differ greatly, and it is difficult to identify the factors that determined these variations in the states of progress of the implementation of the plan. The states of actualisation within this group of goals differ so greatly from each other in the majority of the Regions and Autonomous Provinces that it is impossible to distinguish a clear trend in the state of progress toward them.

It can therefore be hypothesised that the wide variation in the actualisation of these goals was more likely caused by administrative-management decisions than by some tendency attributable to a particular plan policy. Indeed, during the initial evaluation phase, it was in this area, more than any other, that administrative and bureaucratic obstacles continued to present themselves.

Chart 1.2: Goals in the Area of Demand Reduction: Number of Regions and Autonomous Provinces by states of progress of implementation declared (Absolute Value – AV)

AREA: DEMAND REDUCTION



Source: Chart prepared by ITC-ILO

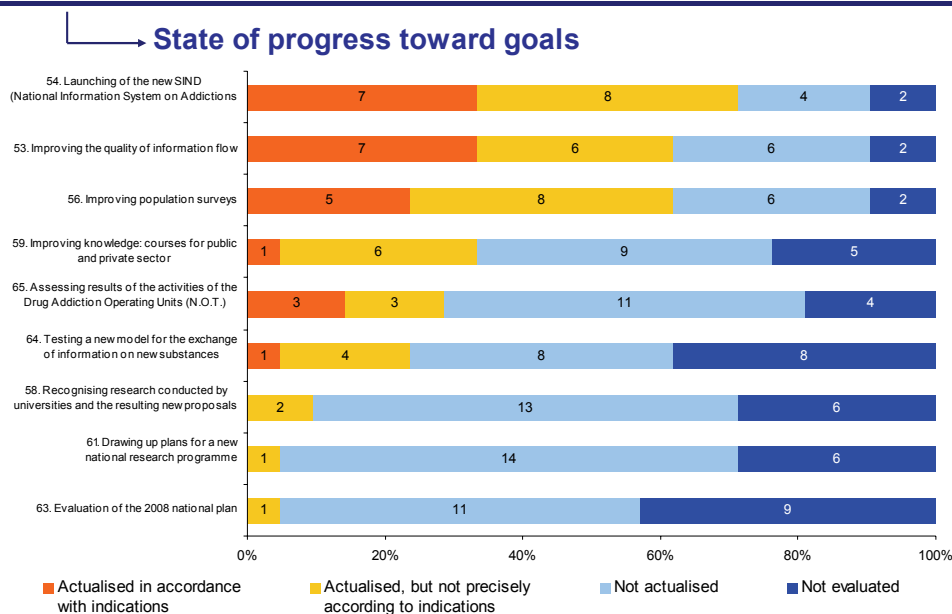
The chart below (Chart 1.3) shows the states of progress of the implementation of the goals in the area of *Information, Training, Research and Evaluation*, according to the information gathered by the Regions and the Autonomous Provinces in the final phase of evaluation.

There are certain critical concerns that have come to light in this area: the goals that remain furthest from actualisation are those related to the gathering of information and the systems for making that information available (e.g. goals 61, 63, 64), which are necessities for establishing priorities and defining subsequent projects and actions to be taken.

Taking this into consideration, if the Action Plan were to be redesigned, it would be necessary to focus more on coordination, integration and the comparisons between various entities in order to reach a consensus on types of information and indicators and on the identification of sources of information and the methods with which it is gathered, and thence to reach a consensus on goals that allow a better understanding and more complete knowledge of the issues of drug use and abuse.

Chart 1.3: Goals in the Area of Information, Training, Research and Evaluation: Number of Regions and Autonomous Provinces by states of progress of implementation declared (Absolute Value – AV)

AREA: INFORMATION, TRAINING, RESEARCH AND EVALUATION



Source: Chart prepared by ITC-ILO

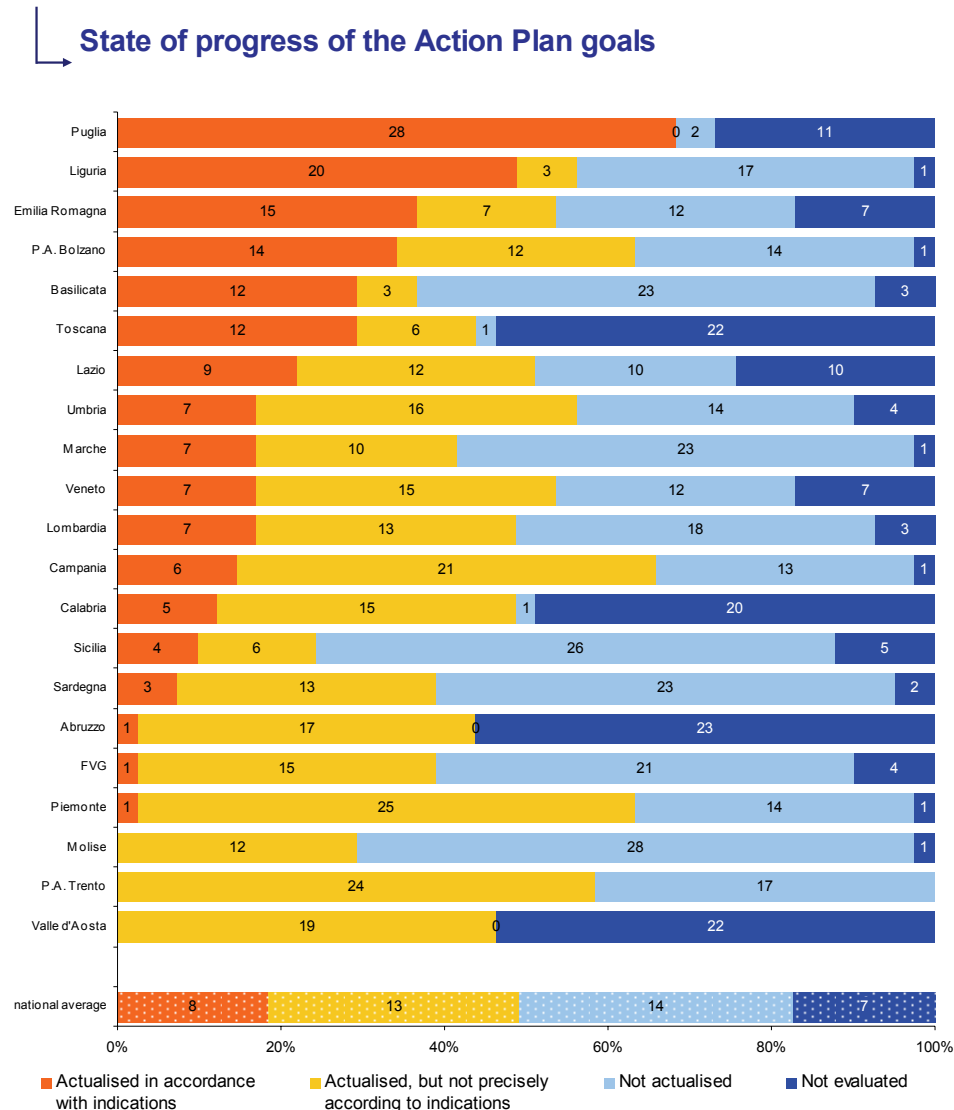
The information gathered during the final phase of evaluation made it possible to assess the state of progress of implementation of the action plan in the individual Regions and Autonomous Provinces. The chart below (Chart 1.4) shows the number of goals that each individual administration declared it had actualised.

From the chart it is evident that the states of progress of the implementation of the plan vary greatly among the different Regions and Autonomous Provinces.

These variations can be attributed to at least three different factors:

- The first is the definitions used to describe the goals and actions in the plan, which were probably not extremely precise and left room for different interpretations.
- The second is the methods employed to discover the state of progress toward the goals: the information was collected from a few privileged spokespersons with different levels of knowledge concerning their Regions or Autonomous Provinces.
- The third is the strategic decisions taken by each Region or Autonomous Province before and during the implementation of the Plan. It is important to take into account the fact, revealed during the course of the in-depth interviews, that some of the actions set forth in the plan requirements had already begun to be put into effect before the Action Plan had been finalised.

Chart 1.4: The 41 goals of the 2008 Action Plan submitted to the attention of the Regions and the Autonomous Provinces: Number of goals by the state of progress toward their actualisation declared (A.V.)



Source: Chart prepared by ITC-ILO

1.2.2.3 Significance of the Action Plan

This section aims to evaluate the significance that the different Regions interviewed attributed to the Action Plan within the context of actualising the set goals. The information here presented was gathered during the final phase of the evaluation: each individual Region or Autonomous Province was given the possibility of explaining the level of influence the Action Plan had on the action taken for each actualised goal.

The information collected from the appointed spokespersons of each of the Regions and Autonomous Provinces made it possible to divide the goals and actions contained within the 2008 Action Plan into four groups:

- goals that were only inadequately actualised despite the plan (1st box, lower right-hand corner, Chart 1.5);
- goals actualised in many of the Regions and Autonomous Provinces and on which the plan appears to have had little

- influence (2nd box, upper right-hand corner, Chart 1.5);
- goals actualised in many of the Regions and Autonomous Provinces and on which the plan appears to have had a significant influence (3rd box, upper left-hand corner, Chart 1.5);
- goals which, at present, have been actualised only in some of the Regions and Autonomous Provinces, but in which the plan appears to have played a significant role (4th box, lower left-hand corner, Chart 1.5).

Chart 1.5: Actualisation of goals and the role of the Action Plan



Source: Chart prepared by ITC-ILO

1.2.2.4 Self-assessment of the Action Plan

The aim of the self-assessment is to provide a new, evaluative interpretation of the 2008 Italian Action Plan in order to introduce improvements to the technical structure and wording of the 2009-2012 Four-year Plan.

The self-assessment system for the implementation of the 2008 Action Plan

Alongside revisions to the wording of the Actions in the Action Plan, a new interpretation of the indicators for each Action is to be introduced, with the aim of confirming those already introduced or of adding new examination criteria.

The Action Plan was designed based on goals and actions to be carried out over the course of a single year (2008). This decision was made based on the need to conform to the four-year time frame (2009-2013) of the European plan, and may constitute a foundation on which to redesign the new Plan.

The monitoring and evaluation of the actions and projects carried out during this phase may make it possible to identify possible modifications to be introduced when planning subsequent projects.

Table 1.2: Grid of Action Plan self-assessment criteria

Examination Criteria	
Relevance	The logical relationship between Actions and Needs
Appropriateness	The use of clear language that allows for a thorough understanding of descriptions provided, without leaving room for doubts regarding their interpretation
External coherence	The logical relationship between Goals and Actions
Internal coherence	The logical relationship between multiple Actions that fall under the same Goal
Congruence	How well and to what extent do the Actions set forth in the plan correspond to the Actions which need to be taken
Comprehensiveness of the indicators	The extent to which the indicators illustrated in the Plan correspond to the information needs of each individual's Institution

Source: Table prepared by ITC-ILO

The self-assessment criteria applied to the Actions of the 2008 Action Plan with regard to their technical structure and wording and the relationships between the various actions. The instrument used to carry out the assessment was a *self-assessment questionnaire* structured around the examination criteria set forth in Table 1.4.

The self-assessment data was collected using a questionnaire, sent via electronic mail, to all of the Administrations involved in the individual Actions for which an evaluative opinion had been requested, taking into account the specific Actions that fell under the competence of each administration. Of the 15 Administrations that were included, 7 (46.7%) sent back the completed questionnaire, therefore a total of 53 out of 106 Actions were assessed. This high percentage of Administrations who failed to respond is certainly a crucial factor, as it means that it is not possible to make an “appreciable” assessment of the Actions that make up the Action Plan.

From the questionnaires that were completed, it can be deduced that the overall opinion on the actions set forth in the Action Plan was positive, especially as far as regards the criteria of “relevance” and “appropriateness”.

These two aspects highlight the importance of having an Action Plan that is the product of a participative and concerted effort and, therefore, relevant to needs and clear and understandable in its wording and structure for the administrations who will put it into effect.

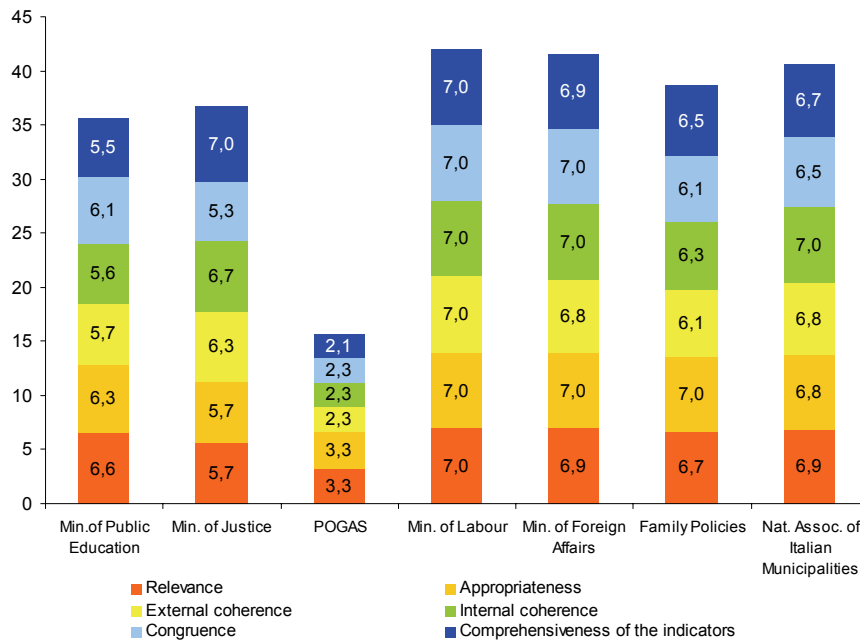
The criterion for which the most negative opinion was expressed was “internal coherence”, in other words, the logical relationship between multiple actions that fall under the same goal. Moreover, only for this criterion was there a percentage (16.1%) of failure to respond: this could mean that difficulties were encountered in fully understanding what this criterion was meant to examine or in expressing opinions based on that parameter. This would appear to confirm that the internal coherence of the Action Plan is an area in need of critical examination.

It is shown that POGAS (The Ministry for Youth Policies and Sport) is the entity which expressed the most negative opinion on all of the examination criteria (on average, in general, no higher than 3, with marks of 3.29 for “relevance” and “appropriateness”), while all the other entities who participated gave marks no lower than 5.

The highest marks for all criteria, on the other hand, were awarded by the Ministry of Labour, the Ministry of Foreign Affairs, the Department for Family Policies and the National Association of Italian Municipalities.

Opinions expressed
 on the structure of
 the 2008 Action
 Plan

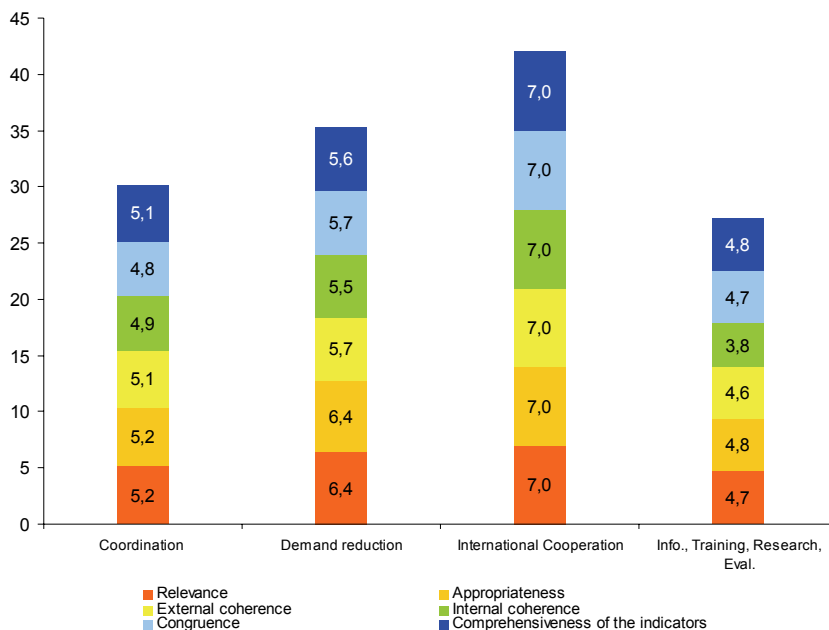
Chart 1.6: Evaluation of actions within the Action Plan, as expressed by the Administrations involved in the study (average mark for each examination criterion)



Source: Chart prepared by ITC-ILO

Dividing the data by the **Areas** of the Action Plan (Chart 1.7), it can be seen that *Coordination* has lower marks according to all of the criteria, compared to the areas of *Demand reduction* and *International Cooperation*, but the actions that comprise the area of *Information, Training, Research and Evaluation* were perceived in a much less positive light than any of the other areas. It is this area, therefore, of which the opinions of the Entities involved are the most critical, especially as far as regards the “internal coherence” criterion (3.8).

Chart 1.7: Evaluation of actions within the Action Plan by Areas of the Action Plan (average mark for each examination criterion)

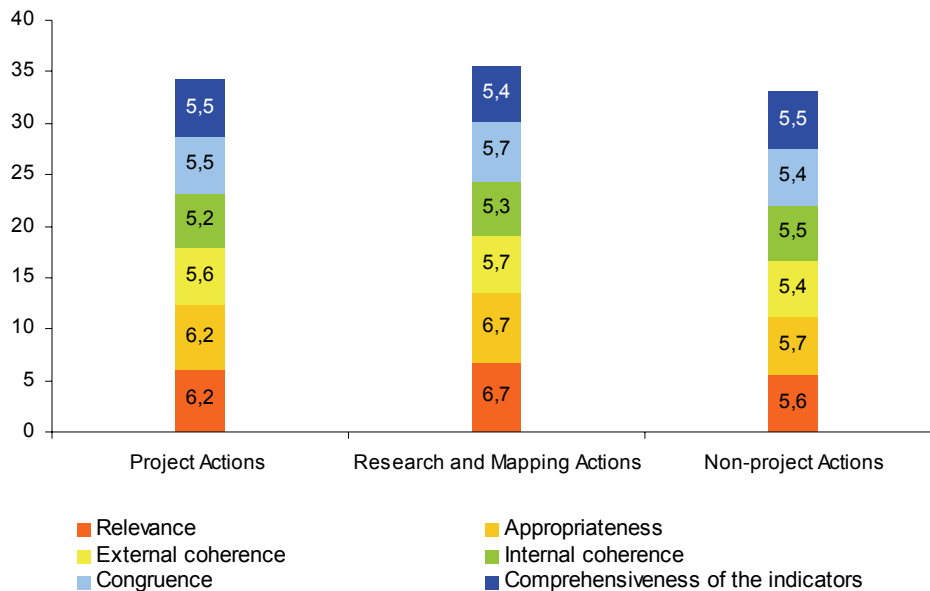


Source: Chart prepared by ITC-ILO

Finally, in the last phase of our analysis, when dividing the data by **Types of Actions**, it can be seen that there is no significant difference between the groups of actions, with the exception of the examination criteria “relevance” and “appropriateness”, which have average marks (6.7) near to the maximum mark (7) for the actions that fall under *Research or Mapping Actions*.

Chart 1.8: Evaluation of actions within the Action Plan by Areas of the Action Plan (average mark for each examination criterion)

Report on the completion of the Italian Action Plan



Source: Chart prepared by ITC-ILO

In conclusion, it can be stated that the overall opinion that emerged on the structure of the 2008 Action Plan was positive.

Upon presentation of the information-gathering instrument (self-assessment questionnaire), possible problems came to light regarding the risk of receiving only positive assessments or, in any case, ones that were not terribly negative, since the Administrations were being asked to evaluate the results of their own activities.

However, what emerged from an analysis of the information was, instead, a varied pattern of evaluation results that do not hover only around the peak values, showing that care was put into the responses and an effort was made, on the part of the Administrations who responded, to be critical when evaluating the actions within the Action Plan.

The positive information appears, therefore, to emphasise, to an even greater extent, the importance of having a work plan that truly involves a participative and concerted effort on the part of all of the entities involved in it.

1.2.2.5 Guidelines for delineating the 2009 – 2012 Action Plan

The monitoring that was part of the 2008 Action Plan evaluation allowed us to collect a quantity of constructive information that can be put to use when drawing up the next plan. This information emerged mostly from an analysis of the data gathered during the course of the in-depth interviews with the representatives of both the central and peripheral institutions and administrations.

Constructive information for delineating the 2009 – 2012 Action Plan

The European Commission carried out an evaluation of the European

The “Book of

Action Plan 2005-2008 targeting 27 Member States and 490 million citizens, the results of which were presented in Document No. SEC 2456/2008. This document was of significant importance as it showed, despite the great differences found between evaluation and monitoring actions and the other substantial limitations it presented, the consistency between the results that emerged from EU documentation and those brought to light by the operations carried out in Italy.

The first point in common has to do with the structure of the goals, which the 2005-2008 European Action Plan evaluators from both the Europe and the Italian Regions held to be in need of improvement. The number of goals was considered to be too high and the descriptions of the Goals and actions themselves were unclear. Furthermore, the high number of actions for each Goal was found to create incongruence between the different actions and the goal. The lack of consistency in terminology between the various goals, some of which were general and others of which were specific, point to the necessity of developing a planning framework with a logical hierarchy.

The second point in common concerns the lack of a relationship between the Action Plan goals and the European strategy as set forth in EU documents for the years 2005-2012 (Health Protection, Community Well-being and Social Cohesion). With the emphasis placed on the Actions, grouped together, as they are, under a single goal, there is the risk of losing sight of the ultimate aims (such as Health) and the intermediate goals that must be achieved to reach them.

Thirdly, the relationship between the Goals, the Actions and the Indicators does not allow for the development of a suitable system for measuring progress, both because of the nonspecific and vague way in which the indicators are presented and because of the lack of a logical relationship between actions and goals. In some cases, it is possible to reconstruct the logical link between aim and activity, but in other causes it is impossible to identify the causal relationship (cause and effect relationship) between the two. As far as the indicators are concerned, they were not framed using the usual wording required by the Commission (Output, Outcome, Impact Indicators). Lacking these general preconditions, it does not appear to be possible to measure the progress of the policies against Addictions that are supposed to be achieved through the Action Plan.

The fourth point shows that the relationship between the EU and its Member States reflects that between the Italian government and the Italian Regions. As it is a “non-binding” policy instrument, the goals of the European Action Plan are added on to the goals of the antidrug policies of the different Member States, and the “added value” of the European Action Plan is lost. Similarly, as emerged from the information gathered from the Regions, the Italian Action Plan was simply added on to the activities that were already part of Regional health and social services programmes. It is therefore necessary to begin to study the connection between the two policy plans and the “complementary” nature of the relationship between the European Action Plan and the National Action Plans in comparison with that between the National Action Plan and Regional programmes.

The fifth point that the European evaluation and the results of the Italian monitoring activity have in common concerns the insufficiency of the Action Plan as an instrument of Public policy oriented toward the improvement of population health, the respect for human dignity and individuals’ active participation as contributing members of society and the workforce. The high number of goals to be actualised led to an

Dreams”

The number of goals was too high and their relationship to the actions to which they were linked was unclear

Lack of a relationship between the goals and the EU guidelines on health

Imperfect and poorly related Indicators

Impossible to accurately measure progress

A difficult and non-complementary relationship between the national plan and Regional programmes

An insufficient policy instrument

intermingling of activities without a precise policy objective beyond the general aims of demand and supply reduction. In order to overcome this problem of structure, it might be wise to develop a planning framework based on a logical hierarchy focusing on Prevention, Care and Reintegration into society and the workplace.

The sixth point of comparison concerns the failure of both the European evaluation and the Italian Action Plan monitoring activities to gather reliable information regarding addiction policies. It is obvious that, in order to plan, carry out and evaluate addiction policies, it is necessary to have access to an accurate and reliable information framework. Without such a framework, public efforts are likely to become inefficient and ineffective, and efficiency and effectiveness are two conditions inextricably linked to Public Policy. In any case, this information framework is unsuitable, due to both physical and economic factors. This is the reason why the Commission has strongly advised that it is necessary to orient efforts toward the area of information and statistics.

Although the relevance of the EU evaluation goes beyond the brief information just discussed, and the results of the Italian Action Plan monitoring activities cannot completely justify the comparisons made above, it is nonetheless worthwhile to emphasise the need to bring together the results of any observational studies within a simple policy framework in order to be able to use the knowledge gained thereby in subsequent decision-making processes. For this reason, it is constructive to re-examine the European Action Plan goals, which can be summarised as follows: to reduce drug use, social damages and to reduce health consequences for drug users. Leaving aside the difference between “prevalence” and “incidence”, after a year of work on the Italian Action Plan, there is still insufficient evidence to draw a hypothetical conclusion to answer the question of whether the Italian Action Plan has succeeded or failed. This shortcoming in the evaluation of antidrug policies – a shortcoming which most Member States shared – is a weak point in the design of the forthcoming 2009-2012 Plan, as there is a lack of sufficient knowledge to decide which Goals should be pared down and which should be strengthened.

This is the reason why there is a pressing need to prepare a 2009-2012 Action Plan that provides for a policy analysis that overcomes the limits described above, re-establishing the “added value” of a National Action Plan that complements Regional social services and healthcare programmes. From this standpoint, the European Commission’s recommendations for the 2009-2012 Action Plan can be of some help. Lastly, let us express our gratitude to all the Regions and Autonomous Provinces which, for the first time, provided an information framework to assist in improving the system of Drug Addiction services.

1.2.3 Coordination arrangements

The “Department for Antidrug Policies (DPA)” was established by the Presidential Decrees issued on 20 June 2008 and 18 December 2008. Under D.P.R. (Presidential Decree) 309/90, it is responsible for fulfilling legal, administrative and managerial duties having to do with antidrug policies, as well as conducting research and inquiries into the manner in which any tasks and actions regarding antidrug policies are conducted.

As a Department of the Prime Minister’s Office, the DPA launches, guides and coordinates Government Actions designed to fight the spread of drug and alcohol addictions; it also promotes collaboration between public

A lack of reliable information on which to base planning

EU Goals:
To reduce drug use,
To reduce social damage,
To reduce health consequences

administrations with competencies in this field, associations, rehabilitation facilities and reception centres involved in the prevention, cure rehabilitation and reintegration of drug-addicted individuals. The DPA is also responsible for establishing and updating the techniques used for gathering, processing and evaluating information regarding drug addiction as well as the transfer of said information abroad.

The Department for Antidrug Policies performs a series of duties that aim to define and structure the activities necessary for implementing antidrug actions and policies within the country:

- Technical supervision of government documents and provisions in the field of drugs.
- Inter-ministerial coordination of actions, projects and topics having to do with narcotic and psychotropic substances.
- Assuring the government's presence in national, EU and international bodies with competency in the sphere of drugs, managing relations with European and other foreign countries and with EU and international bodies, and providing for the necessary technical and operational coordination that falls under its competence as well as arranging for the presence of representatives from within the various national administrations involved in antidrug policy.
- Coordinating information flow and integrated archive systems in the various data banks in a timely fashion upon receipt of copies of documents received from the Ministries and from the Peripheral Administrations. With the collaborative assistance of public sector agencies and research facilities, the Department prepares statistical epidemiology reports on trends in drug addiction. The information contained in these reports is then used for the preparation of the Annual Report to Parliament, as provided for under the requirements of Art. 131 of D.P.R. 309/90 and its subsequent amendments and integrations.
- Makes proposals for and plans the above activities with the cooperation of the Regions and the Autonomous Provinces.
- Puts into action, conducts and monitors specific projects with a national impact, either directly or through delegation of relative responsibilities to entities designated as qualified collaborators.
- Responsible for epidemiological monitoring, sometimes using early warning systems able to provide information on the characteristics of the narcotic substances currently in circulation, on drug abuse-related behaviours and other drug-related issues, leading to the timely gathering of information regarding risks and possible harmful consequences to population health (National Early Warning and Rapid Response System for Drugs – National Early Warning System).
- Establishes and maintains national surveillance and monitoring systems and activates preventive alert systems for the benefit of organisations operating in the field of addiction within the Regions and Autonomous Provinces.
- Provides guidelines to standardise activities throughout the country.
- Defines and prepares the National Action Plan, simultaneously planning strategies together with the Regions and the Autonomous Provinces.
- Coordinates actions aimed at fighting the spread of drug addiction and alcoholism in the workplace.
- Coordinates preventative measures aimed at fighting the increasing

Principal
operational duties of
the Department for
Antidrug Policies

incidence of traffic accidents linked to alcohol and drug abuse.

- Devises strategies for the prevention of infectious diseases linked to drug addiction.
- Establishes and maintains bodies for consultation and the planning of national antidrug policies and for coordination with the Regions and the Autonomous Provinces: the Scientific Committee, the Expert Advisory Panel, the National Conference on Drugs.
- Establishes, together with the Regions and Autonomous Provinces, guidelines and Essential Levels of Care.
- Promotes training and refresher courses in the fields of neuroscience and of technical and organisational innovations for operators in the sector.
- Manages activities involving Government information and institutional communications on the topic of antidrug policies through the creation of national prevention campaigns and by establishing and maintaining national information portals, as well as preparing documents and other publications on issues associated with drugs and alcohol.

The Prime Minister's Office, through the Department for Antidrug Policies, plays an active role in the coordination of the international activities of the various Ministries responsible for areas relating to control and prevention of narcotic and psychotropic substances.

One of the principal aims associated with this particular role is to ensure that our country is properly represented in the various international assemblies, to avoid replication of actions and ensure, on the contrary, the maximum coordination possible, while taking into full account the differences in institutional competencies.

In conducting its coordination activities, the aim of the Department for Antidrug Policies is to ensure that the various institutional competencies and abilities are put to the best possible use in order to guarantee clear and solid policies.

Keeping in mind the responsibilities delegated specifically to the Ministry of Foreign Affairs, the Central Directorate for Anti-Drug Services of the Department of Public Safety of the Ministry of the Interior and to the Ministry of Labour, Health and Social Policies, ongoing monitoring and coordination activities always tend to ensure that delegations formed are composed of a small number of participants and therefore able to be quick-thinking, so that Italian participants are suitably prepared and can provide an assessment of each meeting in which they participate.

Specifically, the Department has dealings with and participates in the following international assemblies: Horizontal Drugs Group (HDG) of the Council of the European Union - Brussels; The European Observatory on Drugs and Drug Addiction - Lisbon; the EMCDDA Reitox network; the Pompidou Group of the European Council; the Pompidou Group MedNET network; the Dublin Group of the Council of the European Union - Brussels; the Commission on Narcotic Drugs (CND); the United Nations Office on Drugs and Crime (UNODC) - Vienna

The role of the
Department for
Antidrug Policies at
an international
level

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

Every European country conducts research into the issue of drug use. This research provides crucial information necessary to describe and understand the impact that the widespread use of drugs has on a National level and makes it possible to draw a comparison with the situation in the other Member States. Two studies were conducted in 2008, in accordance with stand European protocols: one on the general population and another on the student population. While not statistically representative, these nonetheless provide useful information on trends in illegal drug use.

Since D.P.R. (Presidential Decree) N. 309/1990 came into force, the Central Directorate for Documentation and Statistics has been in charge of gathering statistical information regarding subjects reported to the Prefectures for drug use or possession under Articles 75 and 121 of the same Presidential Decree.

These research activities make it possible to gain additional knowledge about the complex issue of drug addiction.

2.1. Drug Use in the general population (based on probabilistic sample)

The information regarding the spread of psychoactive substance use in Italy was gathered from a national sample survey, the IPSAD-Italy 2007-2008 (Italian Population Survey on Alcohol and other Drugs) conducted by the National Research Council Institute of Clinical Physiology. It was edited by the Department for Antidrug Policies. The study aims to monitor the use of psychoactive substances in the general population through implementation of the methodological standards established by the European Monitoring Centre on Drugs and Drug Addiction(EMCDDA¹). The study was a postal survey conducted by anonymous questionnaire on a stratified random sample of approximately 30,000 legal residents of Italy of between 15 and 64 years of age.

Study of population
aged 15-64 years

From a methodological standpoint, it must be borne in mind that the nature of the topic of the survey, as well as the method with which the data was gathered, had an influence on the survey response rate, which was 33% (a relatively high percentage compared to other European countries), resulting in a high probability of information distortion in the data collected. The overall epidemiological pattern that emerged was that, between respondents and non-respondents, there was a significant difference in the variable of interest. In the case of the IPSAD, this could be explained by the fact that the non-respondent group may engage in a much heavier use of drugs (in which case, the data gathered would underestimate the issue) or that, on the other hand, drug users took advantage of the anonymous nature of the survey to participate in it and thus affirm their drug use (in which case, the data gathered would be inflated). The former hypothesis is the more likely one, even if there is no clear evidence to support it.

The drug use profile presented in this section will therefore aim to provide

¹ T.Decorte, D.Mortelmans, J.Tieberghien, S.De Moor "Drug use: an overview of general population surveys in Europe", EMCDDA. ISSN 1725-5767, 2009

a general picture and indication of trends in drug use in the Italian general population, albeit not statistically representative of the entire population. Further studies and in-depth research will be needed in order to successfully develop new methods with which to evaluate the issue and gather more representative data.

To this end, other different types of studies could be undertaken (population studies, toxicological studies of wastewater and fine particles, internet surveys, etc.) that would provide information to be reconstructed and studied in order to assess its level of consistency in confirming or refuting the various emerging trends in drug use.

2.1.1 Heroin Use

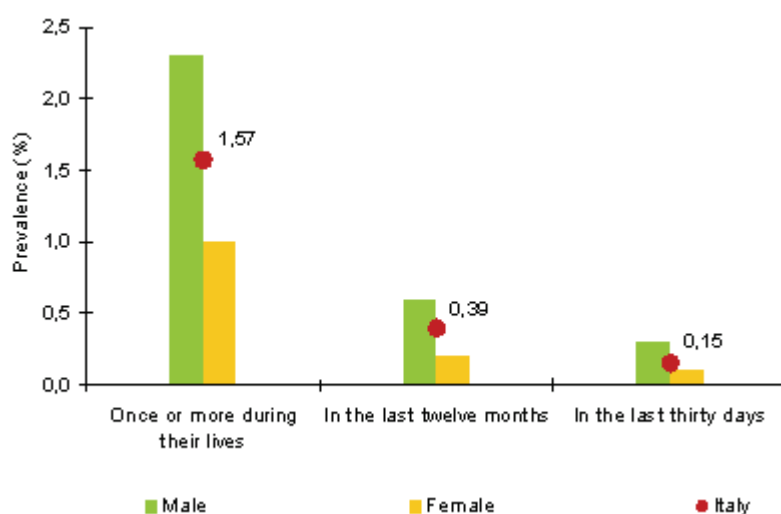
1.57% of the Italian population sample between the ages of 15 and 64 reported having tried heroin at least once in their lives, while 0.39% reported having used it in the course of the twelve months prior to completing the questionnaire.

0.15% of the Italian population reported having used heroin during the 30 days prior to the survey, while 0.1% reported frequent use (10 or more times in the 30 days prior to the survey).

There are significant statistical differences between the male and female population, especially regarding the percentage who had tried heroin at least once in their lives.

Heroin users: 0.1% are frequent users

Chart 2.1: Heroin use in the general population (once or more during their lives, in the last 12 months and in the last 30 days) – Years 2007 – 2008

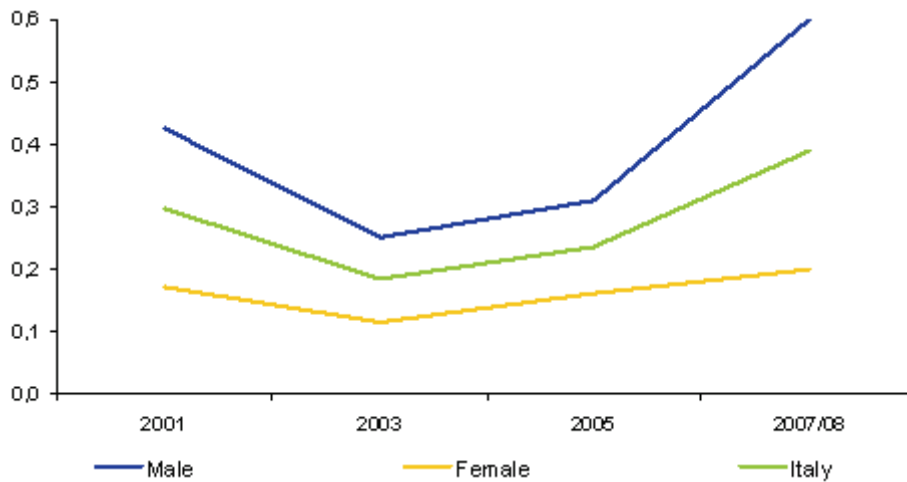


Source: Based on data from IPSAD-Italy 2007-2008

It can be cautiously affirmed that, since 2003, heroin use has been on the rise for both sexes, which confirms the new trend that has emerged from other information sources, principally the Prefecture records on subjects reported for possession of drugs for personal use (pursuant to Art. 75 of D.P.R. 309/90) and records of the Central Directorate for Anti-drug Services on subjects charged with crimes in violation of D.P.R.309/90 (Articles 73 and 74). The average percentage growth rate from 2005 to 2007/08 was 65.3%.

Heroin use on the rise in the general population

Chart 2.2: Heroin use in the general population (one or more times in the last 12 months), by gender. The years 2001 – 2008.



Source: Based on data from IPSAD-Italy 2001-2008

The highest numbers of heroin users fall, for both sexes, in the age group comprising young people aged 15-24 (0.87% for the male population and 0.48% for the female). The numbers decline steadily as the age of the subjects increases, finally decreasing to 0.33% among males 45-54 years of age.

Table 2.1: Heroin use in the general population aged 15-64 (one or more times in the last 12 months) by gender, age group and frequency of use. The years 2007-2008.

Heroin Use	Male	Female
Age group		
15-24 years of age	0.87	0.48
25-34 years of age	0.72	0.12
35-44 years of age	0.34	0.17
45-54 years of age	0.33	0.00
55-64 years of age	0.00	0.00
Frequency of Use		
1-5 times	51.4	45.0
6-19 times	10.8	20.0
20 times or more	37.8	35.0

Source: Based on data from IPSAD-Italy 2007-2008

The largest difference in gender statistics can be found in subjects between 25-34 years of age. Among these, for every female heroin user, there are 6 male users (m=0.72%; f=0.12%). Of these users, 38% of men and 35% of women report having used heroin 20 times or more during the course of the previous year.

51% of male users and 45% of female users reported occasional heroin use (between 1 and 5 times), while the most frequent use was reported by 38% of male users and 35% of female users.

2.1.2 Cocaine Use

7.0% of Italian subjects between the ages of 15-64 have tried cocaine at least once in their lives, while 2.1% admit to having used it during the course of the year prior to the survey. Current cocaine use, meaning within the 30 days prior to the survey, was reported by 0.7% of subjects

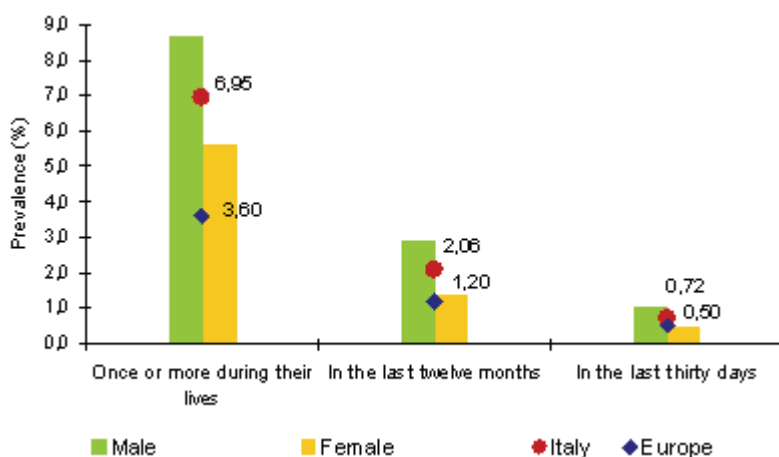
A high incidence of occasional use

Cocaine users:

who participated in the survey, while 0.07% reported having used it frequently (ten or more times in the prior thirty days). There are differences between men and women, although less significant than the differences found regarding heroin use; cocaine use in Italy, both occasional and frequent, seems to be considerably higher than the European average.

0.07% of the population are frequent users

Chart 2.3: Cocaine use in the general population (at least once in their lives, during the last 12 months and in the last thirty days)



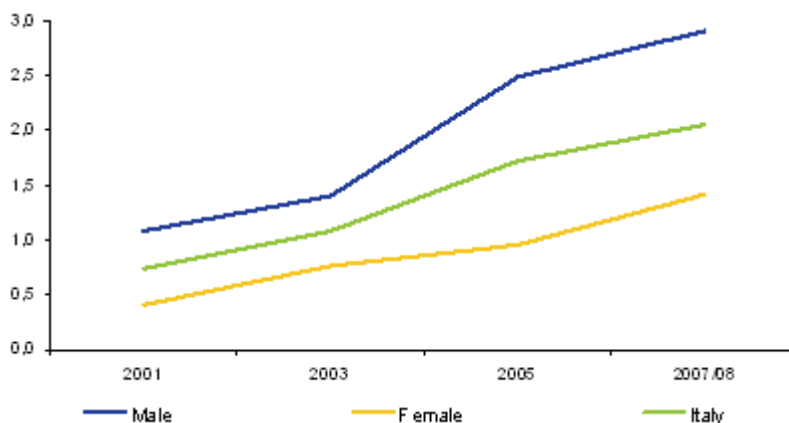
Cocaine use in the general population higher than the European average

Higher cocaine use than heroin use in the female population

Source: Based on data from IPSAD-Italy 2007-2008; Annual Report 2008 –EMCDDA

The trend that emerged from the data gathered from the last four surveys seems to confirm that there has been a steady increase in cocaine use in the Italian population, with men having a greater propensity for it than women.

Chart 2.4: Cocaine use in the general population (at least once in the last 12 months), by gender. The years 2001-2008



Cocaine use on the rise in the general population

Source: Based on data from IPSAD-Italy 2001-2008

Cocaine use is particularly prevalent in the male population between 15 and 34 years of age. For both genders, it is the youngest subjects, between 15-24 years of age, and those between 25-34, who report having used cocaine, at least once over the course of the last year, in the highest percentages (15-24 years of age: m=3.27%; f=2.0%; 25-34 years of age: m=4.97%; f=2.14%). Prevalence of use decreases steadily in the older age groups, reaching 1.79% and 0.86% for men in the groups aged between 35-44 and 45-55 respectively, and 0.43% and 0.17% for women

Cocaine users: the highest prevalence in subjects ranging between 15-34 years of age

in the same respective age groups. For men aged between 55-64, the prevalence of use is 0.38% (while for women it is 0%).

Table 2.2: Cocaine use in the general population between 15-64 years of age (at least once in the last 12 months) by gender, age group and frequency of use. The years 2007/08

Cocaine use	Male	Female
Age group		
15-24 years of age	3.27	2.00
25-34 years of age	4.97	2.14
35-44 years of age	1.79	0.43
45-54 years of age	0.86	0.17
55-64 years of age	0.38	0.00
Frequency of use		
1-5 times	64.9	74.1
6-19 times	17.6	16.1
20 times or more	17.6	9.9

Source: Based on data from IPSAD-Italy 2007-2008

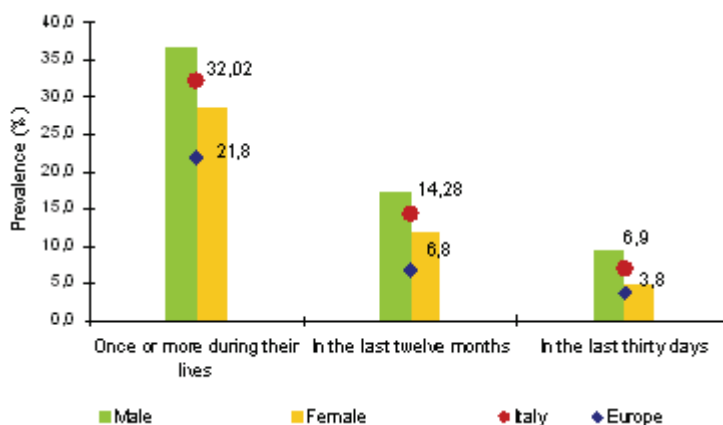
Of the subjects who had used cocaine during the course of the previous year, 64% of the men and 74% of the women reported having used it occasionally (between 1 and 5 times over a 12 month period), while 18% of the men and 10% of the women reported more frequent use (20 times or more over the course of a year).

2.1.3 Cannabis use

In Italy, 35% of the population between 15-64 years of age has tried cannabis, while 14.28% had continued to use it over the course of the year prior to the survey (Chart 2.5). The prevalence of use decreases further when examining the figures regarding use during the month prior to the survey or use on a daily basis: respectively 6.9% and 1.34% of the Italian population sample.

There is less of a difference between male and female use patterns compared to the use patterns for heroin and cocaine. Yet, like the above substances, the average prevalence of use in the Italian population is higher than average compared to other EU Member States.

Chart 2.5: Cannabis use in the general population (at least once in their lives, in the last 12 months and in the last thirty days)



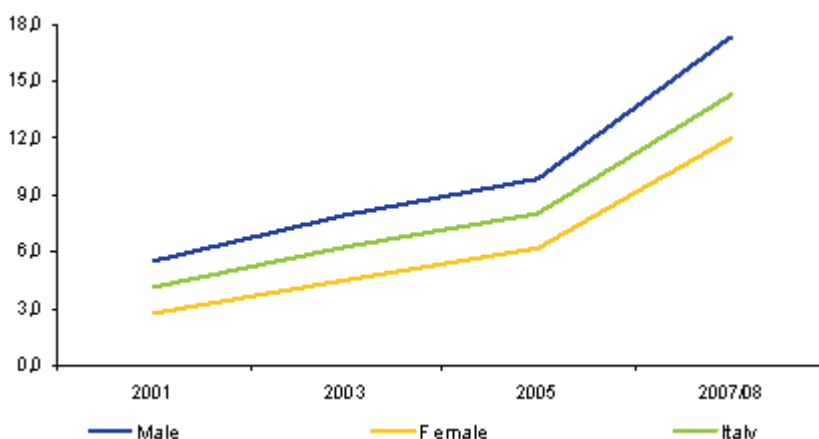
1.34% of the population uses cannabis frequently

Cannabis use in the general population is higher than the European average

Source: Based on data from IPSAD-Italy 2007-2008; Annual Report 2008 –EMCDDA

According to the information gathered in population surveys conducted between 2001 and 2007/08, the use of cannabinoids has also risen steadily, especially over the last two years (Chart 2.6), giving Italy one of the highest incidences of use among the European countries. This statistic must be carefully weighed and corroborated through comparison with data from other sources of information.

Chart 2.6: Cannabis use in the general population (at least once in the last 12 months) by gender. The years 2001-2008



Source: Based on data from IPSAD-Italy 2001-2008

Cannabis use is most widespread among subjects between 15-24 years of age (m=26.7%; f=19.05%) and between 25-34 years of age (m=23.89%; f=13.95%), and decreases steadily as the age of the subjects who participated in the survey increases. The largest decline is recorded in the passage from the 25-34 -year-old age group to the next: in fact, in the group aged between 35-44, only 8.54% of men and 5.12% of women report having used the substance during the course of the previous year. Among those of 45-54 years of age, the incidence of cannabis use is 3.33% for men and 2.34% for women, while among those of between 55-64 years of age, incidence of use is 0.33% and 0.4% respectively.

Table 2.3: Cannabis use in the general population between 15-64 years of age (at least once in the last 12 months) by gender, age group and frequency of use. The years 2007/08

Cannabis use	Male	Female
Age group		
15-24 years of age	26.7	19.1
25-34 years of age	23.9	14.0
35-44 years of age	8.5	5.1
45-54 years of age	3.3	2.3
55-64 years of age	0.3	0.4
Frequency of use		
1-5 times	44.2	64.2
6-19 times	22.8	19.3
20 times or more	33.0	16.6

Source: Based on data from IPSAD-Italy 2007-2008

The frequency of cannabinoids use over the course of a year varies according to gender: while more men report frequent use, most women use the substance only occasionally. Among those who have used cannabis in the last 12 months, 44% of men and 64% of women report having used it up to 5 times, while a third of men and 17% of women

Cannabis use is on the rise in the general population

Cannabis users: a the highest prevalence is in subjects ranging between 15-24 years of age

High incidence of use among women as well as among men

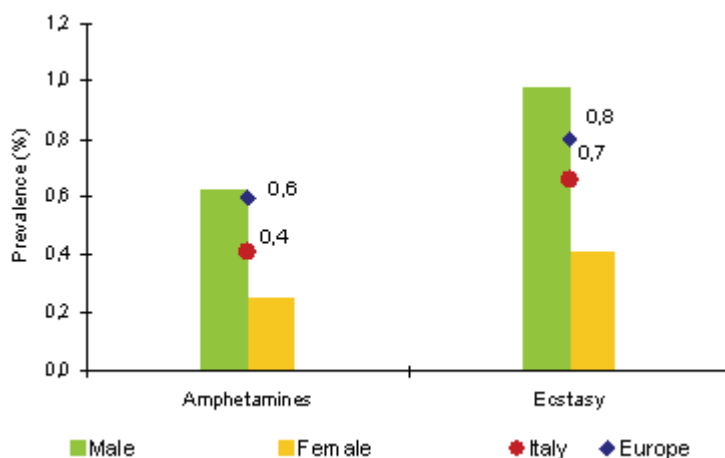
report a frequent use of the substance (20 or more times during the course of the year).

2.1.4 Stimulant use

3.8% of the Italian population between the ages of 15-64 has come into contact with amphetamine, ecstasy, GHB or other stimulants at least once over the course of their lives, while 0.7% and 0.2% respectively had used these substances at least once in the twelve months or thirty days leading up to the survey.

The frequent use of stimulant drugs (10 or more times in the last month) was reported by 0.04% of the Italian population sample.

Chart 2.7: Stimulant use in the general population over the 12 months prior to the survey



Source: Based on data IPSAD-Italy 2007-2008

If we consider different types of psychoactive stimulant substances separately, there was a higher incidence of ecstasy use over the course of the last year than of amphetamine use, with significantly higher numbers for men compared to women. Unlike the substances previously discussed, the use of stimulants appears to be less widespread in Italy in comparison with the European average (Chart 2.7).

Table 2.4: Stimulant use in the general population between 15-64 years of age (at least once in the last 12 months), by gender, age group and frequency of use. The years 2007/08

Stimulant use	Male	Female
Age group		
15-24 years of age	2.07	0.78
25-34 years of age	1.52	0.48
35-44 years of age	0.24	0.17
45-54 years of age	0.00	0.00
55-64 years of age	0.00	0.00
Frequency of use		
1-5 times	64.2	65.4
6-19 times	26.4	23.1
20 times or more	9.4	11.5

Source: Based on data IPSAD-Italy 2007-2008

Over the course of the last year, the incidence of stimulant use was highest amongst the male population and amongst the youngest age

0.04% of the population uses stimulants frequently

Lower incidence of stimulant use in Italy in comparison with the European average

Stimulant users: highest % between 15-24 years of age

group, those of between 15-24 years of age (m=2.07%; f=0.78%). The prevalence of use declines as the age of the subjects who participated in the survey increases, decreasing to levels of 1.52% and 0.24% for men and 0.48% and 0.17% for women in the groups aged 25-34 and 35-44 respectively.

The occasional use of stimulants (1 to 5 times over the last 12 months) was reported by 65% of users of both genders, while 9% of men and 12% of women reported frequent use (20 or more times over the course of the last 12 months). The remaining users reported having used stimulant drugs between 6 and 19 times over the course of the year.

Occasional use is most common

2.1.5 Hallucinogen use

3.47% of the Italian population sample reported having tried hallucinogens (at least once in their lives), while 0.65% had also used them in the 12 months prior to completing the questionnaire.

0.18% of the general population had used hallucinogenic substances during the course of the thirty days prior to the survey. 0.04% had used such substances frequently (10 or more times over the prior thirty days).

0.04% of the population uses hallucinogens frequently

For most hallucinogen users, the prevalent frequency of use is occasional, limited to 1-5 times over the course of a year (m=78%; f=80%). Gender differences likewise emerge amongst more frequent users: 10% of the women compared to 4% of the men reported having used hallucinogens 20 or more times over the course of the year.

Chart 2.8: Hallucinogen use in the general population (at least once during their lives, in the last 12 months and in the last thirty days)



Source: Based on data IPSAD-Italy 2007-2008

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

The analysis of trends regarding the combined use of more than one substance provides a complete picture of trends in illegal psychoactive substance use in the general population.

Table 2.5 shows the distribution of prevalence of the combined use of two substances, legal and illegal, among the population who reported having used illegal substances during the twelve months prior to the survey.

Approximately 14% of the population who participated in the survey reported having used cannabis during the previous year, of whom 98.9%

Strong trend toward polydrug use:
- High incidence of combined use of alcohol and tobacco with all other drugs

- Cannabis users: 12.7% also use cocaine

had consumed alcoholic beverages, 58.9% had smoked at least one cigarette per day, 12.7% had used cocaine and 3.1% had used heroin during the same period of time.

Of all the subjects who participated in the survey, 2.1% reported having used cocaine during the previous twelve months. Of those users, 97.6% reported having consumed alcohol over the previous twelve months, 73.8% reported smoking cigarettes on a daily basis, 84.8% had used cannabis and 14.6% had used heroin.

0.4% of the subjects between 15 and 64 years of age reported having used heroin at least once over the course of the previous twelve months. 87.3% of these had also consumed alcoholic beverages, 66.7% had smoked on a daily basis, 76.8% had used cannabis and about half had used cocaine.

Table 2.5: Conditional prevalence distribution of polydrug users in the general population aged 15-64 over the previous 12 months

Drugs	Alcohol	Tobacco (≥ cigarette per day)	Cannabis	Cocaine	Heroin
Cannabis	98.9	58.9	-	12.7	3.1
Cocaine	97.6	73.8	84.8	-	14.6
Heroin	87.3	66.7	76.8	51.8	-

Source: Based on data from IPSAD-Italy 2007-2008

3.1% also use heroin
 - Cocaine users:
 84.8% also use cannabis
 14.6% also use heroin
 - Heroin users:
 76.8% also use cannabis
 51.8% also use cocaine

2.2. Drug Use in the school and youth population (based on probabilistic samples)

Data regarding the prevalence of the use of legal and illegal psychoactive substances in the national student population was gathered from the ESPAD-Italy survey conducted in 2008 by anonymous questionnaire completed by the subjects themselves. The purpose of the sample survey was to monitor and estimate the number of students between 15-19 years of age who reported having used psychoactive substances in specific periods of time: in their lives, during the course of the year prior to the survey, of the month prior to the survey, frequently, and on a daily basis.

The survey was conducted on a sample of over 400 schools spread throughout the country. The fact that various educational institutions did not participate, especially ones in densely populated urban areas and ones specialized in certain areas of study, made it impossible to involve a representative sample of educational institutions in the survey, meaning that certain geographic areas were underrepresented and certain types of institutions were overrepresented. The results reported are therefore intended to provide a general picture and indication of trends in drug use in the Italian student population, albeit not statistically representative of the entire population.

Survey conducted among student youth population aged 15-19

2.2.1 Heroin use

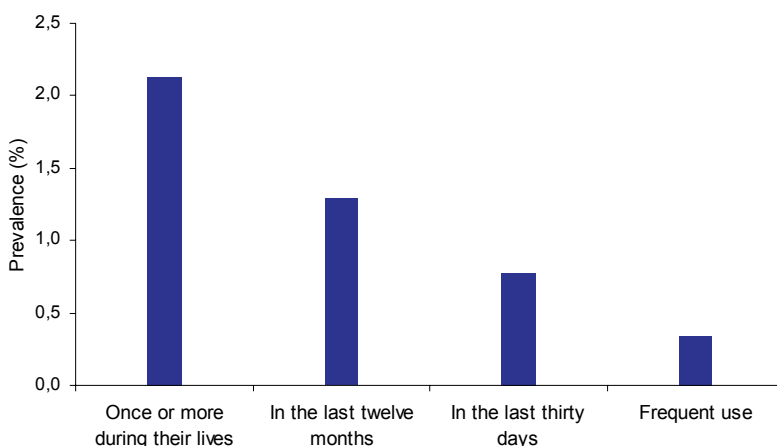
2.1% of the Italian students who participated in the survey had used heroin at least once in their lives, while 1.3% reported having used it during the year prior to the survey. 0.8% of Italian students claimed to have used heroin at least once in the 30 days prior to filling out the questionnaire, and 0.3% were frequent users (10 or more times in the previous 30 days).

2.1% have used heroin at least once;
 0.3% use it frequently

The percentage of Italian fifteen- and sixteen-year-old male subjects who have used heroin at least once in their lives is slightly higher than the

percentage for their European peers (2.2% vs. 2.0%). The difference between Italian and European adolescents is higher (1.8% vs. 1.0%).

Chart 2.9: Heroin use in the student population (at least once in their lives, in the last 12 months, in the last 30 days, frequent use)



Source: Based on data from ESPAD-Italy2008

Although the survey revealed a higher incidence of heroin use over the course of the year among the male population, gender differences were found to be less marked in students belonging to the youngest age group (15-17 years of age) than in students of 18-19 years of age.

While for the male population the incidence of use remains generally stable across the different age groups, a steady decline in prevalence was revealed in the female population, especially after 16 years of age, falling from 1.1% of 15-year-olds (m=1.6) to 0.8% of 18- and 19-year-olds (m=1.7% of both of those ages). In the reports on the prevalence of use in the male and female populations, the genders differ most significantly in their use patterns at 18 and 19 years of age, with a prevalence ratio of 2 for both of these ages.

Students who use heroin: higher incidence among the female population in the younger age groups than in the older

Table 2.6: Heroin use in the student population between 15-19 years of age (at least once in the last 12 months) by gender, age and frequency of use.

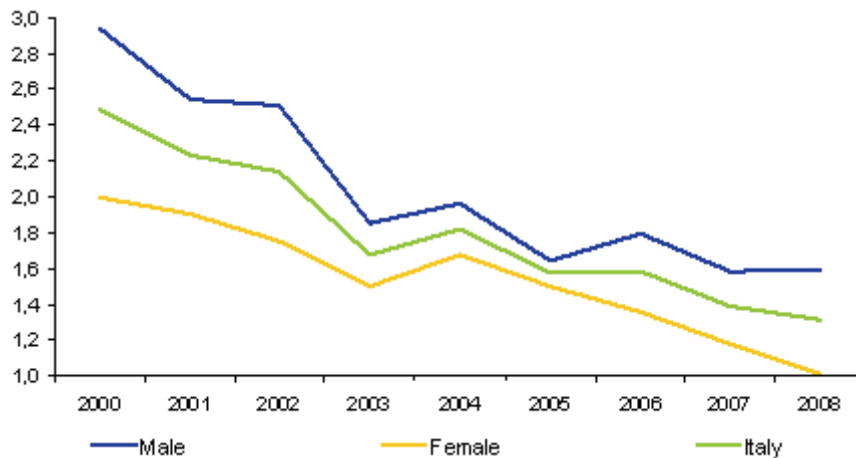
Heroin use	Male	Female
Age		
15 years of age	1.58	1.13
16 years of age	1.62	1.25
17 years of age	1.36	1.06
18 years of age	1.70	0.77
19 years of age	1.70	0.84
Frequency of use		
1-5 times	48.6	60.2
6-19 times	25.5	22.5
20 times or more	25.9	17.3

Source: Based on data from ESPAD-Italy2008

According to the information gathered from the students who were contacted during the surveys conducted between 2000 and 2008, the percentage of students who had used heroin at least once over the course of the 12 months prior to the surveys appears to have been steadily declining since 2004 among the female population, while the decline is less marked among the male population, having come to a halt in 2007.

Heroin use declining, especially among the female population

Chart 2.10: Heroin use in the student population (at least once in the last 12 months) – The years 2000-2008.



Source: Based on data from ESPAD-Italy 2000 – 2008

Among the students who reported having used heroin at least once in the last 12 months, the most typical pattern of use was occasional (1 to 5 times), especially among female students (60% compared to 48% of male students). 26% of male students and 17% of female students had instead used heroin more frequently (20 times or more in the 12 month period).

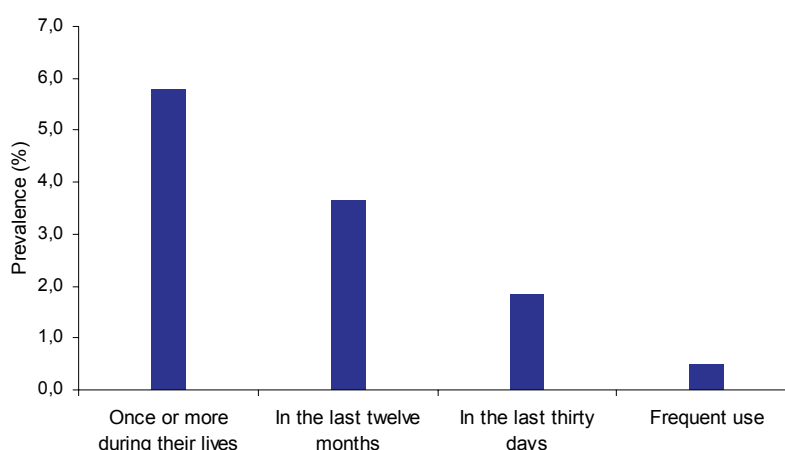
A prevalence of occasional use

2.2.2 Cocaine use

During the year 2008, 5.8% of Italian students reported having used cocaine at least once in their lives and 3.6% stated that they had used the drug over the course of the year prior to the survey. 1.8% of the students reported recent cocaine use, meaning in the 30 days prior to the survey, while 0.5% reported frequent use.

5.8% have used cocaine at least once in their lives

Chart 2.11: Cocaine use in the student population (at least once in their lives, in the last 12 months, in the last 30 days, frequent use)



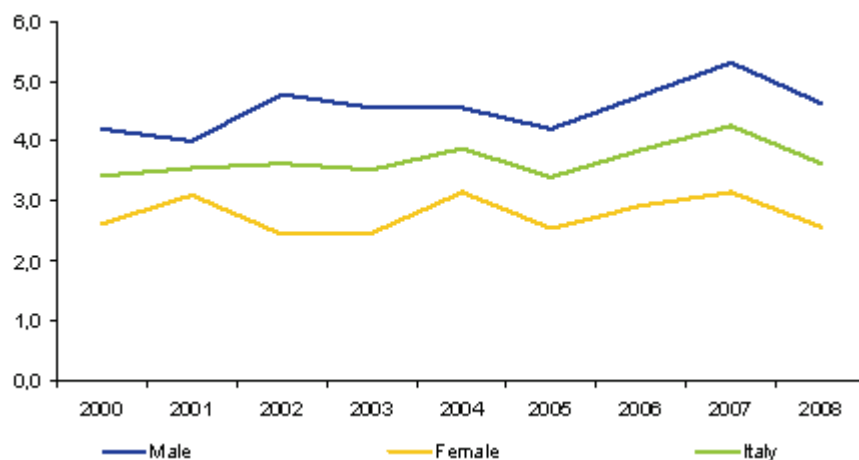
Source: Based on data from ESPAD-Italy2008

The percentage of fifteen- and sixteen-year-olds who have tried cocaine at least once in their lives is slightly higher among the Italian subjects than among their European peers, both for standard cocaine (3.4% vs. 3.0% of the male population and 2.5% vs. 2.0% of the female population) and for cocaine derivatives (2.8% vs. 2.0% for the male population and 2.2% vs.

0.5% are frequent users

1.0% for the female population).

Chart 2.12: Cocaine use in the student population (at least once in the last 12 months). The years 2000 - 2008



Source: Based on data from ESPAD-Italy2000 – 2008

It is apparent, from the samples who participated in the surveys conducted over this period, that the percentage who report having used cocaine over the 12 months prior to each survey has been, despite some fluctuation, on the decline. Following a steady rise in the three-year period from 2005-2007, a decline in use appears to be the trend in 2008.

For both sexes, cocaine use increases with age: in the male population, the number of users grows from 1.6% of 15-year-olds to 4.1% of 17-year-olds and thence from 5.4% of 18-year-olds to approximately 9% of 19-year-olds. Among female students, the number of cocaine users increases from 1% of 15-year-olds to 2.2% of 17-year-olds and thence from 3.3% of 18-year-olds to 4.3% of 19-year-olds.

A higher prevalence of cocaine use among male students

Table 2.7: Cocaine use in the student population between 15-19 years of age (at least once in the last 12 months) by gender, age and frequency of use

Cocaine use	Male	Female
Age		
15 years of age	1.6	1.0
16 years of age	3.0	2.1
17 years of age	4.1	2.2
18 years of age	5.4	3.3
19 years of age	9.0	4.3
Frequency of use		
1-5 times	58.8	59.1
6-19 times	23.4	25.7
20 times or more	17.8	15.2

Source: Based on data from ESPAD-Italy2008

Of those students who had used cocaine during the year prior to the survey, 18% of the male population and 15% of the female population had used the drug 20 times or more, while for both genders, 59% of those who had used cocaine had engaged in only occasional use (1 to 5 times).

A high incidence of occasional use

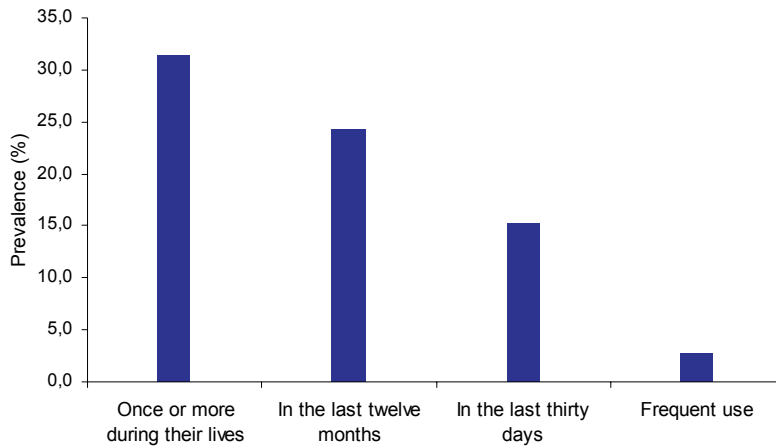
2.2.3 Cannabis use

31.5% of the students who participated in the survey had used cannabis at some time during their lives, 24.2% within the year prior to the survey and 15.2% within the prior 30 days (one or more times).

2.7% of the national student population reports using cannabinoids on a daily basis.

31.5% of students between the ages of 15-19 have used cannabis at least once in their lives

Chart 2.13: Cannabis use in the student population (at least once in their lives, in the last 12 months, in the last thirty days, on a daily basis)

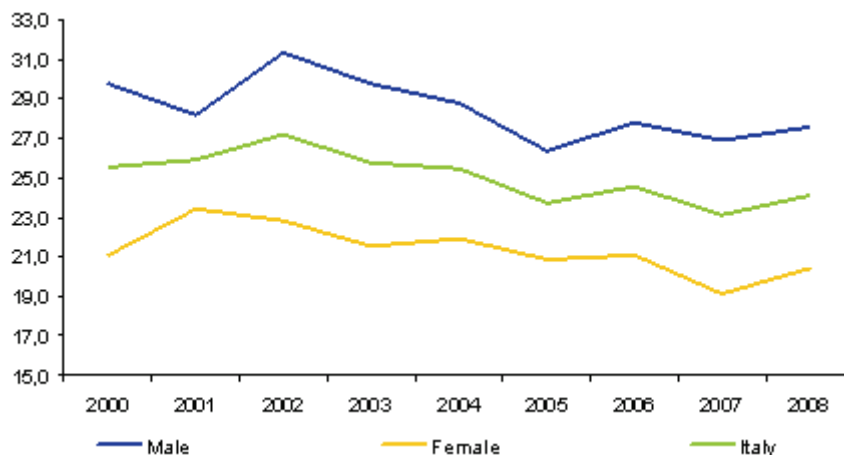


Source: Based on data from ESPAD-Italy 2008

In comparison with heroin and cocaine, the number of Italian fifteen- and sixteen-year-olds who have used cannabis at least once in their lives is lower, for both sexes, than among their European peers (19.0% vs. 22.0% for the male population and 14.6% vs. 16.0% for the female population).

The trend for cannabis use during the 12 months prior to the survey was revealed, from the samples who participated in the 2008 survey, to have been on the rise since 2007, more markedly so among the female population than among the male. The numbers are not, however, higher than those that emerged in 2006 and remain far below the 2002 peak.

Chart 2.14: Cannabis use in the student population (at least once in the last 12 months). The years 2000 - 2008



Source: Based on data from ESPAD-Italy 2000 - 2008

Cannabis use is directly correlated with age: among the male population, prevalence of use rises from 11.1% of 15-year-olds to 40.1% of 19-year-olds, while among the female population the numbers rise from 7.6% to

Higher incidence of use among 19-year-old students: 40.1%

29.2% respectively.

Among the entire male and female populations, prevalence of use increases progressively, especially when moving from the 15- to the 16-year-old age bracket (16 years of age: m=20.5%; f=15.5%) and from the 16- to the 17-year-old age bracket (17 years of age: m=29.9%; f=22.9%).

Use at a young age:
20% of male students
16 years of age

Table 2.8: Cannabis use among the student population between 15-19 years of age (one or more times in the last 12 months) by gender, age and frequency of use

Cannabis use	Male	Female
Age		
15 years of age	11.1	7.6
16 years of age	20.5	15.5
17 years of age	29.9	22.9
18 years of age	35.8	26.7
19 years of age	40.1	29.2
Frequency of use		
1-5 times	42.9	53.9
6-19 times	26.0	27.9
20 times or more	31.1	18.3

Source: Based on data from ESPAD-Italy2008

As far as frequency of use is concerned, there is a prevalence of occasional use for both sexes, limited to 1-5 times over the course of the year (f=54%; m=43%). 31% of the entire male population, as compared to 18% of the female, reported having used cannabis on a more regular basis, meaning 20 or more times in the twelve months prior to the sample survey.

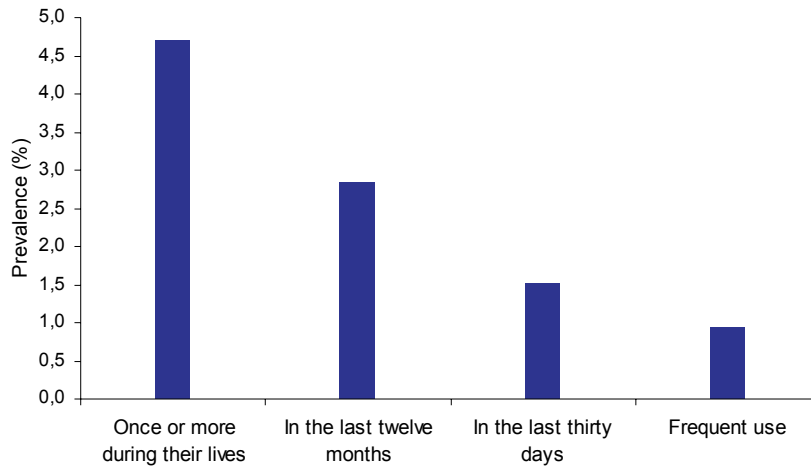
2.2.4 Stimulant use

4.7% of the national student population reported having tried stimulant substances (amphetamines, ecstasy, GHB, etc.) at least once in their lives, while 2.8% had used them over the course of the year prior to the survey. 1.5% and 0.9% of the student population, respectively, reported having used stimulants in the 30 days prior to the survey or having used them frequently.

4.7% of students between 15-19 years of age have tried stimulants at least once in their lives;
0.9% use them frequently

If we consider different types of psychoactive stimulant drugs separately, there are equal percentages of ecstasy users and amphetamine users. In the student population, as also emerged in the survey of the general population, stimulant use is less widespread in Italy in comparison with the European average (ecstasy: 2.5% of the Italian male population vs. 4% of the European male population; 1.8% of the Italian female population vs. 3% of the European female population).

Chart 2.15: Stimulant use in the student population (at least once in their lives, in the last 12 months, in the last thirty days, frequent use)

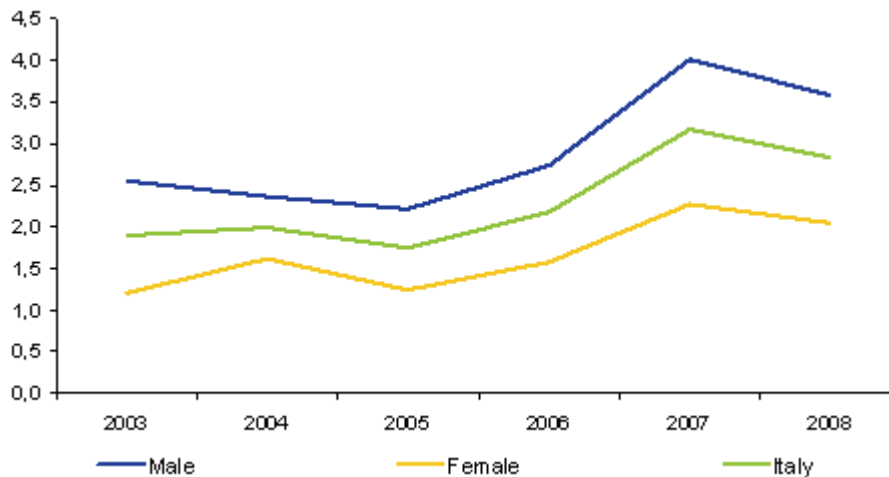


Source: Based on data from ESPAD-Italy2008

Trends in stimulant consumption in the 12 months prior to surveys, as emerged from the samples who participated in the survey in 2008, showed a decline in use for both sexes. This change that has come to light will need to be verified through a comparative analysis with information from other sources. If this change is supported and confirmed by trends in the years to come, it could indicate a change in the drug use pattern in the student population.

After three years of steadily rising, stimulant use declined in 2008

Chart 2.16: Stimulant use in the student population (at least once in the last 12 months). The years 2003 - 2008



Source: Based on data from ESPAD-Italy2000 – 2008

For both sexes, the number of stimulant users increases with age, especially among male students, who climb from 1.9% of 15-year-olds to 3.4% of 17-year-olds and thence to 6% of 19-year-olds. Among female students, although the incidence of use does increase with age, use tends to be more limited, climbing from 1% of 15-year-olds to 2.1% of 17-year-olds and thence to 2.7% of 19-year-olds.

A higher incidence of use among male students 19 years of age: 6%

Table 2.9: Stimulant consumption in the student population between 15-19 years of age (one or more times in the last 12 months) by gender, age and frequency of use.

Stimulant use	Male	Female
Age		
15 years of age	1.89	0.96
16 years of age	2.66	1.94
17 years of age	3.35	2.06
18 years of age	3.96	2.50
19 years of age	6.01	2.73
Frequency of use		
1-5 times	53.3	58.1
6-19 times	23.7	24.5
20 times or more	23.1	17.4

Source: Based on data from ESPAD-Italy2008

Of those students who participated in the survey who used stimulant substances, 53% of the male population and 58% of the female population reported having used these substances 1 to 5 times over the 12 months prior to the survey. 23% and 17% of the male and female student population respectively reported a more regular use of stimulants (20 or more times in a year).

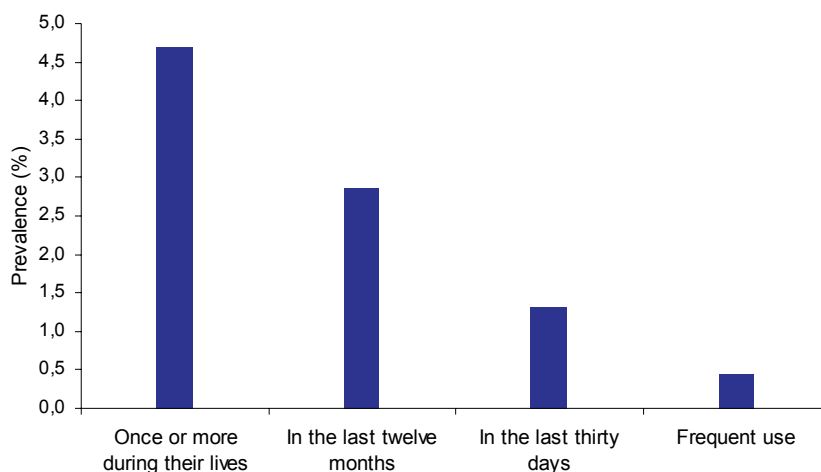
2.2.5 Hallucinogen use

4.7% of Italian students reported having used hallucinogenic substances at least once in their lives, while 2.9% reported having used them during the course of 2008. 1.3% reported recent use (in the course of the 30 days prior to the survey) and 0.5% reported frequent use.

4.7% of students between the ages of 15-19 have used hallucinogens at least once in their lives

0.5% of students use hallucinogens frequently

Chart 2.17: Hallucinogen use in the student population (one or more times in their lives, in the last 12 months, in the last thirty days, frequent use)

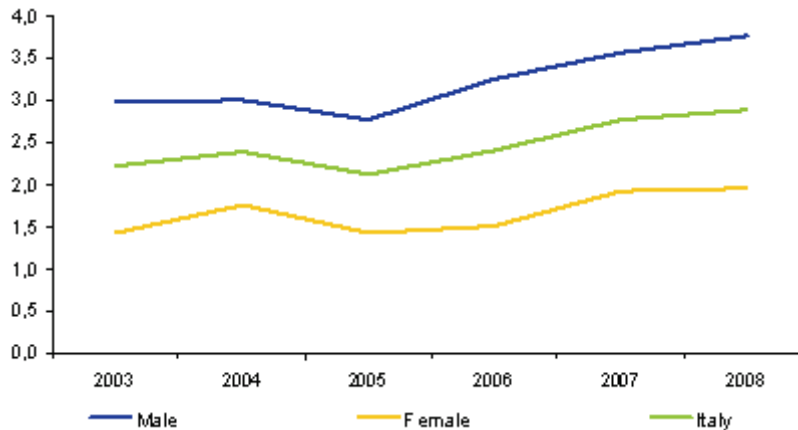


Source: Based on data from ESPAD-Italy 2008

According to trends that emerged from the students who participated in the surveys conducted between 2003 and 2008, there appears to be an ongoing increase in hallucinogen use, especially in the male student population (Chart 2.18).

A steady increase in use since 2005; this trend confirmed in 2008

Chart 2.18: Hallucinogen use in the student population (at least once in the last 12 months). The years 2003 - 2008



Source: Based on data from ESPAD-Italy 2000 – 2008

The prevalence of hallucinogenic substance use in the national student population increases from one age bracket to the next. 2.1% of 15-year-old male students use hallucinogens, 3.5% of 17-year-olds and 5.8% of 19-year-olds; the percentages of female students who use these substances are 1.2% of 15-year-olds, 1.9% of 17-year-olds and 2.5% of 19-year-olds.

A higher incidence of use among male students 19 years of age: 5.8%

Table 2.10: Hallucinogen use in the student population between 15-19 years of age (one or more times in the last 12 months) by gender, age and frequency of use

Hallucinogen use	Male	Female
Age		
15 years of age	2.1	1.2
16 years of age	2.8	1.7
17 years of age	3.5	1.9
18 years of age	4.6	2.4
19 years of age	5.8	2.5
Frequency of use		
1-5 times	60.4	66.8
6-19 times	21.6	21.0
20 times or more	18.0	12.2

Source: Based on data from ESPAD-Italy2008

Of those students who reported having used hallucinogens, 60% of the male population and 67% of the female population had used them 1 to 5 times during the course of the year prior to the survey, while 18% of the male population and 12% of the female population fell into the most frequent use bracket (20 times or more over the course of the prior 12 months).

2.2.6 Polydrug use in the 15-19-year-old age group

The use of combinations of both legal and illegal psychoactive substances has become a characteristic and defining pattern in substance use. This trend is ever more widespread among the youngest population segment. Table 2.11 shows the conditional prevalence distribution of legal and illegal substance use among those who reported having used illegal drugs in the twelve months prior to the survey, in both the general and student

Strong trend toward polydrug use:

High incidence of combined use of alcohol and tobacco with all other drugs

populations.

24.2% of students reported having used cannabis over the course of the year prior to the survey. Of these, 98.3% had consumed alcoholic beverages and 68.4% had smoked at least one cigarette per day, 14.1% had used cocaine and 4.4% had used heroin during the same time period. Of the students who participated in the survey, 3.7% reported having used cocaine in the twelve months prior to the survey. Of these cocaine users, 98% had also consumed alcohol in same twelve month period, while 80.9% reported smoking cigarettes on a daily basis (a higher prevalence in comparison with cannabis users) 91.9% had also used cannabis (almost all of the subjects reported having used this drug) and 23.6% reported having used heroin.

1.3% reported having used heroin at least once during the twelve months prior to the survey. 96.2% of these heroin users had also consumed alcoholic beverages during the same period of time (a lower prevalence in comparison with that reported by cannabis and cocaine users), 71.2% had smoked cigarettes on a daily basis, 82.3% had used cannabis and 66.7% had used cocaine.

Cannabis users:
 14.1% also use cocaine;
 4.4% also use heroin
 Cocaine users:
 91.9% also use cannabis;
 23.6% also use heroin
 Heroin users:
 82.3% also use cannabis
 66.7% also use cocaine

Table 2.11: Comparative collation of the incidence of polydrug use in different population segments: young people (15-19) – ESPAD and adults (25-64) – IPSAD

Adults aged 25 - 64 IPSAD	Alcohol	Tobacco	Cannabis	Cocaine	Heroin
Cannabis	95.8	81.8	-	15.4	2.2
Cocaine	92.5	87.5	86.7	-	9.2
Heroin	94.1	76.5	88.2	64.7	-
Young people aged 15-19 ESPAD					
Cannabis	98.3	68.4	-	14.1	4.4
Cocaine	98.0	80.4	91.4	-	23.6
Heroin	96.2	71.2	82.3	66.7	-
Absolute differences: Young people (Y) vs. Adults (A)					
Cannabis	Y>A 2.5	Y<A -13.4	-	Y<A -1.3	Y>A 2.2
Cocaine	Y>A 5.5	Y<A -6.6	Y>A 5.2	-	Y>A 14.4
Heroin	Y>A 2.1	Y<A -5.3	Y<A -5.4	Y>A 2.0	-
% Deviations (*): Young people vs. Adults					
Cannabis	2.6	-16.3	-	8.6	97.7
Cocaine	5.9	-7.5	6.0	-	157.5
Heroin	2.2	-6.9	-6.7	3.1	-

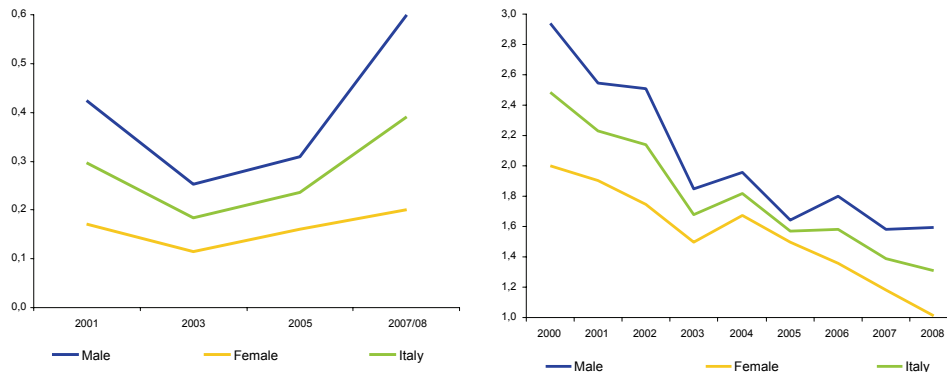
(*) Denominator = adults

Source: Based on data from IPSAD-Italy 2007-2008 and ESPAD-Italy 2000-2008 – National Research Council (CNR) – Institute of Clinical Physiology (IFC)

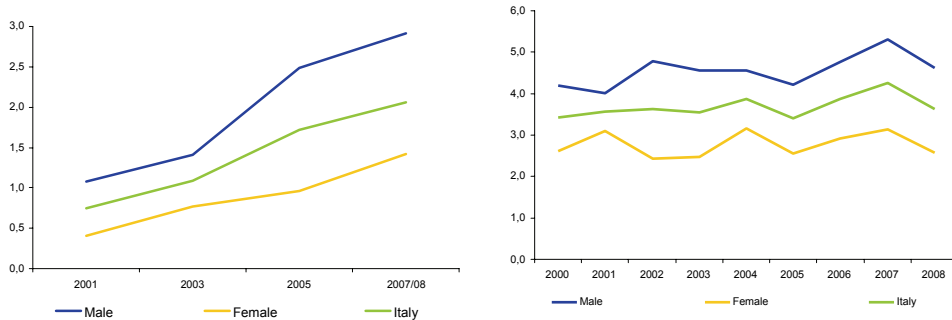
2.2.7 Comparison of the surveys conducted in the general and student populations

Chart 2.19: Drug use (one or more times in the last 12 months) in the general population (left-hand charts) and in the student population (right-hand charts) by substance type.

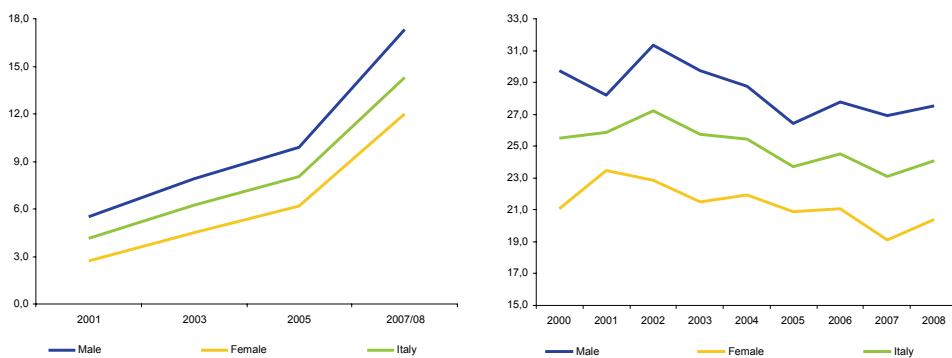
HEROIN



COCAINE



CANNABIS



Source: Based on data from IPSAD-Italy 2007-2008 and ESPAD-Italy 2000-2008 – National Research Council (CNR) – Institute of Clinical Physiology (IFC)

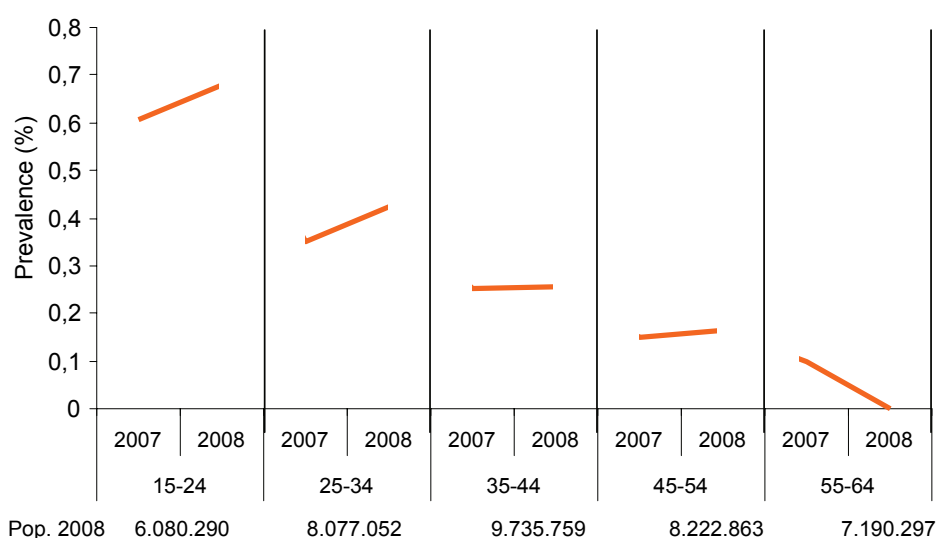
When comparing heroin use patterns in the general population aged 15-64 – IPSAD and the student population aged 15-19 –ESPAD, seemingly incongruous trends emerge. Among the general population, there has been a continuing increase in the incidence of heroin use since 2001, a trend which the 2007/2008 data confirmed.

Among the student population, on the other hand, there was a decline in heroin use in 2007 and 2008. Upon further analysis of the relevant data, paying particular attention to age group distribution in the IPSAD (general population) records and to the information for the group aged between 15-24, there is found to be, in contrast with the trend that emerged from the

ESPAD data, an increase in heroin use for this age group. The explanation for this contrast lies in the fact that opiate use generally begins at the more adult age of 20 years or more, and the cases of heroin use starting at an earlier age tend to occur among subjects who have already dropped out of the educational system or have left school in order to pursue their work.

his hypothesis acts to confirm the contrasting information gathered from these two survey sources (general and student population). It is strengthened by comparison with the trends in general heroin use that emerged from other sources, namely from the analysis of data gathered from Prefecture reports, which points to a decline in the number of young subjects reported for heroin use and a concomitant rise in the number of adults reported.

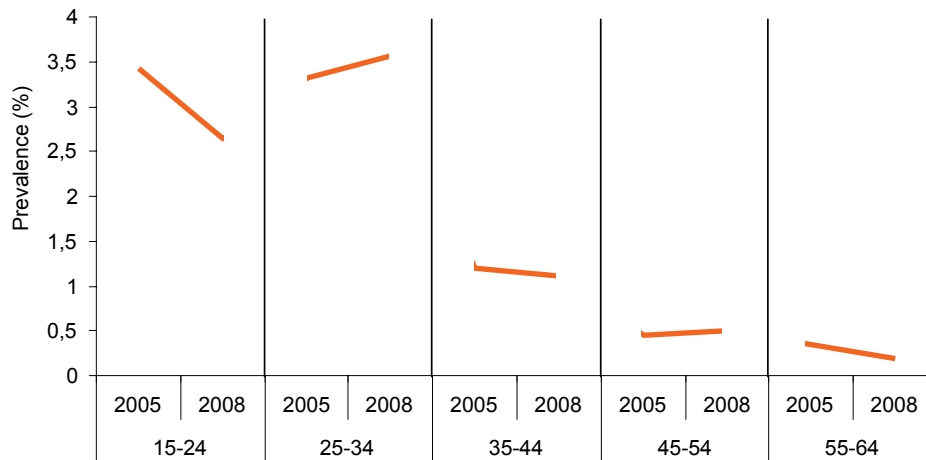
Chart 2.20: Differences in the prevalence of heroin use in the general population (one or more times in the 12 months prior to the survey), by age group – The years 2007/2008.



Source: Based on data from IPSAD-Italy 2007-2008 and ESPAD-Italy 2000-2008 – National Research Council (CNR) – Institute of Clinical Physiology (IFC)

As in the trends in heroin use, a comparison of patterns in cocaine use among the general population aged 15-64 – IPSAD and among the student population aged 15-19 – ESPAD revealed different trends. Information gathered in 2007/2008 confirmed a steady rise in cocaine use in the general population since 2001. In the student population, on the other hand, there was a decline in cocaine use in 2007 and 2008. An in-depth analysis of age group prevalence in the general population, and in particular of information regarding the young age group between 15-24 years of age, confirms, by agreement with the ESPAD figures, a decline in the prevalence of use in 2007 and 2008. On the contrary, an increase in use was found in the more adult age groups of 25-34, 35-44, 45-54, which, moreover, have more numerical “weight” than the 15-24-year-old age group. This could mean that trends in cocaine use in the young population aged 15-19-24 and the more adult age groups between 24-64 years of age have moved in different directions over the last two years, therefore indicating that cocaine use begins at a later age.

Chart 2.21: Differences in the prevalence of cocaine use in the general population in the 12 months prior to the survey, by age group – The years 2007 - 2008



Source: Based on data from IPSAD-Italy 2007-2008 and ESPAD-Italy 2000-2008 –National Research Council (CNR) – Institute of Clinical Physiology (IFC)

2.3 Concentration of narcotic substances in wastewater

Drug use is a worldwide issue, but it is difficult to establish with certainty the quantity of drugs consumed and to track changes in trends over time. The epidemiological data available, based on questionnaires and interviews conducted within the population, probably provides results that underestimate the issue. One innovative method, recently developed in the laboratories of the Mario Negri Institute in Milan, makes it possible to assess the problem based on objective evidence. The method takes advantage of a well-known characteristic of these substances: a drug, after being consumed, is partially excreted, either unaltered or after being metabolized, in the drug user's urine. This urine reaches urban wastewater treatment plants together with sewage water, and it is there that samples of the water can be taken and drug residues in it can be measured. To make an estimate of drug use in an urban population, representative samples can be taken from the sewage water that arrives at the treatment plant. An automatic sampling system extracts samples at short, regular intervals (every 20-30 minutes) and the quotas extracted flow into a 24-hour pool. An analysis of the samples provides the "target" concentration of residues which, once corrected for a series of factors (percentage of metabolised drug excretion, the ratio of residue mass to parent substance mass, the volume of water arriving at the treatment plant each day) provides a measurement of drugs consumed during the course of the day by the entire population whose waste flows to that particular treatment plant. The sewage water samples collected over the 24-hour period are analyzed to measure the "target" concentration of residues of various drug types. The samples are filtered and processed using chromatographic techniques which use solid-phase extraction methods. These extracts are then analysed using liquid chromatography-tandem mass spectrometry(LC-MS-MS) systems. These are highly specific and sensitive methods, which allow for an analysis of substances in trace concentrations, such as drugs, in complex matrices such as sewage water. Once the grams (or kilograms) of drugs consumed by the population as a whole has been determined, it is possible to attempt to extrapolate how many "doses" correspond to the quantity measured.

The sampling procedure

The analytical procedure

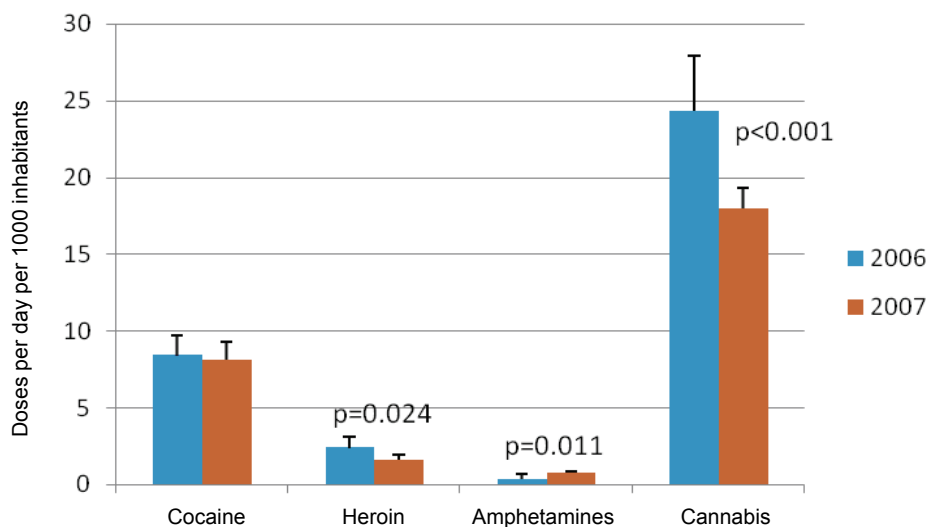
While the method for calculating the total quantity of drugs used by the entire population is based on objective findings (concentrations found in the water arriving at the treatment plant) and published scientific data (the average percentage of excretion in urine of the target residues after having taken one dose of drugs), the method for extrapolating the number of individual “doses” is based instead on presumptive estimates, such as the “size of the dose” (how many mg of the pure substance is it composed of) and the preferred “method of administration” (which could be one of many). Applying knowledge of average doses and principal methods of administrations, it is nonetheless possible to estimate the number of doses of the different types of drugs used by the population.

This method also protects anonymity, as it is impossible to identify who used the drugs, but only to measure the total quantity of drugs used within the population. This method has been used to measure cocaine, amphetamine (amphetamine, ecstasy and methamphetamine), opiate (heroin and morphine) and cannabis derivatives (THC) consumption.

This method was put to use for the first time in the city of Milan, using analyses of water from the Milano Nosedo treatment plant. The sampling began in 2006 and was repeated annually in 2007, 2008 and 2009. The sampling campaigns were carried out in the same period of each year (the months of March and April) in order to ensure that the samples were comparable. The 2008 results are in the process of publication, while the 2009 results are currently undergoing analysis.

Results suggest that the use of drugs within the population is very high, in particular with regard to cocaine consumption (approximately 9 doses per day per every 1000 inhabitants) and for cannabis consumption (24 doses per day per every 1000 inhabitants (data refers to 2006)). Cocaine consumption seems, however, to have reached its peak, while cannabis consumption actually appears to be on the decline, as found in a comparison of the data from the years 2006 and 2007 (Chart 1). Even heroin use seems to be decreasing (from 2.4 doses per day per 1000 inhabitants in 2006 to 1.6 doses per day per 1000 inhabitants in 2007), while amphetamines, and in particular methamphetamines, appear to be the new drugs of choice on the market.

Chart 2.22: Estimate of the number of doses of drugs consumed per day per 1000 inhabitants (average \pm SD) in the city of Milan. Comparison of data from 2006 and 2007 (estimates refer to weekdays only)



Source: Mario Negri Institute for Pharmacological Research

Applications and
results



The consumption of amphetamines, while still limited compared to other drugs in the study, doubled from 2006 to 2007.

This method is a promising instrument for estimating drug use in the population, capable of providing results to complement those of official epidemiological data gathering methods. While epidemiological methods provide information on the users themselves (numbers of users, age groups), this method tells us which drugs are being used by these subjects and in what amounts. This method is therefore to be considered complementary to traditional epidemiological methods, and makes it possible to create a realistic, and most importantly, an up-to-date picture of drug use in a given population.

To date, this innovative approach has received attention both from daily newspapers as well as from important scientific magazines the world over, and was used by the U.S. Government in 2006 in conducting a pilot study on cocaine consumption. In 2007, the UNODC United Nations World Drug Report recognized it as an innovative new method for evaluating drug use and it has drawn the interest of the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), which is considering the possibility of integrating this method with its traditional epidemiological data gathering methods.

Apart from being complementary to traditional methods, other advantages this method provides depend upon the fact that it can improve the monitoring of drug use by providing “ongoing”, “real-time” data. The estimates of drug use thus obtained make it possible to identify new trends in drug use in real-time, and therefore to develop rapid-alert systems and directly assess the effectiveness of current prevention programmes.

Conclusions

3. PREVENTION

Primary prevention was covered by both the initiatives contained in the Italian Action Plan on Drugs which was approved in 2008 and in the survey undertaken at Regions and Autonomous Provinces in the first few months of 2009 by the Drug Policy Department of the Prime Minister's Office, on the basis of the questionnaires prepared by the European Monitoring Centre in Lisbon regarding the activation and/or continuation of primary prevention projects in relation to their scope: universal, selective for at-risk groups or aimed at specific groups.

In reference to the results which emerged from the project to monitor the activation of the Action Plan on Drugs and the handling of the Monitoring Centre questionnaires, this section provides information on the state of activation of primary prevention initiatives, in accordance with the three areas indicated by the Lisbon Monitoring Centre.

In reference to the implementation of the Italian Action Plan in terms of prevention, the Regions have reported a range of objectives with differing target populations. In addition, the commitments on information strategies could have an influence on interregional or national initiatives (for example the first action). The particular local priorities, such as the campaign on alcohol or tobacco, have overlapped with the actions envisaged in the National Plan. In other cases, differing information strategies, focussed on particular local players, such as advisors or schools, have obliged regional offices to adopt targeted and specific initiatives which were not planned to coincide with the national context.

Difficulty in coordinating and aligning regional strategies with the National Plan

3.1. Universal prevention

3.1.1. Schools

The planning and realisation of universal prevention initiatives in schools was looked at by recording attainment of the objectives in the Italian Action Plan 2008.

The universal prevention initiatives in schools envisaged by the Action Plan concerned in particular two objectives, one of coordination and one experimental.

Objective 18 aimed to *"Provide scientifically correct information to school children in order to promote informed conduct and to disseminate the culture of health"*. Unlike the organisational aim of the previous objective, this objective affects behaviour and has a long time horizon. It envisages the introduction of awareness-raising initiatives in schools; the leap from aim to action is fairly sudden, but it limits the field of operations, albeit diminishing the extent of the expected change.

Between science and ideology: incoherence and difficulty in communication

36.8% of Regions were compliant in implementation, while 47.4% were non-compliant. 15.8% did not achieve the Objective as they did not launch any initiatives. In this case too there is a significant differentiation in so-called "scientific" messages which might sometimes be more aimed at stating ideologies or justifying a certain implicit tolerance towards the use of drugs such as cannabis. There is in fact no uniform view in this regard among operators, nor are there significant technical and scientific reference points which are available to provide informative and evidence-based material which is specifically designed for use in local initiatives.

The identification of effective models for primary prevention in schools was the aim of Objective 9, with three consequent actions in the fields of planning, orientation and teaching. (National project to support the responsibility of local authorities and schools in the exercise of prevention policies; Guidelines; Definition of intervention models and teaching content).

Low involvement of schools due to absence of an agreed and structured intervention model

The implementation rate was 21.1% (compliant), while 36.8% of Regions implemented the Objective in a non-compliant way and 42.1% said they had not implemented the Objective. Due to the way the Objective is formulated and to the setting out of several actions, its example is important in enabling a rough consideration of the responses of Regions. In fact, in full the Objective regards *“the identification and selection of effective models to redefine and enhance primary prevention initiatives in schools, in connection with the local area”*. While the terms “identification” and “selection” may be close in meaning, those of redefinition and enhancement evoke a range of actions aimed either at restructuring or at enhancing prevention. Also the support plan for responsible bodies and schools, which appears as the first action, may have appeared slightly unclear to regional respondents and so “distort” the consequent response. The term “responsibility” may have caused confusion in interpretation. Consequently, the results must be considered as an order of magnitude to understand the general situation for each Objective.

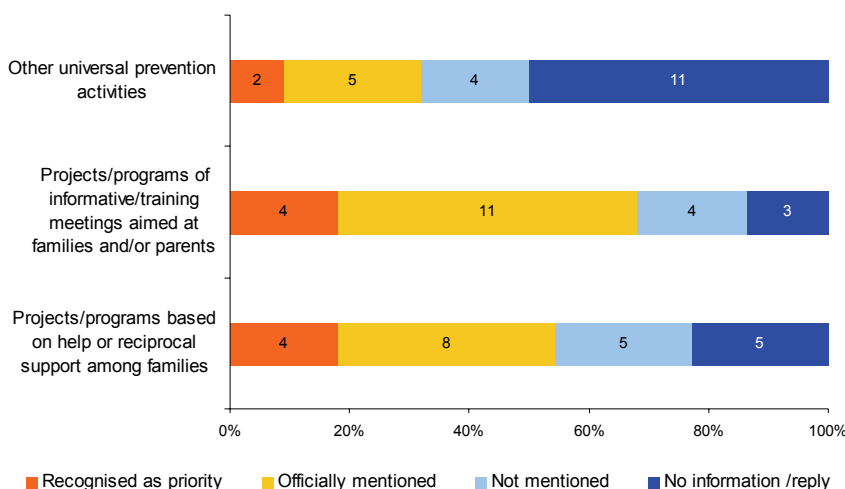
3.1.2. Family

According to official documents on healthcare and/or social policies, during 2008 universal prevention activities within the family, concerned projects/programs of meetings for information-giving/training aimed at families and/or parents (66.7%) and projects/programs based on help or reciprocal support among families (52.4%).

Local plans aimed at parents

Some Regions and public administrations provided information on further universal prevention activities both at local and family level undertaken in 2008.

Chart 3.1: Distribution (%) of explicit references to various programs aimed at **families** in official documents on healthcare and/or social policies relating to 2008

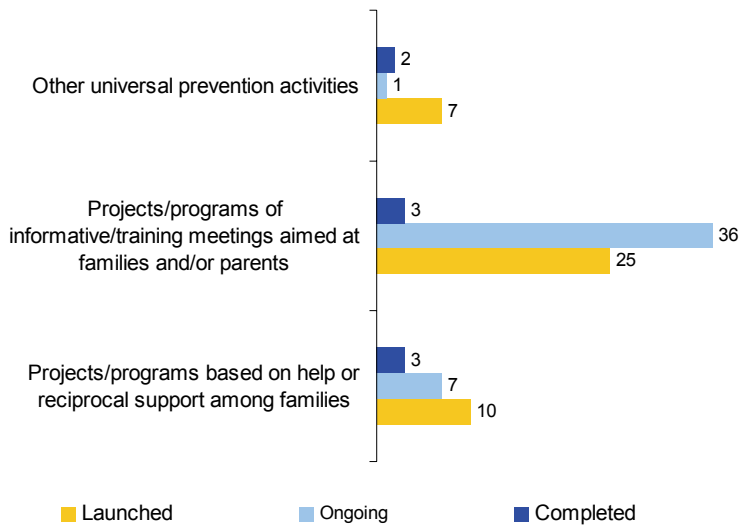


Source: Processing of data from EMCDDA questionnaire-based survey of Regions

In 2008 20 Regions and public administrations developed drug prevention plans: almost 50% considered this objective as a priority, and it was mentioned officially by 57.1% of the regional contact points (Chart 3.1).

Chart 3.2: Number of plans launched, ongoing and/or completed in 2008, relating to universal prevention projects, at the level of a nuclear family

Plans and programs for families and parents



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

The activity which is most commonly mentioned in official documents on healthcare and/or social policies aimed at families was the creation of programs of meetings for information-giving/training aimed at families and/or parents (which was considered a priority in 19% of cases and mentioned officially in 52.4%).

Around half of Regions and public administrations in 2008 had plans which had already been launched, were ongoing and/or completed in the year, relating to universal prevention projects at the level of a nuclear family. In particular, 36 plans related to projects of meetings for information-giving/training aimed at families and/or parents and 25 of them were launched in the year (Chart 3.5).

3.1.3. Community

In the Action Plan for 2008 this preventive action was broken down over differing objectives.

Objective 20 aimed to ensure the involvement of all the local players responsible for prevention with the consequent initiative to establish local coordination.

20% of Regions were compliant in implementing the Objective, while 60% were not completely compliant; the remaining 20% of Regions did not implement the Objective. In general, this aim to bring together the locally competent players seems common throughout Italy, with 80% coverage. However, it must be stressed that there are significant differences both in the levels of concrete activity locally and in the preparation of communication campaigns and of messages which are often unclear and sometimes incoherent in relation to the general principle that “all drugs are harmful” and that the primary indication is to avoid their use as they are dangerous and illegal. In addition, a significant problem encountered is that there are no national guidelines and standardised and approved initiatives, but often there are a series of broad improvisations, almost always without a plan to check the impact or the costs generated.

Lack of national coordination and limited local coordination

Objective 11 was rather laborious, and its aim was to make adults aware of the issues on the use and abuse of drugs, doping and gambling. The related initiatives were summarised in the mass media information campaign and in the activation of related initiatives in the local area.

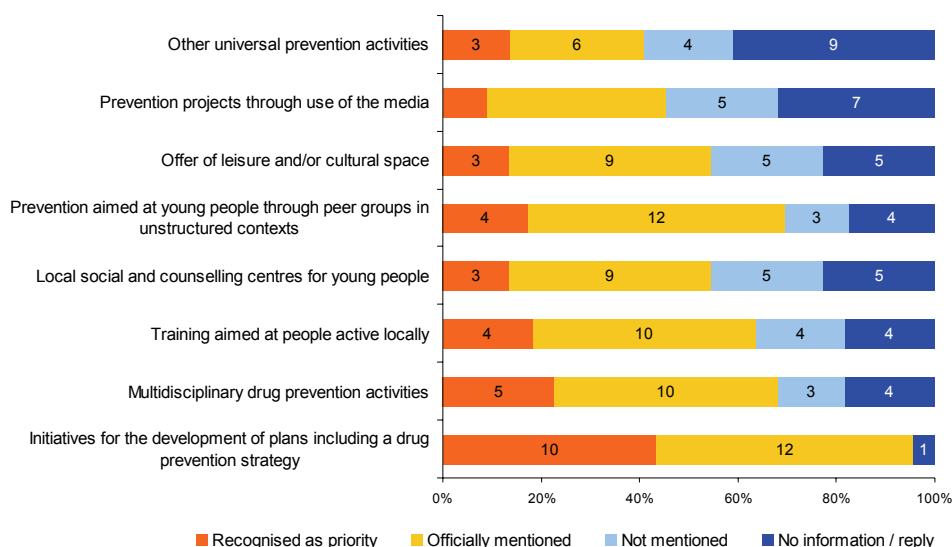
Low level of adult involvement

The low level of compliant implementation (5.6% of Regions took action on this objective) and 72.2% non-compliance shows the difficulty in matching the aims and the necessary actions. The 22.2% level of non-implementation shows that most Regions took action on the Objective.

According to the information collected through the EMCDDA structured questionnaires, the universal prevention activities aimed at the local community mainly concerned the development of plans which include a local drug prevention strategy (95.2% of Regions and public administrations), local multidisciplinary drug prevention (66.7%), prevention aimed at young people through peer groups in unstructured contexts (66.7%), training aimed at people involved in the issue locally (61.9%), the implementation of social and counselling centres for young people locally (52.4%), the availability of leisure and/or cultural space (52.4%) and prevention in the local community through use of various media, including the Internet (42.9%).

Local plans aimed at young people

Chart 3.3: Distribution (%) of explicit references to various programs aimed at the **local community** in official documents on healthcare and/or social policies relating to 2008

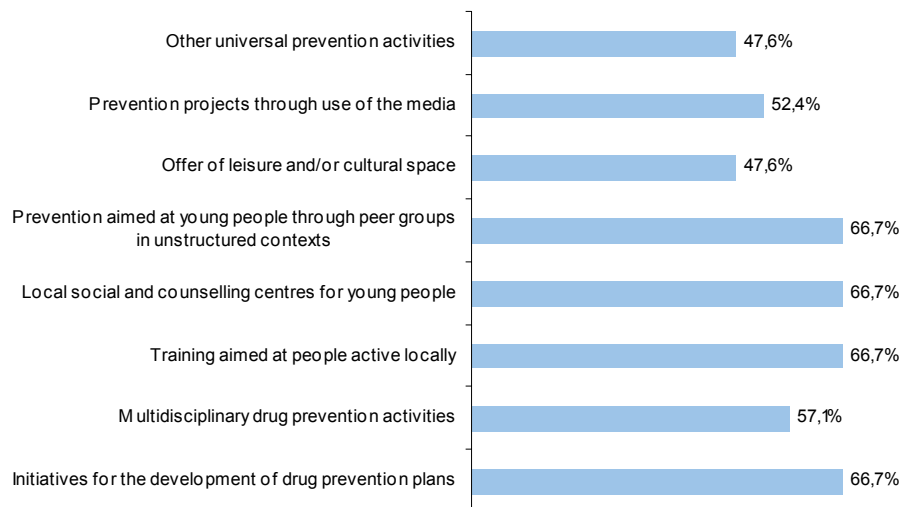


Source: Processing of data from EMCDDA questionnaire-based survey of Regions

From an operational viewpoint, during 2008 two-thirds of Regions and public administrations activated or were undertaking prevention projects aimed at young people through peer groups in unstructured contexts, training aimed at people involved in the sector locally (language and cultural mediators etc.), or initiatives were undertaken to develop plans to include a local drug prevention strategy and social and counselling centres were opened for young people locally (Chart 3.3).

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

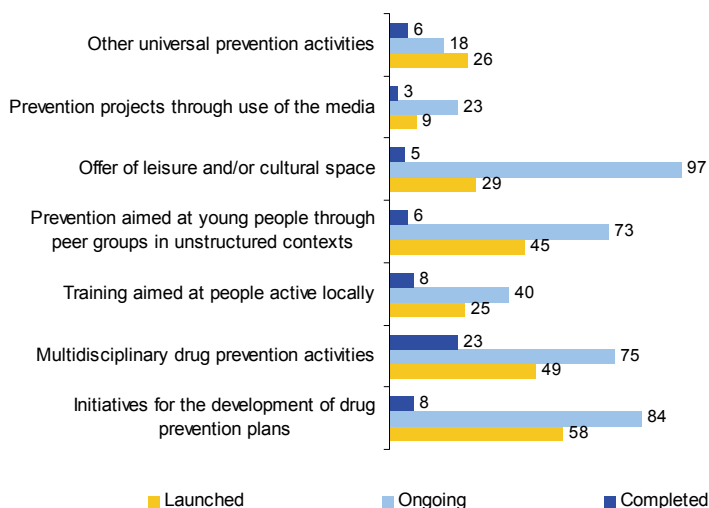
Chart 3.4: Percentage of regions with plans launched, ongoing and/or completed in 2008, relating to universal prevention projects, at local community level



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

In around half the Regions and public administrations (10), projects to encourage the availability of leisure and/or cultural space were launched or were already ongoing; in particular among the group of ongoing or already launched projects regarding universal prevention, the availability of leisure space is the most common element (97) (Chart 3.4). The Regions and public administrations also paid particular attention to the development of drug prevention plans, of which 84 were already underway in 2008 and 58 were launched during the year. This represents the highest number of universal prevention plans launched in 2008. In the same year 30 social and counselling centres for young people were opened locally and 94 were already active.

Chart 3.5: Number of plans launched, ongoing and/or completed in 2008, relating to universal prevention projects, at local community level



Presence of ongoing plans for offer of leisure and cultural space

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

3.2. Selective prevention in at-risks groups and settings

3.2.1. At-risk groups

According to the Italian Action Plan, the purpose of objective 19 was to guarantee schools a consultancy service for the planning of educational activities aimed at addressing difficult situations and at preventing addictions, including through the training of teachers.

Inadequate initiatives and increase in schools

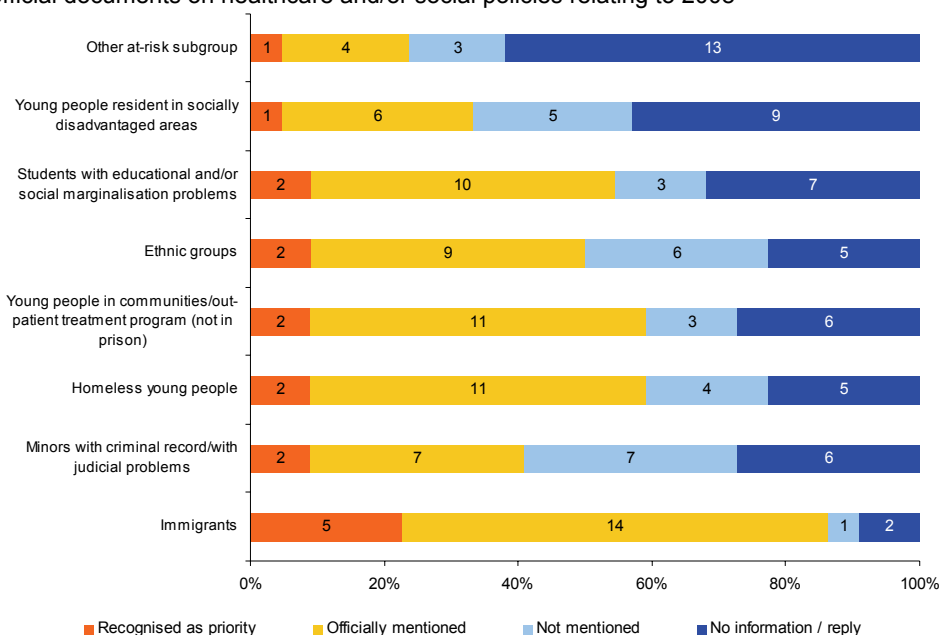
In this case too, there are several actions, such as the identification of a specific area of drug use or addiction under the National Plan for student wellbeing, the establishment of expert working groups for the planning and realisation of local initiatives, the return of in-school drop-in centres, and the training of regional and provincial health education managers and school staff.

10.5% of Regions stated they had complied with this Objective, while 63.2% stated they had implemented the actions in a non-compliant way and 26.3% indicated that they had not implemented the Objective. In this case too, we can only consider the general framework, given that it is difficult to see for which action implementation was compliant.

Compared to the information recorded with the EMCDDA questionnaires, in official documents on healthcare and/or social policies in force in 2008, more reference was made to selective prevention activities aimed at immigrants (90.5% of Regions and public administrations), young homeless people (61.9%), and young people in a community/out-patient treatment program (61.9%) (Chart 3.6). Some regions indicated other at-risk subgroups which were the target of selective prevention initiatives: groups of drug addicts and/or marginalised homeless people (Friuli Venezia Giulia), children of drug addicts and at-risk adolescents (Lazio), and adolescents with disturbances from drug use or at-risk behaviour (Liguria).

Particular attention stated for immigrants and young homeless people

Chart 3.6: Distribution of explicit references regarding prevention for at-risk groups in official documents on healthcare and/or social policies relating to 2008



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

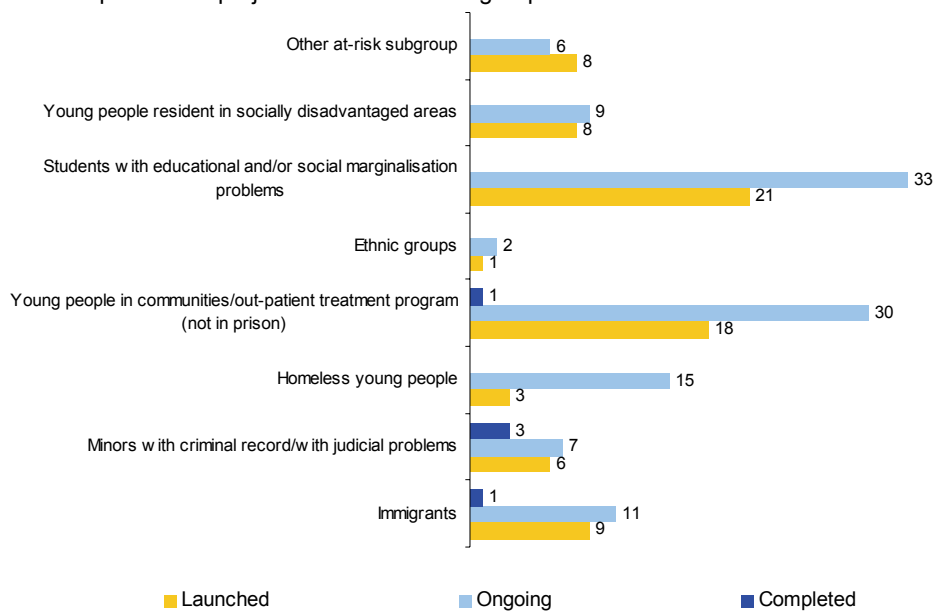
Only for immigrants were selective and targeted prevention projects launched and/or completed in several Regions and public administrations. For the other at-risk groups the percentages did not exceed 33.3%. For launched projects, prevention initiatives aimed at various at-risk groups were mainly undertaken at dedicated structures/services.

Despite the fact that 18 Regions and public administrations out of 21 have launched selective prevention projects aimed at immigrants, the number of plans launched, ongoing and completed is not very high (Chart 3.7). The highest number of plans launched (21) and ongoing (33) in 2008 was obtained in relation to the at-risk group of students with educational and/or social marginalisation problems (Chart 3.7).

Plans actually activated, above all for students with problems of marginalisation and young people in

Chart 3.7: Number of plans launched, ongoing and/or completed in 2008, relating to selective prevention projects aimed at at-risk groups

community/
 out-patient
 treatment program



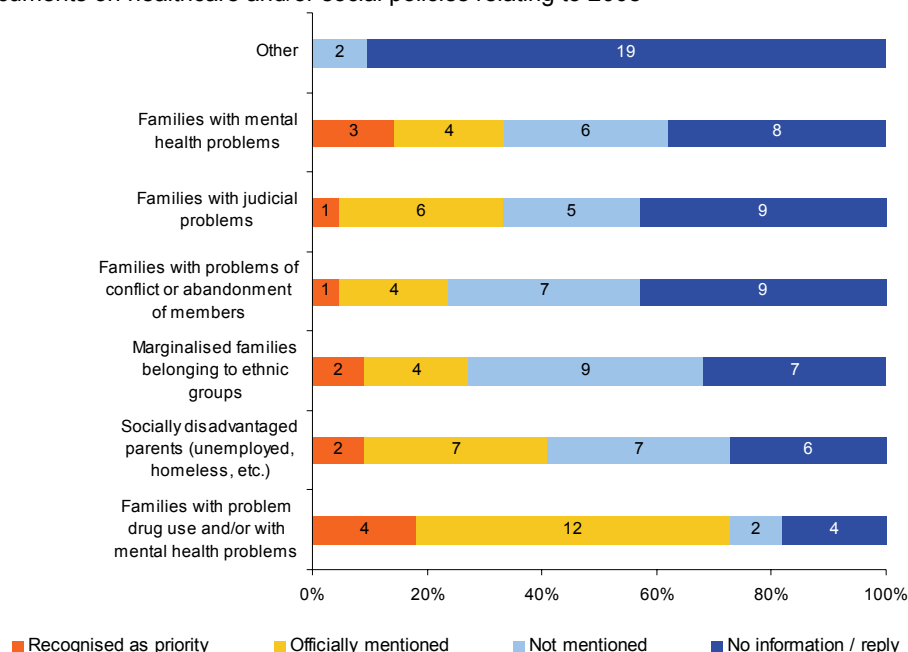
Source: Processing of data from EMCDDA questionnaire-based survey of Regions

3.2.2. At-risk families

As for selective prevention at the level of a nuclear family, programs aimed at families with problem drug use and/or with mental health problems were mentioned in 76.2% of official documents; in particular in 19% of documents they were a priority, while in 57.1% they were officially mentioned (Chart 3.8).

Particular attention stated and plans activated for problem families

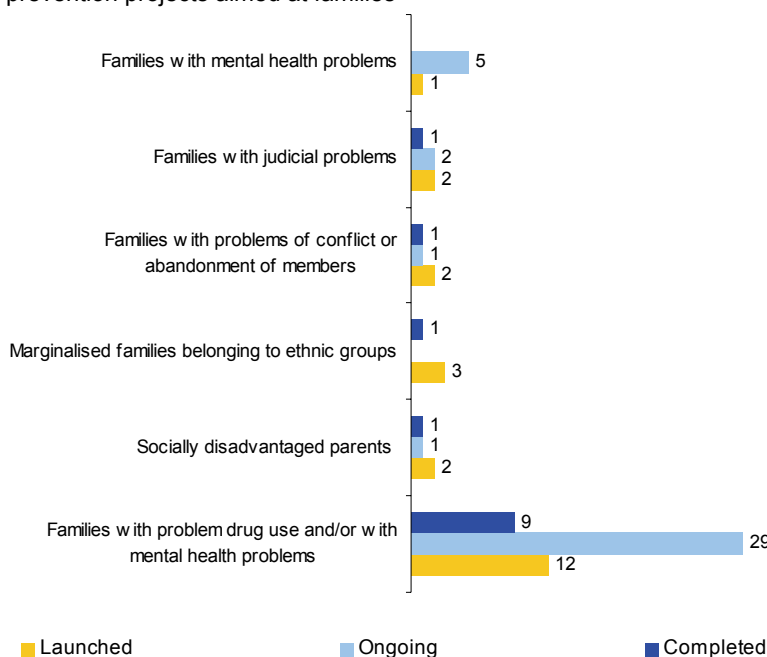
Chart 3.8: Distribution of explicit references regarding prevention for families in official documents on healthcare and/or social policies relating to 2008



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

61.9% of Regions and public administrations activated and/or completed plans aimed at families with problem drug use, including alcohol, and/or with mental health problems; in particular, 12 plans were launched, 29 were ongoing and 9 were completed (Chart 3.9). For all other groups of at-risk families, the number of selective and targeted prevention projects was not very high. For at-risk families too, prevention initiatives were largely undertaken at dedicated structures/services.

Chart 3.9: Number of plans launched, ongoing and/or completed in 2008, relating to selective prevention projects aimed at families



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

3.3. Prevention targeted at specific groups

3.3.1. Workplace

Objective 15 of the Italian Action Plan referred to prevention in workplaces, with a project relating to the nationwide program of workplace initiatives in. In this case the Objective is not expressed in terms of aims but follows on from the initiative. Since there are no doubts about the subject of the Action Plan (Prevention in workplaces), the replies of Regions equally leave no doubt about the low implementation of this Objective.

The compliance rate was 16.7%, non-compliance 50%, while 33.3% did not implement the Objective.

These figures help us understand that the subject of prevention in the workplace and the related drug addiction services seem the weakest link in regional policies and the aspect which reveals the widest margin for improvement for the future Plan. Except in rare cases, this subject does not seem to be on the agenda for Regions. The risk that the policy of workplace controls deprives small companies of essential staff seems well-established.

The rare cases of good practice which exist in Regions do not make up for a general lack of attention to drug related issues in professional environments, both in industry and in the services sector.

Prevention in workplaces: weak link in prevention policies

3.3.2. Recreational settings

In the Action Plan, Objective 16 is dedicated to the development of prevention initiatives at public entertainment venues, with actions relating to the launch of regional initiatives in cooperation with public services and non-profit organisations.

The compliance rate was 36.8%, non-compliance was 52.6%, while 10.5% of Regions did not implement the Objective.

Unlike prevention in workplaces, in 2008 most Regions implemented prevention initiatives in public entertainment venues, above all those which experience tourism flows in the summer. Some Regions recorded good practice which addresses new types of drug use among young people. In some cases, the issue was addressed in detail by unifying strategies to reduce demand with those to reduce supply, even if they were not part of the Regions' work.

In terms of prevention, interregional projects were mentioned as being coordinated by Emilia Romagna and Tuscany, for example the survey of young people in places of entertainment where their mobility was observed (airports, railways, and student tourism offices (CTS) and trips to entertainment centres such as Ibiza). The project includes the management of major events (concerts) and guidelines on new forms of drug use.

Objective 13 regarded the raising of awareness among managers of slot machine arcades on the issues of gambling and their own involvement to adhere to a code of self-regulation. There were three actions: signing of an agreement with sector associations; organisation of training courses; certifications for gambling-free premises.

21.1% of Regions realised the Objective in compliance with the indications of the Plan, 26.3% of Regions implemented but not in compliance, and 52.6% did not implement the Objective.

Finally, Objective 14 referred to raising the awareness of gym managers

Prevention in entertainment venues: activation of initiatives, above all in regions with high tourism flows

Low level of awareness of managers of slot machine arcades

Very low involvement of gym managers to prevent doping

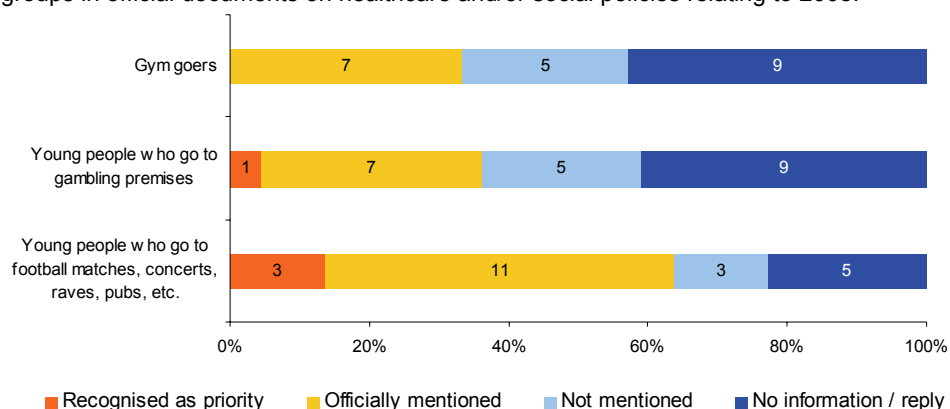
about the issues of doping and reducing the use of doping substances. Here too three actions mirrored that of the previous Objective: an agreement with sector associations, organisation of courses and certification of safe gyms.

Compliance was 5.6%, non-compliance 16.7% and non-implementation 77.8%. It is certainly an Objective which has received little attention, considering the rate of non-implementation and that of implementation in compliance with the indications of the Plan.

During 2008, by way of confirmation of the findings of the project to monitor the Action Plan, in official documents on healthcare and/or social policies, more reference was made to selective prevention activities aimed at young people who go to football matches, concerts, rave parties, pubs, and other places of leisure and young people looking for excitement who have problems with their social conduct, and adopt aggressive and negative behaviour (66.7% of Regions and public administrations) (Chart 3.10).

In its strategic documents in favour of prevention for specific groups, the Region of Tuscany indicated selective prevention initiatives for smokers.

Chart 3.10: Distribution of explicit references regarding prevention targeted at specific groups in official documents on healthcare and/or social policies relating to 2008.



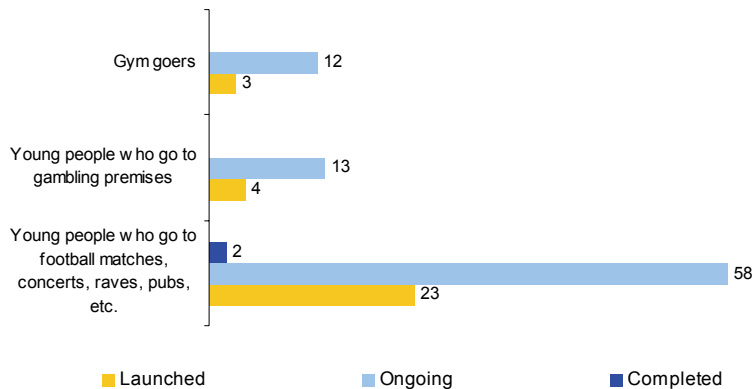
Source: Processing of data from EMCDDA questionnaire-based survey of Regions

Targeted prevention projects were launched and/or completed in several Regions and public administrations only for young people who go to football matches, concerts, raves, pubs, and other leisure venues and for young people looking for excitement who have problems with their social conduct, and adopt aggressive and negative behaviour.

In particular for this specific group, during 2008 58 plans were launched, 23 were already underway at the start of the year, and 2 were completed (Chart 3.11).

Sizeable number of projects activated for young people with at-risk conduct

Chart 3.11: Number of plans launched, ongoing and/or completed in 2008, relating to prevention projects targeted at specific groups.



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

3.4 National and local Media campaigns

The Drug Policy Department created the national information campaign which was subsequently launched in February 2009. This involved institutions with responsibility for education, young people, and the family as well as the Department of Information and Publishing in the Prime Minister's Office.

With regard to local initiatives, just one Region in three launched information campaigns on universal prevention for legal and illegal drug use in 2008, with a peak of 5 campaigns for Friuli Venezia Giulia. The issue which was addressed in most detail was alcohol, using leaflets as the main media.

Selective prevention information campaigns targeted at vulnerable groups and/or families were activated by 76.2% of Regions and public administrations. The issues which were most commonly addressed were legal and illegal drugs in general and alcohol, using leaflets as the main media.

One region out of three has launched information campaigns

Media information campaigns

4. PROBLEM DRUG USE

Besides the indicators on drug use in the general and school population, which are part of the set of indicators for the monitoring of the drug addiction phenomenon by the European Monitoring Centre in Lisbon, particular importance is also placed on drug users who, in terms of their state of health, need to rely on the treatment provided by the health service, some of whom are starting or have started therapy-rehabilitation, while others have still not been involved with the care services. This group of people is indicated at European level with the acronym PDU, Problem Drug Users, and represents another of the key indicators subject to monitoring.

In reference to this group of people, this chapter presents some information on estimating the prevalence and rate (of new cases), on the basis of the data derived from healthcare information sources and others (local Prefectures).

In order to calculate prevalence and rate estimates for people who need assistance, and also for the profile of people in treatment at drug addiction services, aggregate information was used as supplied by information from the Ministry of Labour, Health and Social Policies, and information for individual users, taken from a multicentric pilot study conducted on a sample of drug addiction services in central-north Italy.

Foreword

Information sources

4.1. Prevalence and rate estimates of PDU

4.1.1 Indirect estimates of problem drug users

People under treatment at drug addiction services in Italy are only a part of the population of drug users who may need treatment.

In order to estimate the population of possible users of treatment for problem drug use¹, the European Monitoring Centre in Lisbon has, through guidelines, defined opportune statistical methods which, by uniting the information from various institutional flows, enable an estimate to be made of the total number of users who have health problems connected to the use of psychoactive substances, including also those users who, although they did not turn to the treatment structures during the year, have characteristics similar to those of people being treated at services.

Of the methods for making estimates given in the guidelines and which can be accessed at the website address in the footnote, the one used is that of the simple multiplier from treatment data.

The value of the multiplier is obtained by combining the values at local level, as estimated in 2007², for the regions of Abruzzo and Liguria and the metropolitan area of Bologna (Epidemiological Metropolitan Monitoring centre for Pathological Addictions, AUSL Bologna), which are the only local studies available. The estimates were processed by the Department of Mathematics at Tor Vergata University in Rome.

For 2008 it is estimated that in Italy approximately 385,000 people were eligible for treatment at drug addiction services; this corresponds to a

Estimated 385,000
drug addicts in Italy

¹ The definition of problem use, as used by the European Monitoring Centre, but being revised, is: "regular/long-term use or injections of opiates, cocaine and/or amphetamines" (Prevalence of problem drug use, <http://www.emcdda.europa.eu/html.cfm/index1409EN.html>).

² 2007 was the last year for which several local estimates based on consolidated data are available.

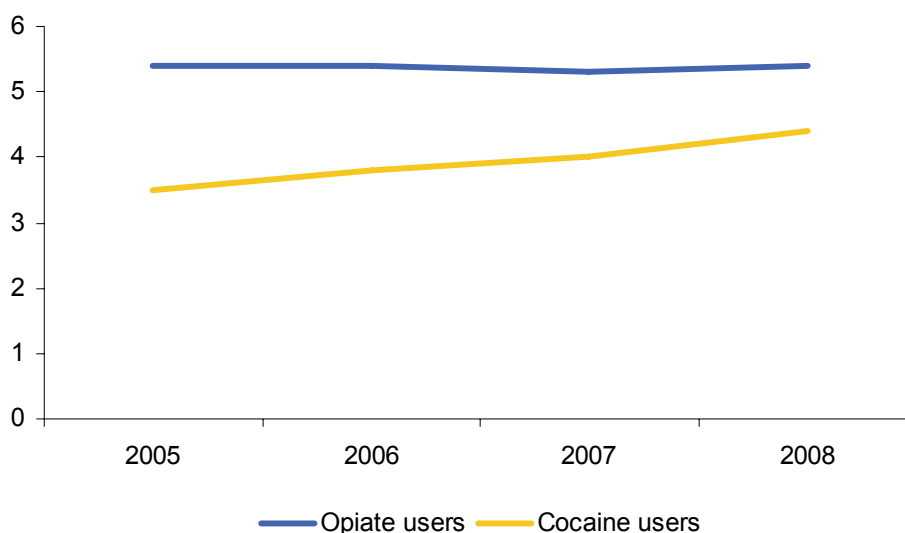
prevalence of 9.8 per thousand residents aged 15 to 64.

Separating the two substances which are most responsible for requests for treatment at drug addiction services, opiates and cocaine (in the various forms available commercially), in Italy it is estimated that in 2008 there were approximately 210,000 people eligible for treatment for use of opiates and just over 172,000 people eligible for treatment for use of cocaine, corresponding respectively to a prevalence of 5.4 and 4.4 per thousand residents aged 15 to 64. The 95% confidence intervals, estimated with the bootstrap method and which are due solely to statistical fluctuations, have an overall tolerance of 10,000, and, on the individual drugs, of approximately 6,000.

174,000 in drug addiction services.

The trend over time of the prevalence estimates confirms the gradual increase in values for all those eligible for treatment, as already identified in previous years, and, in particular, for users needing treatment due to cocaine use (Chart 4.1).

Chart 4.1: Estimated prevalence per thousand residents aged 15-64. 2005-2008



Source: processing of ministerial information

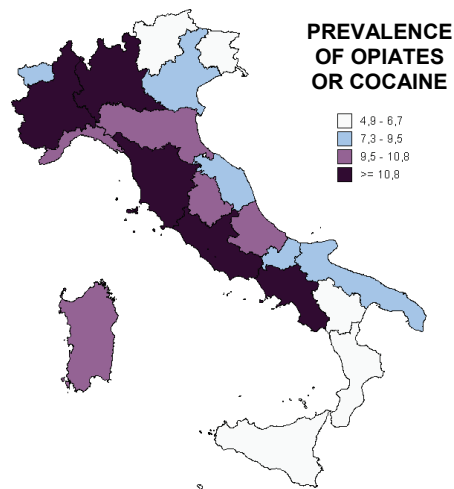
The growing trend in cocaine use (problematic and non-problematic) emerges from all the indicators available.

For opiates too, in recent years we have seen rising trends in various correlated indicators.

Confirmation of this reversal in trend and of the increase in opiate use is found in the overdose mortality statistics supplied by the DCSA (Central Antidrug Department) which are reported in chapter 6.

Analysis of the estimates at regional level (Chart 4.2), as carried out by the Department of Mathematics of Tor Vergata University, shows that the areas where the highest prevalence is calculated are the 2 main regions in the North West (Piedmont and Lombardy) and the Tyrrhenian coast from Tuscany to Campania; on the other hand, the extreme north and south contain the regions in which the lowest prevalence is estimated.

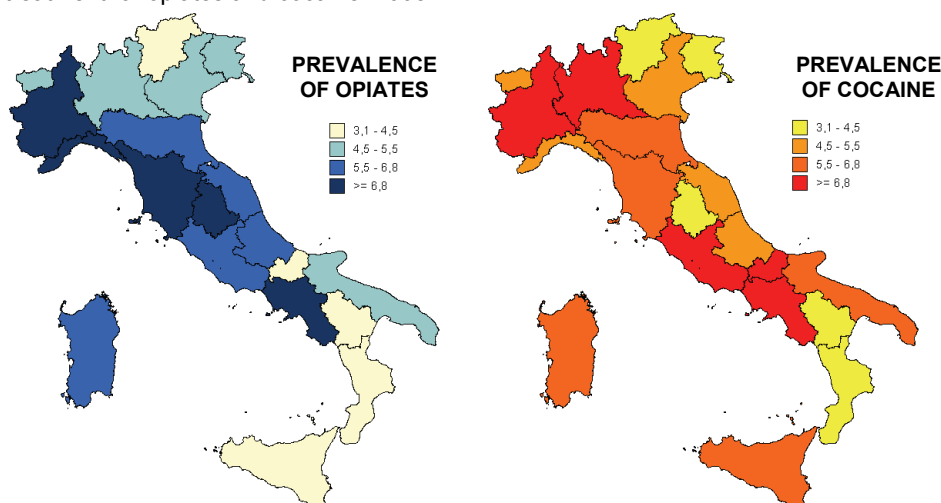
Chart 4.2: Prevalence estimates per thousand residents aged 15 to 64 needing treatment for opiates or cocaine. 2008



Source: processing of ministerial information

The estimates calculated for users eligible for treatment for opiate use (Chart 4.3) indicate the most western regions (Piedmont and Liguria) and the central regions (Tuscany and Umbria, which has the highest value calculated: 8.12), as well as Campania, as those where, potentially, there is the highest number of users eligible for treatment at services compared to the resident population. To these regions, we may add Abruzzo, Lazio, Sardinia, Emilia Romagna and Marche, which report slightly lower estimated values. The lowest estimates are for Sicily (which reports the lowest calculated value 3.14), Basilicata, Calabria, Molise and Trentino-Alto Adige. Estimates relating to the users eligible for treatment for cocaine use (Chart 4.3) indicate Piedmont, Campania and Lombardy (the latter reports the highest estimate: 7.74 per thousand) as the regions where the highest prevalence of users eligible for treatment is found, followed by Molise, Lazio, Puglia and Tuscany. The lowest values are recorded in Trentino Alto Adige (0.91 minimum value), Calabria, Friuli Venezia Giulia and Basilicata.

Chart 4.3: Prevalence estimates per thousand residents aged 15 to 64 who need treatment for opiates and cocaine. 2008



Source: processing of ministerial information

4.1.2 Estimates of rate of problem drug use

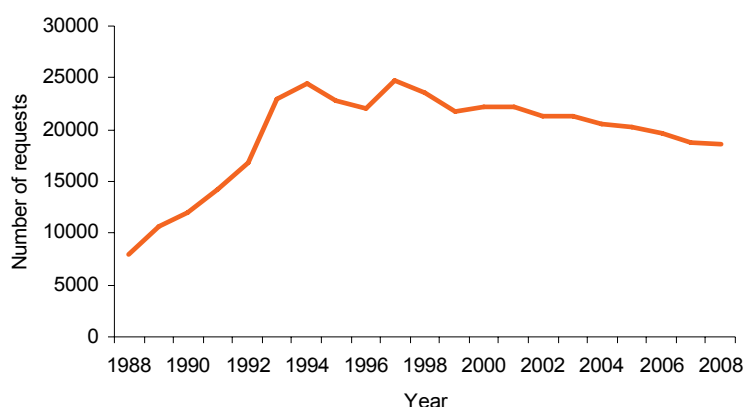
An effective epidemiological indicator to analyse the trend in the phenomenon of drug addiction is the number of people who start to take illegal psychoactive substances each year and who, in subsequent years, as they develop health problems, seek treatment from drug addiction services. This indicator, which is termed “rate of problem use”, measures the number of new cases of drug taking in a set period of time, generally one year, which turn into requests for treatment rather than all new cases of drug taking. In order to estimate the rate of problem use, the back calculation method is used, which was developed in European projects in cooperation with the European Monitoring Centre for Drugs and Drug Addiction in Lisbon³, and which enables the reconstruction of the “rate of problem use” starting from two established or estimated elements:

- the number of new treatment requests which are made each year to the drug addiction services;
- the distribution of the time between the start of using the drug and the first treatment request made to the services (“lag period”).

It is possible to apply the method only for heroin users, since for this population a sufficiently accurate estimate has been made, using a broad representative sample, of the distribution of the lag period⁴, while this is not yet possible for cocaine users.

Indicator “rate of problem use”

Chart 4.4: Requests for treatment by primary substance “heroin” – 1998 - 2008



Fall in new requests for treatment for heroin use: in 2008 estimated at approximately 18,600 people

Source: processing of ministerial information

Analysis of the lag period shows that, on average, within 5.5 years of starting drug use therapeutic treatment is requested. In particular, half of people turn to drug addiction services within 4 years from starting to use the drug, while 75% seek their treatment within 8 years.

Data relating to requests for treatment for heroin as the primary drug, which were estimated on the basis of the aggregate data supplied by the DPA (Drug Policy Department) (2000-2008) and information on the percentages of primary use drugs and the data available through European projects for previous years (1988-2000), is shown in Chart 4.5. Starting from this data and the estimated distribution of the lag period, the

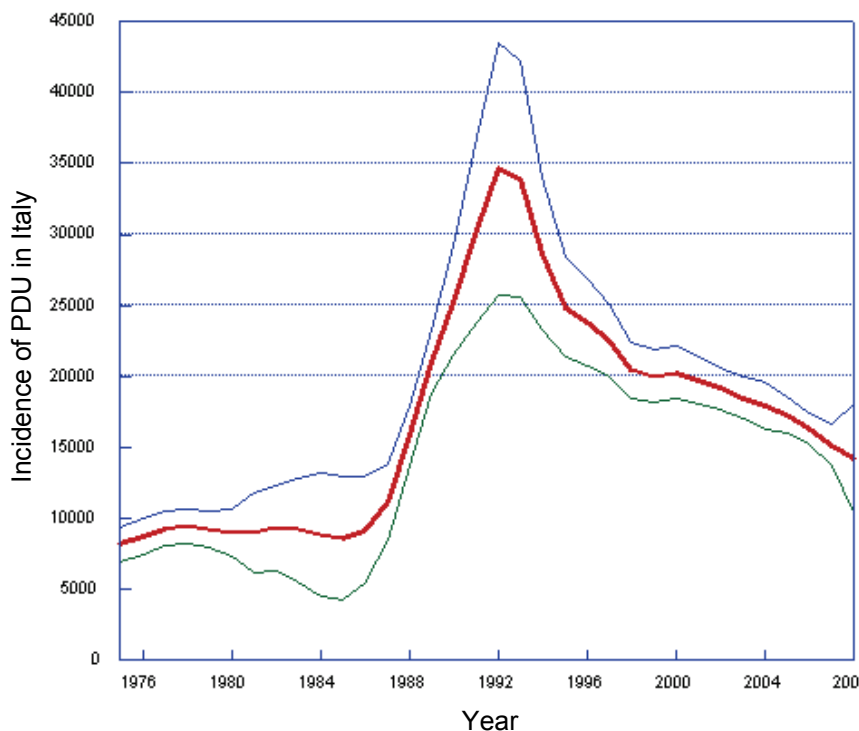
³Scalia Tomba GP, Rossi C, Taylor C, Klemmova D, Wiessing L., 2008, *Guidelines for Estimating the Rate of Problem Drug Use*. EMCDDA, Lisbon.

⁴ Research project “Assessment of the lag period in accessing drug addicts to support services” conducted in 2002-2004 at the Department of Mathematics, “Tor Vergata” University Rome, with funding from the National Drug Fund.

model chosen for the back calculation provides us with the estimates required and the related 95% confidence intervals.

Since the therapy data indicates a decrease in the rate in treatment, by “heroin” as primary substance, since 2000 onwards, it is natural that also the estimate of the problem use rate shows a falling trend in the last decade. Naturally, there is some uncertainty with regard to the absolute values of this rate, both of a statistical nature, as shown by the “confidence” curves shown in Chart 4.6, and due to the various approximations of the chosen model and the distribution of the lag time.

Chart 4.5: Rate of people who need treatment for heroin use in Italy (estimates and 95% confidence intervals)



Source: processing of ministerial information

The graph shows stability in the rate of problem use of heroin from the second half of the 70s to 1984, a sharp increase from 1985 to 1992 reaching a peak of approximately 34,000 people. Subsequently the rate fell back and stood at approximately 15,000 in the last 2 years.

The uncertainty, in proportion, is greater where information is more limited, i.e. in most recent years. For the last year, for example, given an estimated value of approximately 15,000 new cases, there is an uncertainty interval which ranges from approximately 11,000 to 19,000.

4.2. Data on PDUs from non-treatment sources

4.2.1 PDUs in data sources other than TDI

Through analysis of the clinical information contained in hospital discharge forms (HDF), it is possible to establish a profile of the features of the hospitalisation of patients who take psychoactive drugs, and to therefore deduce a profile of the main drug-related pathologies.

The archive collects personal data on hospital discharges and information relating to the hospitalisation, such as the diagnosis, surgical procedures and diagnostic-therapeutic initiatives, which are codified on the basis of

the international classification ICD-9-CM (1997 version). In particular discharges from ordinary admittance and day hospital were considered whose main or secondary diagnoses are drug-related.

To this end, diagnoses were considered which correspond to the following diagnostic categories (ICD9-CM codes): Drug psychosis (292, 292.0-9), Drug addiction (304, 304.0-9), Abuse of drugs without addiction (305, 305.2-9), Poisoning from opiates and related narcotics (965.0), Poisoning from surface (topical) anaesthetics and from cocaine-infiltration (968.5,9), Poisoning from psychotropic drugs (969, 969.0-9), Poisoning from sedatives and hypnotics (967, 967.0-6,8-9), Complications in pregnancy due to drug addiction (6483, 6483.0-4), Damage from drugs to the foetus or to newborn and abstinence syndrome (7607.2-3,5, 779.4-5).

In the period 2004-2006 hospitalisations were largely stable at just under 13 million⁵ (12,989,388 in 2004, 12,955,882 in 2005 and 12,847,938 in 2006); hospital discharge forms which have diagnoses (main or secondary) relating to the use of psychoactive substances number approximately 2 per thousand (26,995 hospitalisations in 2004, 26,450 in 2005 and 26,359 in 2006) of the overall national figure (this figure is largely stable over the whole reference period).

Stable drug-related hospitalisations: 2 per thousand of total hospitalisations

Table 4.1: Characteristics of people admitted to hospitals for drug-related pathologies. 2006

Characteristics	N	% c
Gender		
Male	15,095	57.3
Female	11,264	42.7
Nationality		
Italian	25,137	95.4
Foreign	1,194	4.6
Form of admittance		
Ordinary	24,415	92.6
Day hospital	1,944	7.4
Type of admittance		
Planned not urgent	8,396	33.7
Urgent	15,577	62.5
Obligatory health treatment	639	2.6
Rehospitalisation	82	0.3
Other	211	0.8
Means of discharge		
Ordinary discharge to home	20,696	78.5
Voluntary discharge	3,320	12.6
Transfer to another institute	1,047	1.4
Death	174	0.7
Other	1,122	4.0
Drug		
Opiates	7,039	26.7
Barbiturates	5,210	19.8
Cocaine	2,064	7.8
Pluri drugs	1,593	6.0
Cannabis	1,136	4.3
Antidepressant	915	3.5
Hallucinogenic drugs	181	0.7
Amphetamines	91	0.3
Unspecified drugs	8,130	30.8

Medical emergency the main reason for admittance

High rate of voluntary discharges

Presence also of hospitalisations for use of barbiturates

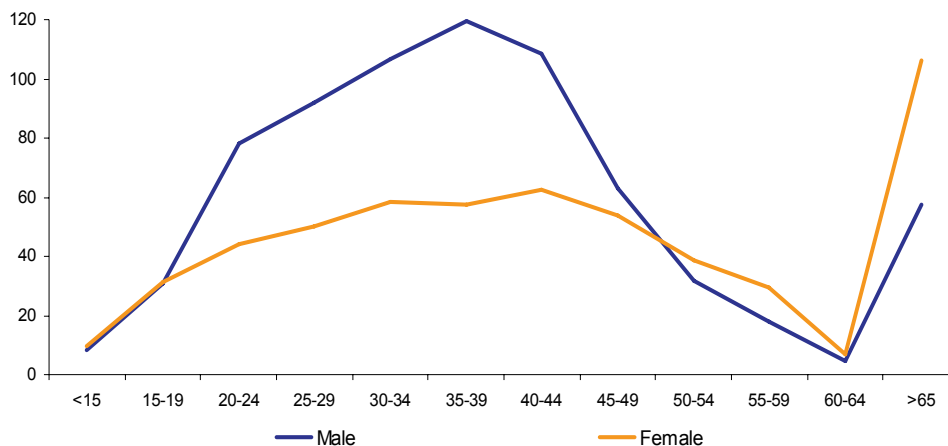
Source: Processing of data from Ministry of the Interior – Drug Services Department

⁵ Source: annual report on hospital admittance – HDF 2006 data – Ministry of Labour, Health and Social Policies

95% of drug-related hospitalisations involve Italian citizens, 57% are male, with an average age of 40, which is higher for women, 44, compared to males (38). If instead of the average value, we consider the median age value, which is more appropriate for strongly asymmetric distributions by age (Chart 4.6), the median age fall by two years from 40 to 38.

As shown by Chart 4.6, turning to hospital assistance mainly involves men in the 15-49 age range, with peaks in the 35-39 age range, with 120 hospitalisations every 100,000 residents, unlike women who lead in the older age ranges over 50, with 106 hospitalisations every 100,000 residents over 65.

Chart 4.6: Admittance rate (hospitalisations per 100,000 residents) of drug-related hospitalisations by gender and age range. 2006



Source: Processing of HDF data – Ministry of Labour, Health and Social Policies

As will be seen below, the high level of hospitalisation in the older age ranges mainly regards abuse of barbiturates.

93% of hospitalisations were of an ordinary nature, with an average stay of 9.5 days, a value which falls to 6 days if we consider the median value, which is less influenced by very long stays, sometimes over 200 days, which moreover are very rare (4 hospitalisations).

In almost 80% of hospitalisations, the patient was sent home in accordance with the normal treatment for the admittance, 13% were released at the patient's request, 4% were transferred to another care institute for acute cases, and 174 hospitalisations involved patients who died during their hospitalisation.

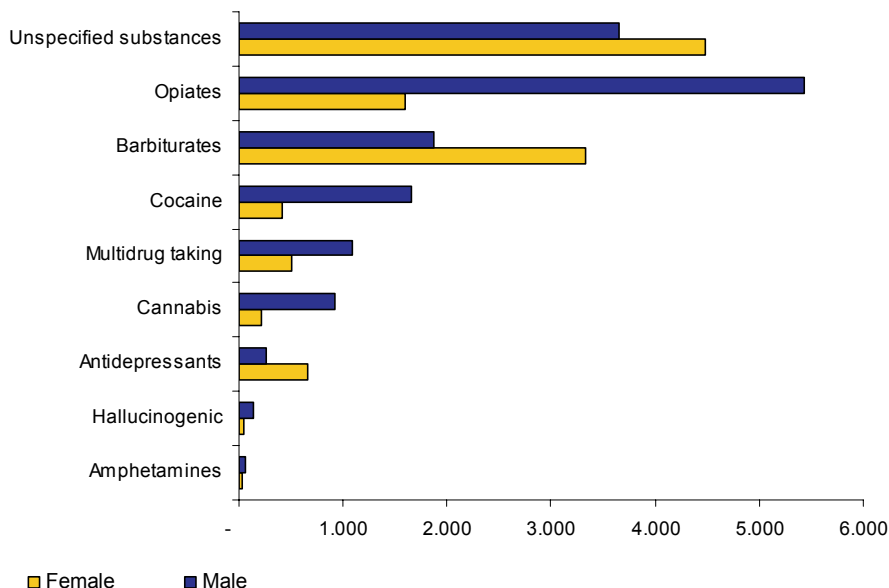
The main diagnosis indicated disturbances linked to addiction to psychotropic substances, abuse or poisoning, psychosis induced by drug taking, drug addiction in pregnancy or damage to the foetus caused by drug taking by the mother, in 10,719 hospitalisations, or 41% of all drug-related hospitalisations in 2006.

In particular in 87% of hospitalisations, in the main or secondary diagnosis, psychic disturbances were indicated, mostly neurotic and personality disturbances caused by the use of psychoactive substances. In 25% of hospitalisations a diagnosis was indicated in the category of trauma and poisoning, while 88% of cases referred to poisoning from medicaments and organic products.

Hospitalisations of elderly people who take barbiturates

Psychotic drug-related disturbances (neurotic and personality related)

Chart 4.7: Percentage distribution of hospitalisations per drug taken according to the sex of admitted patients. 2006



Still high rate of unspecified drugs

Hospitalisations, including for cannabis

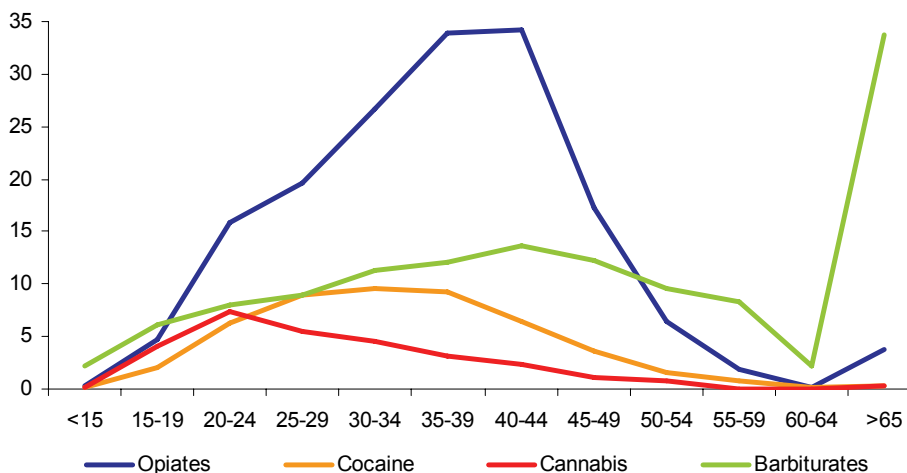
Source: Processing of HDF data - Ministry of Labour, Health and Social Policies

In reference to 8,130 drug-related hospitalisations, for 31% of the total the drug was not specified; for a further 7,039 hospitalisations (27%), the main or secondary diagnosis indicated the taking of opiates, in 20% of cases the taking of barbiturates, followed by cocaine (8%), multi-drug taking (6%), cannabis (4%), antidepressants (3%) and to a negligible extent hallucinogenic drugs (0.7%) and amphetamines (0.3%) (Chart 4.7).

The distribution by gender shows differing behaviour in drug-taking, which for males is more directed at the use of opiates, cocaine, multi-drug taking, cannabis and hallucinogenic drugs, and for females is more polarised on the use of psychoactive substances, in particular barbiturates and antidepressants. The abuse of barbiturates and other unspecified drugs can mainly be seen in older women, over 65, while the joint taking of several drugs mainly concerns the combination opiates – cocaine, followed by cocaine – cannabis and opiates – barbiturates.

Main hospitalisations: illegal drugs for males, psychoactive substances for females

Chart 4.8: Standardised admittance rate (hospitalisations per 100,000 residents) for drug-related disturbances. 2006



Most frequent age for hospitalisation: opiates, 35-44; psychoactive substances, 40-44; cocaine, 30-39; cannabis, 20-24

Source: Processing of HDF data - Ministry of Labour, Health and Social Policies

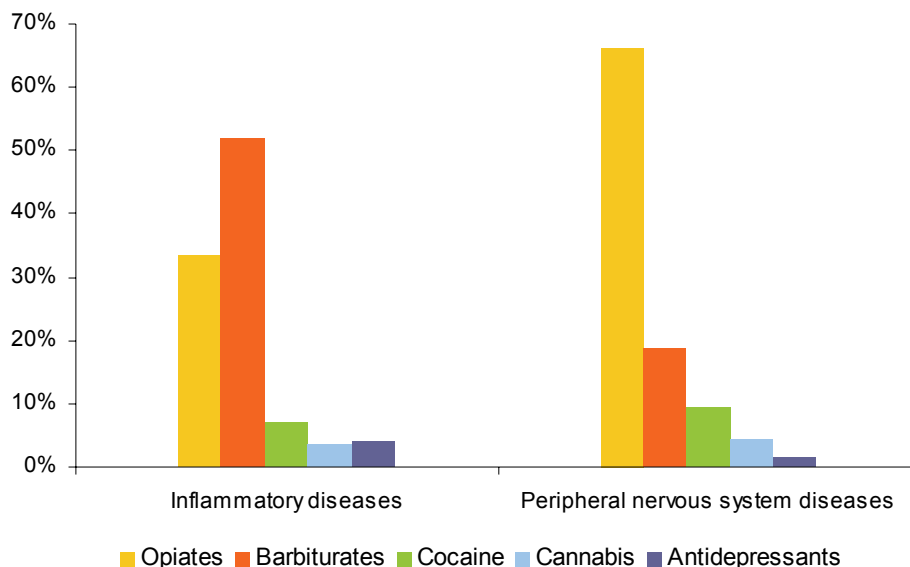
Further important and interesting aspects which confirm the typical profiles of the type of psychoactive drug taken emerge from the distribution by age of the admittance rate for the main psychotropic drugs; hospitalisation, if compared with other drugs, is particularly frequent among users of opiates, largely aged 35 to 44, followed by users of barbiturates, mainly in the older age ranges and in that aged 40 to 44. Less frequent are hospitalisations linked to cocaine and cannabis use which occur mainly in the adult age range (30-39) for cocaine addicts and in the young adult age range (20-24) for cannabis users (Chart 4.8).

In the period 2004 - 2006 the percentage of drug-related hospitalisations, in which the main or secondary diagnosis indicated disturbances of the central nervous system and of the sense organs, gradually rose from 11% in 2004 to 12% in 2005, and to 13% in 2006.

Those most subject to comorbidity with diseases of the nervous system seem to be women, who account for 64% of hospitalisations with these characteristics. Approximately 1,400 hospitalisations, i.e. over 40% of the drug-related and comorbid total with such diseases, regard patients aged 35 to 49 years and a further 15% refer to patients aged over sixty-five.

A more thorough analysis of the different types of disease of the nervous system and of the sense organs diagnosed among hospitalisations for the use of psychotropic drugs, highlights the preponderance of inflammatory syndromes (over 90% of all nervous system diseases); Chart 4.9 shows the percentage distributions of the various types of disease, made on the basis of the drugs recorded during the diagnosis.

Chart 4.9: Percentage distribution of drug-related hospitalisations by the concomitant presence of diseases of the central nervous system, according to the drug taken. 2006



Source: Processing of HDF data - Ministry of Labour, Health and Social Policies

Inflammatory syndromes mainly show up in people who have taken barbiturates, unlike disturbances of the peripheral nervous system which, although much less frequent, are mainly seen among opiate users.

In 2006 drug-related hospitalisations which are comorbid with diseases of the circulatory system saw a slight increase, going from 10% in the previous two years to 11% in the year in question. These diseases, unlike other syndromes, affect both sexes equally and in almost half of cases (46%) affect patients aged over sixty-five and rarely young people (4.5%

Increase in drug-related hospitalisations with diseases of the nervous system

Drug-related hospitalisations in comorbidity with diseases of the circulatory system

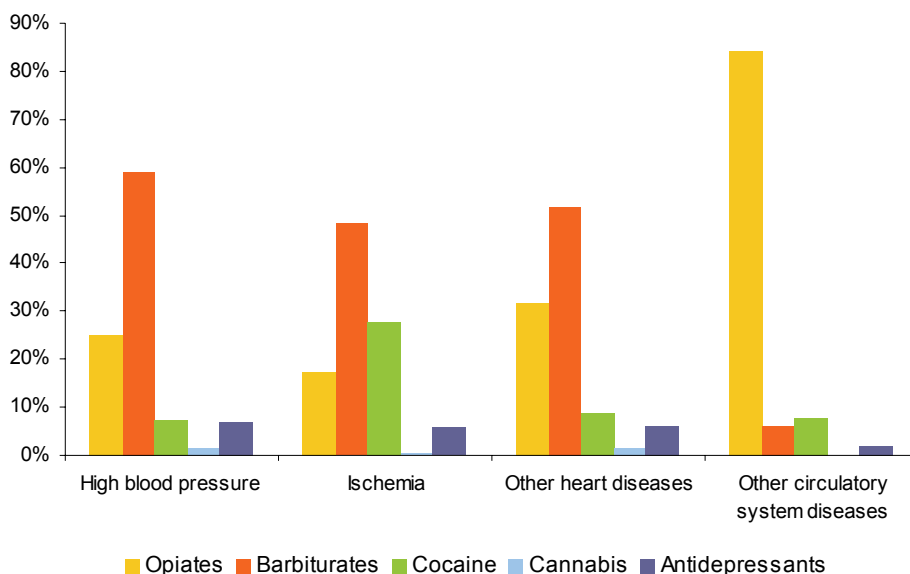
up to age 30).

Approximately 96% of drug-related hospitalisations connected to diseases of the circulatory system occurred under ordinary admittance and almost 67% were urgent; these percentages fall slightly to 94% and to approximately 63% among non-comorbid cases.

The most common diseases diagnosed during admittance concern high blood pressure (47%), other heart diseases (41%) and ischemic heart diseases (12%).

Drug-related hospitalisations, including for high blood pressure and ischemia

Chart 4.10: Percentage distribution of drug-related hospitalisations by concomitant presence of diseases of the circulatory system, according to the drug taken. 2006



Source: Processing of HDF data - Ministry of Labour, Health and Social Policies

The above syndromes mainly occur in people who have taken barbiturates, although ischemia is found fairly frequently also in patients who take cocaine. Other disturbances of the circulatory system are seen almost solely among opiate users.

Ischemia and cocaine

In interpreting the prevalences of the types of disease, it should be considered that patients who take barbiturates are normally older. Therefore, they are more exposed to cardio-vascular diseases.

In 2006 drug-related hospitalisations comorbid with main or secondary diagnoses relating to diseases of the respiratory system represented 7% (or 1,868 hospitalisations) of all hospitalisations related to the use of drugs and psychoactive substances.

Drug-related hospitalisations in comorbidity with diseases of the respiratory system

Analysis of gender and age shows, among the comorbid patients, the higher ratio of males (approximately 67%) and over 65s: approximately 19% compared to the 10% recorded among non-comorbid patients. A further 55% of hospitalisations are seen for patients aged 30 to 49.

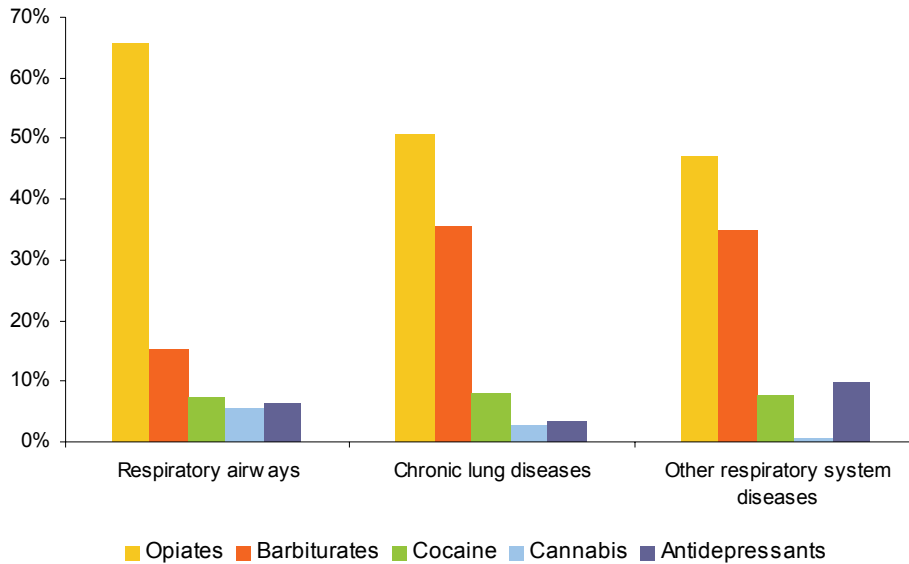
Drug-related hospitalisations combined with diseases of the respiratory system in 97% of cases are handled under ordinary admittance and almost 75% are treated as urgent, compared to the more limited values seen for non-comorbid hospitalisations (93% under ordinary admittance and 63% as urgent).

In 44% of hospitalisations in comorbidity with diseases of the respiratory system no specific diagnosis was indicated and a further 25% of hospitalisations (484) revealed chronic lung disease.

A closer analysis undertaken on the basis of the drug taken, as recorded

among drug-related hospitalisations, and on the basis of comorbidity with the diseases being studied, shows that among those affected by comorbidity the highest level was for users of opiates (43%), followed by barbiturates (20%) and other unspecified drugs (19%).

Chart 4.11: Percentage distribution of drug-related hospitalisations by presence of diseases of the respiratory system, according to the drug taken. 2006



Source: Processing of HDF data - Ministry of Labour, Health and Social Policies

Syndromes of the respiratory airways mainly affect users of opiates, while there are less significant differences between users of opiates and barbiturates for those who complain of chronic lung disturbance or other diseases of the respiratory system (Chart 4.11).

Respiratory diseases
and opiates

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

5.1 Strategy/policy

In the subject-matter of legislation the Regions have legislative power, except for determining fundamental principles, which are up to the State. For the Regions as well, the principle according to which the power is enforced in full obedience of the Constitution, along with the obligations coming from the EC regulations and from international obligations, is applied.

Legislative power wielded by the Regions in anti-drug policies

Article 117 paragraph 3, includes among the subject – matters attributed to the legislative jurisdiction pertaining to the Regions’ “health protection”, unlike the old text of the same article which used to limit the regional power to the more restricted field of “healthcare and hospital assistance”; allowing, therefore, in recent years an increase within the subject in respect to the determination of the fundamental principles, reserved for the legislation of the State, extended to comprise all the aspects pertaining to the fundamental guarantee of the right to healthcare.

It is also up to the Regions the legislative power pertaining to drug policies concerning every subject matter which is not explicitly reserved to the legislation of the State.

All the Regions have their own programming defined by the regional provisions with a prevailing period of three years. In some regions there are separate Health and Social Plans while in others the Plan is integrated (Socio-medical). The range of administrative realities (Provinces, Communities and Health Districts) is reflected upon the programmatic acts in which the specific levels are differently promoted. While in some plans people consultation becomes the major factor of planning, in others people appear to be more marginal. The policy for Pathological Addictions, which is brought about through decrees and executive acts, takes its place within these programmatic contexts. History, evolution, participatory dynamics vary from one Region to another.

[Regional Plans](#)

Within this complex organization of the regional world, models based on socio-medical integration coexist, tightly deep – rooted in the history of the territory, with models characterized by separation, at times isolation even, of the social area from the medical area, with marginal participatory modalities.

5.2 Treatment system

5.2.1 Organisation and quality assurance

Up to 31st/12/2008, according to The Ministry of Labour, Health and Social Policies and to the Ministry of the Interior, the active socio-medical structures devoted to the treatment and the rehabilitation of people in need of assistance due to the use of psychoactive substances are in total about 1,700 of which 555 (33.1%) are public services for drug addiction, the

remaining 1,124 are social-rehabilitation structures, mainly residential structures (64.6 %), followed by the ones that are semi-residential (18.7%) and outpatient services (16.7%).

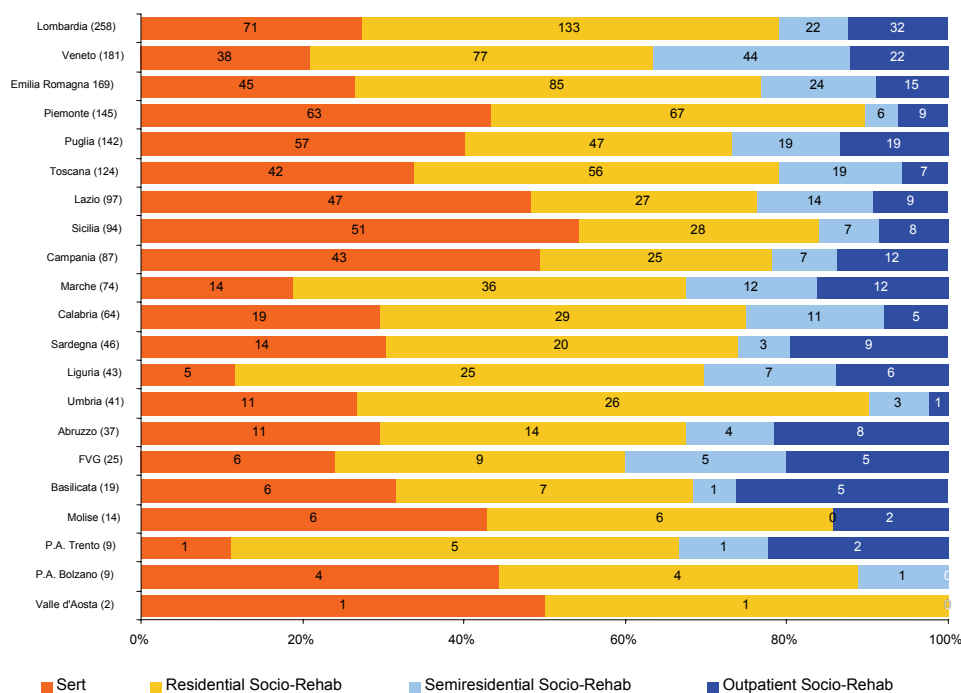
Compared to 2007 there has been a 3.3 % (38 structures) reduction of social-rehabilitation structures, more prominent as far as semi-residential and outpatient structures go (5.8% and 5.1% respectively).

The distribution of social – medical structures over the national territory highlights a greater concentration in Northern Regions: in 2008 more than 15% have their offices in Lombardia and about 10% in Veneto and Emilia Romagna (Chart 5.1)

From the point of view of a distribution among public and social private medical structures, there is a greater presence of the latter in the Autonomous Province of Trento, Liguria, Marche, Veneto, Emilia Romagna and Lombardia.

In 2008 compared to the previous year, in relation to possible service reorganization activities, there is mainly an increase of drug addiction services in Calabria and in Piemonte, while as regards to socio-medical rehabilitation structures the reduction of residential structures are mainly found in Abruzzo and in Piemonte

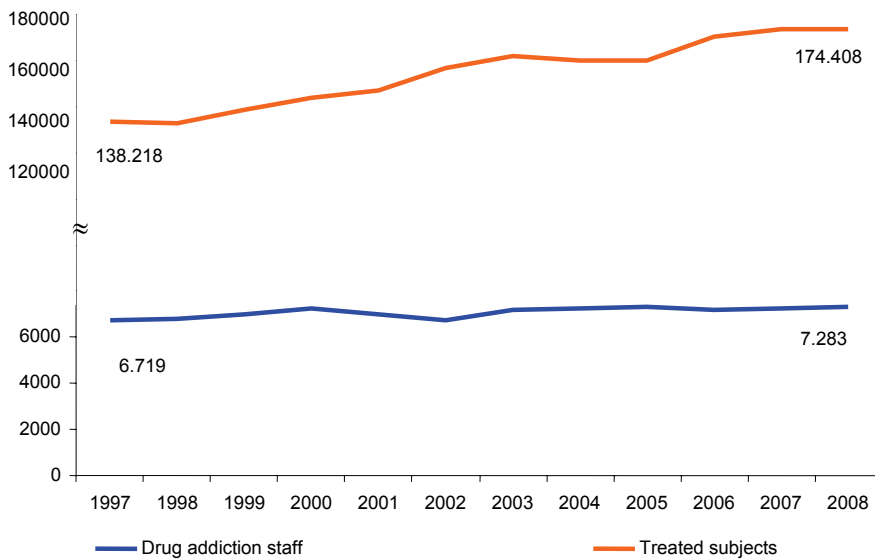
Chart 5.1: Distribution of socio - medical structures for drug addicts according to type and region - Year 2008



Source: data supplied by (1) the Ministry of Labour, Health and Welfare; (2) Ministry of the Interior – DCDS

From 1997 to 2008 the trend for the drug addiction services staff increased by 8.3% due to a 26.2% increase of users within the same period. What needs to be specified, as well, is that the figures for 2008 concerning drug addiction services staff as well as users have been calculated on the basis of the available information for 2007 due to the lack of the figure for the year in reference.

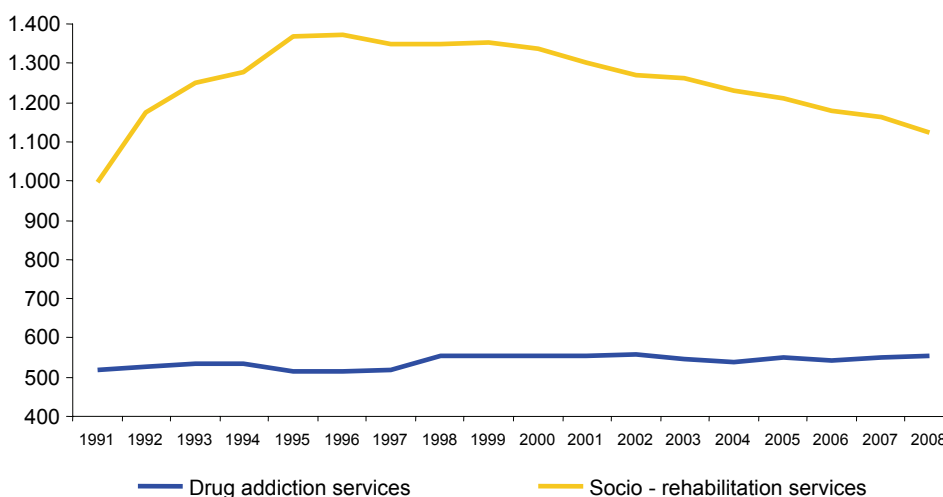
Chart 5.2: Client and drug addiction service staff trend. Years 2000 - 2008



Source: data supplied by the Ministry of Labour, Health and Welfare

The trend of the number of socio – medical structures in almost twenty years highlights a contained increase of active services for drug addictions, that went from 518 in 1991 to 555 in 2008, i.e. a 7% increase. The trend for socio- rehabilitation structures appears to be much more unstable. According to what the Central Head Office for the Documentation and Statistics of the Ministry of the Interior reported there was an increase in the early 90s, due to the effects of the Law 192/1990 which determined an increase in medical services, both public and private, to meet with an ever-growing need for drug addiction treatment. Such an increase of structures reached its peak in 1996 with 1,372 units, followed by a slow decrease that becomes more and more consistent starting from 2002 until reaching 1,124 structures in existence in 2008.

Chart 5.3: Trend of number of socio - health structures for drug addicts. Years 1991 - 2008



Source data supplied by (1) the Ministry of Labour, Health and Welfare; (2) Ministry of the Interior – DCDS

During the first four-month period in 2009 a survey was carried out at the regional Councillor's Offices concerning the diagnostic, therapeutic, rehabilitation investigation of social private structures (Accredited/Authorized Auxiliary Institutions ex articles 115 116 of the

Presidential Decree 309/90) according to the Scheme Act of Agreement State-Region of 5th August 1999.

According to the information gathered from 17 Regions out of a total of 20, it appears that, the residential and semi-residential diagnostic, therapeutic, rehabilitation structures not inserted or insertable in the list provided for in the Scheme Act of Agreement State-Region of 5th August 1999 are in total 194, 2 less than the previous year. What is also noted is a partial conversion of structure type, from residential (-7.1% compared to 2007) to semi-residential (+78.6%).

What are also increasing are the services classified as “Shelters” in the Scheme Act of Agreement, for both residential structures and semi-residential (16 in 2007 vs. 35 in 2008).

Definitely superior is the number of structures regarding the therapeutic, rehabilitation area (332), in the decline compared to 2007 (-10%), especially as regards to the operation units in a semi-residential regime (-27.3%), a reduction of more than 40% is evident as regards to the pedagogic-rehabilitation structures, which have gone from 231 in 2007 to 132 in 2008, with more flexibility as regards to semi-residential services.

The structures for specialist treatment are in total 139, present in every Region that have joined the survey except for Molise, Valle d’Aosta and the Autonomous Province of Bolzano (Table 5.1)

27% of these provide services for patients in double diagnosis, 26% for alcoholics, 17% for women with children, 12% are seizure centres and 11% shelters for AIDS patients.

Table 5.1: Diagnostic therapeutic rehabilitation structures according to the Scheme Act of Agreement State Region 5.8.1999, according to structure and assistance type. Years 2007 – 2008

	Residential			Semi-residential			Total of structures		
	2007	2008	Δ %	2007	2008	Δ %	2007	2008	Δ %
<i>General pathological addictions (not inserted or insertable in the case record of the Scheme Act of Agreement)</i>	182	169	-7,1	14	25	78,6	196	194	-1,0
<i>Shelters art. 11</i>	10	24	140	6	11	83,3	16	35	118,8
<i>Therapeutic – rehabilitation services art. 12</i>	317	292	-7,9	55	40	-27,3	372	332	-10,8
<i>Specialized treatment services art. 13</i>	139	138	-0,7	27	1	-96,3	166	139	-16,3
13 a) Double Diagnosis	34	38	11,8	-	-	-	34	38	11,8
13 b) Mother with child	20	24	20,0	-	-	-	20	24	20,0
13 c) Alcoholics	33	35	6,1	-	1	-	33	36	9,1
13 d) Cocaine addicts	-	-	-	-	-	-	-	-	-
13 e) Pathological Gamblers	1	-	-100	-	-	-	1	-	-100
13 f) Minors	2	3	50,0	-	-	-	2	3	50,0
13 g) Couples	1	-	-100	-	-	-	1	-	-100
13 h) Crisis Centres	13	15	15,4	-	-	-	13	15	15,4
13 i) AIDS shelters	15	16	6,7	-	-	-	15	16	6,7
13 l) other	23	7	-69,6	-	-	-	23	7	-69,6
<i>Pedagogic-rehabilitation structures art. 14</i>	192	115	-40,1	39	17	-56,4	231	132	-42,9
<i>Integrated multidisciplinary services art. 15</i>	-	3	-	-	1	-	-	4	-
<i>Other accredited programmes</i>	-	1	-	-	-	-	-	1	-

Source: data supplied by Regions and Autonomous Provinces

In the Regions surveyed there is a total of 40 public diagnostic – therapeutic rehabilitation residential and semi – residential structures. Of the latter 40% take care of clients in double diagnosis, 20% of alcoholics, one structure deals with the management of crisis, one is a shelter for AIDS patients, and 4 others deal with other fields.

5.2.2 Availability and diversification of treatment

After a first analysis of the forms from the Ministry of Health about the distribution of the treated subjects based on the kind of treatment, it is possible to notice that in most cases the treatment provided is pharmacological (67%), mostly methadone (49%), while the remaining 33% of subjects in 2008 underwent a psychosocial and/or rehabilitation treatment.

It must be remembered, though, that the total number of subjects might be higher than the clients treated in the year in relation to the multiple calculation of a same subject, if treated in the period of reference with different kinds of treatments.

Over 150.000
people treated a
year

Table 5.2: Different kinds of treatments supplied according to drug addiction services - Years 2007 and 2008

	Year 2007		Year 2008		Δ%
	N	%C	N	%C	
Subject by kind of treatment					
Psychosocial /rehabilitave	60.895	36,1	56.081	36,1	0,0
Methadone	92.045	54,5	83.481	53,8	-1,4
Naltrexone	1.223	0,7	707	0,5	-37,2
Clonidina	832	0,5	465	0,3	-39,2
Other substitute medicine	13.784	8,2	14.522	9,4	14,5
Total	168.779	100,0	155.256	100,0	-
Subjects treated with pharmacological therapy - Methadone					
Short term	10.576	11,6	9.213	11,0	-5,0
Medium term	17.076	18,8	17.076	20,5	9,0
Long term	63.370	69,6	57.192	68,5	-1,6
Methadone Totale	91.022	54,5	83.481	53,8	-1,4
Subjects treated with pharmacological therapy - Buprenorfine (*)					
Short term	1.901	11,0	1.635	11,7	5,6
Medium term	3.193	18,5	2.804	20,0	7,8
Long term	12.123	70,4	9.588	68,4	-2,9
Buprenorfine Totale	17.217	17,4	14.027	17,3	-0,6
Subject by psychosocial rehabilitation treatment type					
Psychological help	30.195	31,4	29.990	32,9	4,7
Psychotherapy	10.962	11,4	9.385	10,3	-9,7
Social service intervention	54.930	57,2	51.772	56,8	-0,6
Psychosocial Total	96.087	36,1	91.147	36,1	0,0

Source: data supplied by the Ministry of Labour, Health and Welfare

(*) the 2007 figures refer to 65% of active Sert, while in 2008 they refer to 48% of active Sert

The absolute values must be considered purely approximate also in relation to the degree of service coverage, that at the time of the drafting of this document is of about 85%.

Warning on how
to interpret the
figures

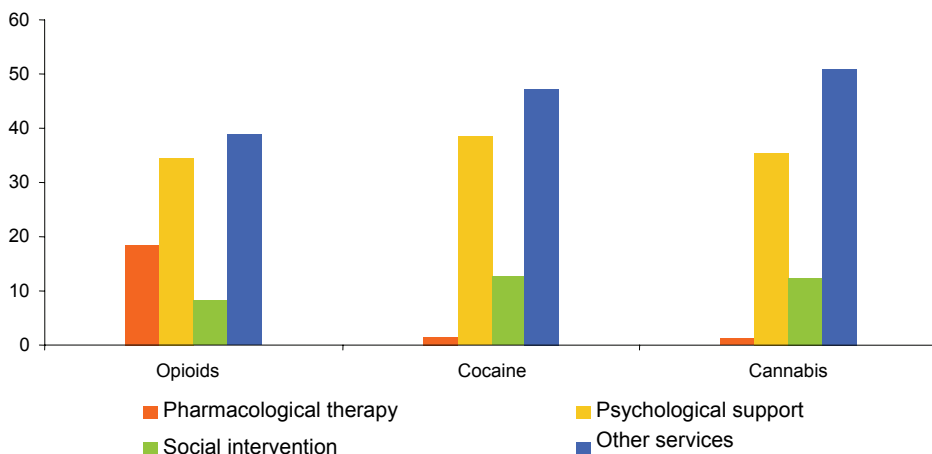
From the profile of the percentage of treatment distribution provided in the two-year period 2007 it is possible to notice over a 35% reduction in the pharmacological treatment supply of Clonidine and naltrexone.

Analysing more thoroughly psychosocial/rehabilitation treatments, what is noticeable is that in 33% of the cases it deals with a psychological support, in 10% by means of psychotherapy and in 57% it has to do with the intervention of social services. Compared to 2007 psychotherapy interventions have decreased by 10% and there is also a slight decrease in social service interventions (1%).

Psychosocial treatment: high presence of social interventions followed by a psychological support

Through an analysis in greater depth of the information gathered by the sample of structures that have joined the multicentric¹ study, what has emerged are different therapeutic profiles according to new clients and clients already treated by the services from previous periods.

Chart 5.4: Distribution of new client percentage according to type and primary substance abuse – Year 2008



Psychosocial intervention increase in new clients treated for heroin abuse

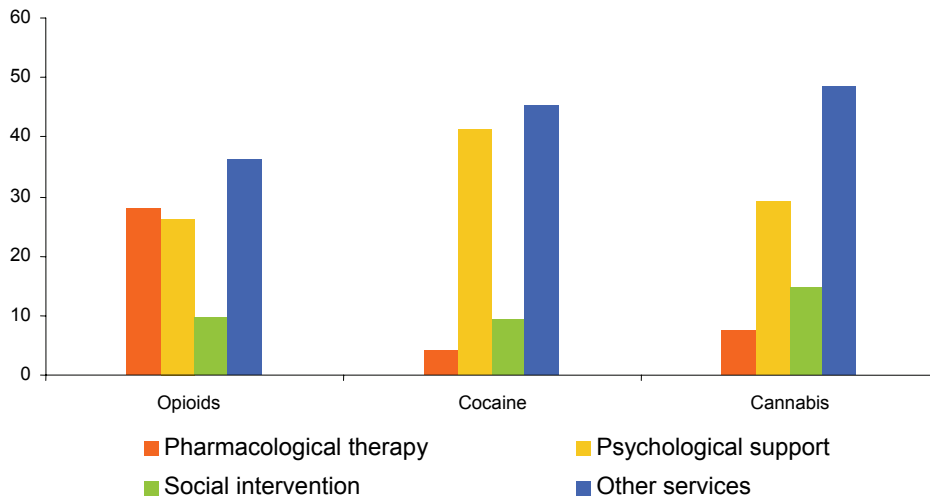
Predominant psychological interventions in cocaine and cannabis clients

Source: supplied by DPA multicentric data on Ser.T.- 2008

With the new clients in opioids consumption what prevails is the psychological treatment in comparison with the pharmacological treatment, contrary to what happens with clients from previous periods. Also for other substances of abuse the approach to the new client is only marginally planned through pharmacological therapies favouring psychological support treatments, psychotherapies and social reintegration interventions. The component of other treatments both medical (medical and psychiatric examinations, nursing service, monitoring) and organizational (Chart 5.4 and 5.5) appears to be high for all the clients.

¹ See paragraph 5.3

Chart 5.5: Distribution of already treated client percentage according to treatment and primary substance abuse – Year 2008

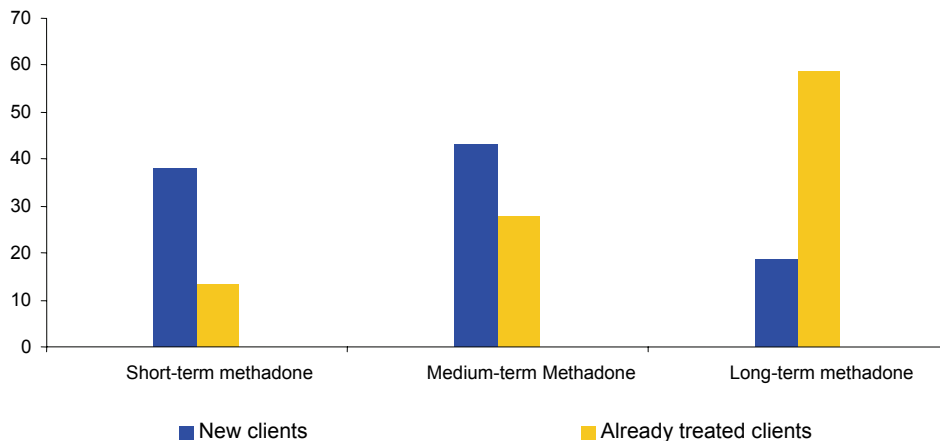


In old clients, main presence of pharmacological therapies compared to psychological support

Source: supplied by Ser.T multicentric study

Also within the planning and the pharmacological therapy, both by methadone and buprenorfine, what can be found is a differential approach between the new clients and the clients already treated. From Picture 5.6 what emerges is the tendency to favour short and medium term therapies for the new clients rather than what happens with clients that are already known to the services in treatment mainly with long term therapies, i.e. over six months.

Chart 5.6: Distribution of clients treated with methadone percentage according to type and kind of user – Year 2008



Long term methadone: used more by already known, and long treated clients

Source: supplied on Ser.T multicentric study

5.3 Characteristics of treated clients

The information concerning patients treated by Drug Addictions Services is gathered through two informational means: the holder of the first is the Ministry of Labour, Health and Welfare which gathers aggregated data, the second relates to a multicentric study carried out by DPA on a sample of 110 Services for drug addictions in Northern-Central Italy, which had a computerized informational system for each client and by using a system for the clinical and organizational management of patients.

Data gathered by the Ministry of Labour, Health and Welfare

According to the data gathered by the Ministry of Labour, Health and Welfare up to 30th/May/2009, there is a confirmation of an increasing trend of treated drug addicts in 2009 of about 174,400 people. The figure does not refer to all the Services available at a national level; the information achieved by that date covers about 85% of services and by the application of evaluation methods based on clients treated the previous year, the coverage has increased reaching 93%.

Increase trend continues with treated clients

The clients of Services for drug addictions are mainly male, over 85%. This is also reflected in relation to the resident population. As a matter of fact, the treated and estimated subjects in 2008 appear to be 4.4 subjects every 1,000 residents between the ages of 15-64, with numbers fluctuating between 1.2 and 7.7 respectively for female and male subjects treated.

A higher number of male clients

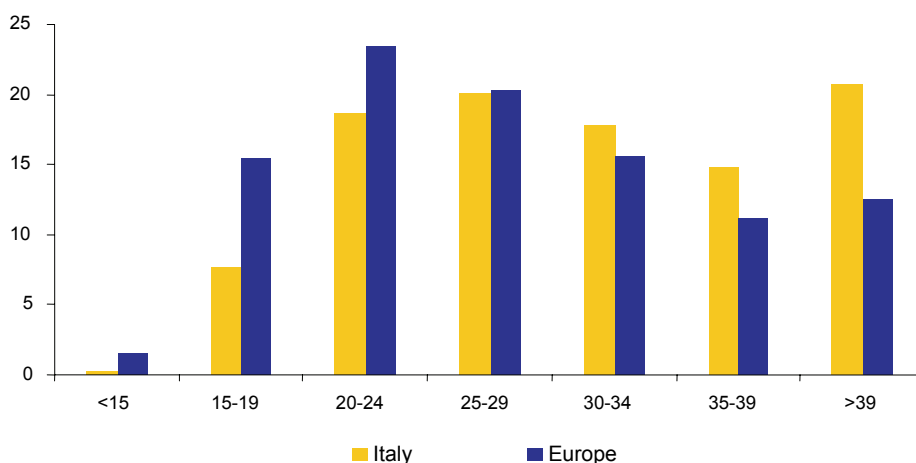
The profiles of the new clients by age class, similarly to the clients as a whole, differ significantly in relation to the geographical context of observation. The cases that have an affect on a European level are on the average younger than the Italian ones. This difference can be in part due to the definition “new clients” used, which in the Italian case indicates subjects that approach a structure for the first time, sometimes not having the information concerning previous contacts with other structures, with a consequent overestimate of the quota and of the relative age.

New European cases younger compared to the Italians

This figure must also be interpreted keeping in mind that most clients use injected heroin and therefore, as far as newly treated clients go, it is right to think that these people will have started using the abuse substance between the ages of 15 and twenty.

Chart 5.7: Percentage of new treated clients at drug addict Services according to age class in Italy (2008 data) and in Europe (2006 data)

A decrease in starting age

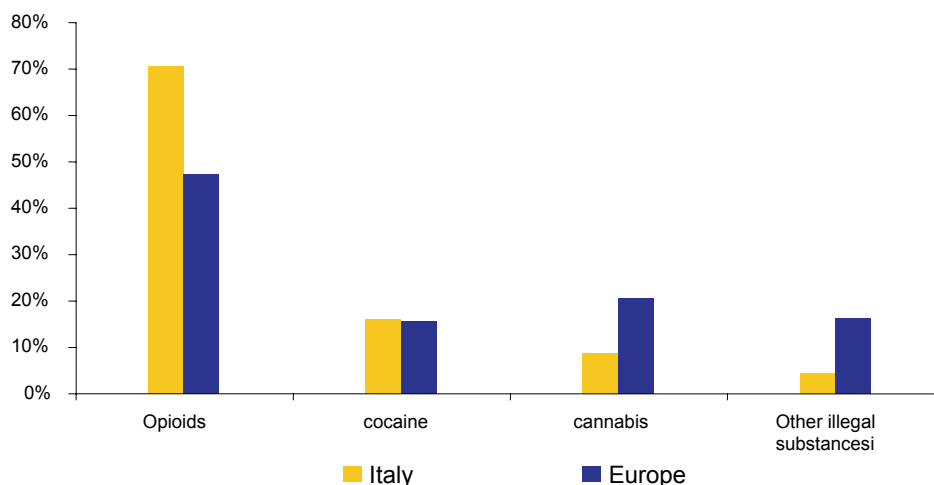


Source: data supplied by the Ministry of Labour, Health and Welfare and the Drug and Drug-addiction European Observatory – Statistical Bulletin 2008

Among the people treated as a whole in 2008 by the Services which have indicated a main abuse substance, 71% indicate heroin as being the main abuse substance, followed by cocaine (16% of the clients treated) and by cannabis (9.0% of the total number of treated clients) (Chart 5.8). Compared to the European profile we can notice a higher reported opioids use, with respect to similar levels of cocaine, and considerably lower levels of cannabis and other substances, mainly synthetic.

Substances mainly used: heroin, cocaine, cannabis

Chart 5.8: Treated clients at drug addiction services according to primary substance of abuse in Italy (2008 data) and Europe (2006 data)



Italian characteristic: higher use of heroin, lower use of cocaine, cannabis and amphetamines

Source: data supplied by the Ministry of Labour, Health and Welfare and the Drug and Drug-addiction European Observatory – Statistical Bulletin 2008

Table 5.3: Consumption of drugs by clients treated by Services for Drug addictions – Year 2008.

Abuse substances	Primary use 2007		Primary use 2008		Δ %
	N	%	N	%	
Opiates	122.849	71,5	113.770	70,8	-0,7
Cocaine/Crack	24.397	14,2	25.883	16,1	1,9
Cannabis	14.745	8,6	14.149	8,8	0,2
Amphetamine	229	0,1	201	0,1	0,0
Other substances	9.637	5,6	6.708	4,2	-1,4

Abuse substances	Secondary use 2007		Secondary use 2008		Δ %
	N	%	N	%	
Opiates	9.177	7,4	8.745	7,9	0,5
Cocaine/Crack	40.738	32,7	36.754	33,1	0,3
Cannabis	36.697	29,5	32.670	29,4	-0,1
Amphetamine	1.336	1,1	1.294	1,2	0,1
Other substances	36.585	29,4	31.732	28,5	-0,8

Injected substances	2007		2008		Δ %
	N	% Primary substance	N	% Secondary substance	
Opiates	79.002	64,3	71.332	62,7	-1,6
Cocaine	4.045	16,6	3.165	12,6	-4,0
Other substances	193	2,9	164	2,7	-0,2

Important secondary use of cocaine

Also injected cocaine

Source: data supplied by the Ministry of Labour, Health and Welfare

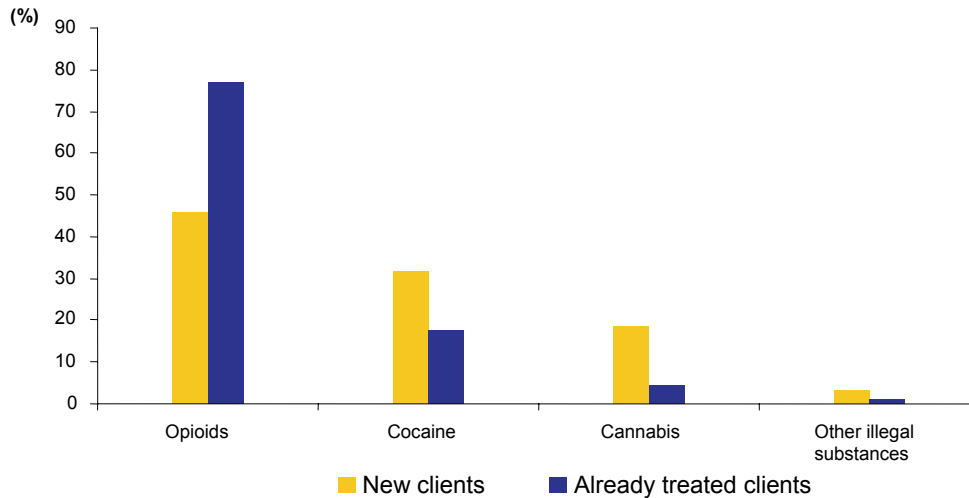
Multicentric study over a sample of drug abuse services

The multicentric pilot study was carried out on about a hundred operative units residing in various Regions (Veneto, Liguria, Lombardia, Autonomous Province of Trento, Umbria and Marche) which have provided us with the record graph of the treated clients at the services in 2008, anonymously according to criteria indicated by the guarantor of privacy. In total, the group under study includes 28,298 clients, 84.2 % of which are male, 5,811 are new clients i.e. 20.5 % of the analysed sample.

High numbers of group under study

Chart 5.9: Distribution of treated clients percentage at drug addiction services according to kind of client and main abuse substance. Year 2008

Increase of “new” clients using cocaine and cannabis



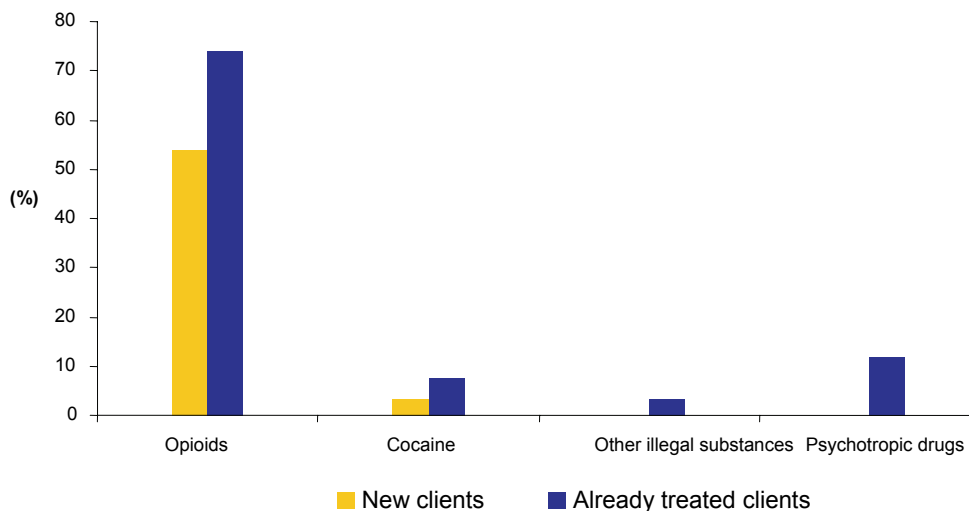
Source: data supplied by Ser.T multicentric study

What appears to be particularly interesting is the main consumption profile according to the client type. Among the treated subjects in periods prior to 2008, the number of clients under treatment for an opioid abuse is of 77%, compared to lower percentages among consumers of both cocaine (17%) and cannabis (4%). Among the affecting cases, what becomes decidedly relevant is the number of problematic subject-users of cocaine (32%) and of those treated for problems linked to the use of cannabis (19%) (Chart 5.9)

What also differs among the affecting cases and the cases already known from the previous years (Chart 5.10) is the way the primary substance is taken, in particular by injection: in fact it is noticed that a parenteral use of the primary substance is higher in the latter (58%), in which we find figures that reach 74% among heroin addicts, 8% among cocaine addicts and 12% among users of psychotropic drugs. Among the new users, on the other hand, a total of 26% of treated subjects opt for injecting the substance, in particular 54% of heroin consumers and 3.4 % of cocaine.

A decrease in drug taking by injection among new clients from 74% to 54%

Chart 5.10: Distribution of client sample percentage treated at drug addiction services according to kind of client and injected main abuse substance. Year 2008



Source: data supplied by Ser.T multicentric study

As a direct consequence of the different injecting behaviour of the primary substance, we observe also a difference in the other modalities of substance consumption: in half the newly treated subjects, the primary substance is smoked or inhaled through a vaporizer and another 21% is snorted; these percentages decrease among the subjects that have been treated from previous periods (In 25% of cases the substance is smoked or inhaled and in 13% it is snorted).

An increase in drug taking via respiratory means (vaporizer)

As highlighted from studies carried out in previous years, what can be noticed is a difference in the average age of the beginning of the drug-taking in relation to the kind of substance of initiation: opioids and cocaine users, 19 and 20 years of age respectively, consumers of cannabis 16 years of age.

Different starting ages according to substance

Such a difference can also be found in the age of the first treatment (cannabis: an average of 24 years of age; cocaine: 32; heroin: 33).

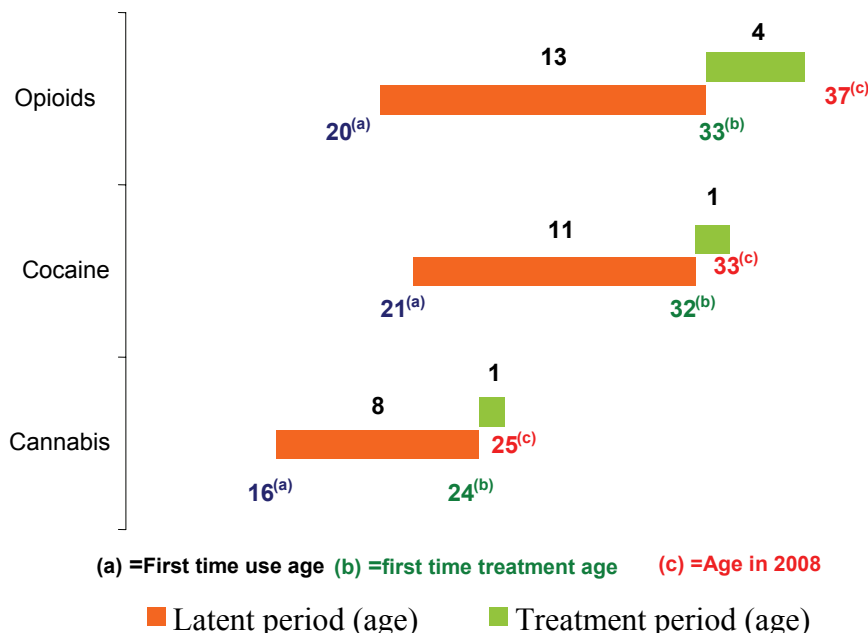
A younger starting age in cannabis use

The latent period, defined as being the period that goes by between the moment of a first time use of the substance and the first request for treatment (for problems that come from the use of that given substance), takes on a high value both for heroin consumers (14 years) as well as cocaine consumers (12 years) while it is lower for cannabis derivatives (8 years) (Chart 5.11)

The age of the first treatment for heroin consumers is particularly high, due to a probable distortion of information given to the clients themselves, for both the age of a first time use as well as the age of a first time treatment at any Service for drug addicts.

Long latent periods between first time use and first time treatment:
 - heroin 14 years
 - cocaine 12 years
 - cannabis 8 years

Chart 5.11: Age of first time use, first time treatment, average treated client age, latent period and average period of assistance acceptance according to kind of substance. Year 2008



Source: data supplied by Ser.T DPA multicentric study

The latent period can vary very much from substance to substance and also the age of the population object of the study can have an effect in the calculation, since there is a tendency, confirmed by several observations, of using the substance at a increasingly younger age. Moreover what can

varied are some important conditions that can have effect on the precocity of access to the Service, e.g. the presence of a polydrug consumption (that can create more psychic disorders) or the appearance of different and more effective shelters and contact Service policies. What could exert an important influence concerning the young age of access to the services is the different way of contacting and assigning to the Drug Addiction Services of Prefectures. In any case what follows is a brief table of different observations in regards to what has just been discussed.

Table 5.4: First time use age, first time treatment age and latent period according to the kind of substance.

Abuse substance		Report to Parliament on 2007 data	Multicentric Drug Addiction Services DPA Study (28.298 subjects) based on 2008 data	Verona Drug addiction Department study (2.042 subjects) based on 2002-2006 data	Verona Drug addiction Department study (455 subjects) based on 2007-2009 data
Opiates	Start	21	20	22	20
	Access	29	33	32	28
	LP*	8	12	9	8
Cocaine	Start	22	21	24	25
	Access	34	32	31	33
	LP*	12	11	7	8
Cannabis	Start	18	16	19	17
	Access	24	24	25	23
	LP*	6	8	6	6

*LP = Latent period

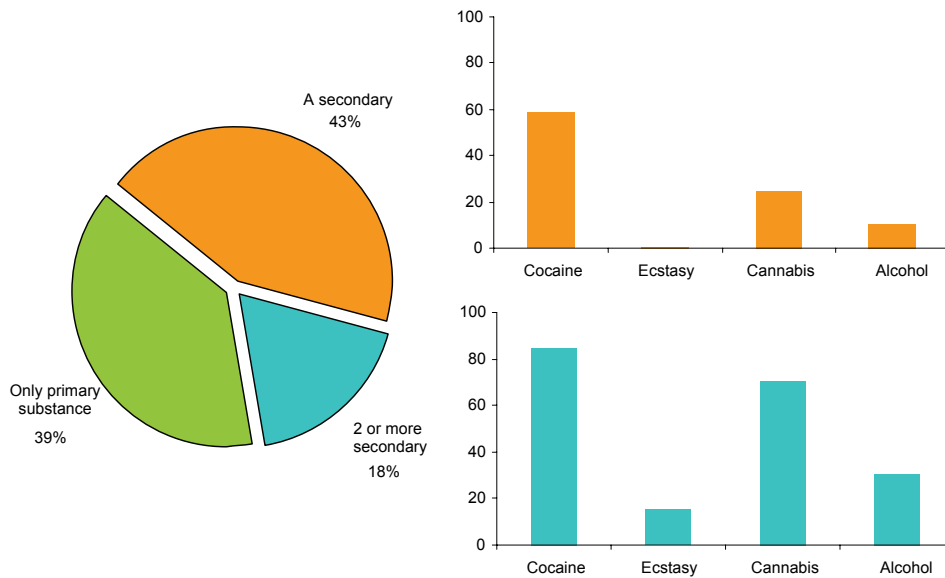
The difference between the average age of a first treatment and the current age could be interpreted as the average duration of the period of case acceptance, compared to the first treatment, at the moment of the survey. It appears to be higher among heroin users who have represented for many years the main Drug Addiction Service clients (with an average of 5 years), and lower among cocaine and cannabis consumers, in average taken on for a year. This a figure is rather low for cocaine addicts, although they have become Drug Addiction Services clients only in recent years and are subject to more treatment retention problems, owing to also the lack of specific pharmacological instruments. The brief nature of the therapeutic cycle for cannabis users could instead reflect a higher predominance of term discharge, which is much more frequently put into operation after the assignment by Prefecture.

The use of only one psychoactive substance is found more often among the new clients of the sample under study (47% against 41% of clients already previously treated); on the other hand new clients that use a secondary substance with a primary substance are in a lower percentage (37% vs. 43%), while when the secondary substances used are two or more, the percentage of affected clients by such a circumstance does not differ among new and already treated clients.

Among those who use opioids as a primary substance we notice that 39% use solely that substance, 43% use also another substance, of which in 60% of cases is cocaine and in 25% of cannabis, while 18% use two or more substances besides heroin; and in this last group of clients compared to the first group, the percentage of those that use cocaine, cannabis, alcohol and ecstasy increases proportionally (Chart 5.12).

Chart 5.12: Distribution of client percentage that use opioids as a primary substance and client percentage according to use of secondary substances – Year 2008

Heroin primary substance: strong association heroin - cocaine - cannabis

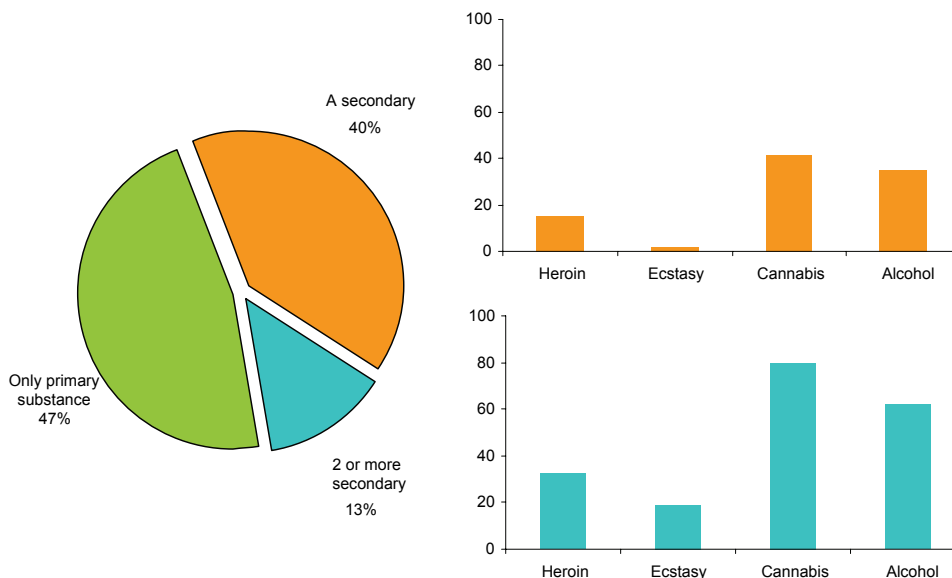


Source: data supplied by Ser.T DPA multicentric study

Among those who use cocaine as a primary substance we observe a higher percentage of the only use of that substance (47%), 40% also use another substance, especially cannabis and alcohol, while 13% use two or more substances besides the primary substance. In this last group of users together with the primary use of opioids what proportionally increases is also the percentage of use of other substances, in particular cannabis and alcohol (Chart 5.13).

Chart 5.13: Distribution of client percentage that use cocaine as a primary substance and client percentage according to use of secondary substances - Year 2008

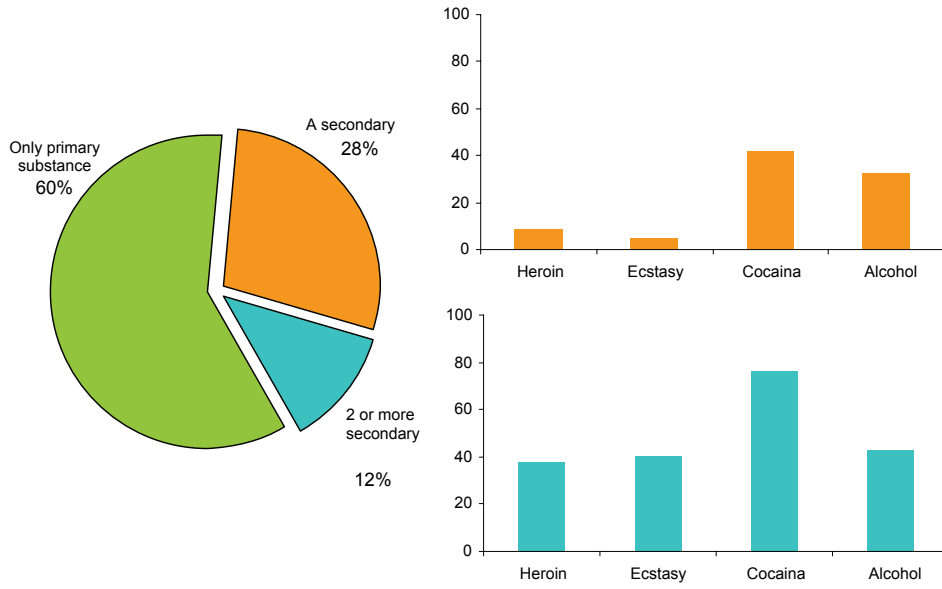
Cocaine primary substance: strong association cocaine, cannabis and alcohol



Source: data supplied by Ser.T DPA multicentric study

Lastly, among those who use cannabis as a primary substance we observed a further increase in the percentage of use of that substance alone (60%), 28% also use another substance, mostly cocaine and alcohol, while 12% use two or more substances besides the primary substance. In this last group of clients together with the primary use of opioids what proportionally increases is also the percentage of use of other substances, in particular cannabis and alcohol (Chart 5.14).

Chart 5.14: Distribution of client percentage that use cannabis as a primary substance and client percentage according to use of secondary substances – Year 2008

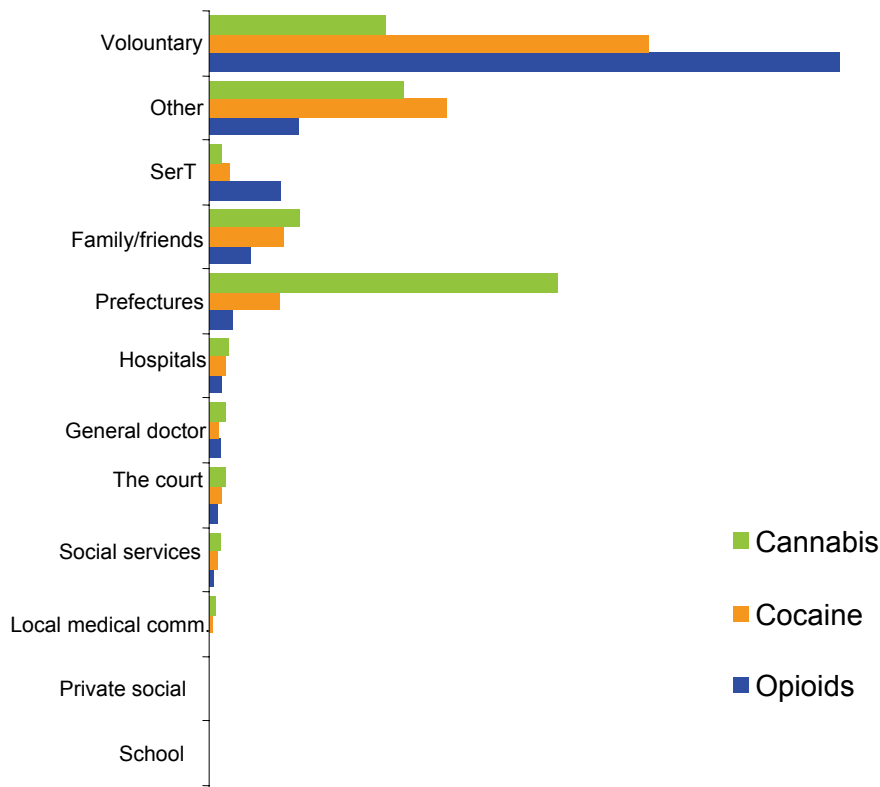


Cannabis primary substance: strong main association with cocaine and alcohol

Source: data supplied by Ser.T multicentric study

The access of the clients to the services for drug-addictions takes place with different modalities according to the type of substance. As far as the users of heroin go the main access is a voluntary access (70%); for cocaine users it is always a voluntary access (49%), for opioids users it is the same. For cannabis users, the main access is through the Prefectures (39%). What must be pointed out is the low efficiency of assignment for any substance of some important potential sources such as: general doctor, social services commission local-doctor and school.

Chart 5.15: Distribution of client percentage according to how they are sent to the services and according to type of primary substance use– Year 2008



Source: data supplied by Ser.T DPA multicentric study

As regarding to the other social demographic characteristics of clients, such as, marital status, school education, occupation and living together, what can be observed are the differences between the new clients and those treated from previous periods to the one in reference, for their school education, slightly higher among new clients (average level 24.5% for the new clients vs. 20.6% for the ones already being treated; high level 2.3% for the new clients vs. 1.5% for the ones already being treated). Steady or occasional occupation is found in 64% of the new clients against 60% in those already being treated, while unemployment seems higher among the clients already treated compared to new clients (31.2% and 25.2% respectively).

Unemployment level between 60-64%

In regards to the kind of primary substance used, what emerges is a difference in the analysis of the social demographic variables; in particular among opioids users what can be observed is a lower school education level, a higher percentage of unemployment, a higher proportion of clients that are single or married, a relatively higher percentage of subjects of no fixed abode.

Opioids consumers: - low education - unemployment - no fixed abode

Among the clients that declare a use of more substances, there are some subjects that use indistinctively more substances, without stating one as being prevalent; these subjects are called poly- drug users in a precise sense they represent about 2% of the sample of subjects analysed in the multicentric study. This figure, according to what stated in the clinical

practise does not appear to reflect the real situation observed by services, a possible reason could be because the aggregated informational flow object of the informational debt towards the Ministry of Health does not account for the poly – drug use modality, therefore the figure is reported through straining as a primary substance and other secondary substances.

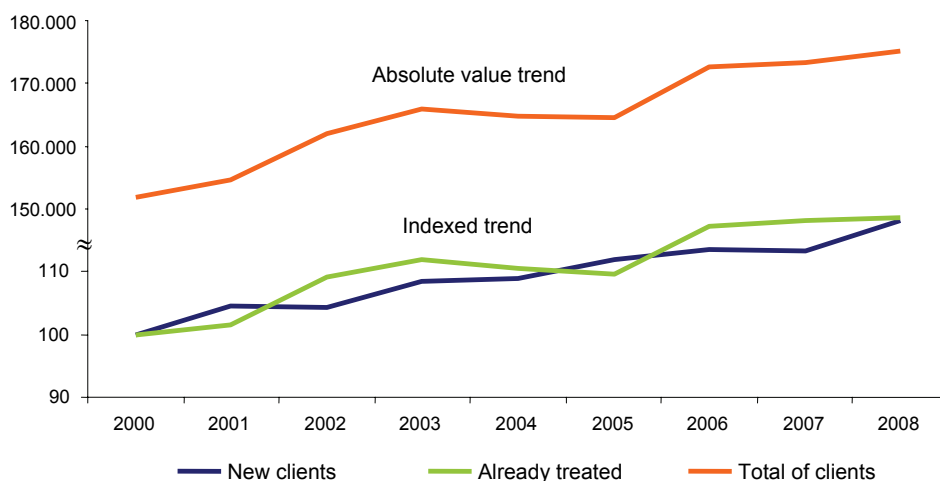
5.4 Trends of clients in treatment

This chapter is dedicated to the analysis of the trend of the treatment request phenomenon in the last 18 years, according to aggregated data gathered by the Ministry of Labour, Health and Social Policies.

From 2000 to 2008 we witnessed a steady raise in the number of drug addicts treated for the first time (incidence cases) through the network of public services of the national health care service, going from 31,510 clients in 2000 to 37,202 in 2008; the clients already known to the services from previous periods after a 3-year increase (2001-2004), what is observed is a phase of stability in the following two years, and a variably increasing trend upwards in 2008 (Chart 5.16)

Increase especially in new clients

Chart 5.16: Treated clients at drug addiction Services according to type of contact – absolute values and indexed values (Base year 2000 = 100) - Years 2000 - 2008

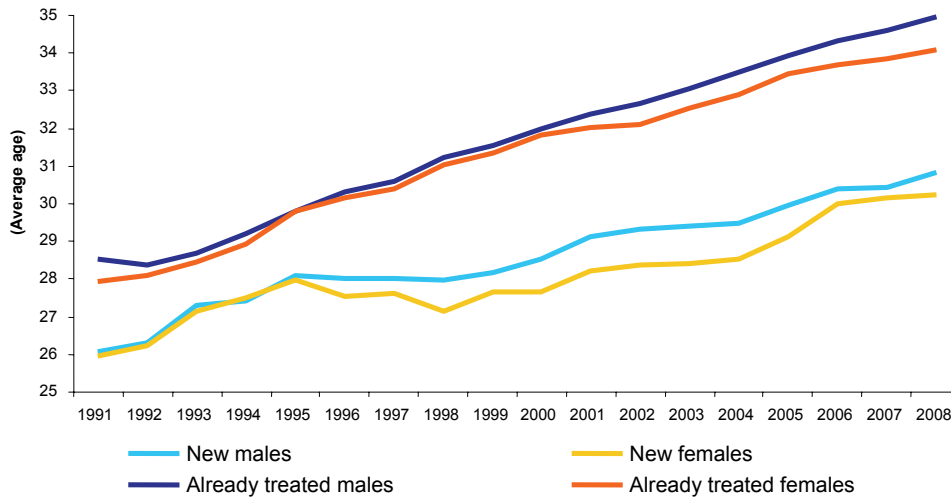


Source: data supplied by the Ministry of Labour, Health and Welfare

From 1991 to 2008 what increased was the average age of the people treated going from 26 to 30 years of age respectively for women and 31 for men.

Increase in the average age of first time access to the services

Chart 5.17: Average treated client age at drug addiction Services according to type of contact and kind – Years 1991 - 2008



Source: data supplied by the Ministry of Labour, Health and Welfare

Keeping in mind that what can be observed in several different places is a lowering of the age of first time use, this means that we are most likely witnessing an increase in the period between “first time use” and “first time access” to the services, thus creating also an increase in risks and damages coming from non treated drug-addictions.

Increase in out of treatment period

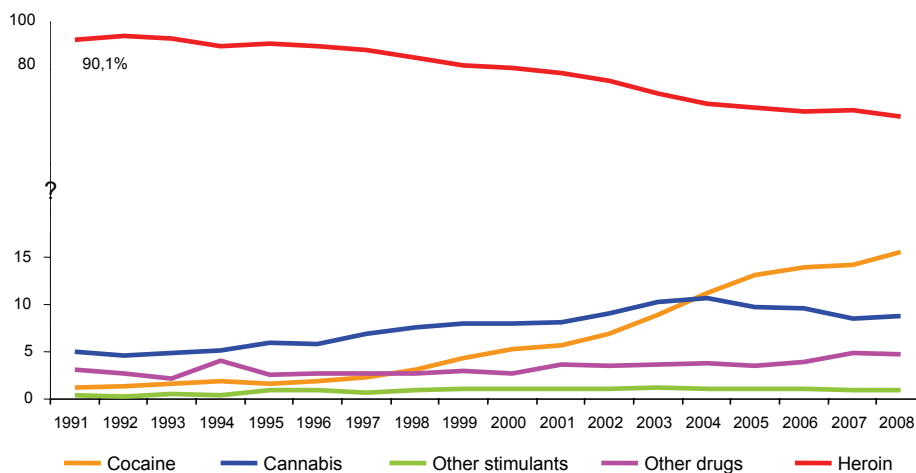
Although remaining at high levels, the percentage of treated subjects who refer to heroin as being the mainly used drug it followed a progressively decreasing trend from 1991 to 2005 (going from about 90% to about 72%), in this last three-year –period the phenomenon appears to have stabilized at about 70%.

Heroin use: tendency to stabilization in the last 3 years

With respect to a decrease in heroin use as a primary substance, what can be observed is an increase in cocaine use (from 1% to over 15%) which surpassed cannabis as being the main substance (from 5% to 9%). Therefore it is worth underlining that cannabis and cocaine use, apart from causing a constant and increasing interest on the part of treated subjects as being the mainly used substances, they also constitute the preference on the part of those who choose them as a secondary substance.

Increase in cocaine use

Chart 5.18: Percentage of treated client distribution at drug addiction Services according to the primary substance. Years 1991 - 2008



Source: data supplied by the Ministry of Labour, Health and Welfare

The main use of other stimulating substances such as amphetamines, ecstasy and similar substances and crack, in the last five years has stabilized at a percentage of about 1%; psychotropic drugs and other kinds of opioids such as methadone, morphine and other substances taken as a primary substance by 5% of clients, with a slight increase from 2005.

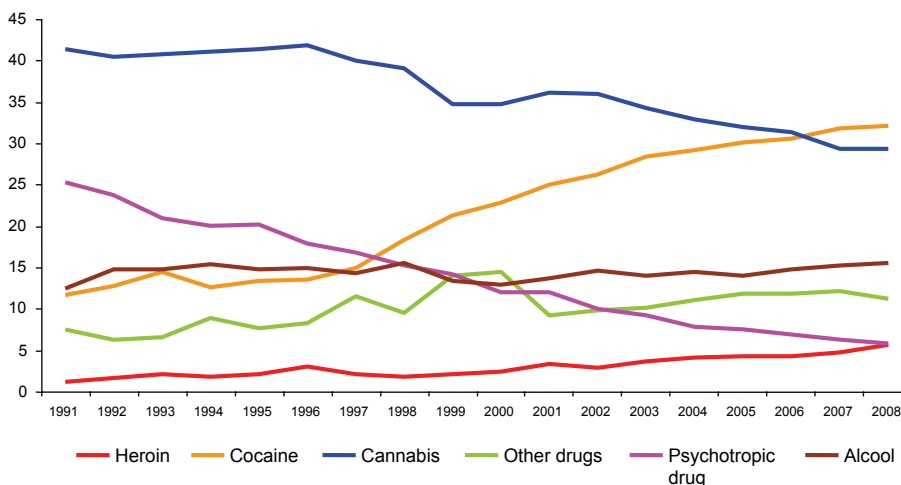
In relation to this profile it is useful to mention that the subjects who use these substances hardly ever arrive at the Services for drug-addictions. Thus, this percentage pertains only to a small fraction of people that in reality use such drugs and they are those who, probably for serious complications, arrive at the services.

Since 1997 we have been able to notice an increase in cocaine as the secondary substance of abuse going from 15% to 32% in 2008. What remains strongly present is alcohol abuse with an average percentage which from the period 1991-2008 fluctuates between 13% and 16%. What is observed is also a decrease in resorting to psychotropic drugs, mainly benzodiazepine as a secondary substance in association to the use of a main substance, going from 25% in 1991 to 6% in 2008. The use of heroin as a secondary substance in association with other substances, being opposed to the current trend, in the last five years it has increased from 3% in 2002 to 6% in 2008.

Increase in cocaine use as a secondary substance

Decrease in benzodiazepine use

Chart 5.19: Percentage of treated client distribution at drug addiction Services according to secondary substance. Years 1991 - 2008

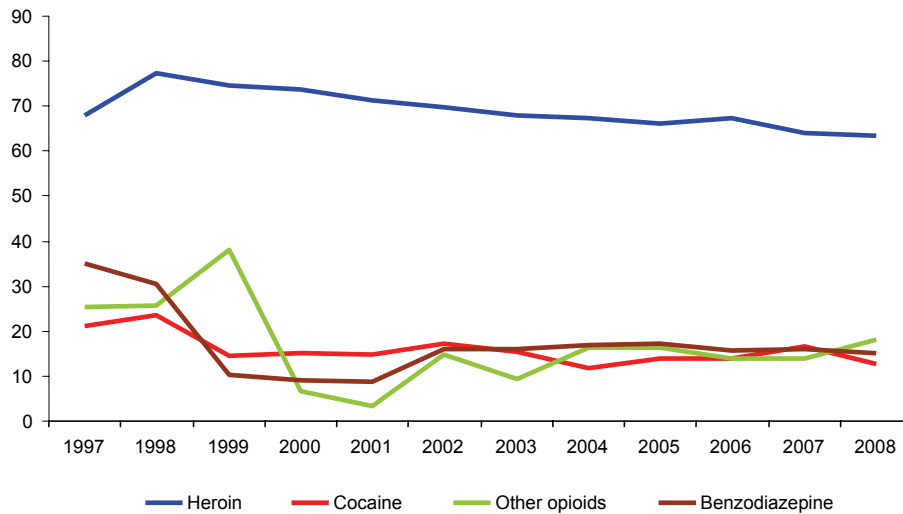


From 2007 the substance mostly used has been cocaine

Source: data supplied by the Ministry of Labour, Health and Welfare

The intravenous use of drugs highlights a decrease over time, although distinguished by an almost linear trend (in 1997, 68% of treated subjects that referred to heroin as being the primary substance of use was that of an injecting behaviour, while in 2008 that percentage went down to 63%).

Chart 5.20: Injecting use trend according to type of substance. Years 1997 - 2008



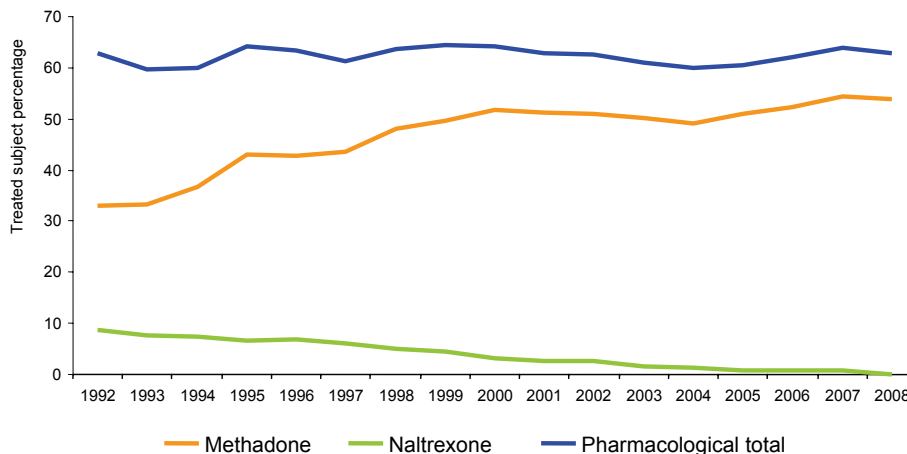
A decrease in injected heroin

Source: data supplied by the Ministry of Labour, Health and Welfare

This slight drop in the number of people that have reported an injecting use of the primary substance in the last decade probably goes together with an increase in percentage of people who have used drugs such as cannabis, cocaine, and amphetamines in other ways and for the fear of AIDS. In the last period, moreover, what has changed is also the profile of use with a tendency to use heroin also in a non-injecting way. Compared to an injecting use of cocaine what is observed is a substantially steady trend, although with a certain variability, around 13%, after the beginning of the decade in which such a practice was used by over 20% of cocaine users as a main substance.

From the point of view of treatments provided by services, from 1992 to 2008 what is observed is a steady percentage trend of pharmacological treatments provided, around 60-65%. Among the treatments provided what is observed is a progressive increase of methadone-based substitute treatments, confirming the progressive reduction of Naltrexone and Clonidina medication.

Chart 5.21: Percentage of clients undergoing a pharmacological treatment, according to type - years 1992 – 2008



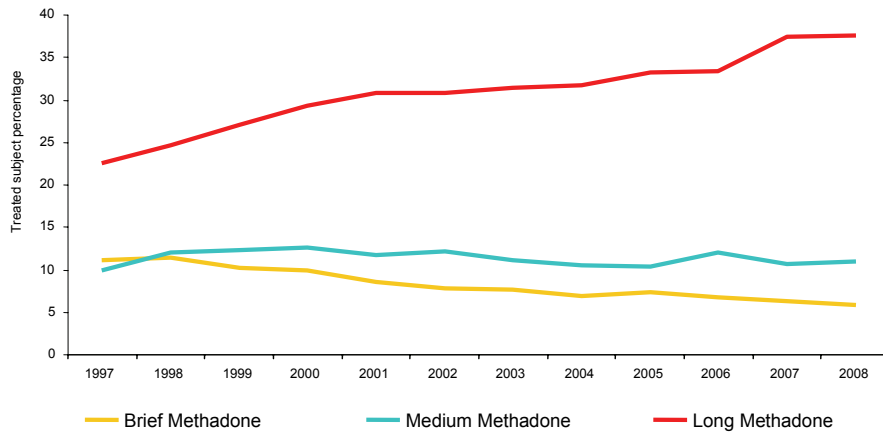
Increase in therapies using methadone and decrease in those using naltrexone

Source: data supplied by the Ministry of Labour, Health and Welfare

A slight decrease in the two - year - period 2007-2008 can also be found in the supply of short term (-6%) and long term (-2%) substitute methadone-pharmacological therapies in favour of the medium term (+9%) ones. Such a result, although apparently in countertrend compared to the tendency in the last decade, could be due to a certain variability that characterizes the trend from 2005 to 2008 (Chart 5.22)

Methadone: increase in medium term therapies, reduction of short and long term therapies

Chart 5.22: Percentage of clients undergoing pharmacologic therapy with methadone according to the duration of the therapy – Years 1997 - 2008



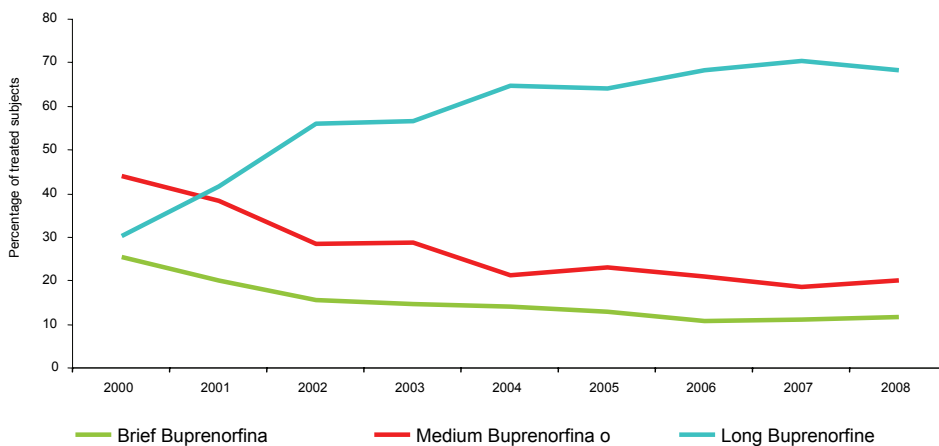
Source: data supplied by the Ministry of Labour, Health and Welfare

In the field of buprenorfine - based therapy supply, although with moderate values, the short (less than 30 days) and medium (from 30 to 180 days) period of the medical treatment has increased at the expense of the one over a long period (over six months).

Buprenorfine: short and medium term therapy increase

After a main supply of medium period treatments at the beginning of the twentieth century, what is observed is a progressive increase in the supply of long term therapies, particularly intense in the two-year-period 2001-2002, more modest and variable in the period following (Chart 5.23).

Chart 5.23: Percentage of clients undergoing pharmacologic therapy with buprenorfine according to the duration of the therapy – Years 2000 - 2008



Source: data supplied by the Ministry of Labour, Health and Welfare

6. HEALTH CORRELATES AND CONSEQUENCES

While, on the one hand, the consumption of psychotropic substances and other deviant behaviour may produce apparent states of wellbeing or temporary high performance levels, on the other, they have implications and consequences for health.

This section is dedicated to an analysis of the main types of pathologies or health implications as a consequence of taking illegal substances, as observed in the treatment of people who turn to local services, hospitals, or following traumatic events which cause temporary or permanent invalidity and, in the most serious cases, death.

The main consequence directly correlated to the use of psychoactive substances, and in particular to the way they are taken, as well as the lifestyle led by most regular drug takers, is, among other things, the high risks of contracting infectious diseases.

This issue is addressed in the first part of the chapter, drawing on the data from the information sent by the drug addiction services at the Ministry of Labour, Health and Social Policies, and partly from the information on hospital discharge forms regarding admittances provided by hospitals for patients with drug-related pathologies.

This is followed by a paragraph on road accidents caused by drivers under the effect of psychoactive substances, and which are subject to specific publication by ACI and ISTAT.

The final part of the chapter deals with acute drug-related mortality, as surveyed by the Central Drug Service Department of the Ministry of the Interior, and the mortality rate of users of psychoactive substances following their admittance to hospital.

6.1. Drug-related infectious diseases

The rate of infectious diseases correlated to the use of illegal psychoactive substances is also one of the key indicators identified by the European Monitoring Centre for Drugs and Drug Addiction in Lisbon (EMCDDA) for the purposes of monitoring the phenomenon of drug use.

At a European level attention is focussed in particular on intravenous drug users (IDU), given the high risk of contracting infectious diseases, HIV, viral hepatitis, tuberculosis, etc.

In Italy the analysis is carried out both among users of drug addiction services and among drug-related hospital admittances.

The data on users undergoing treatment at drug addiction services was processed on the basis of the aggregate flow provided by the Ministry of Labour, Health and Social Policies through its annual survey based on the ANN.04, ANN.05, and ANN.06 forms.

However, the aggregate data do not allow a detailed analysis of the spread of infectious diseases among users who inject psychoactive substances.

Information on admittances was recorded from the information taken from hospital discharge forms; in particular discharges from ordinary admittance and day hospital were considered, which had main or secondary drug-related diagnoses.

[Foreword](#)

[Information sources](#)

[Correlated infectious diseases](#)

6.1.1. HIV/AIDS and viral hepatitis

In 2008 drug addiction services accepted 146,505 people, 60,441 of whom were tested in order to identify the presence of HIV infection and approximately 12% were positive. The remaining people accepted (86,044 which represents approximately 58.7% of the total) were not tested during the year, and were either people already diagnosed as HIV positive in previous years (6,932 which represents approximately 4.7% of the total) or they were users on whom the test was not in fact carried out (79,132 which represents approximately 56.7% of the people who should have been tested, i.e. 139,573).

Low number of people tested at drug addiction services

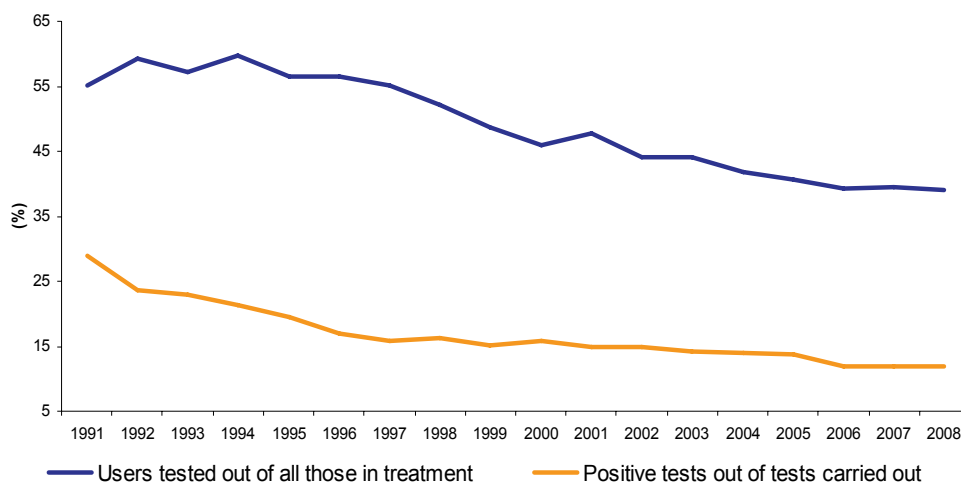
It should be noted that the information received by the Ministry of Labour, Health and Social Policies from the regions, at 30 May 2009 covered almost 90% of all drug addiction services, and therefore should be considered representative but incomplete.

Over the last 17 years, from 1991 to 2008, a steadily declining percentage of people in treatment at drug addiction services were checked for the presence of infectious diseases correlated to the use of narcotic drugs.

In relation to the presence of HIV infection, the percentage of people subjected to testing fell by over 20%, going from approximately 60% in 1994 to approximately 39% in 2008.

Constantly falling trend in use of HIV tests: only 30% of people are tested

Chart 6.1: Users subjected to HIV testing out of all those in treatment and the percentage of positives out of the whole population tested. 1991 - 2008



Source: Processing of data from Ministry of Labour, Health and Social Policies

Of those who were HIV positive 79% were male; this means that women are heavily overrepresented among HIV positives (21%, 7 percentage points higher than all users of drug addiction services): the possible grounds could be either that the rate of HIV infection among drug addicts at drug addiction services is much higher among women or that women are more assiduous in undergoing diagnostic monitoring or, most likely, a combination of both.

Higher rate of HIV among women

Table 6.1: Undertaking and outcome of HIV test among users at drug addiction services. 2008

Characteristics	New users	Users already admitted	Total
People in treatment			
Male	26,779	99,723	126,502
Female	4,440	15,563	20,003
Total	31,219	115,286	146,505
People subjected to HIV test (absolute values)			
Male	9,147	42,602	51,749
Female	1,627	7,065	8,692
Total	10,774	49,667	60,441
% people subjected to HIV test (% tested out of (**))			
Male	34.2	45.2	42.8
Female	36.6	50.1	46.9
Total	34.5	45.8	43.3
% people NOT subjected to HIV test (out of all people who require the test)			
Male	65.8	54.8	57.2
Female	63.4	49.9	53.1
Total	65.5	54.2	56.7
Positives from HIV test (absolute values)			
Male	264	5,467	5731
Female	47	1,465	1512
Total	311	6,932	7243
Positives from HIV test (% of positives out of all tests)			
Male	2.9	12.8	11.07
Female	2.9	20.7	17.40
Total	2.9	14	11.98

(*) Total people in treatment less HIV positives already admitted

Source: Processing of data from Ministry of Labour, Health and Social Policies

The reduction in the rate in the period 1991 - 1998 was due, in all likelihood, to the disappearance of HIV positives who died as the disease developed; vice versa, in the following period the rate of infection in the population using the services stabilised between 14% and 12%, thanks also to the effect and effectiveness of new antiretroviral therapies.

Note should be taken of the difference in the rate which is found among women. The rate is in fact higher than for men, even if this difference, in new cases at drug addiction services, is disappearing.

In parallel to the reduction in the number of people subjected to HIV testing, in the latest period we have seen stability in the percentage of people tested and who were positive (verified cases), above all for users who are already known to the services, except for 2006, a year in which we saw a marked reduction, followed by a levelling off in the subsequent two years.

More HIV positives
 in mainly female
 cases

On the other hand, a constantly falling trend was seen for women who had turned to the local services for the first time, and, although at values constantly higher than those for men, tended to move towards the latter, reaching the same value in 2008 (2.9%).

In 2006, among drug-related admittances, diagnoses (main or concomitant) relating to full-blown AIDS or being HIV positive totalled approximately 8% (or 2,072 admittances); the remainder were cases which were not comorbid with such conditions.

Throughout Italy and in broadly stable fashion, among admittances with or without diagnosis of symptomatic HIV infection, we see a higher percentage of men (approximately 74% compared to 57% of women) and a lower percentage of cases of people aged under 24 (approximately 1% compared to 14%) compared to cases which are comorbid for such pathologies.

The analysis of the nature and type of admittance also shows that, among drug-related admittances with diagnoses of HIV infection or AIDS, there was a lower percentage of emergency admittances (approximately 46% compared to 63%) and ordinary hospitalisations (approximately 79% compared to 93%).

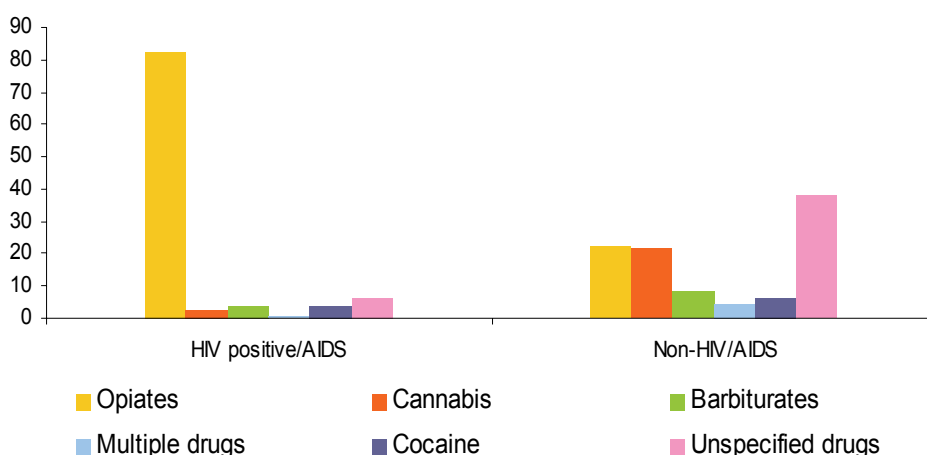
Drug-related hospital admittances

AIDS and HIV infections

Fewer emergencies, more ordinary admittances

Chart 6.2: Percentage of drug-related admittances by HIV/AIDS condition and type of drug taken. 2006

The combination of injecting heroin/HIV



Source: Processing of data from Ministry of Labour, Health and Social Policies

The study of the drug used (Chart 6.2), which was carried out on the basis of the HIV/AIDS condition showed, among positive cases, a higher percentage of opiate users (approximately 83% compared to 22%); in 43% of admittances there was also a positive hepatitis C test.

Higher rate of tests for HCV compared to HBV

The phenomenon of the presence of viral hepatitis in the drug addict population is more widespread than for HIV infection.

Spread of hepatitis B

In the same way as reported for the HIV test, the percentages of people who took the hepatitis B test were very low (42% in 2008) with a declining trend since 1994 (55%), albeit with some variation, except for 2008, the year in which there was an apparent recovery in hepatitis B testing (however, it should be recorded that at the time of preparing the report, over 70 drug addiction services had still not sent the data).

At drug addiction services limited use of test for HBC

Table 6.2: Administering and results of HBV testing among users of drug addiction services. 2008

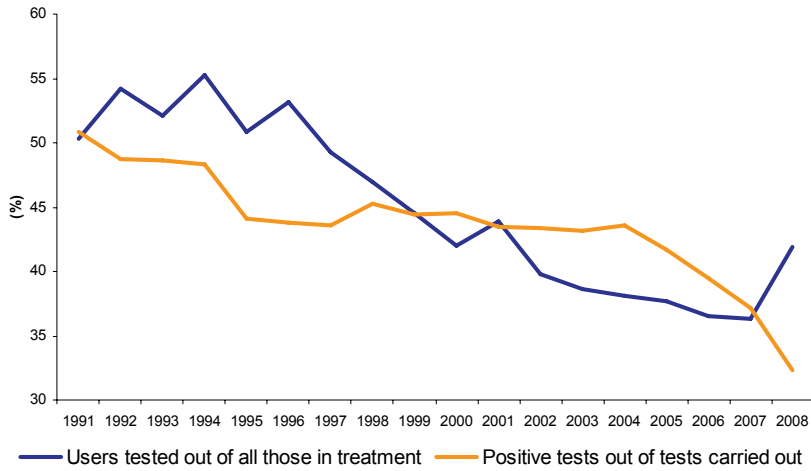
Characteristics	New users	Users already admitted
People in treatment		
Male	26,779	99,723
Female	4,440	15,563
Total	31,219	115,286
Hepatitis B tests carried out (absolute values)		
Male	8,004	40,470
Female	1,500	6,253
Total	9,504	46,723
Hepatitis B tests carried out (% tested out of total in treatment, excluding those vaccinated)		
Male	34,1	46,5
Female	40,0	47,4
Total	34,9	46,6
Positive hepatitis B tests (absolute values)		
Male	1,157	14,511
Female	142	2,350
Total	1,299	16,861
Positive hepatitis B tests (% positive of all tested)		
Male	14.5	35.9
Female	9.5	37.6
Total	13.7	36.1
Vaccinated against hepatitis B (absolute values)		
Male	3,282	12,601
Female	690	2,373
Total	3,972	14,974
Vaccinated against hepatitis B (% positive of all tested)		
Male	12.3	12.6
Female	15.5	15.2
Total	12.7	13.0

Source: Processing of data from Ministry of Labour, Health and Social Policies

The rate of the hepatitis B virus in 2008 stood overall at 32%, as part of a declining trend, albeit with some variation up to 2004 when there was a further and decisive fall (from 44% in 2004 to 32% in 2008).

Probable
vaccination effect

Chart 6.3: Users subjected to HBV testing out of all people in treatment and percentage of users with positive test results out of the whole population tested. 1991 - 2008



Source: Processing of data from Ministry of Labour, Health and Social Policies

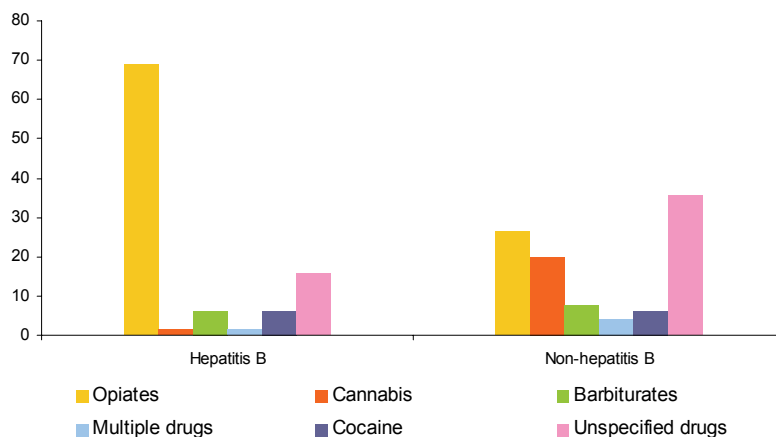
Similar trends were seen in the percentages of HBV positive tests among new users and users who had already been admitted, although the trend in women already known to the services did not change from 1996 to 2004. The figures for users already admitted to services was constantly higher than those for new users, while overlapping trends were recorded between the two sexes, for both types of users in treatment.

In 2006 among drug-related admittances, diagnoses (main or concomitant) relating to the presence of hepatitis B virus totalled under 1% (or 183 admittances), without any significant differences over the last three years. Greater variability was seen during the three year period among people admitted with or without symptomatic HBV infection being diagnosed, in relation to the percentage of male admittances (79% in 2004, 86% in 2005 and 84% in 2006) which was higher (84% compared to 57%) than for patients admitted without such comorbidity.

Study of the drug used (Chart 6.4) which was carried out on the basis of the being positive for the hepatitis B virus, showed, among people who had a positive test result, a higher proportion of opiate users (approximately 69% compared to 26%), very similar to the presence of HIV or full-blown AIDS.

Reduction in admittances for hepatitis B

Chart 6.4: Percentage of drug-related admittances by disease/positive result for hepatitis B virus and type of drug taken. 2006



Source: Processing of data from Ministry of Labour, Health and Social Policies

A similar and worrying situation was seen in relation to the spread of the hepatitis C virus, associated with the very limited practice of checking for the virus.

Limited use of HCV test at drug addiction services

Table 6.3: Administering and result of HCV testing in users of drug addiction services. 2008

Characteristics	New users	Users already admitted
People in treatment		
Male	26,779	99,723
Female	4,440	15,563
Total	31,219	115,286
HCV tests carried out (absolute values)		
Male	9,607	51,250
Female	1,691	8,560
Total	11,298	59,810
HCV tests carried out (% tested out of total in treatment)		
Male	35.9	51.4
Female	38.1	55.0
Total	36.2	51.9
Positive HCV test outcome (absolute values)		
Male	2,458	33,536
Female	433	5,667
Total	2,891	39,203
Positive HCV test outcome (% positive out of all tested)		
Male	25.6	65.4
Female	25.6	66.2
Total	25.6	65.5

Source: Processing of data from Ministry of Labour, Health and Social Policies

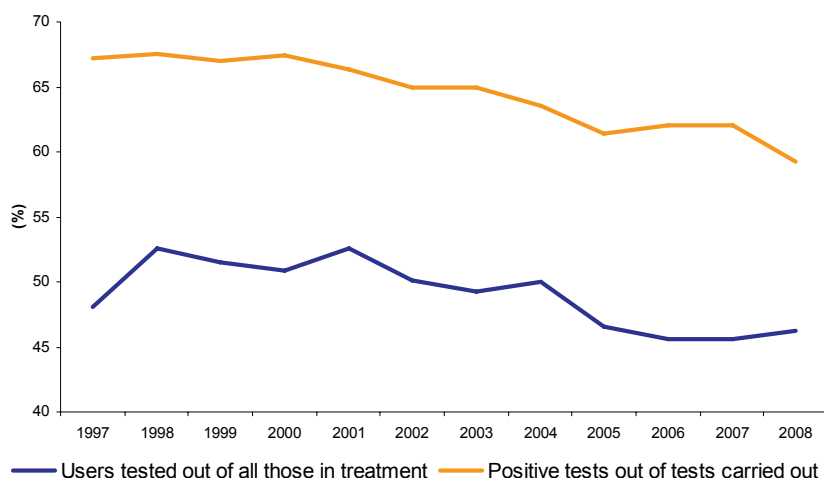
The check on the presence of the hepatitis C virus related to the use of narcotic drugs among people who had turned to the drug addiction services, produced a percentage of users between 46% and 52% from 1997 to 2008, with some variability (Chart 6.5). It was also possible to see more use of the test among people already known to the services (51% compared to 34% for new users), uniformly distributed between men and women.

Low use of HCV test, above all for new drug addicts turning to services

In relation to the presence of the hepatitis C virus, the percentage of test positives fell by 9 percentage points over the last 11 years, going from 67% in 1997 to 58% in 2008, nonetheless still remaining at high levels (Chart 6.5).

High rate of HCV

Chart 6.5: Users subjected to HCV testing out of the total of all those in treatment and the percentage of users positive to the test out of all people tested. 1991 - 2008



Source: Processing of data from Ministry of Labour, Health and Social Policies

Among new users the phenomenon seems to affect the two sexes equally, and is gradually declining. There was greater stability in the trend of the percentage of users who were already known to the services and who were positive for the HCV test, without any variation between sexes.

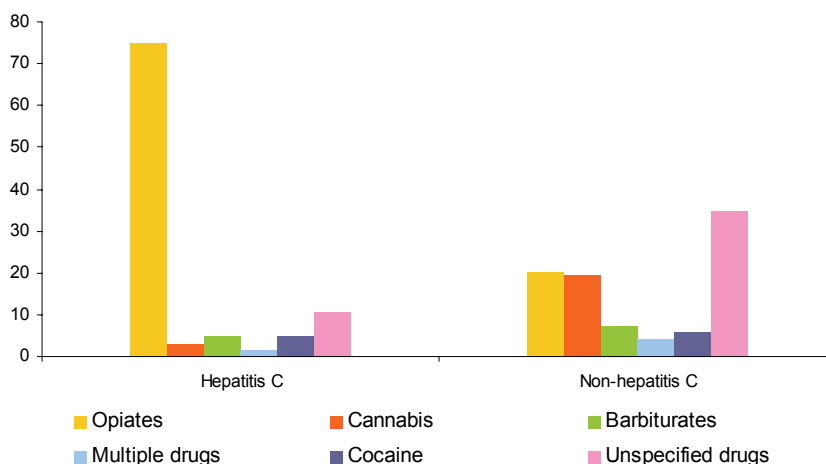
The difference in the rate of HCV positive cases between new and already admitted users might be caused by the lower amount of time exposed to the risk. The declining trend among new users may be caused by reduced use of injections which has become a phenomenon over time.

In 2006, among drug-related admittances, the diagnoses (main or concomitant) relating to the presence of hepatitis C virus stood at approximately 9% (or 2,277 admittances), a one percent increase compared to 2005.

Among admittances in which symptomatic HCV infection was or was not diagnosed, in 2006 there was a higher percentage of men (approximately 77% compared to 57%), with a slightly falling trend over the last three years (2004 – 2006); on the other hand, there was a lower percentage of cases involving people aged under 24 (approximately 4% compared to 15%), compared to cases which were not comorbid for such pathologies.

HCV in drug-related admittances

Chart 6.6: Percentage of drug-related admittances by disease/positive result for hepatitis C virus and type of drug taken. 2006



Source: Processing of data from Ministry of Labour, Health and Social Policies

Study of the drug used, which was carried out on the basis of being positive to hepatitis C virus, showed, among positive cases, a higher percentage of opiate users (approximately 75% compared to 20%), very similar to the trends seen in drug-related admittances in comorbidity with other infectious diseases (Chart 6.6).

In 2006 the diagnoses (main or concomitant) relating to the presence of tuberculosis showed cases in 2.6 per thousand (or 69 admittances) of total admittances related to the use of drugs and psychoactive drugs (2.2 per thousand in 2004 and 1.7 per thousand in 2005).

In 2006 the group with diagnosed tuberculosis was almost exclusively male and markedly higher than compared to the overall volume of drug-related admittances (approximately 90% compared to 58%) and cases aged under 50 (approximately 84% compared to 79%).

Presence of
admittances for
TBC

6.2 Other drug-related health correlates and consequences

According to the World Health Organisation's definition, a road accident is "a collision which occurs on a public road, which involves at least one vehicle and can have health consequences for those involved". Among the most important risk factors linked to the state of the driver are alcohol and narcotic drugs or, even more so, combined use of both.

The European Union in its white book of 13 September 2001 set the objective which envisages reducing road accident deaths by half by 2010. At 31 December 2007 Italy had seen a fall compared to the base year (2000) of 27.3% and full realisation of the objective will be difficult, although the result already achieved is still important.

Italy included road safety among the essential objectives of its National Health Plan 2006-2008 and National Prevention Plan 2005-2007, thus showing particular attention to the phenomenon.

The analysis given below refers solely to consolidated data and analyses the ACI-ISTAT report published on 20 November 2008 which relates to the previous year's data.

In 2007 the total number of accidents involving injury to the driver stood at just over 230,000, down by 3% on the previous year. The driver was killed in 5,131 cases, again with a falling trend compared to the last three year period (2005 – 2007).

In 2007 the number of accidents in which the presence of alcohol or drugs was found in at least one driver/pedestrian was 6,904 (respectively 6,031 and 873), corresponding to approximately 3% of all accidents.

Deaths totalled 237, 189 due to alcohol and 48 to drugs, or 4.62%, and the number of injuries was 10,716, 9,292 due to alcohol and 1,424 to drugs, or 3.29%. The low drug-related percentage must, of course, be related to the difficulty, and sometimes impossibility, of carrying out toxicological tests. In fact, unlike determining blood alcohol levels, tracing the presence of drugs is much more difficult.

The taking of narcotic drugs (48 people) or alcohol (189 people) was found in 4.6% of people who died in road accidents (237 people); in relation to the overall number of injuries, 3.3% referred to people with an altered psychophysical state, 9,292 due to alcohol and 1,424 to drugs. In 2007, compared to the previous year, the percentages of deaths and injuries due to the taking of narcotic drugs almost doubled, while those for alcohol rose by approximately 50% in terms of the number of accidents and injuries and by almost 34% for deaths.

Foreword

General framework

Table 6.4: Road accidents by condition of driver and by cause. 2006 - 2007

	2006			2007		
	Accident	Deaths	Injuries	Accident	Deaths	Injuries
Alcohol	4,186	156	6,324	6,031	189	9,292
Drugs	434	27	696	873	48	1,424
No drugs	233,504	5,486	325,935	223,967	4,894	315,134
Total	238,124	5,669	332,955	230,871	5,131	325,850
Alcohol	1.8%	2.8%	1.9%	2.6%	3.7%	2.9%
Drugs	0.2%	0.5%	0.2%	0.4%	0.9%	0.4%
Total	1.9%	3.2%	2.1%	3.0%	4.6%	3.3%

Source: Processing of data from ACI – Study and Research Department – Statistical Area

The weekend (Saturday and Sunday) saw the highest concentration of accidents under the effect of alcohol (50.4% of the total accidents due to alcohol), an increase on 2006 (49%). The time period in which the highest number of accidents was recorded was that between 01:00 and 04:00 (respectively, 631 from 01:00 to 02:00, 458 from 02:00 to 03:00, and 415 from 03:00 to 04:00). The weekend is the most critical period also in the case of accidents involving drugs (40% of all weekly drug-related accidents), by way of confirmation, albeit less marked, of what the findings for alcohol. Compared to the time period with the highest level of alcohol-related accidents, those under the effect of narcotic drugs happen most frequently between 19:00 and 1:00.

In reference to the characteristics of people involved in road accidents, of the 6,152 cases recorded in 2007 for alcohol, 90% were men.

As for the few cases of women, it is interesting to note the trend in relation to the age group, which was high in the 14-18 and 19-24 age groups, then steadily falling to the 35-39 age group, and then once again high in the 40-49 age group, before falling steadily.

People in whom a drug-altered psycho-physical state was confirmed in 2007 numbered 879, of whom 753 were men (85.7%). The age range from 19 to 21 is that with the highest values and consequently the most important age group is that under 24, followed by the subsequent groupings. The estimate¹ of the social costs of alcohol and drug-related road accidents for 2007 was over one billion euro, at approximately 1,047 million euro. 84.8% of costs were due to alcohol-related accidents and mainly concern material costs (including material damage and administrative costs for the recording of road accidents, legal costs and for civil liability insurance) and costs regarding lost production (the current and future loss of productivity due to road accidents).

Table 6.5: Calculating social costs for alcohol and drug-related road accidents. 2007

Values in millions of euro	Alcohol	Drugs	Total
Lost production	€ 329.78	€ 66.28	€ 396.06
Human costs	€ 155.56	€ 34.22	€ 189.78
Health costs	€ 17.06	€ 2.47	€ 19.53
Material costs	€ 385.76	€ 55.84	€ 441.60
Total	€ 888.16	€ 158.81	€ 1,046.97

¹ The estimate was made starting from the costs recorded in the ACI-ISTAT Report and multiplying by the rates shown in table 6.4., specifically for the death rate in the sub-headings "lost production deaths" and "moral damage to survivors", for the injury rate in the sub-headings "lost production injured" and "biological damage" and by the accident rate for the headings "health costs" and material costs.

Characteristics of accidents

Characteristics of accident victims

Critical ages: women with dual trend (14-24 and 40-49), male (19-24)

Social costs of alcohol and drug-related road accidents

Source: Processing of data from ISTAT and Ania

6.3 Drug-related deaths and mortality of drug users

6.3.1. Drug-induced death

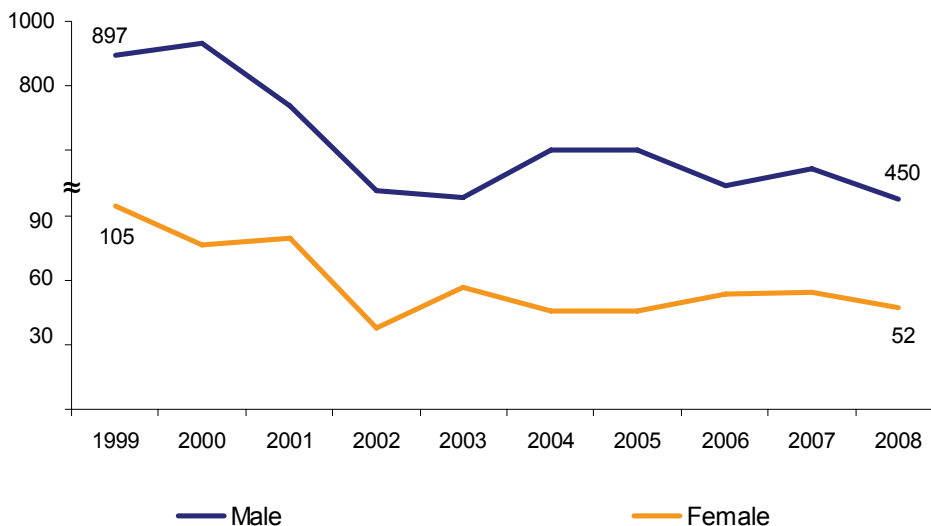
As indicated by the European Monitoring Centre for Drugs and Drug Addiction (OEDT) in Lisbon, regarding mortality in drug users, this paragraph will only analyse deaths due to overdose, while the following paragraph will describe the deaths of patients admitted to hospital for drug-related pathologies.

Overdose cases are collected in Italy in the Special Death Register of the Drug Service Department (DSD) of the Ministry of the Interior, which records these episodes on an evidential basis (i.e. unmistakable signs of intoxication from psychoactive substances) and which have involved the police.

On the basis of the data supplied by the DSD, starting from 1999, when there were 1,002 cases, there was a decrease in the phenomenon until 2002, when there was a gradual tendency to stabilisation, albeit with some variability, at between 500 and 650 deaths a year, up to 2008, when there were 502 deaths due to overdose. The distribution by sex shows largely similar trends (Chart 6.7), with the ratio of male/female deaths on average at approximately 10 males for each female (9.6); this ratio varied between 7.2 in 2003 (when 12.2% of deaths were of women) and 11.8 in 2004-2005 (when women represented 7.8% of deaths).

Falling trend in drug-related deaths

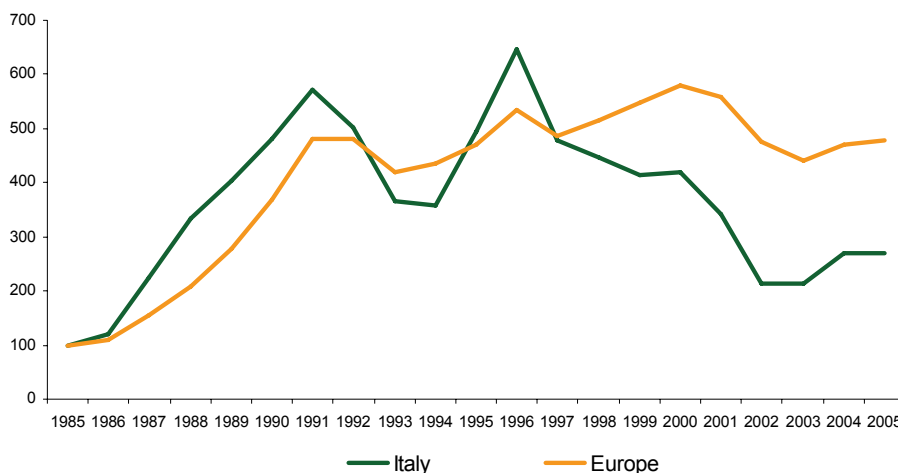
Chart 6.7: Trend in deaths due to overdose, according to sex and the year of death. 1999 – 2008



Source: Processing of data from the Ministry of the Interior – Central Drug Service Department (CDSD)

Deaths related to the use of drugs in Europe and Italy shot up in the 1980s and 90s, especially in Italy, in association with the increase in the use of heroin and the taking of drugs by injection. From 1997 the trend in mortality rates fell gradually in Italy up to 2002, to stabilise at slightly higher figures in the following three year period, unlike the European average trend which stabilised at higher values (Chart 6.8).

Chart 6.8: Indexed trend in deaths due to acute drug intoxication in Europe and Italy. 1985 – 2005 (Base year 1985=100)



Higher fall in Italy compared to European trend

Source: Processing of data from the Ministry of the Interior - CDS and European Monitoring Centre for Drugs and Drug Addiction – Statistical Bulletin 2008

In the last ten years the age at death has gradually increased: the average age went from approximately 32 in 1999 to 35 in 2008; while, at the start of the period under consideration, approximately 31% of deaths involved people over 35, in 2008 this figure was over 55%. Differing characteristics were found from the analysis of the trend in deaths by sex; for both sexes, mortality rose for the over 40 age group, with greater variability among women, while there was a gradual fall in deaths in the 35-39 age group for women and 30-34 for men.

Increase in average age of death

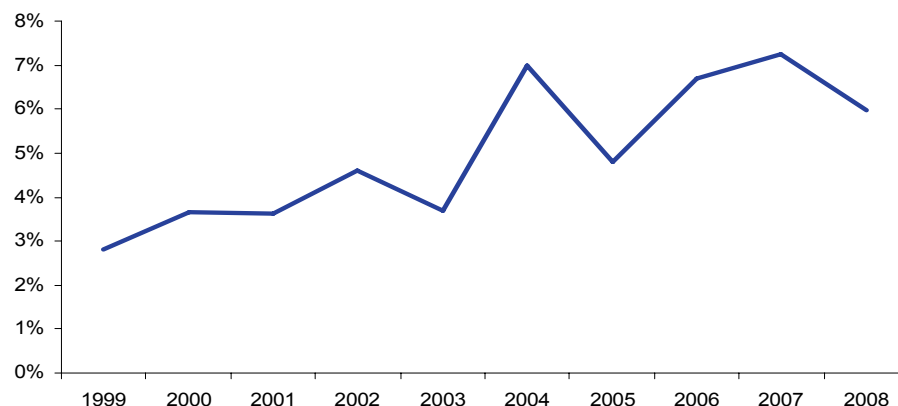
Of particular interest were the indications which emerged from the in-depth analysis of the youngest age group (up to aged 19): broad stability in the proportion of deaths due to acute intoxication for men, with a slightly falling trend, while in the last two years there was an increase in the percentage of deaths among females, which went from 3.4% in 2006 to 5.0% in 2007, and to 11.5% in 2008.

Deaths in people < 19: sharp rise in % of females

In approximately half of the deaths recorded in 2008, it was not possible to record the alleged drug which caused the death (it should be recalled that this is not based on toxicological investigations but on mere circumstantial elements); in 43% of cases the death could reasonably certainly be attributed to heroin and in 7% to cocaine. The average age at death, which was 35, was slightly lower (32) among deaths due to cocaine.

- Heroin first drug responsible
- Various average ages: heroin 35, cocaine 32

Chart 6.9: Percentage distribution of deaths by overdose in the foreign population. 1999 - 2008



Source: Processing of data from the Ministry of the Interior - CDS

Since 1999 the percentage of deaths due to intoxication from heroin has stayed largely unchanged, while that due to cocaine has gone from just over 2% in 1999 to 8.3% in 2006, before standing at 7.4% in 2008. The percentage of deaths of foreigners in Italy (Chart 6.9) over the last ten years shows an irregular rising trend; under 3% at the start of the period, it grew to 7% in 2004 and 2007, before reaching 6% in 2008.

Increasing trend in cocaine overdose

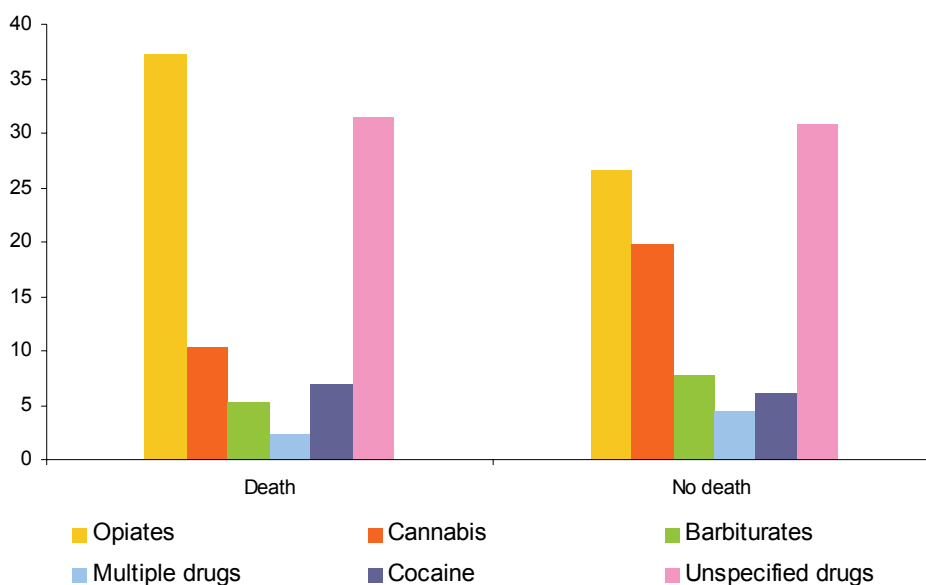
6.3.2. Mortality and causes of deaths among drug users

Acute intoxication from one or more psychoactive substances is the most common cause of death among drug users, but the phenomenon of mortality also extends to other causes too, less immediately “attributable” to the direct effect of the same drug (mortality from cardiovascular incidents) or deaths indirectly related to the use of drugs (e.g. accidents, pathologies directly connected, but different from, acute intoxication). The attribution of the cause of death is based on the initial diagnoses of the doctor who certifies the death or of the coroner and not on specific clinical documentation; there is, therefore, an issue of correct and complete clinical certification, of accuracy in the “initial cause”, i.e. “the disease, or cause, which started the chain of events which ultimately led to the death”.

Still difficult to reconstruct various causes of drug-related death

Premature death which may involve very young people and not necessarily when they are addicted or in chronic situations, is determined both by natural causes (above all infections and cardiovascular problems/complications) and by non-natural causes (overdose, suicide, murder, road and workplace accidents). These elements, however, are rarely recorded in relation to the action of psychoactive substances. Additional information regarding drug-related deaths, although only partial compared to the above, may be deduced from analysis of hospital discharge forms, in regard to drug-related admittances.

Chart 6.10: Percentage distribution of drug-related admittances (with subsequent death or otherwise) by the drug used. 2006



Source: Processing of data from SDO - Ministry of Labour, Health and Social Policies

In 2006 deaths of patients admitted for pathologies comorbid with the use of narcotic drugs numbered 174, or 0.7% of all drug-related admittances,

unchanged over the last three years. Among the most commonly indicated main diagnoses, we may record HIV infection (14.4% of deaths), followed by breathing difficulties (12.6%); we also see a higher percentage of men (approximately 71% compared to 57%) compared to the overall volume of drug-related admittances, a proportion which increased over the last three year period (63% in 2004, 68% in 2005, 71% in 2006). Analysis of the nature and type of hospitalisation also shows, among drug-related admittances with an unwanted outcome, a higher percentage of emergency admittances (approximately 84% compared to 63% of all drug-related admittances), and over 40% aged over 50, compared to 21% for all admittances.

In 37% of admittances which resulted in death the patients were opiate users, in 10% they were users of barbiturates, in 7% they were multi drug users, in 5% cocaine addicts, and in 32% users of unspecified drugs.

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

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

The EMCDDA's structured questionnaires call for a section dedicated to policies designed to reduce the number of deaths resulting from acute poisoning with psychoactive substances; based on the answers provided by the Regions, only one out of every three regions has a specific and well-defined regional and/or local strategy in place to reduce the number of deaths by acute poisoning as a result of drug use. The principal goals reported were:

- establishing harm reduction programmes of proven effectiveness as part of ordinary activities in all Local Health Agencies (Piedmont);
- solving the problem of harm through street outreach programmes carried out by specialised operators in the sector (Marches);
- Increasing the number of information campaigns to provide drug addicts with information on how to reduce the risk of overdose, developing specific information campaigns for high-risk groups, promoting lower-risk behaviour such as heroin use by sniffing, providing drug addicts with a vial of naloxone, providing rapid information on the quantities of active ingredients in drugs that have been seized (Emilia Romagna).

Strategies have already been evaluated and carried to completion in Lazio, Lombardy and Umbria. In Emilia Romagna, Piedmont and Tuscany, the evaluation is still ongoing. In the Marches, no evaluation has been carried out.

The Regions have established structured services to support policies and strategies for the prevention of drug-related diseases, harm reduction and risk reduction.

In 2008, the Regions of Calabria, Campania, Marches, Molise, Piedmont, Umbria and Veneto could depend on a total of 54 mobile units for harm reduction, of which 35 were public and the remaining 19 were private. These established contact with 59,600 at-risk subjects.

There are a total of 30 mobile units (LRD) distributed throughout the regions of Emilia Romagna, Piedmont and Marches dedicated to alcohol/night-time risk factors, of which 2/3 are public. In 2008, these established contact with over 55,000 subjects.

There are ten mobile units dedicated to problems related to prostitution in the Autonomous Province of Bolzano and in Emilia Romagna. There are also 25 daytime Drop-in centres in the Autonomous Province of Bolzano, in Emilia Romagna, Friuli Venezia Giulia, Piedmont and Umbria.

In Piedmont there are also two dormitories specifically dedicated to pathological dependencies, while other social harm reduction services designed to meet these subjects' basic needs are active in the Friuli Venezia Giulia Region.

There are also
Mobile units
dedicated to
problems related to
prostitution

25 daytime Drop-in
Centres and
dormitories for drug
addicts

7.1.1 National Early Warning System – N.E.W.S.

Under the requirements of Council Decision 2005/387/JHA, the Department for Antidrug Policies has instituted in Italy a National Early Warning and Rapid Response System for Drugs – National Early Warning System (N.E.W.S.). The System has a dual function: on one hand, it aims to identify, early on, new and potentially dangerous factors for public health linked to the appearance of new drugs, new types of drug consumption, new methods or contexts for drug use, new types of drugs derived from “traditional” substances, new toxicological factors, as well as new clinical and behavioural concerns. On the other hand, the N.E.W.S. aims to establish an early warning system to provide timely alerts to all of the organizations and entities responsible for protection and promotion of public health and those responsible for taking measures to respond to the emergencies the system has identified.

The National Early Warning System is characterised by its timely handling of warnings, thanks to which the amount of time that passes between the first appearance of symptoms of poisoning or the appearance of an anomalous condition and the activation of warnings and response measures is kept to a minimum. Furthermore, the System is able to provide reliable and representative information regarding the issue or event (detail) and makes it possible to take note of unclear or ambiguous symptoms and conditions (reactivity). This guarantees the effectiveness of the System, making it able to offer concrete prevention or contain drug-related issues and events.

N.E.W.S. gathers its information through a network composed of various inputs involving various types of entities and organizations (healthcare organizations, poison control centres, forensic toxicology laboratories, laboratories belonging to the Law Enforcement Authorities), but it also draws on the media for information, on private non-profit organizations, schools, recreational and social venues, etc. The System also depends upon its close collaboration with the Central Directorate for Antidrug Services, the Carabinieri Scientific Investigation Department, the Scientific Police, the Customs Agency and the Higher Institute for Health (ISS) for technical and scientific direction. The collaboration with operational health services units throughout the country which are able to provide direct observations regarding the population of drug users (rehabilitation centres, Ser.T [Public Drug Addiction Services], mobile units, emergency facilities, etc.) is crucial as well. The operational units for the monitoring of local and national print media and the internet, where information often circulates regarding online sales of drugs and new consumption habits are often reported by the consumers themselves, also play an important role.

The “Geo Drugs Alert” software: geo-referencing and multichannel communication

The handling of reports and alerts is managed by the Addiction Department ULSS 20 Verona, and is supported by the innovative web software 2.0 “Geo Drugs Alert” (www.alertadroga.it). Its cutting edge technology makes it possible to obtain geo-referencing of incoming reports (input), enabling the nationwide activation of alerts (output) that are selective and based on a mapping system that takes into account drug transport and dealing routes. The System also makes it possible to

The National Early
Warning and Rapid
Response System
for Drugs

The input network
that provides
information for the
system

Geo-referencing of
alert reports and
multichannel
communication

acquire reports from various pre-existing means of communication (telephone, e-mail, fax, text messaging, multimedia messaging services) and to reach, through simultaneous and multichannel transmissions, any type of facility or organization, even the least well-equipped without even an internet connection, or to reach any individual nationwide using nothing but a simple cellular phone. Lastly, the output recipients can be selected based on their competencies and responsibilities in the field of protection and promotion of public health as well as on the nature of the outgoing information and the geographic location to which it is relevant.

The management of reports and alerts in Italy and in Europe

Reports made by operational units flow into the National Early Warning System upon seizures of drugs, submissions of reports by authorities, incidents of emergency room admissions resulting from drug use, fatal or non-fatal overdoses, incoming information from drug users themselves, etc. The inflow of information, therefore, is not regular, but is related to the occurrence of events. Reports are evaluated by the Management and, if necessary, they are supplemented and rendered more complete through field investigations and external technical and scientific consulting. Reports can generate different types of transmissions by the System, which can process and send simple information or activate actual alerts. These alerts are divided into levels, 1, 2 or 3, based on their seriousness. In order to assist the recipients and allow for more functional implementation of the information, the System ensures that transmissions are accompanied, whenever possible, by specific data sheets, photographs and reviews from scientific publications. On an international level, the National Early Warning System is the instrument that allows for a flow of information between Europe and the National Focal Point, which acts as the official interface between the Italian Alert System and the European Monitoring Centre For Drugs and Drug Addiction.

The management of reports

The most important reports of 2008

Over the course of 2008, during the stage of expansion and development of the system's input network, the reports received by the system mostly involved seizures of drugs and a few cases of drug poisoning. During the first six months of the year, there was one case of serious haemolysis caused by inhalation of alkyl-nitrites; according to the source that reported the case, the Milan poison centre, it appears that the abuse of alkyl-nitrites has been on the rise since 2006. In the same period of time, the same source reported two cases of Red-Bull poisoning manifesting as vomiting, severe asthenia, tachycardia and a drastic decrease in blood calcium levels.

In the same period of time, the law enforcement authorities reported having seized, in the Naples area 30,000 pills containing mCPP, 15 kg of Skunk with a 17% THC content in the Piedmont Region, and pills containing ketamine (2%) and MDMA (40%) in Tuscany.

In the second half of 2008, one case of acute cocaine/atropine poisoning was reported, while the law enforcement authorities reported having made seized two exhibits of Skunk, one dry and crumbly, the other rubbery and sticky, with a 39% THC content.

Synthetic drugs seized over the course of the year and reported to the

The most important reports of 2008

system include a total of 30,669 doses of MDMA, MDEA and MDA (in 2007, a total of 288,541 doses were seized) and 4,899 kg of powder (3,677 kg in the first half of the year alone).

7.2 Prevention and treatment of drug-related infectious diseases

An analysis of the EMCDDA structured questionnaires shows that, in 2008, actions were underway for the prevention of high-risk behaviours associated with the transmission of infectious diseases. These actions aimed to reduce infection rates among psychoactive drug users, especially injecting drug users.

These actions consist specifically of distribution of syringes and/or sterile materials, prophylactics and information materials which are either distributed or supplied directly to drug users according to the type of material/equipment in question and according to the means of distribution available.

This equipment is distributed through street outreach programmes, by daytime Drop-in services and certain other drug addiction services.

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

This chapter will discuss social correlates in terms of exclusion and reintegration of drug users. The first part provides a profile of subjects who have social integration issues and examines the characteristics of these subjects through an analysis of information gathered through a multicentric study conducted by the Department of Antidrug Policies on 28,298 subjects in the care of the drug addiction services.

The second part of the chapter will discuss the results of social reintegration projects carried out by the Regional Administrations or by the local public services, launched, ongoing or completed in 2008, based on information gathered from the administrations themselves through the administration of questionnaires provided by the European Observatory of Lisbon. Additional information was gathered during the course of the monitoring activities carried out in conjunction with the 2008 Italian Action Plan, which contained two goals specifically related to this topic.

Introduction

8.1. Social exclusion and drug use

8.1.1. Social exclusion among drug users

An analysis of the characteristics of the sample of individuals who participated in the Multicentric Study conducted by the Department of Antidrug Policies within the Ser.T (Public Drug Addiction Services) made it possible to draw up a profile of the subjects receiving public service assistance as a result of the use of psychotropic substances who are currently unemployed. Of the sample that was examined, almost a third of the total number of subjects (30%) were unemployed.

The employment issue appears to be more critical among women, of whom 36.5% were unemployed, than among men, for whom the percentage was 28.8%.

Although slight, a different serious issue regarding the problem of employment emerges when examining the information from the standpoint of length of time that subjects have been receiving public service assistance, with a higher unemployment rate among those already receiving assistance than for new service consumers (31.2% and 25.2%, respectively).

There is a large difference, on the other hand, between the number of unemployed foreign or Italian public service consumers. 38.7% of the foreigners are unemployed, in comparison with 29.4% of the Italians.

As far as “primary” substance of abuse is concerned, there was a higher proportion of opiate users among the unemployed subjects than among the total sample of consumers (74.6% in comparison with 70.8% of the sample), with the figure being lower for cocaine users (19.9% compared to 20.3%) and cannabis users (4.2% compared to 7.2%).

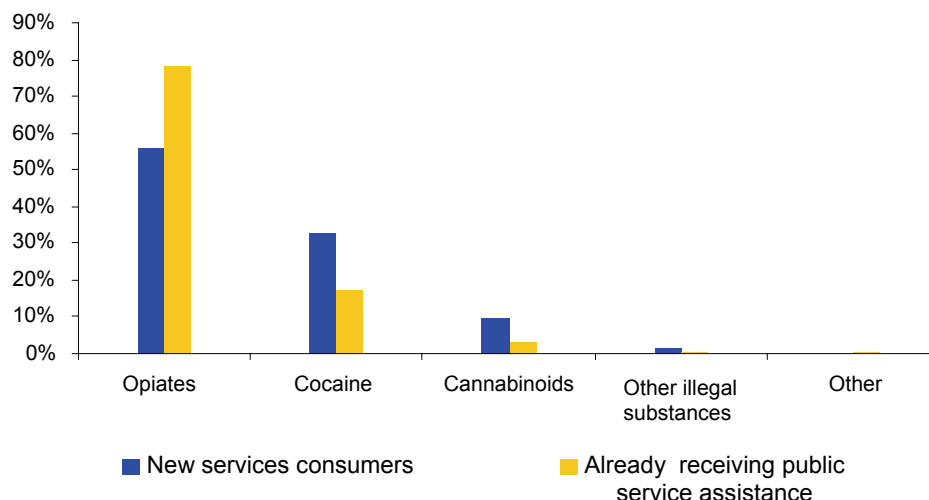
Among this group of public service consumers, a large difference can be found when dividing the users of opiates by the length of time they have been receiving public service assistance: among those already receiving public service assistance, the percentage of subjects who are unemployed is 78.2%, while for new service consumers it is 55.8%.

Percentage of employment fluctuates between 60-64%

Higher unemployment rate among foreigners

Higher unemployment rate among heroin users than among users of cocaine and cannabis

Chart 8.1: Percentage distribution of unemployed consumers of Public Services by substance of abuse and length of time receiving public service assistance – the year 2008



Source: Based on data from the Multicentric Study by the Department for Antidrug Policies within the Ser.T (Public Drug Addiction Services) 2008

The group in question appears to be characterised by a more serious drug addiction profile compared to the community of consumers as a whole. Among the unemployed subjects, in fact, there is a higher proportion of injecting drug users (57.9% compared to 51.3% of the entire community of users) and of subjects who use alcohol as a secondary substance of abuse (13.7% compared to 12.4% of total public service consumers).

As far as treatment is concerned, it was found that 57.7% of the unemployed subjects receive non-pharmacologically assisted treatment, while 12.8% undergo pharmacological treatment and 29.5% undergo both. It was found that, among subjects undergoing non-pharmacologically assisted treatments, 53% had undergone some type of psychotherapy, including individual therapy, group therapy and counselling. 23% of unemployed subjects were found to have participated in some kind of social or employment programme.

With regard to pharmacological treatments, 39.5% of public service consumers were found to have undergone treatment with opiate antagonists such as naltrexone or opiate agonists such as buprenorphine or methadone.

8.1.2. Drug use among socially excluded groups

Based on the Multicentric Study carried out by the Department for Antidrug Policies within the Ser.T, it is possible to identify specific characteristics of a certain number of subjects receiving public service assistance who are also homeless (8.1%, the same percentage as in 2007).

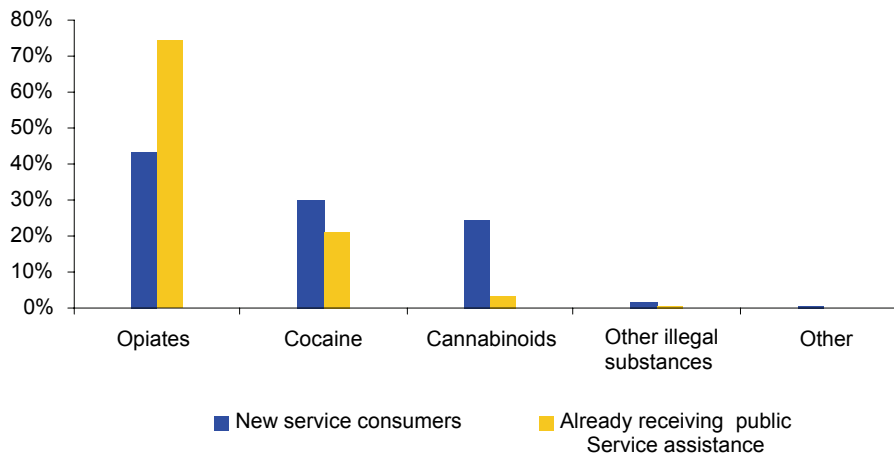
Figures from the study show a higher proportion of homeless men than of homeless women (87.8% compared to 12.2%), a higher proportion of homeless among those already receiving public service assistance than among new service consumers (77.7% compared to 23.3%) and a higher proportion of homeless Italians than foreigners (96.9% compared to 3.1%).

Among the community of public service consumers as a whole, among the homeless there is a smaller proportion of opiate users (67.5% compared to 70.8% in the community as a whole) and a higher percentage of

8,1% of Public Drug Addiction Services (Ser.T) consumers are homeless

cocaine users (23.3% compared to 20.3%) and cannabis users (8.1% compared to 7.2%). If these figures are further subdivided based on length of time that the subjects have been receiving assistance, it can be seen that the number of requests for assistance by opiate users is much lower among new service consumers than among those already receiving assistance (43.3% compared to 74.4%), which reflects the same figures for the sample as a whole (46% compared to 77%).

Chart 8.2: Percentage distribution of homeless consumers of Public Services by substance of abuse and length of time receiving public service assistance – the year 2008



Source: Based on data from the Multicentric Study by the Department for Antidrug Policies within the Ser.T (Public Drug Addiction Services) 2008

The proportion of injecting drug users among the homeless is not very different compared to the proportion in the sample as a whole (48% compared to 51.3%). As far as treatment among the homeless is concerned, it can be seen that 82.4% of homeless public service assistance consumers undergo non-pharmacologically assisted treatments, while 2.8% undergo pharmacological treatment and the remaining 14.8% undergo both. As far as other therapies are concerned, 63.7% have undergone psychotherapy and only 5.1% of subjects have participated in social or employment programmes.

14.5% of homeless have undergone pharmacological treatments using opiate antagonists.

8.2. Social reintegration

According to data gathered during the 2008 National Action Plan monitoring activity, some Regions have instituted accreditation procedures, through the Regional Health Agencies, to standardise private non-profit and public services, in accordance with agreements stipulated in the State-Regions Conference. In this way, from a procedural standpoint, the social rehabilitation structures of the private non-profit sector have become homogenous with those of the Regional health structure, and reintegration policies are coordinated by the public sector. The pillars of the coordinated Private-Public management are institutional equal opportunity and the guarantee of the financial resources necessary for running the rehabilitation Communities.

This subject is directly addressed in the Action Plan by Goal 30, which relates to putting more effort and resources into social reintegration

The level of progress made

(housing programmes and reintegration into the workplace) programmes for subjects in maintenance therapy with replacement drug treatment. Related activities concern personalised reintegration projects undertaken in Italy's most densely populated cities.

Activities carried out toward the actualisation of this goal were in compliance with the Plan in 16.7% of the Regions, 50% were not in compliance with the Plan, while 33.3% of Regions carried out no activity whatsoever toward the actualisation of this Goal.

toward the actualisation of the goal focusing on reintegration into the workplace and housing programmes for both drug addicts in maintenance therapy and of drug addicts who had received pardons was very low

Goal 32 concerned drug addicts who had their sentences reduced under the pardon provision with its relative actions to be implemented in order to create reintegration opportunities in terms of housing. In this case, the aim remains the same as that of the afore-mentioned goal, although specifically in terms of the drug-addicted population.

Actualization remains below 20% (13.3%, to be precise) with Regions whose actions toward the goal were not in compliance with the Plan being 20%, and 66.7% of Regions having taken no action whatsoever toward this Goal.

According to information gathered from the Questionnaires provided by the European Observatory and administered to the Regions and Autonomous Provinces, in 2008, approximately 81% of these Administrations had laid down specific, clear strategies for the social reintegration of current and former problem drug users. Specifically, half of the regions had integrated such strategies into their overall regional drug strategy, 62% of these without clearly defining them as such. One of the primary goals was social and workplace reintegration; much effort was also put into the area of education, into housing programmes and programmes to reduce the risk of former addicts resuming drug use.

Almost all of the Regions and Autonomous Provinces (95.4%) launched social reintegration programmes for current and former drug users: 70% of the regions that responded to the questionnaire judged the services they provided in this regard to have a good level of availability, while 65% positively evaluated accessibility of said services.

53.4% of the regional spokespersons stated that social reintegration is generally accomplished through the aid of structures with other legal aims, such as local authorities, therapeutic rehabilitation communities, cooperatives and private companies. 71.4%, on the other hand, stated that social reintegration is accomplished through services dedicated specifically to that purpose. These figures are in accordance with the data gathered during the 2008 Action Plan monitoring activities.

Regional spokespersons declared there were high numbers of social reintegration programs at the regional level

8.2.1 Housing

In 2008, no more than approximately 50% of the Regions and Autonomous Provinces had put housing programmes specifically for current and former drug users into effect.

Approximately 50% of the regions declare having put housing programmes for drug addicts into effect

In most cases, these subjects are able to make use of services providing boarding (76.2%) and temporary lodgings in welcome centres (76.2%) created to assist groups with different types of social exclusion issues. In order to facilitate current and former drug users' social reintegration, in

almost half of the Regions and Autonomous Provinces these subjects are able to make use of residential facilities designed specifically to assist them in their reintegration process or to access specialised residential facilities designed for the use of other groups of socially excluded individuals. In 2008, a third of the regions put long-term housing programmes into effect.

No more than 72% of Regional spokespersons judged that there was a high level of availability of services in their Region, but that the level of availability of long-term housing projects was rather low.

As far as the accessibility of housing services designed exclusively for current and former drug users is concerned, 70% of Regions and Autonomous Provinces gave a positive assessment. Long-term housing projects, however, are not only less readily available, but they are also not very accessible to drug users.

A high level of availability of housing services

A high level of availability of housing services

8.2.2 Education, training

In 2008, approximately 42.9% of Regions and Autonomous Provinces put programmes into effect specifically designed to help current and former drug users complete their basic education. The figure was lower (19%) for programmes designed to help them complete their secondary education.

A positive evaluation was given by 66% of regional spokespersons interviewed in terms of the availability of basic education programmes, while the accessibility of secondary education programmes, on the other hand, was assessed at a good level by 50% of those interviewed. The ability of current and former drug users to access school completion programmes designed for other types of socially excluded groups is approximately 66.7% for basic education programmes and 47.6% for secondary education programmes.

42% of regions have put programmes into effect

A good level of availability of specifically designed programmes put into effect

8.2.3 Employment

In 2008, workplace reintegration was indicated as being a high priority goal by the Regions and the Autonomous Provinces.

Employment and job training programmes designed specifically for current and former drug users were put into effect in almost 2/3 of the Regions and Autonomous Provinces. Furthermore, 71.4% of regional spokespersons stated that workplace reintegration programmes involving the distribution of subsidies had been put into effect for the subjects in question.

Current (and former) drug users are also able to access employment services and workplace reintegration projects designed for other types of socially excluded groups in more than 70% of Regions and Autonomous Provinces.

The level of availability of employment services specifically designed for current and former drug users was given a positive evaluation (73.3% for workplace reintegration services involving the distribution of subsidies and 69.2% for employment and job training programmes).

Positive evaluations were also given to employment services: 50% of regional spokespersons declared a good level of services and projects put into effect for 2008. Furthermore, as reflected by the figures regarding availability, the accessibility of workplace reintegration projects involving the distribution of subsidies, designed specifically for drug users, was also given a positive evaluation by 2/3 of the Regions and Autonomous Provinces.

Workplace reintegration is considered to be a priority: 71% of regions have put specific programmes into effect

A high level of availability of employment services

A high level of accessibility of employment services was declared

8.2.4 Other social reintegration projects

Among other activities planned to assist in the social reintegration of current and former drug users are: financial assistance (61.9%), psychological support programmes for social and family relationships (85.7%), legal consulting services (57.1%) and programmes to promote healthy use of free time (52.4%).

The availability of financial assistance was judged to be at a good level by less than 40% of the Regions and Autonomous Provinces involved in the study, while the availability of other social reintegration activities and services was given a positive evaluation by 50% of regional spokespersons.

Psychological support programmes and programmes to promote healthy use of free time were found to have a good level of availability and an even higher accessibility (more than 70%). The accessibility of financial assistance programs was positively evaluated in 45% of cases.

A high number of other projects to support reintegration

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

Operations aimed at stemming the spread of illicit substances are planned and executed first by law enforcement officials, with the goal combating the manufacture, trafficking, and possession of illicit substances. Law enforcement agents also conduct sobriety checkpoints to curb the problem of driving while under the influence. In a second phase, the courts intervene to apply specific sentences for drug violations. (Presidential Decree 309/90).

Records relating to police operations are collected and filed, respectively, at the Central Office for Statistics (DCDS) of the Ministry of the Interior – for violations for drug possession and use – and by the Central Office for Anti-Drug Services (DCSA) of the Ministry of the Interior – for statistics related to campaigns to prevent the manufacture and trafficking of drugs and narcotics. Information related to the stops carried out by the law enforcement agencies for driving under the influence are filed at the Ministry of the Interior's Central Office for Highway Patrol.

The archives at the Department of Judicial Affairs, Office #1 (Legislative and International Affairs and Pardons), and Office #3 (Criminal Records), provide information on pending and completed drug and alcohol cases with a definitive sentence. The movement of adults and juveniles through the correctional system is the responsibility, respectively, from the Department of Prison Administration (DAP), and from the Department of Juvenile Justice.

9.1. Drug-related Crime

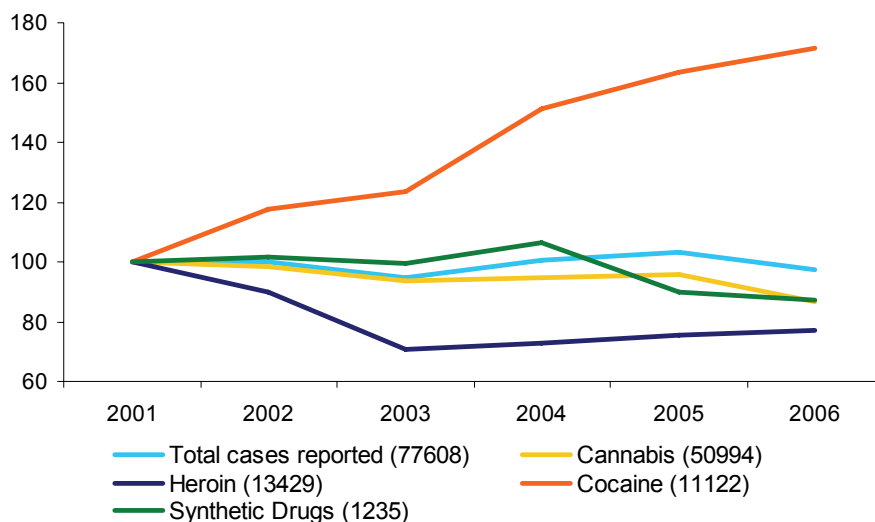
9.1.1. Drug law offences

The overall pattern of the reporting of illegal offences (whether or not a crime) in violation of drug laws on a European level in the period between 2001 and 2006, indicates a progressive increase in campaigns to stem the widening use of illicit substances. The result of these campaigns can be seen in an increase in the offences relating to cannabis, cocaine and amphetamines, whereas there was a slight decrease in drug offences involving heroine, in particular for the 2002 and 2003, and a marked stability, with slight variations in the period in question, in terms of the average number of offences involving Ecstasy.

The comparison with the Italian situation generally indicates a counter-trend, except for drug offences involving cocaine, which appear to be continually evolving. One observes decreasing trends both for cases regarding marijuana possession and dealing, and even more so for synthetic drugs, while from several sources there appears to be an upturn in heroin use, especially in light of new methods of taking the drug (besides intravenous injection) (Chart 9.1).

Communication of offences: overall decreasing pattern, especially for cannabis and synthetic drugs

Chart 9.1 Indexed progress (*) of reports of illegal activity in violation of drug and narcotics laws (Art.73, Art., 74, Art.75 and Art. 121) in Italy. Years 2001 – 2006



Trend on the rise for cocaine and heroin

(*) Indexed values: percentile variation with respect to the value from the base year = 2001

Source: Detail based on data from the Ministry of the Interior – Central Office for Documentation and Statistics, and Central Office for Anti-Drug Services

Submitted to Courts for crimes in violation of Presidential Decree (DPR) 309/90

Law enforcement agencies, in the course of 22,470 anti-drug operations carried out nationally in 2008, issued 35,097 citations for crimes related to manufacturing, trafficking and sale of illegal substances, conspiracy with intent to traffic and other crimes in violation of DPR Presidential Decree 309/90. Overall, there were a total of 33,488 individuals reported to the courts subsequent to these offences, of which 95.5% were reported only once during that year, 4% were reported twice, and a further 100 individuals were reported three or more times in that same year.

67.5% of the cases submitted to the Courts in 2008 involved Italians, and 9% involved females. The average age of the reported individuals was just over thirty years, with slight differences according to nationality (31 for Italians, 30 for foreigners), while a more marked difference was observed on the basis of the type of crime committed (30 years old for crimes related to Art. 73, and 36 years old for crimes related to Art. 74).

Over the last sixteen years, the trend of individuals reported has been characterized by two extremes: the peak in 1994, with over 36,000 reports, and a low point, in 2003, with around 29,500 individuals reported (Chart 9.2). In the interval between these two periods, anti-drug-trafficking campaigns have remained substantially unvaried, whereas the subsequent period, through 2007, was marked by an increase in cases, accompanied by a similar increase in the percentage of foreigners apprehended and brought before the courts, which reached its highest levels in 2008, equal to 32.5% of all persons reported in anti-drug campaigns.

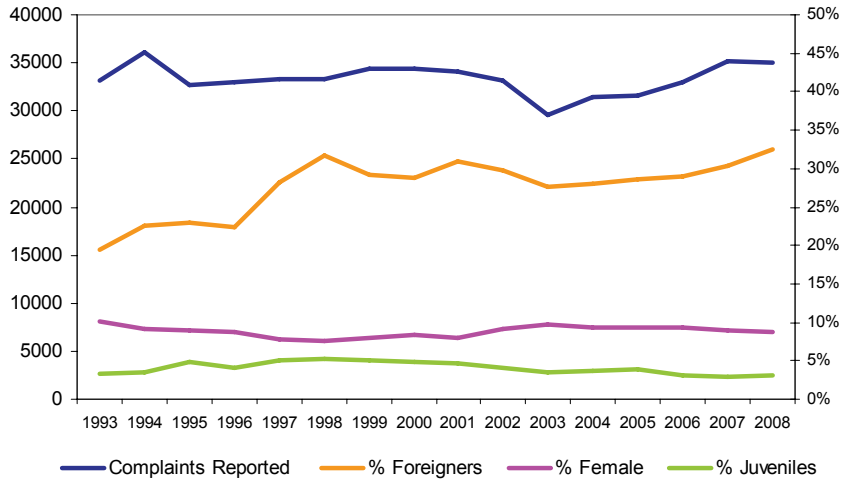
Over 22,000 operations: powerful actions to prevent and combat crime.
Over 35,000 crime reports.
Over 28,000 arrests

Report characteristics:
67% Italian
33% foreign
Low level of female subjects (9%)

Trends reported to the Courts

Rise in % of foreigners reported

Chart 9.2: Report of persons in law-enforcement anti-drug campaigns, percentage of cases of foreigners, women and juveniles. Years 1993-2008



Source: Detail based on data from the Ministry of the Interior – Central Office for Anti-Drug Services – National status and progress of narcotics trafficking, and anti-drug operations on the part of the Law enforcement agencies

38% of the cases to the Courts for drug offences involved traffic in cocaine, followed by cannabis (37%), and a lower percentage of heroin (18%). Among those Italian nationals reported, about 90% were male, except for the cases of heroin trafficking, where the percentage drops to 84%. Higher percentages can be observed for the foreign male population (over 90% for all substances). Those reported for synthetic-drug trafficking were, on the average, younger with regards to those submitted for other substances, and in general the average age of the women was higher with respect to the men, with more marked differences in the foreign population.

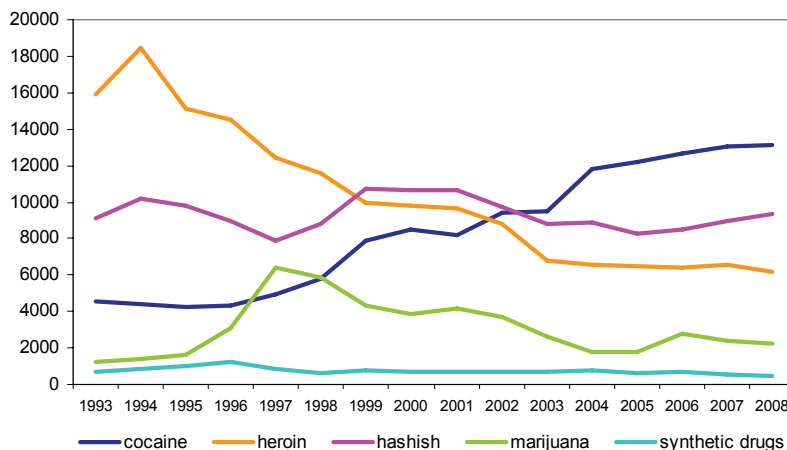
Over the last sixteen years, the profile of illegal-substance trafficking has evolved appreciably: the percentage of reports for heroin trade went from 48.03% in 1993 to 17.59% in 2008, in the conjunction with a strong increase in cocaine dealing (14% of the cases for traffic in illicit substances in 1993, compared to 42% in 2008) (Figure 9.3)

Cases by type of substance used:
 38% cocaine
 37% cannabis
 18% heroin

More young persons reported for synthetic-drug trafficking

Trend for crime reports according to type of substance:
 decrease in reports for heroin, increase for cocaine and cannabis

Chart 9.3: Cases of persons in the course of law enforcement anti-drug operations, according to type of illegal substance seized. Years 1993-2008.



Source: Detail of data from the Ministry of the Interior – Central Office for Anti-Drug Operations – National status quo and trend of drug-trafficking and anti-drug campaigns on the part of the Law enforcement agencies

The percentage of arrests is higher than the 75% of those reported, although with a certain variability with regards to nationality, sex and type of crime. In the cases where the individuals reported are still at large or unable to be located, there is a higher percentage of Italians (20% vs. 16% foreign), of females (22% vs. 18% male) and of more serious crimes (22% vs. 18% Art. 73). Especially high is the percentage of foreigners reported for more serious offences who are still at large or unable to be located (33% for women and 31% for men).

75% of those reported were arrested

Over 30% of the reported foreigners for serious crimes are at large or unable to be found

Possession of illegal substances for personal use

9.2 Drug Use among targeted groups / settings at national and local level

An analysis of the information contained in the data banks of the Central Directorate for general affairs and the management of equipment and financial and human resources of the Ministry of the Interior has shown that the total number of subjects reported to the competent Ser.T (Public Service for Drug Addiction) facilities by the Prefectures, as required by Art. 121¹, during the year 2008, was 10,515.

A slight decline in Prefecture reports pursuant to Art. 121 and a greater decline for reports pursuant to Art. 75, to be verified at a later date because of late reporting

This total figure, compiled on May 11, 2009, moreover, shows a slight decline in comparison with the 2007 figure of 10,610 subjects, but was higher than the 2006 figure of 9,734.

Of these total subjects, 9,886 are legal adults, of whom 9,030 were men (approximately 91%) and 856 were women (approximately 9%). 629 of the total subjects were minors (554 male and 75 female), comprising 6% of the total number of subjects referred pursuant to Art. 121.

In 2008, the number of subjects reported pursuant to Art. 75² amounted to a total of 35,632³, of whom 33,271 (93.4 %) were men and 2,361 were women (6.6 %). The number of subjects reported under the requirements of Art. 75 of Presidential Decree 309/90 and the amendments thereof, established at 43,791 on 30 April, 2009, showed a decrease in comparison with the figures for the year 2007, although the figures for the last 3-year period, and especially those for 2008, should still be considered provisional⁴. The late delivery of toxicological analyses and the lack of toxicology laboratories at a provincial level prolonged the time for the issuing of summons, as the Drug Addiction Operating Units (N.O.T. – Nucleo Operativo Tossicodipendenze) can only move forward with

Subjects reported pursuant to Art. 75 of Presidential Decree 309/90 and amendments thereof

¹ Art. 121 is applied whenever Law Enforcement authorities report a case of drug use without any drugs having been seized (e.g. cases of overdose, driving under the influence of mind-altering reflex-impairing substances). In these cases, the Prefecture reports the subject in question to the competent Ser.T facility, which is obliged to summon them for an interview. Subjects can choose whether or not to respond to the invitation and, if they should go to the public Drug Addiction Services with the intention of undertaking a treatment program, that treatment would be voluntary and not subject to monitoring by the Prefecture.

² Art. 75 is applied every time the Law Enforcement Authorities confiscate drugs possessed for personal use. Upon filing of the report, the subjects is summoned by the competent Prefecture for an interview and in order that the appropriate action may be taken. In accordance with the new legislation, the Prefecture where the reported subject has his or her residence is responsible for administrative proceedings, and not the Prefecture where it is established that the violation took place, as was the case before Law 49/2006 came into force.

³ Note that the figure, compiled on April 30, 2009, comprises both subjects who were reported only once (approximately 80%) and subjects who were reported more than one time during the course of 2008 (approximately 20%).

⁴ Based on the figures for the year 2007, compiled on May 8, 2008, the number of persons reported pursuant to Art. 75 was 32,415. The figures are constantly being updated by the personnel of the Drug Addiction Operating Units of the Prefecture-UTGs (Territorial Government Offices) and are consolidated after approximately two years or more.

administrative proceedings against reported subjects once they have the results of the substance analyses. This situation may have caused the apparent decrease in the number of subjects reported.

Table 9.1: Characteristics of the subjects reported to the Prefectures by the Law Enforcement Authorities pursuant to Art. 75 – The year 2008

Characteristics	No.	%
Subjects Reported		
Reported pursuant to Art. 121	10,515	22.8
Reported pursuant to Art. 75	35,632	77.2
Total	46,147	100.0
Sex		
Male	42,855	92.9
Female	3,292	7.1
Average age (pursuant to Art. 75)		
Male	24.6	
Female	24.4	
Reports by substance type (pursuant to Art. 75)		
Opiates(heroin, methadone, morphine)	4,079	10.7
Cocaine / Crack	5,770	15.1
Cannabinoids	27,244	71.2
Stimulants	238	0.6
Other drugs	940	2.4
Total	38,271(**)	100.0
Type of action taken		
Interviews	32,225	
Formal invitations	20,133	
Requests to undergo treatment programmes	1,078	
Summons issued	331	
Administrative sanctions	13,823	
Proceedings dismissed	2,993	

(*) Note that the same subject can be reported under the requirements of both Articles 75 and 121

(**) the same person can be reported for more than one substance

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

Of the total number of subjects reported in 2008, 2,825 (8%) were under 18 years of age. Of these, 2,632 were male and 193 were female.

The average age of subjects reported is approximately 25, with the highest prevalence in the age groups 18-25 (50%) and the age groups comprising subjects over 30 years of age (25%).

Trends in the different age groups as emerged over the course of the years from 1990 to 2008 show that subjects reported under the requirements of Art. 75 are mostly between 18 and 25 years of age, and the percentage of subjects reported who are over the age of 30 has been rising more steadily since 2002 (Chart 2.22).

Although the percentage of subjects in the youngest age groups (14 years of age and younger and the 15-17-year-old age group) has not shown any consistent increase, nonetheless, based on information gathered during the course of interviews at the Prefectures, the Drug Addiction Operating

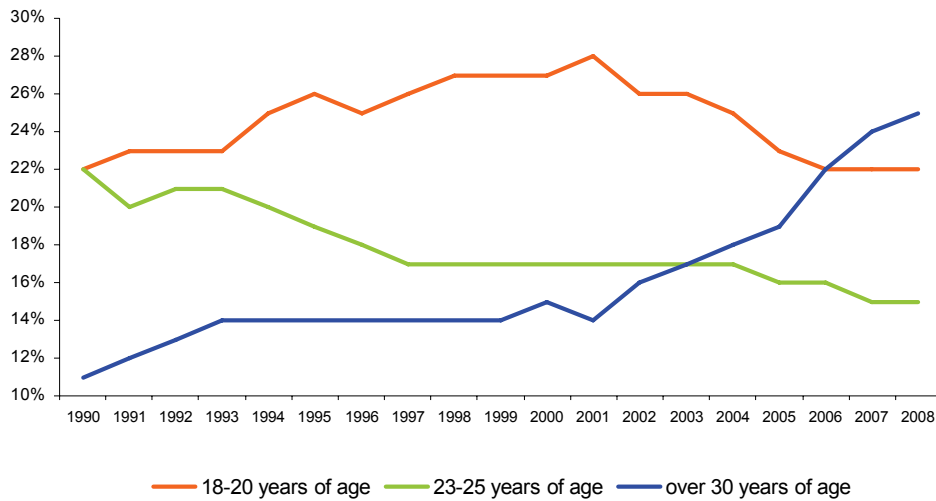
Trend is on the rise for individuals over 30 years of age

From the Drug Addiction Operating Units of the Prefectures: age of first use has fallen; larger numbers of

Unit personnel confirm that the age of first use of narcotic and/or psychotropic drugs has fallen significantly and that, over recent years, there has been a higher incidence of polydrug users who often use narcotics in combination with alcohol.

polydrug users and of drug use in combination with alcohol consumption

Chart 9.4: Distribution of subjects reported pursuant to Art. 75, by principal age groups. The years 1990-2008



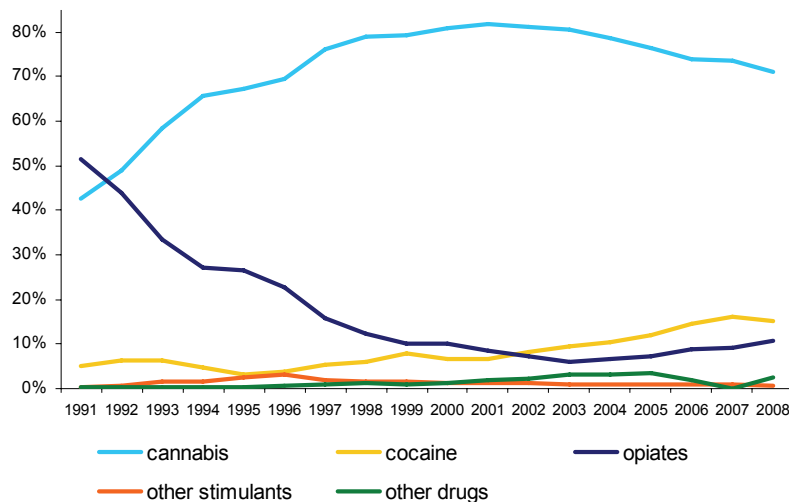
Source: Based on data from the Ministry of the Interior – Central Directorate for Documentation and Statistics

As regards types of drugs⁵, in the year 2008, the majority of the subjects reported – 71% of the total of new subjects and repeat offenders – were found to be in possession of cannabinoids, followed by those in possession of cocaine (15%), and then by those in possession of heroin (9% of the total number of subjects reported for possession in that year). If one adds the number of subjects reported for heroin possession to those reported for possession of methadone, morphine and other opiates, the percentage reaches approximately 11% of the total, which confirms the rising trend in individuals reported for these drugs.

Drugs reported: 71% of the reports were for cannabis; a downturn in the trend

⁵ Note that the same subject can be reported for one or more drugs.

Chart 9.5: Percentage distribution of the subjects reported pursuant to Art. 75, by drug type. The years 1991 – 2008



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

Subjects reported for drugs such as ecstasy and its analogues, amphetamines and LSD comprise just an approximate 1% of the total. Individuals in possession of other drugs represent about 2% of the total number of subjects.

Low percentage of subjects reported for amphetamine-based substances

Nonetheless, the fact that the same subject can be reported for holding one or more substances must be taken into account (compare Table 2.12).

In comparison with the past, the last four years have shown an increase in the number of individuals in possession of heroin for personal use (from 4% in 2005 to 6% in 2006 – 2007 and to 9% in 2008), although the methods of consumption have changed, since this drug is now “smoked”, just like cocaine (Chart 2.23).

Heroin use on the rise

The number of cannabinoid users is on slight but constant decline compared to previous years (72% in 2007 and 79% in 2006). The percentage of hashish and marijuana users, however, remains the highest among the total number of subjects reported for personal drug use under the requirements of the afore-mentioned legislation.

The number of subjects holding cocaine for personal use (risen from 12% in 2005 to 14.4% in 2006 and to 15.4% in 2007) appears to have stabilized in 2008 (15%). Nonetheless, cocaine remains the second-most-reported substance, a figure which is of particular concern, considering that the majority of subjects reported are young people between 18 and 25 years of age.

Cocaine use on the rise

Trends in drug use in the population segment reported to the Prefectures need to be carefully watched, as the majority of subjects reported can be considered “occasional users”, a pattern which reflects the figures gathered and the estimates made in other European and international countries. As such, this can be considered an important information source for the assessment of drug use in the general population.

In 2008, 32,225⁶ interviews were held before the Prefects. Following these interviews, 20,133 subjects were invited to refrain from drug use in the future (formal invitation).

In 2008, 13,823 administrative sanctions were imposed by the Prefectures under the requirements of Paragraph 1 of the afore-mentioned Art. 75. Of these, 10,737 (77.7%) were imposed following interviews held at the Drug Addiction Operating Units of the Prefecture-UTGs (Territorial Government Offices) and 3,086 (22.3%) were imposed as a result of the failure of the subjects to present themselves for their interviews.

In comparison with the previous year, when 11,220 sanctions were imposed, the 2008 figure appears to show an increase, especially taking into consideration the fact that the figure is more provisional.

In 2008, 1,078 of the subjects reported and subsequently interviewed were invited to transfer to the Drug Addiction Services or to drug rehabilitation centres (3% of the total number of subjects reported). During the same period of time, administrative proceedings against 2,993 subjects were dismissed as a result of their having completed their prescribed treatment programmes.

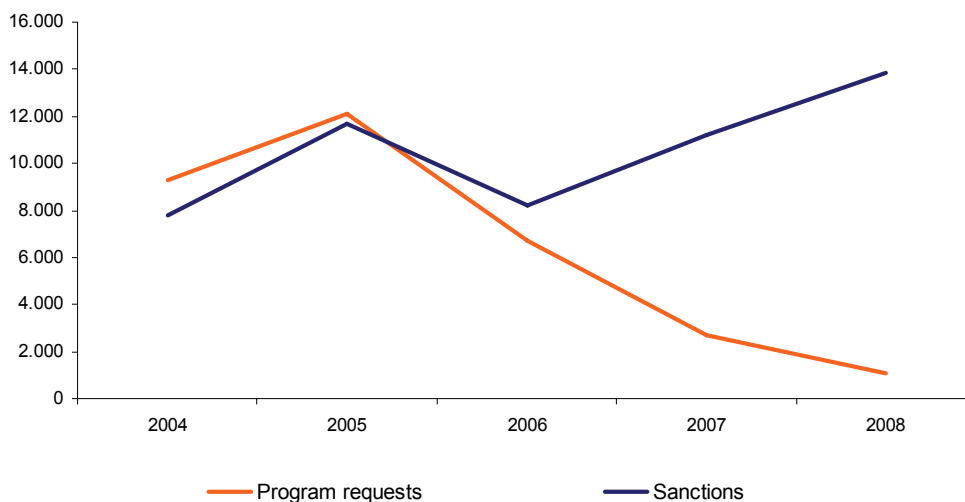
The number of subjects sent to treatment programmes has decreased compared to the previous year, when 2,705 of the subjects reported were invited to enter treatment programs, and also in comparison with the same figure for 2006, when the number was 5,913, and in comparison with the years prior to that.

The following chart shown the trends in sanctions and in invitations to undergo drug rehabilitation programs for the years 2004-2008.

Actions taken

Prefectures: an increase in reports filed under the requirements of Art. 75 during the year 2008

Chart 9.6: Administrative sanctions and invitations to undergo treatment and rehabilitation programmes following the filing of a report pursuant to Art. 74. The years 2004 – 2008



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

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

Under Law 49/2006, currently in force, sanctions are no longer suspended, as they were under previous laws, but are still imposed, only after which is the subject 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 undergo treatment and rehabilitation programmes. This explains the steep decline in the number of individuals transferred to

The failure to suspend sanctions in cases where subjects accept the invitation to undergo treatment and rehabilitation continues to be an

⁶Note that the total number of interviews held in 2008 also includes individuals reported in the final months of the previous year and that the same subject may have been interviewed more than once.

these programmes in 2007 and 2008 and who, when invited to undergo treatment and rehabilitation, did not accept, as the sanctions against them would not have been suspended in any case.

issue (Law
49/2006)

Methodology for the DUI checkpoints

The methodology for the “Drugs on Street” Protocol is characterized by a dual location of the structures adapted for the controls according to the season: on the street during the summer, or at a suitably equipped health center during the winter.

Methodology

The outdoor controls are carried out near the police checkpoints, and include the setting up of a health area outfitted with camping tents. The indoor checks, on the other hand, were carried out at the Verona Department of Drug Dependence, which remained open in the evenings for the project, and which offered a comfortable environment during the low winter temperatures.

The control operations carried out by the law enforcement agencies and by the Clinical Toxicological Diagnosis Unit took place on the municipality's and the province's highways between Friday night and Sunday morning, from 12 am to 6 am. The target was represented by the entire driving population, stopped with random criteria within the framework of general highway controls.

The Toxicological Clinical Diagnosis has adopted an operational protocol to define the type and methodology for conducting the clinical and toxicological exams for drivers, regardless of the blood-alcohol tests results.

Assessment test
protocol

The operational protocol requires obtaining the driver's consent to the tests, and a self-reported reconstruction of his or her substance intake in the previous 12 hours. Next is carried out a preliminary urine-screening test, and a psycho-motor test specifically aimed at the evaluation of his or her state of awareness, coordination, reaction time and orientation, with the aid of a measurement of the Nervous-Reflex Time (TRN) with visual and auditory stimuli (non-invasive exams).

In the case of positive preliminary tests, and only after having obtained the direct consent of the interested party, a blood sample is obtained (voluntary, not required) which, together with the other biological samples gathered, is sent to a laboratory for verification and confirmation analysis with chromatographic gas methods.

Thus the positive diagnosis is formulated on the basis of more than one concordant element (declaration of consumption, medical exam, screening tests, instrument-aided exams, laboratory exams). The controls conclude with the final issuance of a diagnostic report for the competent authorities.

Experiment Results

In the period from August 2007 to April 2008, twenty-five operations were carried out in the area of the Province of Verona, during which approximately 900 drivers underwent clinical and toxicological exams. The drivers examined were, for the most part, male (roughly 88%); 47% were between the ages of 21 and 30 years old.

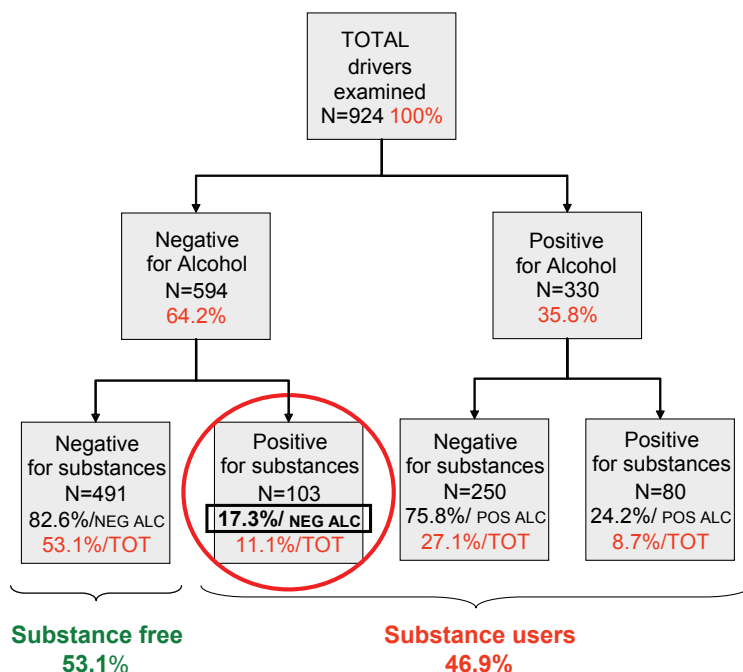
With regards to the overall sample of drivers who underwent testing, there was a 47% positive test result for alcohol, drugs or alcohol and drugs together. In particular, among those who tested negative with the breathalyzer, 17.3% tested positive with the toxicological controls. Among the drivers testing positive to the breathalyzer (35.8%), a substantial 49%

Positive results
found

had a blood-alcohol content between 0.8 and 1.5 g/L, 33% had a blood-alcohol level between 0.5 and 0.8 g/L, and the remaining 18% had a blood-alcohol content higher than 1.5 g/L, to which resulted in the confiscation of the vehicle.

Chart 9.7: Analysis of positive and negative tests results from the sample of drivers examined.

Results of the assessments



Source: Detail of data from the Verona Drug-Dependence Department.

Among the drivers testing positive for drugs (about 20%), cannabis was the most frequently found substance (55% of the cases), and had a leading role in the traffic accidents, both for the frequency of use in the general population, as well as for the consequent effects of consumption, followed by cocaine (36%), amphetamines (5.4%), and opiates (3.6%). The most frequent association of drugs is the combination of cannabis and cocaine (50%); also frequent the association of cannabis, cocaine and amphetamines (12.5%). The use of alcohol was often associated with cannabis (47.5%) and to cocaine (39%), although there was no shortage of the combined use of all three substances taken into consideration (9% of the cases).

Psycho-active drugs

Finally, among the drivers testing positive for drugs and alcohol, 23.6% had already had at least a suspension of their license in the past.

Outlook

The positive results obtained thanks to the highway control operations prompted the Department of Anti-Drug Policies to support the activation of the DOS Protocol to all of the Presidents of Italy's Regions, to the Prefectures, the ANCI and, by way of this, to all Italian municipalities.

Outlook

9.3. Interventions in the criminal justice system

9.3.1. Criminal procedures and characteristics of persons sentenced

Following the reports issued by the law enforcement agencies for crimes committed in violation of drug laws (Presidential Decree 309/90), or for other crimes committed by drug-dependent subjects, the relevant criminal procedures collected and filed at the Department of Judicial Affairs, Office III, (Criminal Records), are initiated. The first part of this section is dedicated to a detailed analysis of the characteristics of the aforementioned provisions, and of the persons for whom legal proceedings resulted in sentencing. The second part will present data regarding admissions into the correctional system in 2008, separately for adults and juveniles.

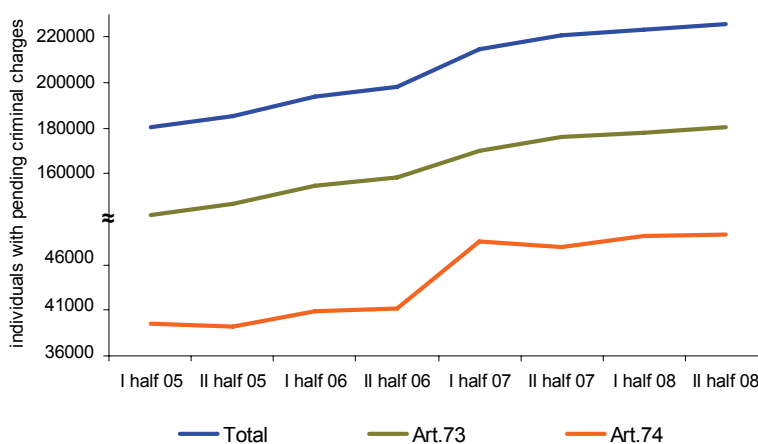
Pending criminal trials and sentences

There is an increase seen by law enforcement agencies of the courts in relation to offences for violation of drug laws for which criminal proceedings have been initiated but not yet concluded. The data provided by the General Office for Criminal Justice of the Department for Judicial Affairs of the eponymous Ministry, relative to the period 2005-2008, highlight in fact a growing trend of persons with pending criminal proceedings for those crimes set forth in by DPR 309/90. In particular, those individuals awaiting final judgment in the first trimester of 2005, equal to 180,279, increased to 225,692 in the second trimester of 2008, with an increase of 25.2%.

Increase in pending criminal proceedings for crimes set forth by the Presidential Decree DPR 309/90

Distinguishing this trend according to type of crime committed by the person awaiting sentencing, it appears that the overall increase is determined by the joint effect of the increase of convicts with pending criminal proceedings for crimes identified by Art. 73 and Art. 74, although in the second half of 2006 and the first trimester of 2007 the criminal procedures in violation of Art. 74 of the DPR Presidential Decree 309/90 denote a sharp increase.

Chart 9.8: Pattern of individuals with pending criminal charges in violation of Arts. 73 and 74 of the DPR Presidential Decree 309/90. Years 2005-2008



Source: Detail of data from the Ministry of Justice – Department of Judicial Affairs – Office I, International Legislation and Clemencies

Persons sentenced by the courts following a violation of the DPR 309/90 for crimes related to the trafficking of mood-altering substances add up to

Approximately 18,000 sentences by Courts for

a provisory number of approximately 9,660 in 2008, likely representing around half the overall volume of sentences. The provisory nature of the fact refers to the updating phase of the Criminal Records archives still taking place in the moment of the survey, which also accounts for the decreasing pattern of the past five years.

In 97.5% of the cases, judgments have involved crimes related to manufacture, trafficking and sale of narcotics (Art. 73, Presidential Decree 309/90), with slightly lower values among Italians compared to foreigners (96.9% and 98.6%, respectively). 0.2% of the actions referred specifically to the more serious crimes of conspiracy with intent to traffic in drugs (Art. 74 Presidential Decree 309/90), with higher values for Italian individuals, and the remaining 2.3% involving actions for both crimes.

Approximately 22% of the sentenced individuals are recidivist, a ratio that varies according to type of crime and nationality, resulting somewhat higher among those sentenced for crimes identified in Art. 73 regarding the more serious crimes (22% compared to 9%), and for the more serious crimes, among foreigners compared to Italians (14% compared to 7%).

Over the last five years, the percentage of recidivist individuals began to grow progressively, moving from approximately 18% in 2004 to 23% in 2007, stabilizing at 22% in 2008. Such a pattern was mainly encouraged by a more pronounced increment of recidivist foreigners compared to Italians sentenced (13% in 2004 compared to 21% in 2008).

crimes identified in the DPR 309/90

Criminal records and delay of notification
Convict characteristics

22% of convicts are recidivist

Increase in recidivism since 2004

Adult admissions to prison

The admissions of adult to prisons in 2008 for crimes committed in violation of Presidential Decree 309/90 relating to narcotics trafficking total 29,570, and involve 28,795 persons, a portion of whom have been incarcerated more than once during the year in question (744 were admitted twice from outside of prison, 30 persons have had three, and one person was incarcerated four times in 2008.)

From 2001 to 2008, the percentage of individuals entering prison for crimes committed in violation of the Presidential Decree 309/90 has varied only slightly over the past four years, having increased from 29% in 2005 to 32% in 2008. This variation is proportional to the 2.7% increase that took place between 2007 and 2008 for the overall admissions for all crimes.

After a trend showing a decrease in the percentage of foreign individuals until 2006, there follows an increase in the subsequent two-year period with values (in any case) lower than the quota of prisoners of Italian nationality (Figure 9.9). At the beginning of the period under consideration, one can observe a higher presence, in percentage terms, of foreign inmates compared to the Italian prison population for crimes related to Presidential Decree 309/90, a trend that was inverted in the period following 2004.

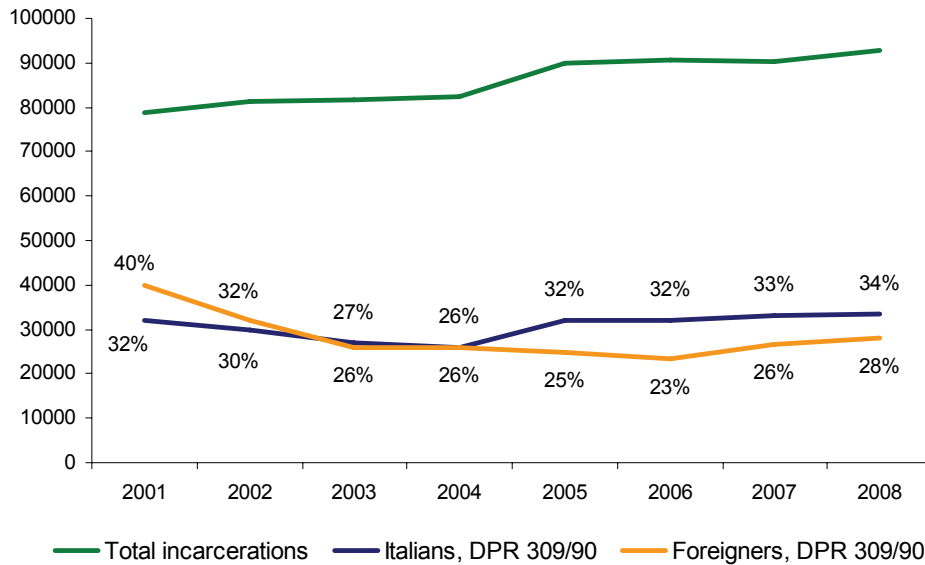
Incarcerations:

28,795
incarcerations for violations of 309/90

Slight variance (3%) of admissions in the past four years

Trend for adult incarcerations for crimes relating to DPR 309/90

Chart 9.9: Overall admissions into the prison system and for crimes in violation of Presidential Decree 309/90, according to nationality – Years 2001-2008



Increment of the admissions for violation of DPR 309/90 proportional to the increase of the total of admissions

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

The prisoners are prevalently represented by those convicted of crimes related to Art. 73 (86.5%), and in a decidedly lower quantity for Arts. 80 and 74 (7.5% and 5.7%), keeping with what came to light from the crime-report archives in the Criminal Records Office. Differences by nationality emerge for the more serious crimes of conspiracy with intent to manufacture, traffic or sell illegal substances, for which Italians represent 7.5% of the inmates of the same nationality taken into custody for crimes defined in Presidential Decree 309/90, compared to 3.1% of foreigners.

Characteristics of adults imprisoned for crimes defined in DPR 309/90

43.2% of individuals entering in prisons in 2008 for crimes for violations of narcotics regulations were released during the course of the year, with slight differences between Italian and foreign inmates (45% vs. 40%), while 21% were transferred into another institution, with marked differences between the Italian and foreign populations (16% vs. 27%).

Releases from prison: 43.2% of individuals entering in 2008 were released

Admissions of juveniles into the correctional system

In 2008, the admissions of juveniles for crimes committed in violation of narcotics laws added up to 264, with a considerable increment with respect to the previous years (38% compared to 2007 and 21% respect to 2006). In percentile terms, juveniles detained in penal institutions for crimes relating to DPR 309/90, with regards to the overall volume of admissions, represent 13.3%.

From 2007, an increment of 38% of the admissions of penal institutions for juveniles who committed crimes relating to DPR 309/90

The detention of juveniles for violations of the drug laws involved almost exclusively males (96%), with a slight prevalence of Italians (54.2%), on average 17 years old, without appreciable differences among juveniles of different nationalities. Distinct profiles can be observed instead between Italians and foreigners with regard to the type of crime that are subject to detention: even though juveniles detained for more serious crimes be in a clearly lower number (17 for Art. 74 and 25 for Art. 80), these were almost exclusively Italian (14 for Art. 74 and 24 for Art. 80), compared to more homogenous percentile values for less serious crimes (53.7% of Italians and 46.3% of foreigners).

9.3.2. Alternatives to prison

Alternative measures to prison were the subject of monitoring in the 2008 Drug Action Plan, to which the first part of the paragraph is dedicated, while the second part provides an overall framework of the characteristics of individuals taking illegal substances, for whom an alternative to prison for drug crimes, or in violation of the penal code, are provided through Social Services.

Goals of the 2008 Drug Action Plan

Alternatives to incarceration are concentrated in Goal #35, formulated in terms of an Improvement of External Sentence Fulfillment for Drug-Dependent Individuals, articulated in two actions: Random Monitoring of the situation and the Identification of the Severity, with the drafting of a consensus document for its improvement. Here we note in this subject the triviality between cognitive action (identification of critical factors), and consensual action (consent document), which brings to light the need to better handle the agreement among the multiple participants who operate within the provision of anti-drug services, within the central and regional jurisdictions.

The Regions that reached the goal using means consistent with the Action Plan directions are 5.9%, whereas those who reached the Goal with actions not consistent with the Plan were 29.4%, and the inactive Regions, 64.7%. The articulation of this subject matter within the Plan highlights the lack of a unified strategy, due to different actions which indirectly cover the prison context, but which are situated within different strategies, such as those previously discussed regarding social re-integration.

The Prime-Minister Decree DPC 230/1999 unquestionably introduced variables that elude both the Regions' and the Ministry of Justice's controls.

The Plan, in any case, recognizes the necessity of handling the drug phenomenon with a multi-faceted approach, in pharmacologic and epidemiologic terms, integrating the authorities of the National Health with social service agencies. However, the relationship between prisoners and services seems possible to improve, with reference to the need for a support at the conclusion of the sentence. In fact, the peak of the fatal incidents (overdoses), and those crimes committed by drug-dependent persons leading to their imprisonment, happen concurrently with the person's release from prison and their return to ordinary life. It is in that moment that the prisoner has the greatest need for the treatment provided through these services, and individual support for the respective paths towards social integration.

Probation

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

In 2008, 5,343 persons were put on probation, with a slight increment with regards to the previous year equal to 66%, after a two-year period (2006-2007) in which the phenomenon as a whole underwent a slight reduction, going from over 16,000 persons on probation in 2005 to just over 3,200 in 2007. (Figure 9.10), an effect produced by the application of Law 241 of

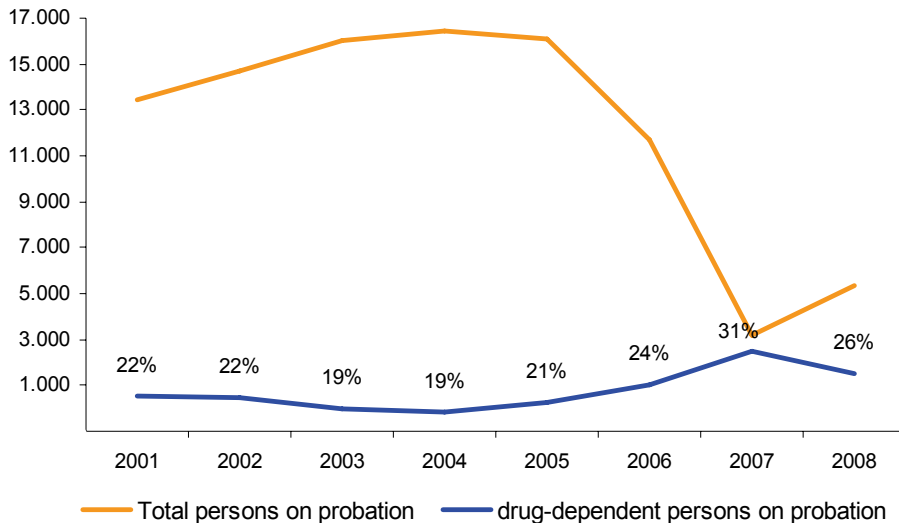
A low % of following through on aims related to alternative sentencing programs

1,380 drug-dependent individuals have been placed on probation

July 31, 2006, relative to the concession of pardons.

The new probation law was applied both to current cases before the courts upon its effective date, as well as new cases committed until May 2, 2006, with a maximum potential sentence of three years. This resulted in a sharp decrease in the number of cases taken over in the course of the year.

Chart 9.10: Total individuals on probation, and percentage of drug-dependent persons. Years 2001-2008.



Source: Ministry of Justice – Department of Prison Administration – General Directorship of External Sentence Fulfillment

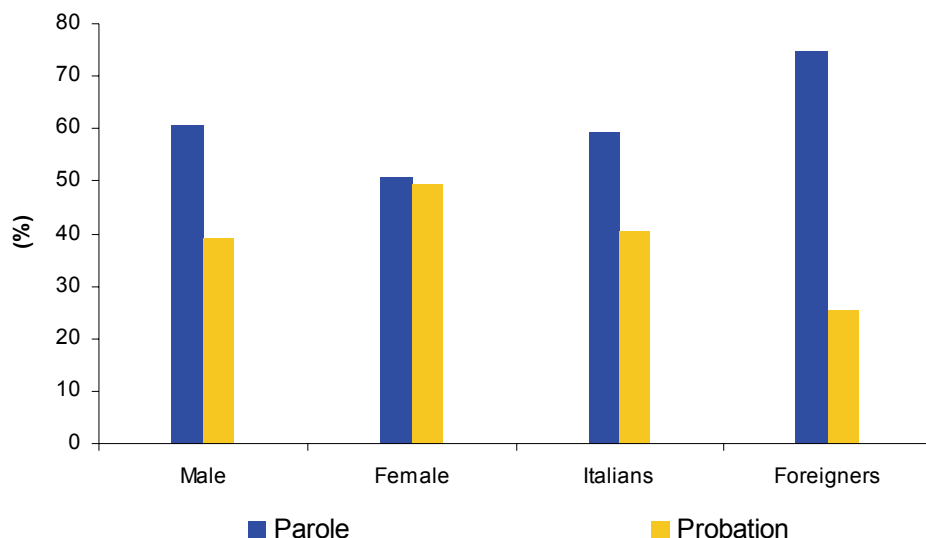
Approximately 26% (1,400 persons) among those on probation involved the initiation or the continuation of a treatment program aimed at treating the person's drug-dependence according to what was set forth by Art. 94 of the Presidential Decree 309/90, 73% on probation for the fulfillment of a maximum three-year sentence, as established by Art. 47 of the Law # 354 of July 26, 1975 and its subsequent modifications (the remaining 0.1% involved military probations). In a counter-trend regarding the pattern of overall probations granted to drug-dependent persons, after a period of downturn between 2001 and 2004, there was a gradual increase until 2007 (31% of overall probations), before stabilizing at 36% in 2008.

On the rise in the most recent two-year period is the number of individuals on probation in the Offices of External Sentencing (EPE) coming from penitentiaries and prisons. This number passed from 37% in 2006 to 51% in 2007, to 60% in 2008. This information can also be read in light of the sentence reduction set out by law 241/06 which, with the exception of some types of crimes, accelerated the possibility of utilizing alternative-sentencing measures for sentences over three years, and at the same time brought about a sharp reduction in those convicts with sentences of up to three years who would have been able to utilize the measure directly from the date of sentencing.

Although with different values, the differences between males and females, and between Italians and foreigners, is confirmed, relative to their provenance from incarceration or from initial sentencing. In 2008 as well, the quota of persons on probation from initial sentencing is higher among females and among Italians (Chart 9.11).

Sharp increase of the number of persons on probation in the EPE (External Sentencing Office): from 37% in 2006 to 60% in 2008.

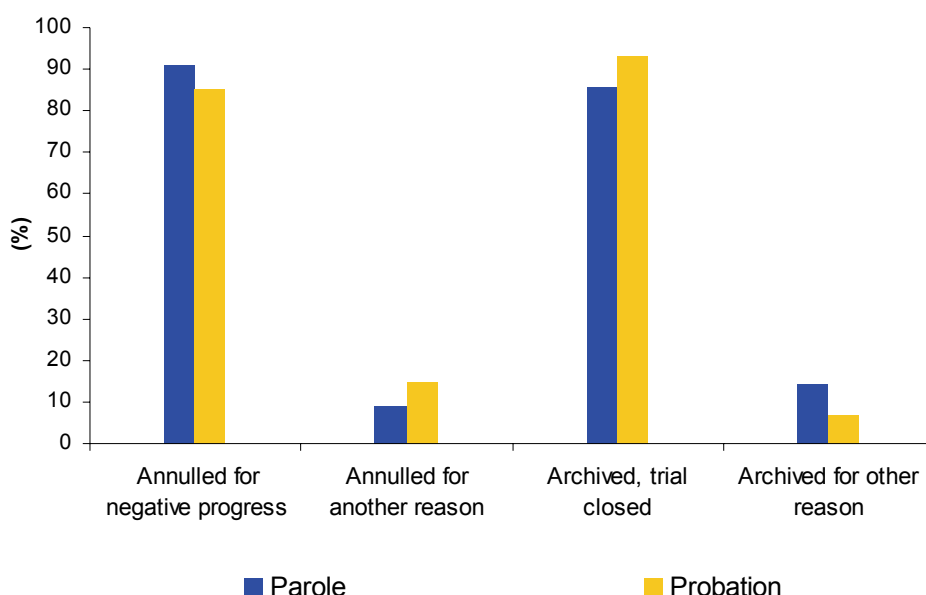
Chart 9.11: Percentage of drug-dependent persons on probation coming from incarceration or from initial sentencing, according to gender and nationality – Year 2008



Source: Ministry of Justice – Department of Prison Administration – General Directorship for the Execution of External Sentencing

Almost 9% of convicts previously admitted to alternative-sentencing programs in 2008 on the basis of Art. 94 of DPR, Presidential Decree 309/90 experienced a revocation of probation, largely due to inability to meet the conditions in a satisfactory manner. Another 23% had their alternative sentences closed due to the expiration of the probationary period. In general, the revocations affected inmates placed on parole from the prison system, rather than those who were placed in an alternative program from the time of sentencing. (Chart 9.12).

Chart 9.12: Percentage of drug-dependent individuals on parole or on probation according to the result of the proceedings – Year 2008



Source: Ministry of Justice – Department of Prison Administration – General Directorship of the Execution of External Sentencing

9.4 Drug use and problematic drug use in prisons

The analysis of the characteristics of the individuals taking illicit substances, moving through the justice services over the course of 2008, following crimes committed in violation of the laws concerning crimes against person, against property or other crimes, was carried out separately for the adult and juvenile populations, in relation to the responsible departments of the Ministry of Justice.

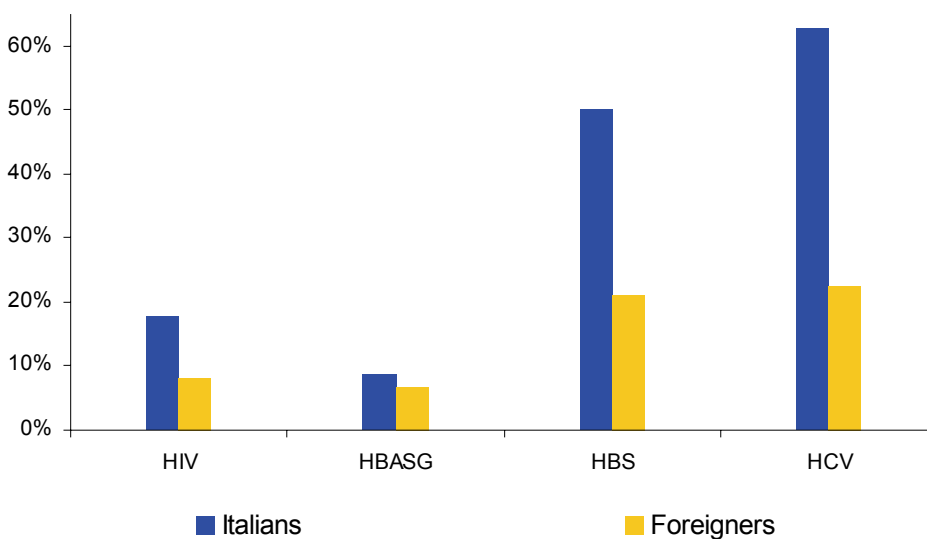
Drug-dependent incarcerated adults

In 2008, the total admissions into prison for a variety of crimes totaled 92,800 with an increase since 2004 of 12.8%. In 2008, the percentage of individuals declared drug-dependent based on the total admissions into corrections facilities, compared to 2007, is increasing, passing from 27% to 33%. In the same year, the admissions of persons declaring themselves drug-dependent totaled 30,528, of which 1,864 had committed the crime set forth by Art. 73 (dealing/possession with intent to sell) of the DPR 309/90, equal to 6% of all those declaring themselves drug-dependent; 26,931 individuals contributing to form the incarceration overall in relation to the violation of DPR 309/90, without being drug-dependent.

The substance investigated within a sample of drug-dependent persons, highlighted the homogeneity among Italians and foreigners, mostly multi-drug users (49.9% of the 1,980 prisoners who indicated an abused substance), followed by opiate users (27.6%), and by cocaine-users (23.0%).

In terms of the monitoring of the spread of infectious diseases on the population of incarcerated persons with a problematic use of substances, according to the information gained from the sample of 3,713 prisoners for whom an infectious-disease file has been opened, approximately 10% underwent a clinical test, with a value that ranged from 8% for the Hepatitis B test to 11% for the HIV test.

Chart 9.13: Percentage of drug-dependent persons testing positive for infectious diseases compared to the total individuals tested – Year 2008



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

The tests results confirmed the presence of infection from Hepatitis C in over 60% of the tested Italian subjects and around 22% of the foreign

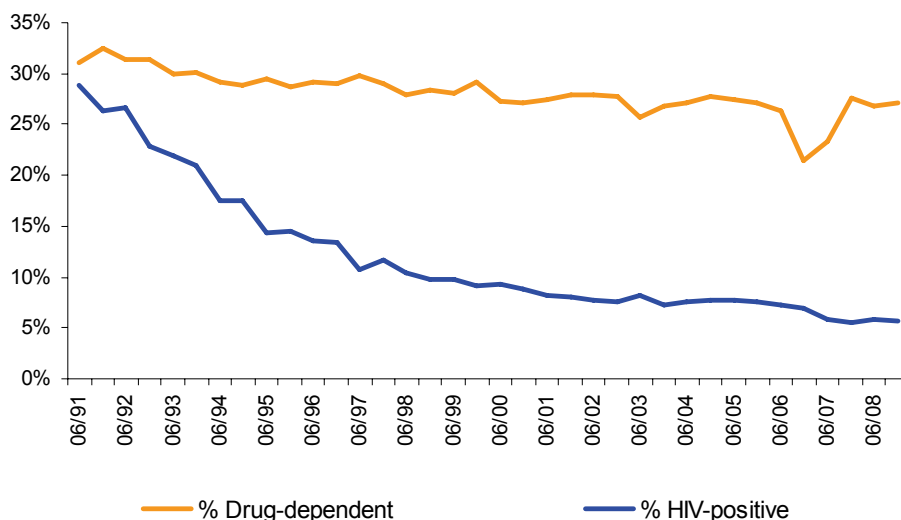
Increase of the number of persons incarcerated declared drug-dependent

Mostly multiple drug-users

Low monitoring of infectious diseases through testing

inmates, the presence of Hepatitis B in roughly half of the Italians tested and roughly 20% of the foreigners, with appreciably lower levels of HIV infection (17.8% of Italians compared to 8.2% of foreigners).

Chart 9.14: Percentage of drug-dependent persons within the total prison population, and percentage of HIV-positive drug-dependent persons. Years 1991-2008.



Source: Ministry of Justice – Department of Prison Administration

The pattern in terms of the proportion of drug-dependent inmates affected by HIV over the past twenty years (approximately), highlights a progressive and an appreciable reduction of the virus' spread up through the beginning of the twentieth century, followed by a less marked propensity in the following years, in the face of a trend in slight decrease of the number of imprisoned individuals with a problematic drug use, with the exception of 2006, a year in which one can observe a dip in the presence of drug-dependent inmates, in virtue of the application of the pardon, which most greatly favored this type of inmate (Chart 9.14).

Roughly half of the sample of drug-dependent inmates entered prison for having committed at least one crime in violation of standing drug laws, in particular 96% of this subgroup for crimes connected to the production, trafficking and sale of drugs (Art. 73, DPR 309/90) and the remaining 4% for conspiracy with intent to traffic in or sell illegal substances.

Constant decrease in the prevalence of HIV-positive drug-dependent persons in prison

Imprisonment for acts related to production, trafficking and sale

Juveniles admitted to juvenile-justice services

Statistics related to the characteristics of individuals entering the juvenile-justice services are gathered by the Department of Juvenile Justice and elaborated by the Office I of the Department Chief – Statistical Services, which periodically publishes a semester report.

According to this source, the juvenile drug users entering the system over the course of 2008 in the juvenile-justice services following the formal notice of crimes punishable with jail time, were roughly a thousand (1081), with an 8% increase with regards to last year.

Over 95% of the admissions were characterized by male juveniles, 80% of whom were Italian, on average almost 17 years old, and without substantial differences according to gender and nationality.

Cannabis is the substance taken by nearly 80% of the juveniles entering under the care of juvenile-justice services, followed by cocaine, taken by 10% of juveniles and heroin, taken by a further 6% of individuals.

The percentile distribution trend among juveniles according to type of

Individuals and admissions

8% increase

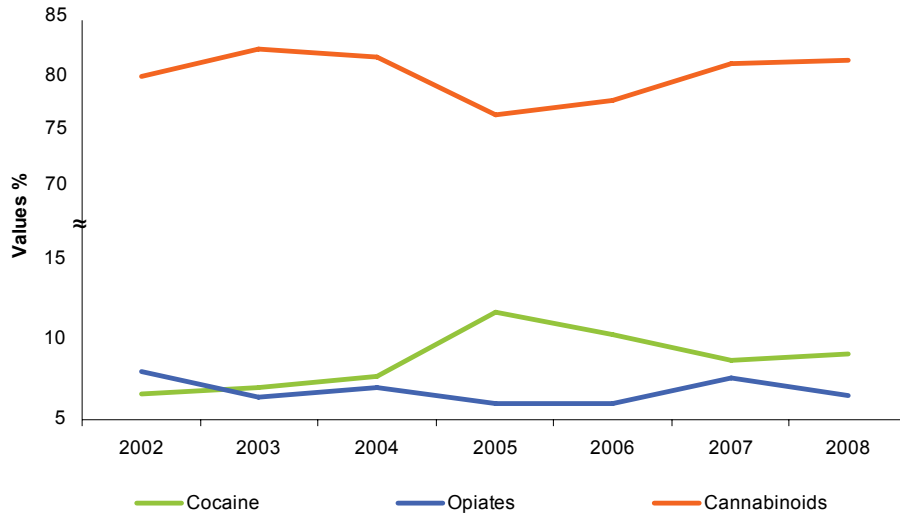
Most common substances among juveniles: cannabis and cocaine

substance and nationality (Chart 9.14 and 9.15) highlights profiles of very different use differentiated among Italian juveniles and their foreign counterparts – for both of these cocaine use is higher than heroin use from 2003 onwards; however, for the Italian users, albeit with some oscillations, the profile of use stayed fairly constant over time.

Cocaine used more often than heroin

Chart 9.15: Percentage of Italian juvenile drug-users entering juvenile-justice services, according to type of drug taken. Years 2002-2008

Trend for Italian juveniles: higher use of cannabis

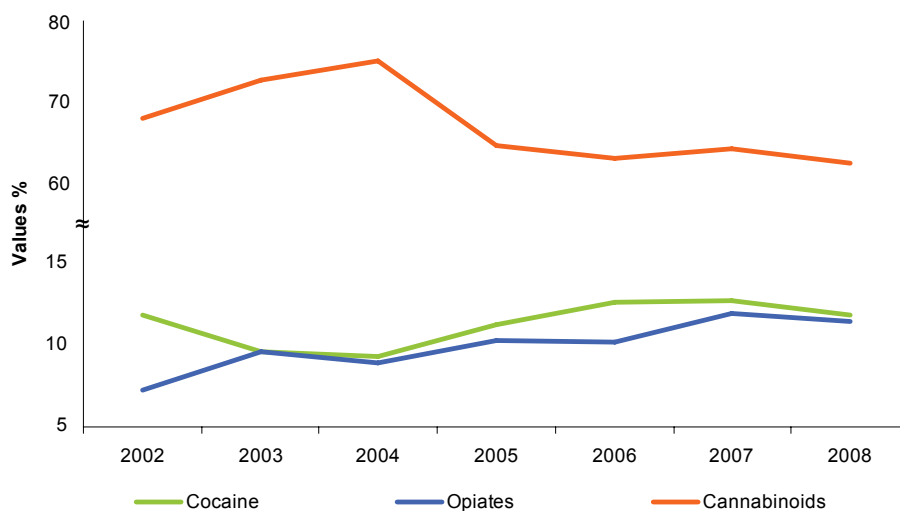


Source. Detail of data from the Ministry of Justice – Department of Juvenile Justice

On the other hand, for foreign juveniles from 2004 onwards, one can observe a reduction in the proportion of cannabis users – of 10 percentage points – compared to an increase in the percentage of juveniles who prefer to take cocaine, opiates and other substances, with alcohol in the forefront.

Chart 9.16: Percentage of foreign juvenile users of narcotics transferred to the care of the juvenile justice system by substance used. 2002 – 2008

Trend among foreign juveniles: greater use of cocaine and opiates compared to Italians



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

Daily substance abuse was most common among opiate users (roughly 56%), the occasional and weekly user among the cannabis and cocaine users (25% for the occasional user and 41% for the weekly user, in equal measure for cannabis and cocaine).

Frequency of use

58% of drug users with judicial proceedings in 2008 in the juvenile-justice services committed crimes in violation of drug laws, followed by property crimes (35.7%) and in particular robberies (17.5%) and theft (13.8%).

Various crimes committed by juveniles: in particular, a higher percentage of trafficking and dealing

9.5 Interventions for drug-related health problems in prison

Within the framework of the creation of a monitoring program through the Italian 2008 Drug Action Plan, in which there were two goals focusing on the corrections environment, innovative interventions and home-life reintegration, a special interest was shown by those Regions where the approach to drug-dependence in the corrections environment is most felt. Some Regions have emphasized the interventions created in the field characterized by a sensibility towards the person, his or her rights, and human dignity.

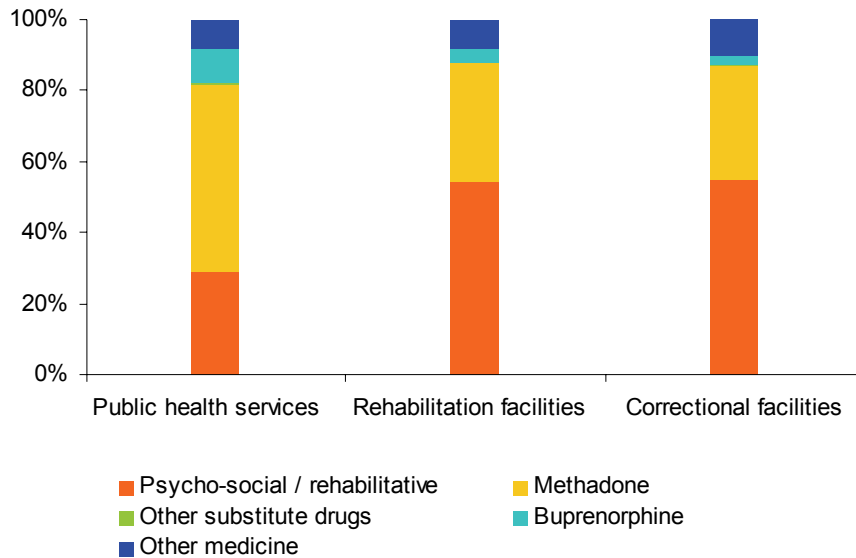
With regards to the health-care assistance of drug-dependent persons in prison, also highlighted was the major change of the last years which has allowed, in many Regions, alternative treatments paths with regards to the past.

There were also references to the utility of law DPC 230/1999 in launching a change in perspective in both the theory and the practice of treatment.

Fully recognized was the necessity to handle the drug phenomenon in prison with a multi-approach perspective, in pharmacologic and epidemiological terms, integrating the Health Ministry's authority with that of social services. In any case, the relationship between inmates and the regions seems to show potential for improvement. In some cases, a point was raised regarding the need for a support to the completion of the sentence because the peak of fatal incidents (overdoses) and criminal events happen concurrently with the end of the person's stay in the correctional facility and their return to normal life. It is in that moment that the prisoner has the greatest need of treatment and needs assistance.

With regards to the inmates assisted by services for drug-dependence, and according to the data received from the Ministry of Labor, Health and Social Policy, both approaches to treatment – psycho-social rehabilitation and pharmacologic interventions – can be differentiated based with regards to the users in treatment in public-service locations or in the private social-services field (Chart 9.17).

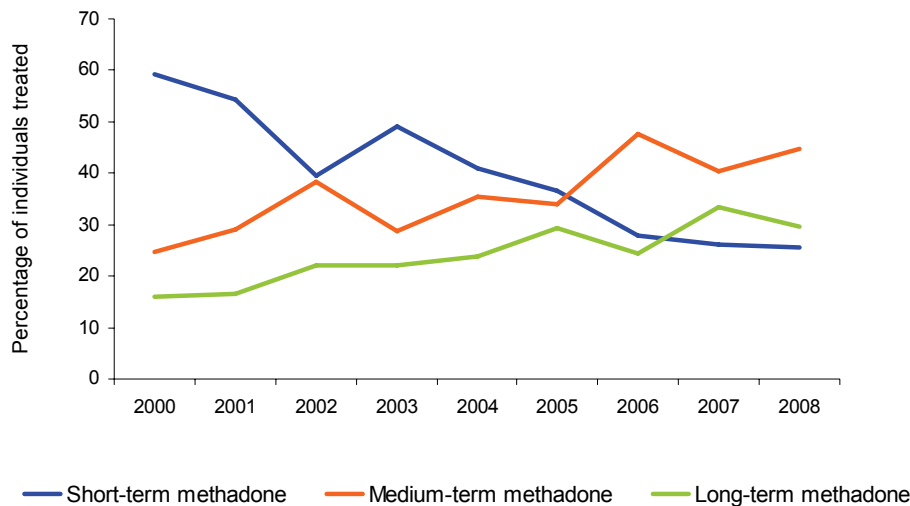
Chart 9.17: Percentile distribution of clients according to treatment type and location – Year 2008



Source: Detail of data from the Ministry of Labor, Health and Social Policy

In the prison system, as opposed to public services, psycho-social rehabilitation treatments are most common (56.2%), and in particular social-services interventions, compared to minimal percentages dedicated to psychotherapy treatments (3.6% of the total psycho-social treatments).

Chart 9.18: Percentile distribution of users assisted in prison for the duration of the pharmacological treatment with methadone. Years 2000 – 2008

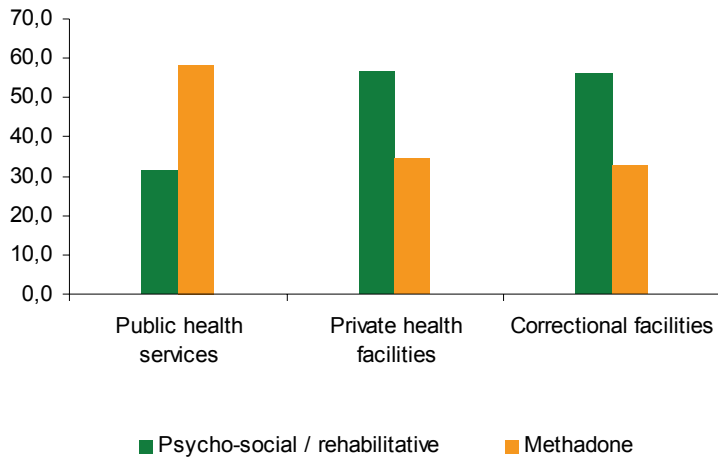


Trend in methadone use: reduction of the short-term treatments, increase in medium-term treatments

Source: Detail based on data from the Ministry of Labor, Health and Social Policy

In the distribution of pharmacologic treatments, long-term treatments are most prevalent. These tend to gradually be reduced, although with a certain variability (Chart 9.18). This information might be accounted for by the variability of the length of the prisoners' sentences.

Chart 9.19: Distribution percentage of individuals according to the treatment type and location – Year 2008



Source: Detail of statistics from the Ministry of Labor, Health and Social Policy

10. DRUG MARKETS

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

The profile described in this chapter arises from processing of data recorded by the Central Drug Service Department (CDS) of the Ministry of the Interior in reference to the annual report on drug-trafficking in Italy, to which reference should be made for further detail and analysis.

10.1. Availability and supply

In recent years there has been increasing investment by various criminal groups, above all on the drug market which seems to be the most profitable and where they can convert proceeds from prostitution and other illegal activities. This has led to an increase in the total volume in drugs in circulation, with an increase in supply and greater competition, which has ultimately led to encouraging the sale of and access to drugs, thus increasing demand which seems increasingly stimulated by this sharp rise in supply and its extensive and varied distribution.

As for drug-trafficking, above all in southern regions we have seen significant involvement of established Italian criminal organisations. In the regions of the Centre-North, on the other hand, there has been an increasing consolidation of foreign criminal groups who have shown outstanding ability in managing drug-trafficking in the face of changing and continuously developing scenarios. This is evidenced by the data for 2008 relating to drug-related charges: out of a total of 35,097 charges, 32.5% involved foreign citizens.

As for Italian criminal groups, drug-trafficking has long been the most profitable sector of the main mafia organisations which, in terms of turnover and profits, represent Italy's leading business. The presence of consolidated mafia groups with strong local roots and widespread and well-established branches abroad, as well as the position and geography of the country, make Italy a crucial and strategic link for international drug-trafficking and one of the main markets for drug use throughout Europe.

This trend is also supported by the increase recorded in the overall quantity of drugs seized by police during 2008 (+32.1%). In particular, the drug which showed the highest rise in seizures, above all in southern Italy, is hashish (approximately +70%). This has led to talk of cannabis, the plant from which marijuana and hashish derive, as the "green gold" of the South where production of the plant is concentrated in Sicily, Calabria, Puglia, and Campania. In this regard, a novelty for 2008 was the discovery in Puglia of a field cultivated with "super-skunk", a plant with an active principle which is 15% stronger than classic cannabis and has so far only been sold in coffee shops in Amsterdam.

"Ndrangheta" is the criminal organisation which over the last 20 years has made Italy the strategic centre of the global cocaine market, establishing direct contact with Colombian drug-traffickers and currently holding the

Foreword

CDS:
the main information
source

Large investments by
organised crime with
increase in drug
supply

Role of organised
crime

Significant presence
of foreigners above
all in north

National
organisations

Italy: outlet for
European drug-
trafficking

Sharp increase in
supply and seizures
Increase in home-
grown crops in the
south
Italian production
also of "super skunk"

Types of
organisations:
"ndrangheta" and
cocaine, "camorra"

monopoly in cocaine-trafficking in Europe. The “camorra” still carries out a significant part of its business in Campania and, on European markets, is continuing to establish its presence in Spain and the countries in the East. “Cosa nostra”, whose involvement in drug-trafficking seemed to be in decline, is now expanding through the reactivation of important channels and contacts which had been used in the past. They are also reaching understandings and agreements, above all with the “camorra” and “ndrangheta”, to obtain new international contacts and to exploit consolidated logistical-operational support systems.

expanding, “cosa nostra” and agreements with other groups

Finally, the criminal world in Puglia, which is formed by dynamic loose criminal groups, seems to be at the service of other criminal organizations for the undertaking of illegal trade, acting as the “service mafia” in criminal activities and providing services and support for many illegal activities throughout Puglia.

Criminal organisations are increasingly becoming transnational, and show strong links between criminal groups on an ethnic basis. In fact a system of criminal agreements has gradually been established, which shows that even the most violent organisations manage to work together in economic expediency when major deals are at stake. Specifically, the investigations reveal that a new method to lower the costs of procuring drugs is that of acquiring them through “instalments”, i.e. a system of raising capital which is open to the participation of several groups of the same or of other organisations, or of channels, structures and logistical support made available by other consortia. In fact joint ventures have been created aimed at drug-trafficking, also in response to the crackdown by the authorities.

Transnational character

Criminal “consortia” for major purchases

As for foreign criminal organisations, the importance and spread of foreign drug-traffickers in Italy (32.5% of all those charged with drug-related crimes) is remarkable. Cocaine, cannabis derivatives and heroin are the drugs which are most commonly handled in Italy by foreign groups. Among them Moroccans (32.8% of all foreigners charged) and Albanians (14.7%) are prominent. Most criminal charges (62%) are concentrated above all in Lombardy, Emilia Romagna, Lazio and Tuscany.

Foreign organisations very present in north for cannabis and heroin

The import and distribution of cocaine and heroin are mainly handled by Albanian, Moroccan, Colombian and Nigerian groups; those from North Africa specialise above all in the trafficking of hashish. Among European groups dedicated to illegal trafficking, the main ones are Romanians, followed by Spaniards, Serbians and the French.

Various races involved: Africans, South Africans, North Europeans

Foreign criminal groups are concentrated above all in the regions of the Centre-North (Lombardy, Veneto, Emilia Romagna, and Lazio). The provinces most affected by the presence of these foreign groups are Milan, Rome and Brescia.

The most “colonised” cities: Milan, Rome and Brescia

The most commonly taken drug in Italy is still cannabis, which is mainly produced in Morocco and which reaches the black market in Europe through the Iberian peninsula, to then be mainly transported to France and Italy. The drug also reaches Europe from Albania.

Cannabis: the most commonly used comes from Spain and Albania

Europe is the second largest global market for cocaine. In this context Italy has a leading role, importing cocaine above all from Latin America. Although down on 2007, in 2008 high quantities of cocaine were seized, above all in Campania. This is due to the presence not only of the Camorra, but also of the ports of Naples and Salerno which are sites with significant international traffic. Similar seizures have been made in Sicily, although of smaller size, and have tended to continuously increase over the years.

Cocaine: increase in traffic, entry points above all in south

The spread of heroin has followed the opposite trend to cocaine and

Heroin:

cannabis; it seems to have fallen in the countries of western and central Europe, and increased in eastern Europe and the Balkans. It is produced mainly in Afghanistan and Myanmar (which together represent 94% of global cultivation of opium poppies), heroin reaches Europe through the routes of the Balkans and via the historic Silk Road, the land and sea outlet of which is Italy itself.

arrives from
Afghanistan through
the Balkans,
reduced spread in
Europe but increase
in Balkan states

As in 2007, Europe confirmed its role at the leading producer of synthetic drugs, although it is impossible to estimate the size of production of this type of drug, the market for which extends to the United States, Mexico and South East Asia. Nonetheless, in recent times there has been some stability in the market for these drugs, probably due to the effects which the control programs on precursors are starting to have, making it more difficult to procure the chemicals needed for production.

Synthetic drugs:
Europe biggest
producer and exporter

In conclusion, the geographical position of Italy at the centre of the Mediterranean, its land and sea role as an outlet and key intersection for numerous international trafficking routes, the presence of professional Italian and international criminal organisations, the strengthening of foreign criminal groups, and finally the increasingly high demand for drugs, above all cannabis and cocaine, make Italy a very appetising target for criminal organisations and help make it one of the main black markets in Europe.

Italy at centre of land
and sea traffic routes

10.2. Seizures

The efforts of the police to combat the illegal drugs market, which is continually growing in Italy, are focussed on three main areas: the production, traffic, and sale of illegal drugs. The following paragraph provides a summary of the activities undertaken in 2008 by the police and the results achieved in combating this phenomenon. As for the work to identify the production centres for illegal drugs, a separate paragraph is dedicated to identifying laboratories for the production of synthetic drugs.

Increasing anti-drug
activities in three
directions:
production
traffic
sales

10.2.1. Quantities and numbers of seizures of all illicit drugs

In 2008 there were 22,470 anti-drug operations conducted by the police, confirming an increase of 1.6% on the previous year and its continuous growth since 2004, reaching the peak for the last 10 years in 2008.

Increasing anti-drug
operations: 2008
historic maximum

Anti-drug operations undertaken by the police led to the seizure of illegal drugs in 84% of cases, to further crime detection in 9% of operations and to the discovery of quantities of drug in a further 7% of anti-drug activities.

Type of operation

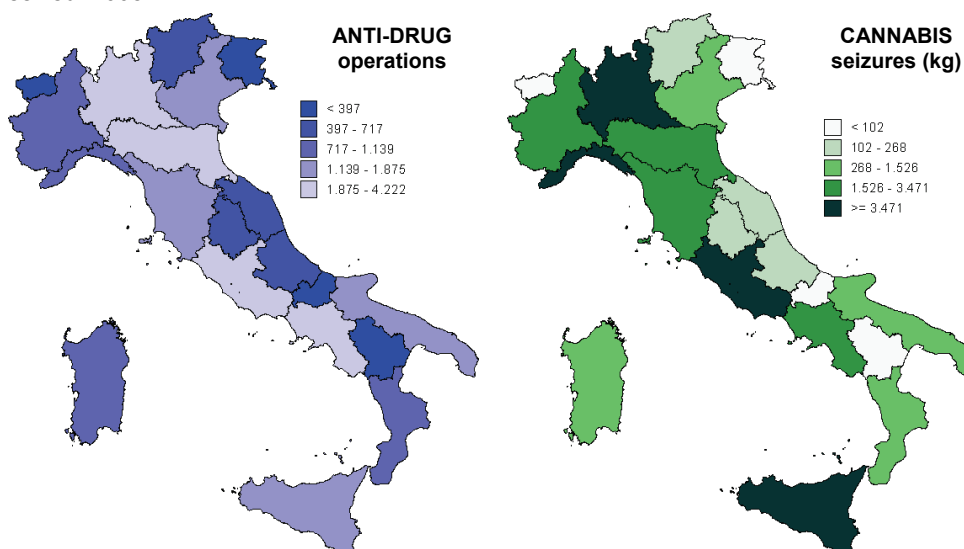
The geographical distribution of anti-drug actions shows a higher concentration of operations, each over 8% of the total, in the regions of Lombardy (19%), Lazio (13%), Campania (9%) and Emilia Romagna (8.3%) (Chart 10.1). The areas least affected by the phenomenon (each with a rate below 4% of all operations) seemed to be the northern special statute regions (Valle d'Aosta, Alto Adige and Friuli Venezia Giulia), the central regions on the Adriatic (Marche, Abruzzo and Molise) and Umbria inland and some southern regions and islands (Calabria, Basilicata and Sardinia).

Anti-drug operations
by geographical area

Table 10.1: Anti-drug operations and illegal drug seizures. 2008

	2007		2008		Δ %
	N	%	N	%	
Anti-drug operations					
Seizure	23,977	84.4	18,955	84.4	- 20.9
Crime detection	2,233	7.9	1,942	8.6	- 13.0
Discovery	2,038	7.2	1,460	6.5	- 28.4
Discovery of laboratory	5	0.02	5	0.02	0.0
Other	161	0.6	108	0.5	- 20.9
Seizures of illegal drugs					
Cocaine (Kg)	3929	12.9	4,112	9.8	+4.7
Heroin (Kg)	1897	6.2	1,324	3.2	-30.2
Hashish (Kg)	20,034	65.9	34,107	81.4	+70.2
Marijuana (Kg)	4,550	15.0	2,380	5.6	-47.7
Cannabis plants (plants)	1,529,779	-	148,152	-	-90.3
Synthetic drugs (units/doses)	393,437	-	57,333	-	-85.4

Source: processing of Ministry of the Interior data – Central Drug Service Department

Chart 10.1: Anti-drug operations undertaken by the police and cannabis (kilograms) seized. 2008

Source: processing of Ministry of the Interior data – Central Drug Service Department

Police operations in 2008 enabled the seizure of large quantities of cannabis, in particular hashish (over 34 tonnes), mainly in Lombardy (28% of total volume), Lazio (16%) and Sicily (13%) (Chart 10.1).

The quantities of cocaine and heroin seized by the police were more limited (respectively 4.0 and 1.3 tonnes), corresponding to a 4% increase compared to 2007 for cocaine, against a 30% fall in quantities of heroin seized.

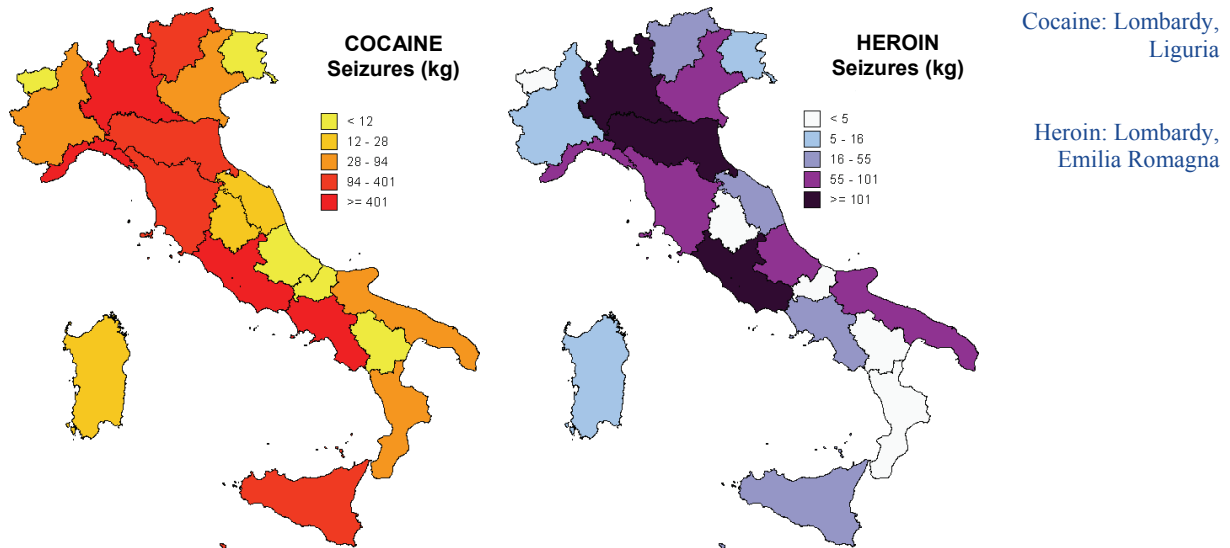
The largest quantities of cocaine and heroin were once again seized in Lombardy (respectively 39% and 37%), followed by Liguria (16%) and Lazio (15%) for cocaine seizures (Chart 10.2) and more broadly by Emilia Romagna (10%), Lazio, Abruzzo and Puglia (8%), Veneto (7%) and Tuscany (6%) for heroin seizures (Chart 10.2).

Higher seizures of cannabis: Lombardy, Lazio, Sicily

Increase in seizures of cocaine and reduction in heroin

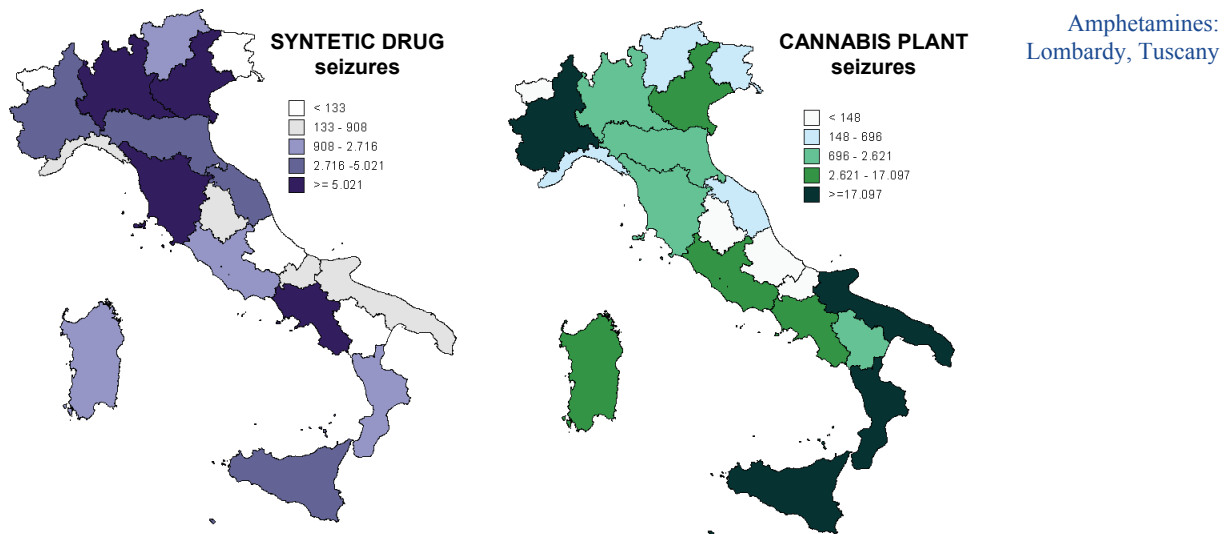
Quantity of cocaine and heroin by geographical area

Chart 10.2: Distribution (%) of quantities of cocaine and heroin seized in 2008



Source: processing of Ministry of the Interior data – Central Drug Service Department

Chart 10.3: Distribution (%) of quantities of amphetamines and cannabis plants seized in 2008



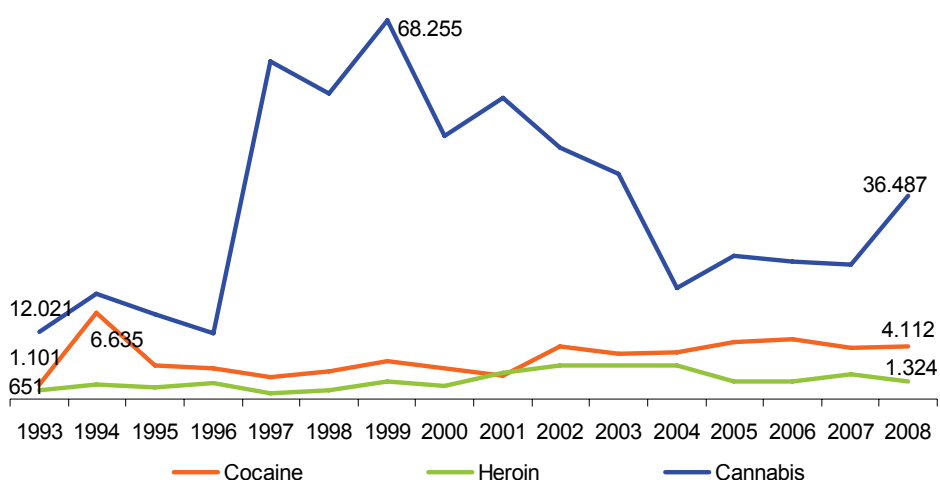
Source: processing of Ministry of the Interior data – Central Drug Service Department

The areas most affected by the spread of synthetic drugs seem to be the northern regions, where the largest quantities seized are found. As for other drugs, the leading region is Lombardy with 39% of all other drugs seized, followed by Tuscany /14%) and Veneto (11%) (Chart 10.3). Diametrically opposed was the profile of activities to seize cannabis plants, confirming the alarm raised by the Central Drug Service Department with regard to the spread of home-grown illegal drugs by organised crime. Seizures of cannabis plants were largely made in the southern regions of Calabria (41%), Sicily (19%) and Puglia (17%) (Chart 10.3).

The trend in the quantities of drugs seized over the last 15 years puts cannabis derived products at the top of the table, at a particularly high level of over 40 tonnes, in the period 1997 - 2003; in 2008, after a two year period of substantial stability, the police intercepted a quantity which exceeded 36 tonnes (Chart 10.4). More limited variation can be seen in the trend in seizures of cocaine and heroin, from 3.5 to 4.5 tonnes for cocaine seized in the period 2002 - 2008, and from 1.3 to 2.5 tonnes of heroin in the last 10 years, with a stable trend around the minimum value over the last five years, except for 2007, when almost 1.8 tonnes of the drug were seized.

Trend in quantities of illegal drugs seized

Chart 10.4: Quantities of illegal drugs seized by the police as part of anti-drug operations. 1993 – 2008



Source: processing of Ministry of the Interior data – Central Drug Service Department

10.2.2. Number of illicit laboratories and other production sites dismantled

In the last five years 16 laboratories equipped for the production and transformation of psychoactive drugs, largely for cocaine, have been dismantled. Intense police work enabled the discovery during 2008 of the highest number of laboratories over the last five years, 4 equipped for the transformation of cocaine and one for that of heroin.

In 2008 highest number of dismantled laboratories

Considering the whole period, half of the laboratories were dismantled in Lombardy, 3 in Lazio, 2 in Veneto and one laboratory respectively in the regions of Piedmont, Liguria and Puglia.

Laboratories by geographical area: Lombardy, Lazio

Table 10.2: Laboratories dismantled by the police by type of drug produced. 2004 - 2008

	2004	2005	2006	2007	2008
Cocaine	2	4	1	2	4
Heroin	-	-	1	1	1
Methamphetamines	-	-	1	-	-
Total	2	4	2(*)	3	5

(*) The total number of laboratories is lower than the sum by individual drug, since one laboratory transformed both heroin and cocaine

Source: processing of Ministry of the Interior data – Central Drug Service Department

10.3. Price/purity

10.3.1. Price of illicit drugs at retail level

In 2008 too the fall in the maximum and minimum prices for both heroin and cocaine continued, while the prices for lysergic acid (LSD) stabilised. In the last two years we have seen a rise in the maximum prices for cannabis and in the minimum price per single dose of ecstasy.

- Fall in cost of cocaine and heroin
- LSD stable
- Cannabis rising

Table 10.3: Lowest and highest price per drug unit (gram/dose/tablet) - Year 2008

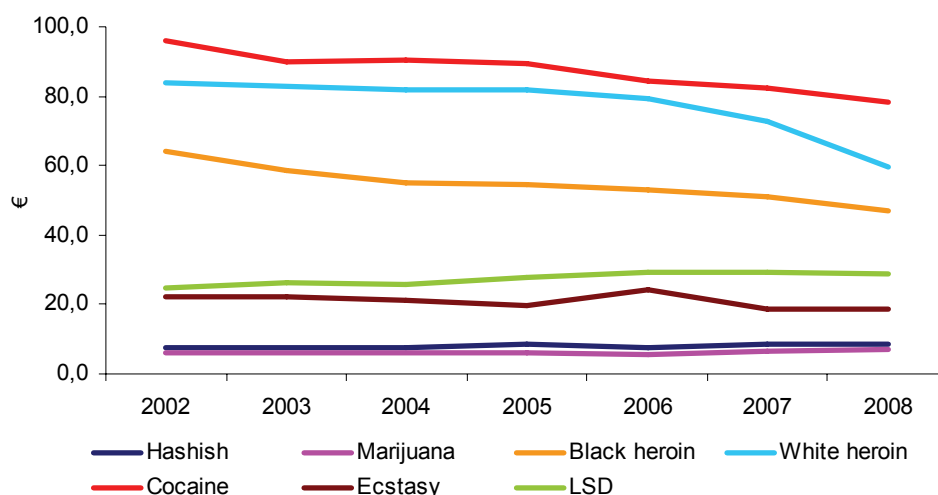
Drugs	Minimum price	Maximum price
Hashish (gr)	7.91	9.7
Marijuana (gr)	6.62	7.77
Black heroin (gr)	40.8	52.8
White heroin (gr)	53	66.33
Cocaine (gr)	66.41	90.25
Ecstasy (cp)	16.58	21.1
LSD (dose)	28	29.2

Source: Ministry of the Interior – Central Drug Service Department

In the period under consideration, the average of the minimum and maximum prices fell from 96 to just over 78 euro per gramme for cocaine, from approximately 64 to under 47 euro for black heroin and from 84 to under 60 euro for white heroin; a sharp fall in average prices is seen for a single dose of ecstasy which could be bought for approximately 24 euro in 2006 and less than 19 euro in the last two years (Chart 10.5).

Trend in average prices from 2002 to 2008

Chart 10.5: Average prices (minimum and maximum) per dose of psychoactive drug. 2002 – 2008



Source: processing of Ministry of the Interior data – Central Drug Service Department

10.3.2. Purity/potency of illicit drugs

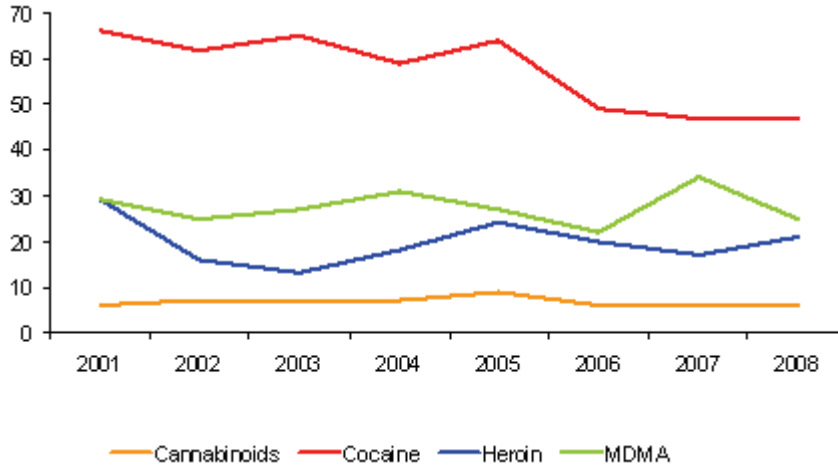
The data on the purity of drugs derive from analyses carried out by the Drug Investigation Section of the Police Scientific Service of the Central Crime Department of the police force and is included in the forms of the European Monitoring Centre for Drugs and Drugs Addictions. The data relate to both seizures of larger quantities and seizures of street quantities of drugs.

From 2001 to 2008 the average percentage of the active principle found in the samples analysed fell for cocaine, going from 66% to 47%; the percentage of active principle present in cannabis (THC) was confirmed as broadly stable and after a peak in 2005 fell to stand at approximately 6% (5.8% in 2008).

Increase in purity of heroin
That of cocaine almost stable

As for the percentage of MDMA, after the increase recorded in 2007 (from 21% to 33%), it returned in 2008 to the lower levels also recorded in previous years (approximately 25%). The percentage of heroin rose in 2008, going from 17% to 21%.

Chart 10.6: Average percentage of pure drug in drugs found by police from 2001 to 2008

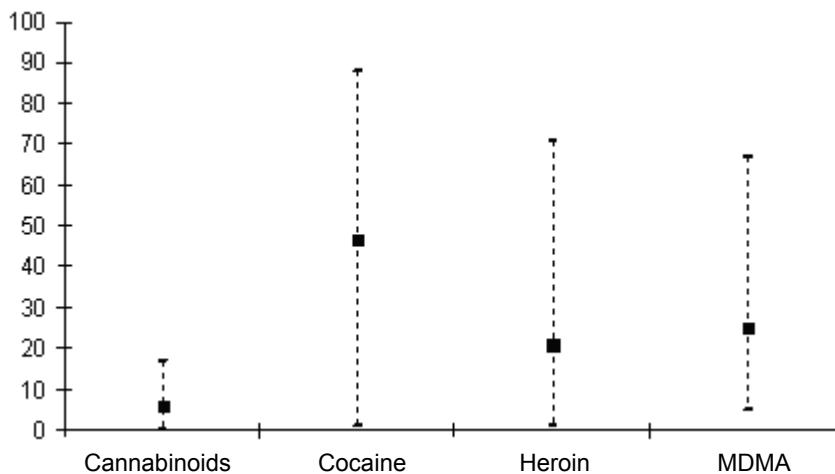


Source: processing of Ministry of the Interior data – Central Crime Department of the police force

Chart 10.7 shows the maximum, minimum and average values of the active principle found in illegal psychoactive drugs in 2008. The variability was very high: from 0.08% to 17% for cannabis, from 0.77% to 88% for cocaine, from 1% to 21% for heroin and from 5% to 67% for MDMA: all the variables recorded may also depend on the mix of the type of seizures (large batches or street quantity seizures) which may have significant differences in the percentage of the active principle.

High level of variability in quantity of active principles

Chart 10.7: Variability in the quantity of active principle in illegal psychoactive drugs found by police in 2008



Source: processing of Ministry of the Interior data – Central Crime Department of the police force

Part B

Selected Issues

11. CANNABIS MARKETS AND PRODUCTION

11.1 Markets

In the nexus of global interactions, the phenomenon of the narcotics trade is certainly to be included among the most globalized. By way of complex, well-developed and continually evolving routes, the drug multi-nationals, established all over the world, transfer illicit substances from production areas to consumer areas, enticed by the considerable earnings that this kind of trafficking is able to generate. Italy, where some of the most battle-hardened crime organizations operate, just as many Italian as foreign, is positioned, within this market, among the main European centers both as an area of transit and as an area of use. Neither is there a lack, in Italy, of incidences of cannabis cultivation, albeit in fairly limited quantities.

A thorough analysis of the characteristics, operations, dynamics, strategies, potential and developing trends of the organized crime is indispensable, insofar as this profitable market is managed, nearly in its entirety, by organizations with a particularly structured method and often with a Mafia ties. These organizations control each segment of the supply chain, from manufacture, to storage, to shipment, transit, and distribution. In Italy, narcotics traffic has for some time been the most profitable sector of the main Mafia-type organizations, that is, of the so-called “Mafia, Inc.”, the leading Italian company, but in terms of total sales and returns, and with the best international relationships, which has gained new vigor from the possibilities offered by globalization.

The presence of qualified and well-known mafia associations, with widespread and consolidated branches overseas and a thorough control of their area of origin – thus allowing them to manage both large-scale international traffic as well as to maintain solid control locally – makes our country, thanks in part also to its peculiar geographical shape and position (at the land and sea outlet for the “Balkan route,” at the center of the Mediterranean sea, and near the coast of North Africa, this latter being a new, significant storage area for narcotics), a crucial and strategic juncture, a neuralgic point for the international narcotics-traffic routes, not to mention one of the main markets for final-destination use within the European Union. The preceding shows feedback of increasing (+32.07%) quantities of narcotics seized overall by Law Enforcement officials over the course of 2008, with particular regards to hashish (+70%, approximately), and especially in Lombardy, Lazio and Sicily. The mafia organizations have begun to manufacture drugs themselves, producing roughly several tons of marijuana, since the direct cultivation offers, indubitably, higher earnings and lower risks during transport. After the major seizure carried out in 2007 of the largest cannabis plantation (over 1,400,000 plants) ever to take place in Europe, during the course of 2008 vast cultivations were discovered as well, which would have yielded, on a retail level, several million Euro for the crime organizations. The real news in 2008 was the discovery in Puglia of a ‘super-skunk’ cultivation, herbs with a 15% higher active ingredient with regards to traditional cannabis, up until now made commercially available only in Amsterdam’s “coffee shops.”

In terms of the foreign criminal organizations, the consistency and the capillary nature of traffickers in Italy with a foreign ethnicity, which in 2008

Positioning of the
Italian market
within the greater
European context

The crime
organizations that
manage the market

Provenance of
narcotics

Production of
cannabis
derivatives in Italy

represented 32.50% of the total persons reported for drug-related offences, becomes especially pertinent. Compared to 2007, furthermore, reports on these individuals increased by 6.10%. Cocaine, cannabis derivatives and heroin were the drugs most commonly handled in our country by foreign groups.

11.1.1 Cannabis wholesale price

In 2008, the average retail price per gram of mood-altering substances derived from cannabis varied from approximately 7 Euro for marijuana to roughly 9 Euro for hashish. Over the last two years there has been an increase in the price for both cannabis derivatives, although the difference between the maximum and minimum price has remained more or less stable over the years, except in 2007, when the price difference for marijuana nearly doubled.

This price pattern for cannabis is a counter-trend compared to that of other drugs such as heroin (both black and white), cocaine and Ecstasy, for which there was a reduction in prices between 2002 and 2008 ranging between 20% and 30% (-29% for white heroin, -27% for black heroin, -21% for Ecstasy, -19% cocaine).

Average price per gram of hashish and marijuana

Trend in price per gram of hashish and marijuana

Table 11.1: Average, minimum and maximum price per gram of mood-altering substances (cannabinoid). Years 2006-2008

	Mean	Minimum	Maximum
Cannabis resin			
2006	7.6	6.6	8.6
2007	8.4	7.2	9.7
2008	8.8	7.9	9.7
Herbal cannabis (type unspecified)			
2006	5.8	5.1	6.4
2007	6.6	5.3	7.9
2008	7.2	6.6	7.8

Source: 2008 Annual Report from the Central Direction for Anti-Drug Services

Information on the purity of the mood-altering substances are provided by the Division on Drug Investigations of the Forensic Police of the Central Anti-Crime Force of the State Police on the basis of micro-biological analysis carried out on large quantities of seized substances, as well as on seizures of street drugs.

Purity of the cannabis derivatives

Table 11.2: Average percentage of pure substances found by Law-Enforcement officials over the course of the year. Years 2006-2008

	Sample size	Minimum	Maximum	Mean	Mode
Cannabis resin (% THC)					
2006	131	0.5	16	6.0	1.6
2007	198	0.05	16	5.3	6.4
2008	218	0.08	17	5.8	7.3
Herbal cannabis (type unspecified) (% THC)					
2006	23	0.03	16	5.4	2
2007	164	0.02	21	2.2	0.05
2008	40	0.006	15	4.7	1.8

Source: 2008 Annual Report by the Central Direction for Anti-Drug Services

Over the last two years, the average percentage of active ingredient (THC) found in the samples has remained more or less stable for both derivatives of cannabis, around 6% for the cannabis in resin and at around 5% for the cannabis in herbal form. The higher variability found in the different samples, and especially the presence of irregular values, quite different from the average percentage of active ingredient found, calls for the use of the “mode” indicator in substitution for the “mean” in order to calculate the “average” value of the percentage of the main ingredient. Such an indicator, in fact, is not “thrown off” by the “weight” of irregular values and provides a more accurate value of the percentages of active ingredients found on average.

Higher variability of the percentage of active ingredient found in the cannabis derivatives

The modal values of the active-ingredient percentage found in the cannabinoids highlights a trend towards increase for the cannabis in resin from 2% to 7% during the period from 2006-2008 and a substantial stability for the cannabis in herbal form, around 2% of the active ingredient.

11.1.2 Cannabis use

As copiously described in Chapter 2, patterns of cannabis use seem to indicate a growing trend within high school-aged persons (15-18 years old), but especially in the general population, from 15 to 64 years of age. This trend, seen in other European Union member states as well, is associated with and supported by the increasingly vast drug supply, such as has been made abundantly clear previously in this report.

According to the investigation of the population conducted in Italy in 2007-2008, 32% of the population between 15 and 64 years of age has used cannabis, and 14.3% has continued to use it over the course of the previous year.

Cannabinoid use in the general population, 15-64 years

The prevalence of use is further reduced when the use involves the past month, and everyday use, involving (respectively) 6.9% and 1.3% of the Italian population in question.

Table 11.3: Cannabis use in the general population, 15-64 years of age. Years 2007/08

Cannabis use	Males	Females	Total
Used at any point in person's life	36.6	28.6	32
Used during previous 12 months	17.3	12	14.3
Used in the last 30 days	9.6	4.8	6.9

Source: Detail of statistics from IPSAD-Italy 2007-2008; 2008 Annual Report - OEDT

31.5% of the students interviewed has experimented at some point with cannabis, a percentage that reaches 24.2% if one considers annual use and 15.2% when the use refers to the previous 30 days (once or more often). 2.7% of the national student population admits having used cannabinoids on a daily basis.

Cannabinoid use in the school-age population, 15-18 years of age

Table 11.4: Cannabis use in the school-age population 15-19 years old (once or more in one's life, in the past 12 months, in the last 30 days, daily use)

Cannabis use	%
Used at any point in person's life	31.5
Used in previous 12 months	24.2
Used in previous 30 days	15.2
Used daily	2.7

Poly-drug use in the general population, 15-64

Source: Elaboration of statistics from ESPAD Italy 2008

The analysis referring to use associated with more than one substance delineates (in a comprehensive manner) the overall framework of use of illegal psycho-active substances in the general population.

Table 11.5 represents the distribution of prevalence of the use associated with two substances, legal and illegal, in the general population which refers to having used an illegal substance in the previous 12 months. Roughly 14% of the population interviewed admits to having used cannabis in the previous year – among these, 98.9% drank alcoholic beverages during the same period, 58.9% smoked at least one cigarette per day, 12.7% used cocaine and 3.1% used heroin.

Among the general population, which in the last year used cocaine or heroin as their main substance, the association with the use of cannabinoids is seen in very high percentages, in 85% of the individuals who have taken cocaine and in 77% of heroin users.

Table 11.5: Distribution of the prevalence conditioned by poly-users in the general population over the past 12 months.

Substance	Alcohol	Tobacco (≥cigarette/day)	Cannabis	Cocaine	Heroin
Cannabis	98.9	58.9	-	12.7	3.1
Cocaine	97.6	73.8	84.8	-	14.6
Heroin	87.3	66.7	76.8	51.8	-

Source: Elaboration of statistics from IPSAD-Italy 2007-2008

Such a phenomenon is found most amplified in the school-age population interviewed within the investigation on use of mood-altering substances in secondary schools.

Table 11.6 represents the distribution of prevalence conditioned by the use of legal and illegal substances in the secularized population among those who admit to having used illegal substances in the previous 12 months.

24.2% of students admit to having used cannabis over the past year, among these 98.3% drank alcohol during the same period, 68.4% smoked at least one cigarette per day, 14.1% used cocaine and 4.4% heroin.

Table 11.6: Distribution of the prevalence conditioned by poly-users among school-age users over the previous 12 months (last year prevalence)

Substance	Alcohol	Tobacco (≥cigarette/day)	Cannabis	Cocaine	Heroin
Cannabis	98.3	68.4	-	14.1	4.4
Cocaine	98.0	80.9	91.9	-	23.6
Heroin	96.2	71.2	82.3	66.7	-

Source: Elaboration of statistics from ESPAD 2007-2008

Among those students who in the past year took cocaine or heroine as their main substance, the association with the use of cannabinoids is found in even higher percentages with respect to the general population, in 92% of the young persons who took cocaine and in 82% of the heroin users.

11.2 Seizures

According to the statistics on seizures of mood-altering substances surveyed by the Central Direction for Anti-Drug Services (D.C.S.A.) of the Ministry of the Interior, there emerges a substantial drop in marijuana seizures (-47.7%), and a congruent increase in those of hashish (+70.24%).

Poly-use in the school-age population, 15-18

Quantities of cannabis derivatives seized in 2008

Overall, the operations aimed at combating cannabis derivatives totaled 10,086; seizure quantities totaled 34,106.73 kilos for hashish and 2,380.20 for marijuana (Table 11.6).

Table 11.7: Quantity (Kg) of hashish, marijuana and number of cannabis plants seized. Years 2004-2008

	Border	Inside Country	Total
Hashish			
2004	2,039	14,384	16,423
2005	6,937	16,262	23,199
2006	4,055	15,673	19,728
2007	7,283	12,751	20,034
2008	3,374	30,732	34,107
Marijuana			
2004	296	3,195	3,491
2005	75	2,411	2,486
2006	1,060	3,926	4,986
2007	370	4,180	4,550
2008	40	2,340	2,380
Cannabis Plants			
2004	0	311,124	311,124
2005	2	140,956	140,958
2006	10	95,768	95,778
2007	8	1,529,771	1,529,779
2008	0	148,152	148,152

Source: 2008 Annual Report from the Central Direction for Anti-Drug Services.

Furthermore, over the past few years, there have been further seizures of cannabis plants, for the most part carried out in Southern Italy, in the Regions of Calabria, Sicily and Puglia.

Even in the past 12 months, 81% of the seizures of Indian hemp plantations took place in the South. Hundreds of hectares, an uncertain number of plant nurseries and scores of greenhouses scattered among Calabria, Puglia and Campania, ideal terrain in terms of its favorable environmental conditions for the plant.

The most important operations relative to this substance concluded in Italy in 2008 and coordinated by the D.C.S.A., have already been mentioned: MALETA (the seizure included 535.00 kg of hashish) and NUOVO IMPERO (485.5 kg of hashish). The Italian market has been mostly fed by hashish from Morocco and Marijuana from the Middle East. Regarding the 148,152 nationally produced cannabis plants seized in 2008 (-90.32% compared to 2007), the operations were mainly carried out in Calabria (59,479 plants seized), Sicily (27,160 plants seized) – Regions whose overall geo-climactic conditions lend themselves to this type of cultivation. The record for cannabis plants seized occurred in 2001, and included over three million plants.

Most of the quantities seized by Law Enforcement officials come from anti-drug campaigns carried out in the area, representing in 2008 over 90% of the overall volume of seized substances (Table 11.6). Of special interest in the comparison between the distribution of the most important seizures taking place in 2008, according to the type of cannabis derivative and the

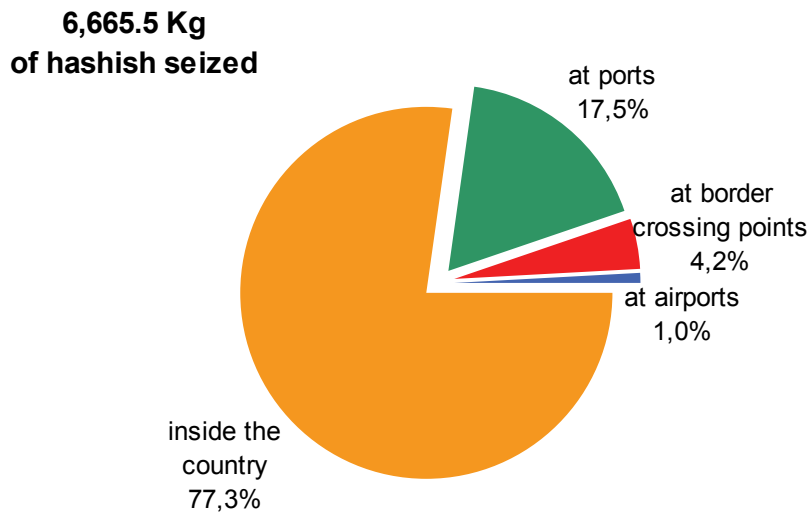
Cannabis-plant seizures in Italy

Main anti-drug operations for cannabis derivatives

The locations of cannabis seizures

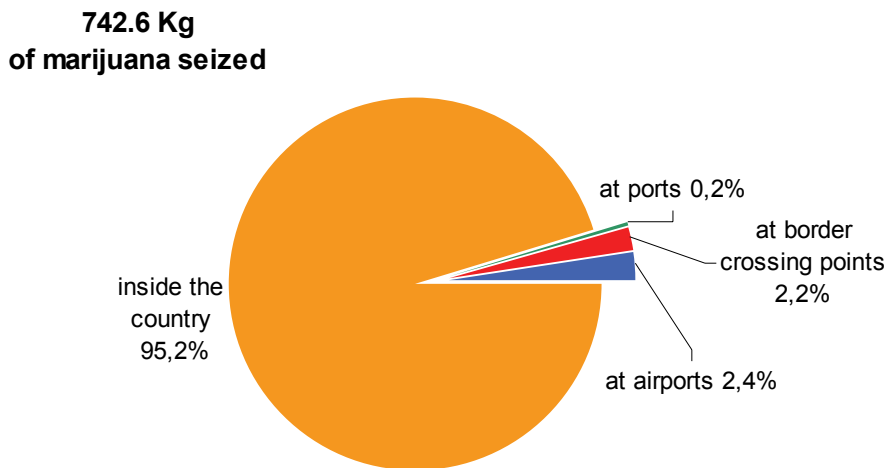
location of the seizure (Figures 11.1 and 11.2); such a comparison, in fact, highlights the near totality of the interventions in the area in terms of marijuana, whereas a discrete quantity of seized substances intercepted arrive in ports, passes or in the airport layovers in terms of the quantities of seized hashish (representing 20% of the overall quantities seized in the main anti-drug campaigns).

Chart 11.1: Percentage distribution of most significant hashish seizures



Source: 2008 Annual Report for the Central Direction of Anti-Drug Services

Chart 11.2: Percentage distribution of the most significant cannabis seizures

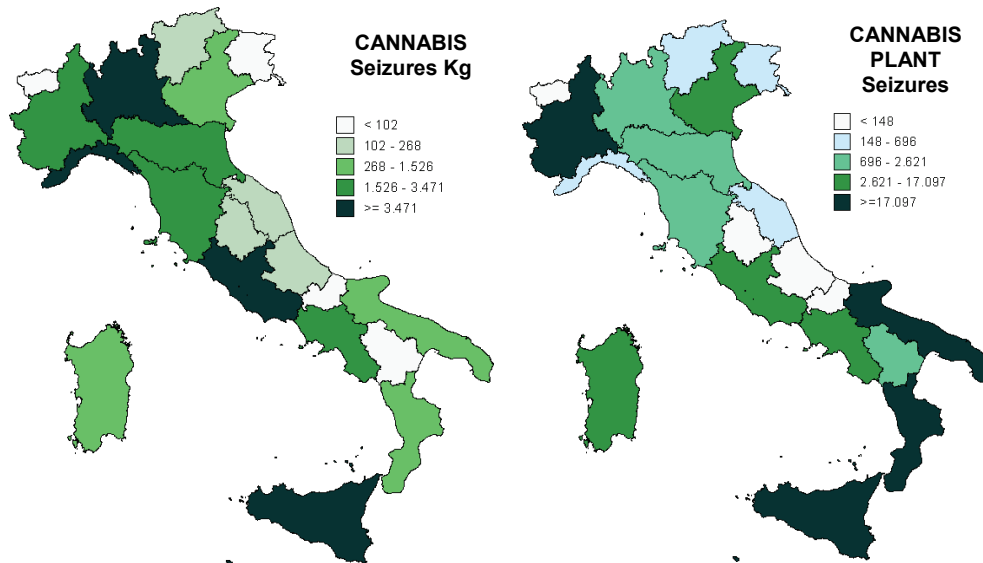


Source: 2008 Annual Report of the Central Direction for Anti-Drug Service

The regions in which the largest quantities of hashish have been seized are Lombardy, with 9,786.99 kg, followed by Lazio (5,485.69 kg) and Sicily (4,024.43 kg). In terms of marijuana, the largest-scale seizures took place in Sicily (722.16), in Puglia (344.36 kg) and in Lazio (287.45 kg). The quantities of cannabis seized were mostly hidden inside motor vehicles (248 cases), of which 47 cases were in trucks and in homes (122 cases).

Distribution of
cannabis seizures
in Italy

Chart 11.3: Percentage distribution of cannabis quantities and cannabis plants seized in 2008



Source: Detail from Ministry of the Interior – Central Direction for Anti-Drug Services statistics

Confirming the alarm set off by the D.C.S.A. Regarding the spread of private production of illicit substances on the part of organized-crime organizations, the cannabis-plant seizures were mainly carried out in the Southern regions of Calabria (41%), Sicily (19%) and Puglia (17%).

Table 11.8: Number of anti-drug operations for cannabis derivatives (hashish and marijuana). Years 2001 – 2008

	Hashish		Marijuana	
	Number of operations	Number of Kg	Number of operations	Number of Kg
2001	7633	17605	3564	36673
2002	6746	28755	3330	16385
2003	6196	25181	2311	15339
2004	6390	16423,0	1642	3490,7
2005	6513	23199,2	1852	2485,2
2006	6378	19728,4	2517	4984,9
2007	6839	20034,3	2208	4549,9
2008	7065	34106,7	1942	2380,2

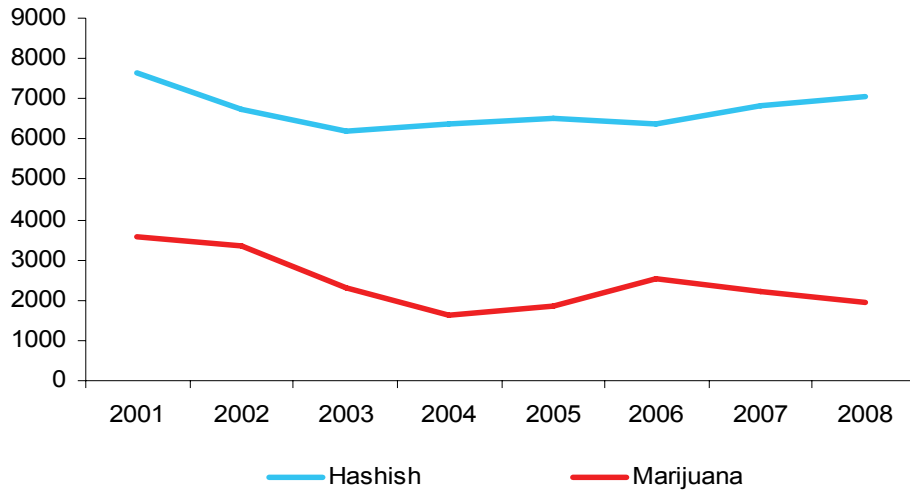
Source: 2008 Annual Report of the Central Direction for Anti-Drug Services

Cannabis derivatives, in past years, have had the highest demand in the market. In some years, hashish seizures alone have made up over half of all drug seizures in Italy. In 1997, 1998 and 2000, marijuana surpassed the 50% mark of total seizures. The highest peak in hashish seizures was registered in 1999, with 46,831 kilos; the peak for marijuana was in 2001 with 36,673 kilos. Since 2001, the overall seizures of cannabis derivatives have dropped significantly, hitting an all-time low in 2004 with 19,914 kilos. The decreasing pattern also affected operations and reporting, with a less noticeable drop.

The pattern of
cannabinoid
seizures

Chart 11.4: Number of anti-drug operations for cannabis derivatives (hashish and marijuana). Years 2001-2008

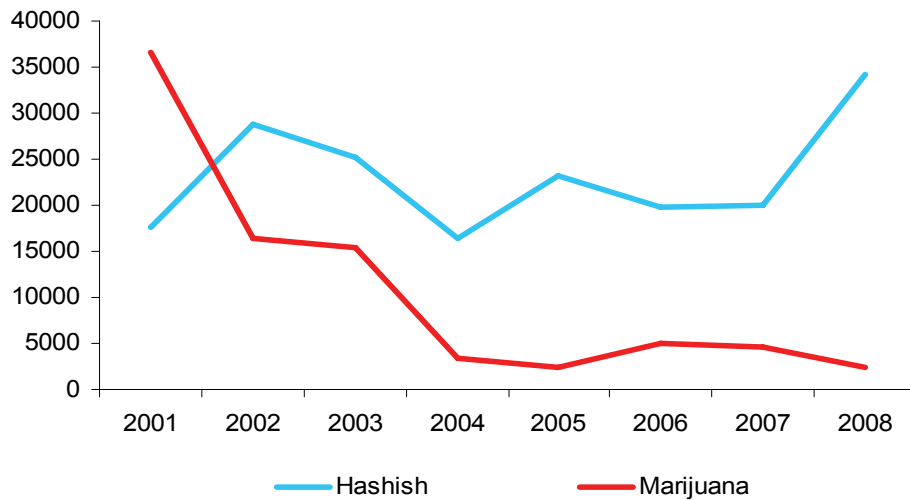
Pattern of anti-cannabinoid drug operations



Source: 2008 Annual Report of the Central Direction for Anti-Drug Services

Chart 11.5: Quantity of seized substances for cannabis derivatives (hashish and marijuana). Years 2001 – 2008

The quantitative pattern of seized cannabinoids



Source: 2008 Annual Report of the Central Direction for Anti-Drug Services

11.3 Offences

In 2008, in terms of marijuana, there was a drop compared to the previous year in terms of operations (-12.05%) and for reports submitted to the Courts (-6.44%), while both of these indicators were positive for hashish, at +3.30% and +3.64%, respectively. Overall, the crime reports for hashish were 9,327, while for marijuana they were 2,266. Of the 12,805 persons reported for cannabis derivatives, 880 (6.87%) were women and 772 (6.03%) were minors. The foreign citizens involved totaled 3,078, equal to 24.04% of the total reports for this type of substance. With regards to the type of crime committed, 97.26% of the reports involved illicit trafficking and 2.23% the more serious crime of conspiracy with intent to traffic.

The pattern of persons reported for trafficking and dealing of cannabis derivatives

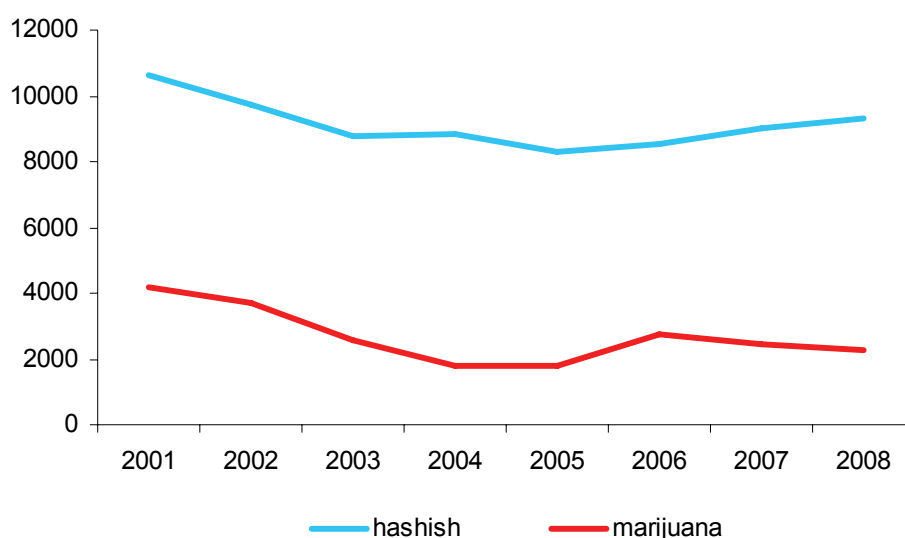
Table 11.9: Submissions to the Courts for cannabis derivatives. Year 2008

	2008	% Variation compared to 2007	% of overall total reports nationally
By type of crime			
Illicit traffic (Art. 73)	12,454	4.31	97,26
Conspiracy (Art. 74)	285	-30.83	2,23
Other crimes	66	1,000.00	0,52
By type of report			
Arrest	9,710	5.29	75.83
Outside of prison	3,022	-1.08	23.6
Person at large	73	-8.75	0.57
By age group			
Adults	12,033	3.46	93.97
Minors	772	6.34	6.03
By gender			
males	11,925	3.43	93.13
females	880	6.41	6.87
By age range			
15-19	31	55	0.24
19-24	2,097	0.91	16.38
24-29	3,188	2.57	27.9
29-34	3,437	3.29	19.03
34-39	1,859	6.41	14.52
39-40	1,256	2.61	9.81
>=40	1,937	16.69	15.13

Source: 2008 Annual Report of the Central Direction for Anti-Drug Services

The ethnic groups most commonly involved in the traffic of cannabis derivatives are Moroccan, Tunisian, Spanish, Algerian, Egyptian and Romanian.

Chart 11.6: Number of persons reported to the Courts. Years 2001 - 2008



Source: Annual Report off the Central Direction for Anti-Drug Services

The pattern of persons turned over to the Courts for dealing and trafficking in cannabis derivatives during the period from 2001 to 2008, highlights a decreasing trend for both derivatives until 2005, followed by an increase resumption of reports until 2008 for hashish, and a brief increase in 2006 of marijuana reports, with a subsequent decrease of the incidents until 2008.

Table 11.10: Number of persons turned over to the Courts. Years 2001 – 2008

Year	2001	2002	2003	2004	2005	2006	2007	2008
hashish	10631	9725	8775	8845	8300	8528	8999	9327
marijuana	4199	3684	2594	1783	1793	2746	2422	2266

Source: 2008 Annual Report for the Central Direction for Anti-Drug Services

The reports of possession or use of mood-altering substances carried out by Law Enforcement were gathered by the Central Direction of Statistical Documentation of the Ministry of the Interior.

In 2008, based on the provisory total of 44,175 reports, 71.8% were related to cannabinoids; the persons reported for possession of cannabis derivatives, while staying at a more prevalent percentile with regards to other mood-altering substances, in percentage terms there is a slight but constant decrease from 2001, the year marked by the highest percentile 81.8%.

Table 11.11: Number of persons reported in accordance with Article 75 of the T.U. (collection of statutes relevant to) #309/90 for cannabinoids. Years 2006 – 2008

Year	M	F	Total
2006	32,853	2,042	34,895
2007	32,588	2,030	34,618
2008	29,842	1,885	31,727

Source: Ministry of the Interior – Central Direction for Documentation and Statistics

12. TREATMENT AND CARE FOR OLDER DRUG USERS

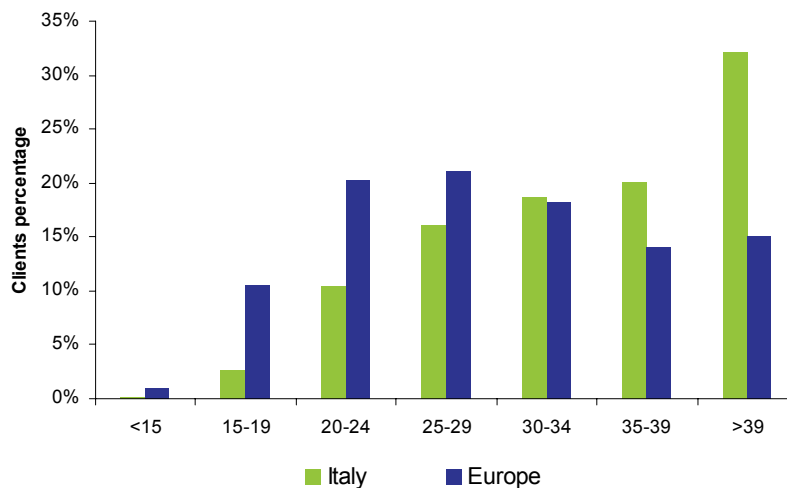
12.1 Aging of problem drug users

The phenomenon seen at a European level of the gradual increase in the average age of drug users who are in treatment at social and healthcare services, and in general of people who require social and healthcare assistance, is also seen in Italy, albeit with some features which distinguish it from the European average.

Among the factors which encourage the spread of this phenomenon, an important role is played by the introduction of highly active antiretroviral therapy (HAART) for HIV, and by the increase in the availability of harm-reduction treatments and measures (e.g. Brugal et al., 2005).

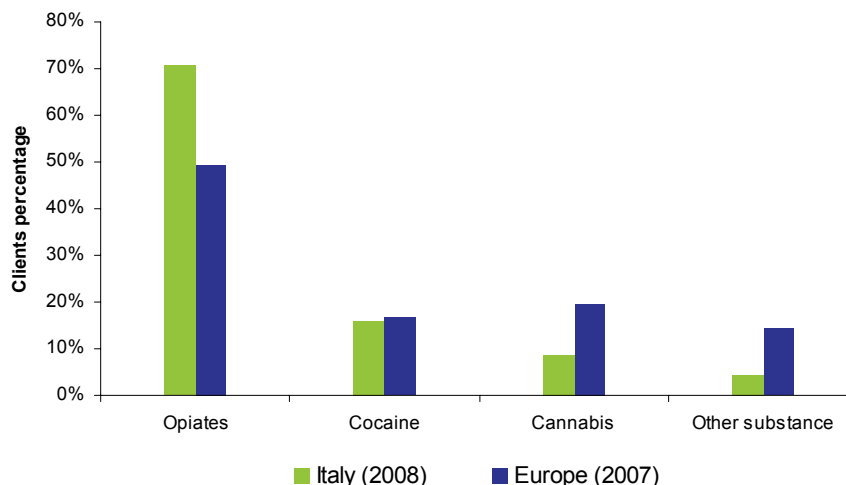
Foreword

Chart 12.1: Percentage of users in treatment at drug addiction services by age range in Italy (2008 data) and in Europe (2006 data)



Source: Processing of data of the Ministry of Labour, Health and Social Policies and Statistical Bulletin 2008, OEDT

Chart 12.2: Percentage of users in treatment at drug addiction services by the primary drug taken in Italy (2008 data) and in Europe (2007 data)



Source: Processing of data of the Ministry of Labour, Health and Social Policies and Statistical Bulletin 2008, OEDT

Compared to average drug users in Europe, Italian drug users are on average older (Chart 12.1), and this may be associated with the differing profile of the primary drug taken between the two populations (Chart 12.2); among younger age groups there is greater use of cannabis, while in older age groups there is a higher proportion of opiate use.

Italian users older than European average

12.1.1 Age trends in drug users in and out of treatment

Information on the characteristics of users in treatment is recorded by the Ministry of Labour, Health and Social Policies, and refers to users helped by out-patient drug addiction services, which represent over 90% of all users in treatment at out-patient, residential and semi-residential structures.

Information source

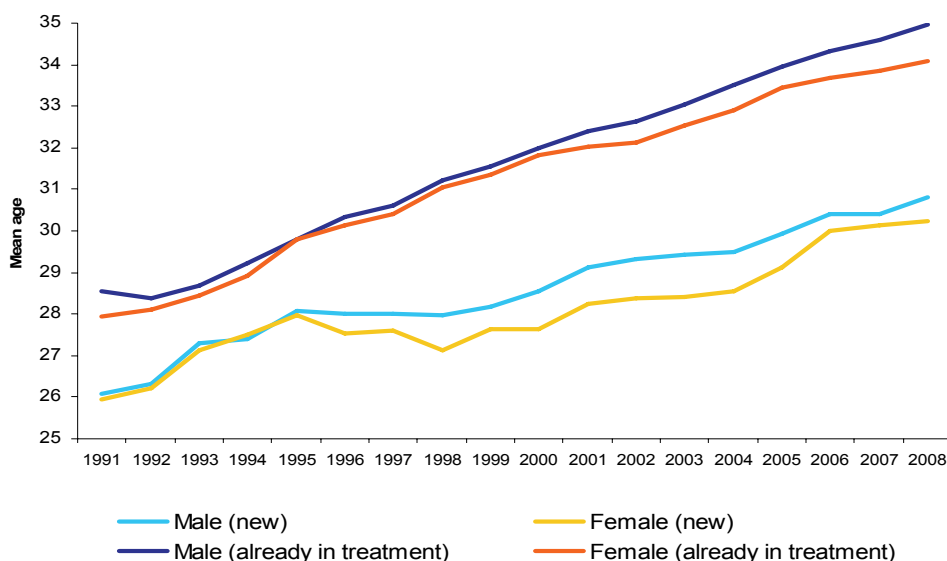
The analyses carried out on the data relating to people helped by drug addiction services in the period 1991-2008 (the data for 2008 is still provisional), highlight a constant increase in users in treatment, going from approximately 93,000 in 1991 to approximately 170,000 in 2008, with an increase of around 80%, with the rise being greater among male users than female (85% vs. 57%).

Trend in users in treatment at services

By differentiating the analysis between new users and users already known to the services from periods prior to that under examination, it can be seen that users in treatment follow a similarly rising trend for both segments, with the percentage of new users in relation to the total remaining unchanged at approximately 20%.

New users and users already in treatment

Chart 12.3: Average age of users in treatment at drug addiction services by the type of contact and sex. 1991-2008



Source: Processing of data of the Ministry of Labour, Health and Social Policies

Likewise, the analysis of the trend in the average age of users, which was carried out separately by sex and by type of contact (new or already known to the services), highlights an increase in age over the period 1991-2008 for all the types investigated, albeit with some differences (Chart 12.3).

Trend in average age of users in treatment at services

The age of users in treatment from previous periods has grown constantly and regularly for men, while, for women, since 2000 there has been a fall off in this trend. As for new users, the increase in the average age followed a similar trend to that of users already known to the services up to 1995, and in the subsequent period it rose with a trend which was less

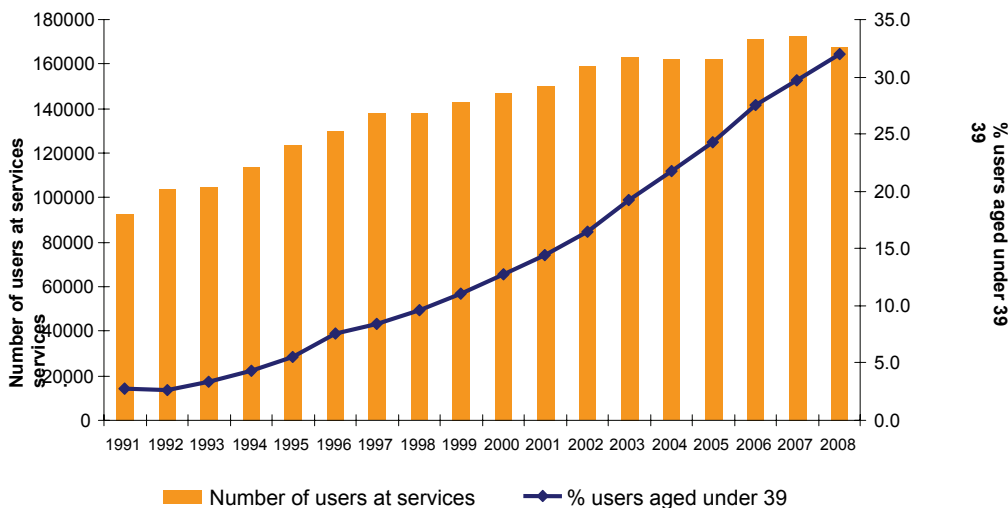
pronounced and differentiated in terms of sex.

The factors which might contribute to the increase in the age of users in treatment at services may be differentiated by the type of user. Among new users in recent years we have seen an increase in the percentage of people who take cocaine as their primary drug and who started to take the drug as an adult. As shown in chapter 5, the lag period between the age of first taking drugs and the age of first treatment is higher compared to treatment for use of other drugs such as heroin and cannabis derivatives (the latter in most cases are in treatment following notification by local prefectures for possession or use of drugs).

In recent years, in addition, we have seen a development in the means of taking heroin by new users who tend to prefer drug-taking through smoking or vaporisation instead of injection.

Factors impacting
 on the aging of
 users

Chart 12.4: Users in treatment at drug addiction services and percentage of users aged over 39. 1991-2008



Source: Processing of data of the Ministry of Labour, Health and Social Policies

In reference to users already known to the services, most are people in treatment for use of heroin as their primary drug, and for whom we see a course of treatment which is on average longer than for users in treatment for use of other drugs. As described previously, an important role is played by the introduction of antiretroviral therapies for HIV, by the increase in the availability of harm-reduction treatments and measures and by the development in the means of taking the drug, which all contribute to reducing mortality and extending users' treatment and length of contact with the services.

Characteristics of
 users already in
 treatment at services

Chart 12.4 clearly shows how much these factors can impact on the phenomenon of the increase in users aged over 40; in percentage terms, the proportion of users aged over 39 varied from 3% in 1991 to 32% in 2008, contributing to the overall total of users in treatment in the period under observation.

12.2 Drug use, health and social characteristics of current older drug users

For 2008 information on the demand for treatment under the TDI protocol, while awaiting the coming into force of the new national information flow by individual, was recorded as part of a multicentric study on a sample of

drug addiction services which had an information system organised by individual user which was digitalised and used when fully operational for the clinical and organisational handling of users.

Multicentric study by DPD on sample of services

As described in chapter 5, the sample of services and therefore of users does not represent all users in treatment in Italy, but nonetheless offers some interesting considerations for the analysis in hand.

12.2.1 Characteristics of older drug users

From the information recorded by individual user in terms of access to the service, their social and personal situation, their treatment and discharge from the service, as well as their social, personal and clinical indicators, it is possible to describe the movement of users in the services, which provides some interesting indications on the turnover of users. As part of the multicentric study, information was recorded on approximately 28,300 people in treatment in 2008 from the sample of services investigated; of these approximately 9,300 started a new treatment in the year and approximately 4,500 were discharged.

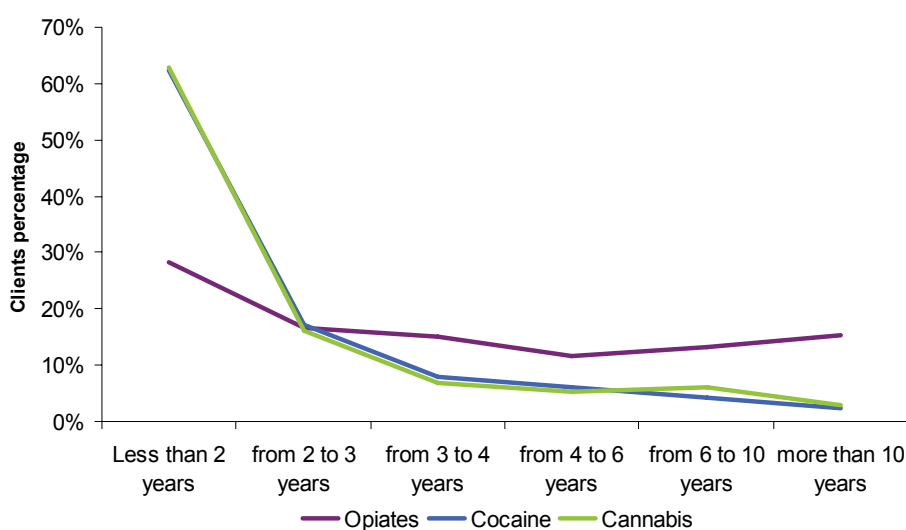
Turnover in users in treatment at services

From the proportion between discharges and admittances during the year, it is possible to calculate a simple indicator on the turnover of users. In the cases analysed in the pilot study, this proportion was approximately 50%, which, in other words, means that on average for every 2 patients in treatment in a year, one of them is discharged, with the consequence that total users in treatment will tend to increase over time, confirming what was seen in the aggregate data relating to the overall Italian situation.

Here below is an analysis of the characteristics of older drug users which was undertaken by considering the concept of seniority in terms of the length of treatment; in particular, groups of patients were compared with differing lengths of treatment, which highlighted specific profiles and characteristics for each group, with particular focus on the group of users in treatment for longer periods, and thus indirectly older drug users.

Analysis of the characteristics of users by length of treatment

Chart 12.5: Percentage of users in treatment at drug addiction services by the primary drug taken and the length of treatment



Source: Processing of data from Drug Policy Department multicentric study on drug addiction services.

By concentrating on users in treatment from periods prior to 2008, thus excluding new users from the analysis, and analysing the distribution percentage of people in treatment in terms of the length of treatment, separately by primary drug (Chart 12.5), it can immediately be seen that

most people in treatment started a new treatment in the previous year, albeit with differences among opiate users compared to the other two most commonly taken drugs (cocaine and cannabis).

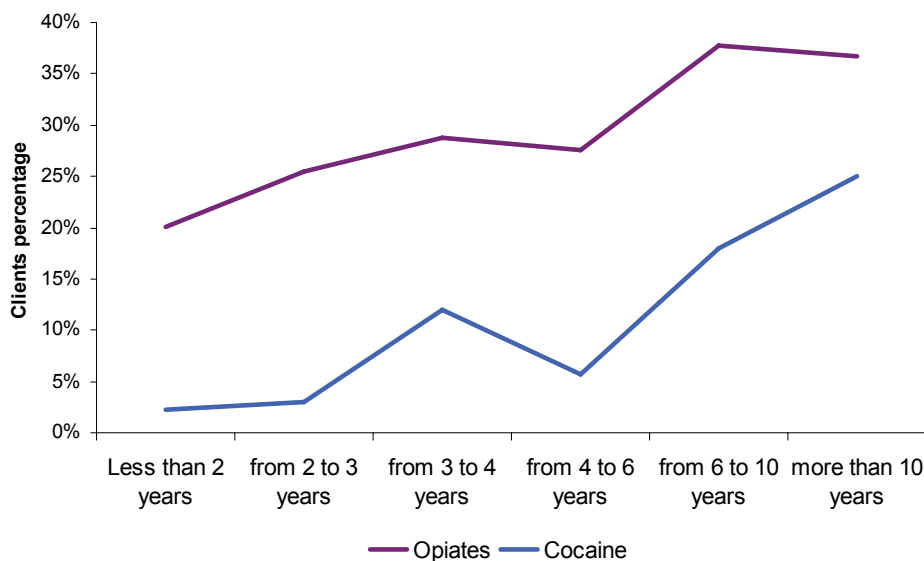
With the increase in the length of treatment, there was a fall in the proportion of users in treatment for cocaine and cannabis, while the proportion of opiate users tended to increase.

By investigating the type of treatment provided to users in treatment in periods prior to 2008, we can confirm the principal supply of pharmacological therapies for opiate users, compared to 80% of cocaine and cannabis users being treated with psycho-social treatments.

Analysis of characteristics of users in pharmacological treatment

by length of treatment

Chart 12.6: Percentage of users in treatment at drug addiction services undergoing pharmacological treatment by the primary drug taken and the length of the treatment



Source: Processing of data from Drug Policy Department multicentric study on drug addiction services

By focussing on the proportion of users in pharmacological treatment separately for opiate and cocaine, it is interesting to note that for both types of user, as the length of the treatment increases, the percentage of people subjected to pharmacological therapy increases, as is particularly evident for people in treatment for over six years (Chart 12.6).

Table 12.1 shows the percentages, except for the average age on first treatment, of users who possess the characteristics indicated in the first column, in three separate groups of people in treatment: new users, users in treatment for less than 5 years and users in treatment for more than 5 years.

Characteristics of users by length of treatment

As for sex, no differences were seen among the three groups under consideration. As for social and demographic characteristics, no similarities emerged with regard to the level of schooling, while as for the family status, the longer the treatment, the more common it was to be single. Analysis by sex showed differing situations for users in treatment for over 5 years; almost half of the men were living with their parents, while women were more often living with their partner. There were rare cases of men living alone with children or with friends, unlike women for whom higher percentages were found, albeit only marginally.

The factor of being unemployed was seen in a smaller percentage of new users and women.

Table 12.1: Characteristics of users in treatment at drug addiction services by length of treatment

Characteristics	New client	Less than 5 years client in treatment	More than 5 years client in treatment
Male	86%	85%	83%
Self referred	48%	64%	71%
Education: primary level	73%	75%	76%
Living status: alone	12%	17%	21%
Unemployment	26%	32%	32%
First treatment mean age	32	33	28
Opiates primary use	46%	78%	94%
Cocaine primary use	32%	14%	3%
Cannabis primary use	19%	6%	2%
Primary substance injective use	30%	53%	56%
More than one substance use	54%	61%	56%
Pharmacological treatment	17%	58%	75%

Source: Processing of data from Drug Policy Department multicentric study on drug addiction services

In relation to medical histories on drug use, an increase was recorded in the proportion of patients in treatment for opiate use as the length of treatment increased; the injection of heroin was recorded in a lower percentage among new users.

The injection of cocaine by people in treatment for over 5 years was double that of patients in treatment for less than 5 years.

It is interesting to note that for users in treatment for more than 5 years, there did not seem to be any association between the means of accessing the service (voluntarily, through other healthcare services, via the courts, etc.) and the primary drug taken.

For approximately 70% of users in treatment for more than 5 years, besides the pharmacological treatment, psycho-social treatment was also provided. Psychological support was provided mainly to cannabis users, psychotherapy to cocaine users, and social initiatives to opiate users. In most cases these actions were also supported by counselling and to a very limited extent by work placement.

A summary profile of the characteristics of users in treatment for a long period can be set out as follows:

Over 80% are male, with mainly a minimum education level, 30% of whom are unemployed. They mainly live with their parents, although the percentage who live alone is higher than for other users.

In most cases users in treatment for more than 5 years turned to the service of their own free will, with the average age at first treatment lower than that for other users.

The proportion of opiate users increased markedly and so the percentage of cocaine and cannabis users fell. Over half injected their primary drug, a higher proportion than for new users.

Two thirds of users in treatment for more than 5 years were given pharmacological treatment compared to 17% for new users.

Profile of characteristics of users in treatment for extended period

12.3 Treatment, management and care of older drug users

The continuous increase in users in treatment at drug addiction services, which is attributable partly also to the extension of initiatives, as well as the multiple factors described above in this chapter, in recent years has aroused the interest and awareness of numerous operations in the sector in regard to issues which had not previously been well-known or studied on the effectiveness of the actions undertaken, the use of good practice guidelines, and the assessment of treatment processes in terms of possible impact on users becoming chronic.

The ongoing raising of awareness on these new issues gave rise to a local and national debate among the various bodies in the public administration and in the non-profit sector which led to an initial important outcome as part of the organisation and planning of the fifth national conference on drug policy held in the spring of 2009, as part of which a specific session was dedicated to the issue of “chronicity and chronicisation”.

This initial stage of the debate on the phenomenon is increasingly involving formal discussions, although currently it has not produced any specific laws or guidelines.

In line with the indications which emerge from the debate as part of the fifth national conference on drug policy and the permanent consulting groups on individual issues, which were set up following the conference, it is planned to start work on drafting specific documents to regulate this phenomenon.

Part C

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